

Youth Health Worker Program

Curriculum & Resource Binder



Youth Health Worker Program

TABLE OF CONTENTS

INTRODUCTION: YOUTH HEALTH P.1 WORKER

Why Do We Need Youth Health Workers?
"Who Do You Go To?" Worksheet
A Brief History of Community Health Workers
Defining a YHW
 Qualities of a YHW
Qualities of a YHW Silhouette
7 Core Competencies of a YHW

MODULE 1: COMMUNITY HEALTH P. 13

Introduction to Community Health
 What is Health?
The Definition of Health
Health Issues Affecting Teens & Young Adults
A History of Community Displacement and Housing
Discrimination
 Mapping Your Community, Part 1
Mapping Your Community, Part 1
Space Matters Reflection, Part 1 & 2
Health and Your Environment
 Space Matters
 The River
Upstream/Downstream Worksheet
 Mapping Your Community, Part 2
Mapping Your Community, Part 2
 Optional Activity: Oppression Worksheet

MODULE 2: HEALTH EDUCATION P.33

Facilitating Access to Healthcare Services
 Your SBHC Rights & Responsibilities
True/False Rights & Responsibilities List
Your Rights & Responsibilities
Confidentiality 101
Services at Your SBHC
 Assessing Situations and Referring
Crisis, Emergency, Problem Scenarios
Crisis, Emergency, Problem Chart
Barriers & Supports to Accessing Services
Public Speaking
 Introduction: An Issue I care About
 Public Speaking
Public Speaking Activity Worksheet
Tips for Public Speaking
Sample Speaking Topics
Facilitation

Facilitation Techniques
Why Facilitate?
The Basics of Facilitation Basics Part 1 & 2
Facilitation Practice in Pairs

Community Outreach & Event Planning
 Finding the Message & Event Planning
What's Your Message?
Event Planning Worksheet

MODULE 2B: HOW TO H.E.L.P. A P. 58 FRIEND

Stigma and What Happens When Someone has a MH Condition
Mental Health Agree/Disagree Statements
At-A-Glance Mental Health Conditions
 Active Listening
A Checklist for Active Listening & Communication
 When do we know to help?
H.E.L.P.
Emergency, Crisis, Problem
 Self-Care
Resource List
Guided Meditation

MODULE 3: HEALTH COACHING P.71

Culturally Appropriate Communication
 Cultural Humility
Cultural Humility Worksheet
Dealing with Conflict
 Non-Defensive Communication
A Checklist for Communication
Dealing with Conflict
A Guideline to Giving and Receiving Feedback
An Introduction to Health Coaching
 Health Coaching Framework
An Introduction to the Health Coaching Framework
Stages of Change
 An Introduction to Health Assessments
The HEEADSSS Assessment
 Motivational Interviewing & The Chocolate Bar Activity
Motivational Interviewing At-A-Glance

MODULE 4: HEALTH ADVOCACY P.89

Influencing Public Policy
Influencing Public Policy
 An Issue I Care About Part 2
General Tips for Public Policy
 Crafting Y(Our) Message

Tailoring Your Message
Getting Y(Our) Message Out

Benefits of Health Insurance
How Health Insurance Works
Comparing Private and Public Health Insurance:
What's the Difference?
Getting Coverage and How to Apply

MODULE 5: HEALTH INSURANCE 101 P.99

Risk Your Pennies!
“Why Care?” Making the Case For Health Insurance
A Brief History of Health Insurance

GLOSSARY OF TERMS P.III

Learn, Meet, Practice Program

TABLE OF CONTENTS

INTRODUCTION TO HEALTH CAREERS P.I

Introduction - Why Care? The Need for Health Professions
Health Professions List
Mapping Your Career Pathway

MODULE 1: MENTAL HEALTH P.14

Learn: An Introduction to Mental Health
Meet: Mental Health Provider Professions & Crafting Interview Questions
Practice: Mental Health Provider Role Play

MODULE 2: SUBSTANCE USE P.26

Learn: An Introduction to Substance Use
Meet: Substance Use Counselors & Crafting Interview Questions
Practice: Mock CRAFFT Screening Interview

MODULE 3: PRIMARY CARE P.36

Learn: An Introduction to Primary Care
Meet: Primary Care Provider Professions & Crafting Interview Questions
Practice: A Mock Primary Care Visit

MODULE 4: TRAUMA INFORMED P.46

Learn: An Introduction to Trauma Informed Care
Meet: Trauma Informed Provider Professions & Crafting Interview Questions
Practice: ACEs Case Study & Mock Case Conference
Optional Activity: Guided Meditation

MODULE 5: TELEHEALTH P.58

Learn: An Introduction to Telehealth
Meet: Telehealth Provider Professions & Crafting Interview Questions
Practice: Telehealth Mock Appointment

Introduction: Youth Health Worker

Facilitator's Overview

In this section, participants will be introduced to the concept of a Youth Health Worker (YHW), similar to a Community Health Worker (CHW), as well as learn more about the ways they can play a role on their school campus and in their communities.

A YHW is a trusted member of and has a close understanding of their community (i.e., adolescents, young women/men, youth of color, etc.). This trusting relationship enables the YHW to serve as a liaison or link between health services and young people; to facilitate access to services; and to improve the quality, as well as cultural competence, of health services. A YHW also builds individual and community abilities by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy. ¹

Objectives

After this section, participants will be able to:

- Define a YHW
- Identify the core competencies of a YHW
- Describe the skills and qualities of a YHW

Agenda (90 minutes)

1. Check-In and Icebreaker (10 minutes)
2. Activity: Why Do We Need Youth Health Workers? (30 minutes)
3. Activity: Qualities of a YHW (40 minutes)
4. Check-Out (5 minutes)
5. Close-out Evaluation (5 minutes)

Optional: Use the Word Bank at the end as an additional activity and opportunity to emphasize important takeaways.

Section Handouts

- “Who Do You Go To?” Worksheet
- A Brief History of Community Health Workers
- Defining a YHW
- Qualities of a YHW Silhouette
- 7 Core Competencies of a YHW

Word Bank

Health Access
Cultural Competency
Cultural Humility
Social Justice
Youth Health Worker

Additional Resources:

“Cultural Humility: Principles, People and Practice” by Vivian Chavez:
<https://www.youtube.com/watch?v=SaSHLbS1V4w>

Did you know?

By 2020, there will be at least 5.7 million new jobs in the health care and social services fields.²

¹ Adapted from: American Public Health Association. (2009) “Support for Community Health Workers to Increase Health Access and to Reduce Health Inequities”

² Bureau of Labor Statistics. (2014). HealthCare Occupations. Web: June 2015.

Activity: Why Do We Need Youth Health Workers? (30 minutes)

In this activity, participants will:

- Define a YHW
- Brainstorm the needs for YHWs
- Identify the history of CHWs

You will need: Chart paper, markers, Handouts 1, 2 & 3

Instructions:

1. Ask participants to think about who they go to when they need help and fill out **Handout 1**.
2. Ask participants to share back one person and why. Record the “why” responses on chart paper, and highlight key words and phrases that emerge, such as: trust, similar backgrounds, look/act like me, have things in common, they know me, etc.
3. Say: *“That’s the idea of a Youth Health Worker, they are a trusted member of your community, who will listen to you when you need them. We will come up with our own definition in a minute, but first we need to learn about the history of YHWs and how they are connected to a larger movement of community health workers.”*
4. Ask participants to read over **Handout 2** and highlight one to two things that they find interesting.
5. Ask participants to share back to the group and facilitate a discussion asking open ended questions: “Why was that interesting? How did you think that influenced other events?” etc. You may need to ask probing question to gather responses such as, “What made these community health workers different from your typical doctor?”, “What gap or need did some of these community health workers fill?”, “Have community health workers been active in your community, if so what did they do?” etc.
6. Next, ask participants to fill out the “Your Turn” box on **Handout 2** by answering the question: “Where do you see Youth Health Workers fitting on this timeline in the future?”
7. Prepare chart paper with the question: “Why Do We Need Youth Health Workers?” and ask participants to brainstorm possible answers. (Answers should include: lack of doctors, YHW have a deeper understanding of young people – speak the same language, etc.).
8. Say: *“Now that we’ve brainstormed why we would need YHWs, let’s come up with a definition that we can use to describe to our friends and family.”* Ask participants to review and fill out **Handout 3**.
9. Ask participants to share back their definitions.
10. Close-out discussion:
 - a. Which YHW definition do you think fit best based on what we’ve learned today?
 - b. What do you think YHWs should do/be?

Handout I: “Who Do You Go To?” Worksheet

We all have people we go to when we need help. Brainstorm three (3) people you go to when you need advice or help with something and why you go to them.

Who:

Why:

Who:

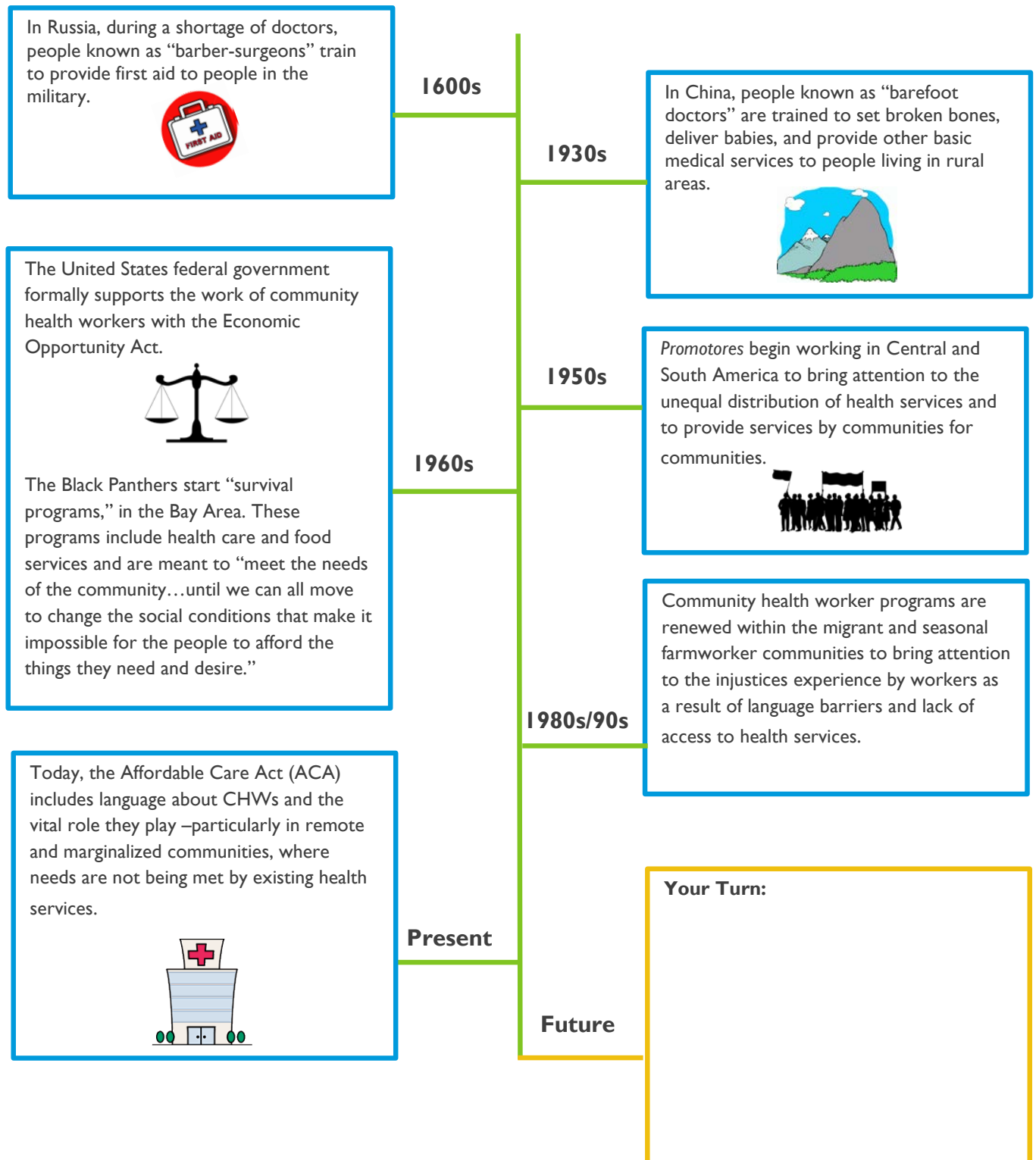
Why:

Who:

Why:

Handout 2: A Brief History of Community Health Workers³

Youth Health Workers (YHWs) are part of a long, global history of Community Health Workers (CHWs) working through *social justice* to break down barriers to access. CHWs have advocated for equality and saved the lives of their community members for centuries by bringing health care to those who, otherwise, would not have had access to it.



³ Perez, L. & Martinez (January 2008). Community Health Workers: Social Justice and Policy Advocates for Community Health and Wellbeing. Programs. American Journal of Public Health.

Handout 3: Defining a Youth Health Worker

A Youth Health Worker (YHW) is a **trusted member** of and has a **close understanding** of their community.

This trusting relationship lets the YHW...

- serve as a **link** between health services and young people
- **facilitate access** to health services
- improve the **quality** of health services
- improve the **cultural competence** of health services.

A YHW also builds individual and community abilities by **increasing health knowledge** and **self-sufficiency** through a range of activities, such as:

- outreach
- community education
- informal counseling
- social support
- advocacy

Your Turn: In your own words, what is a Youth Health Worker?

Activity: Qualities of a Youth Health Worker (40 minutes)

In this activity, participants will:

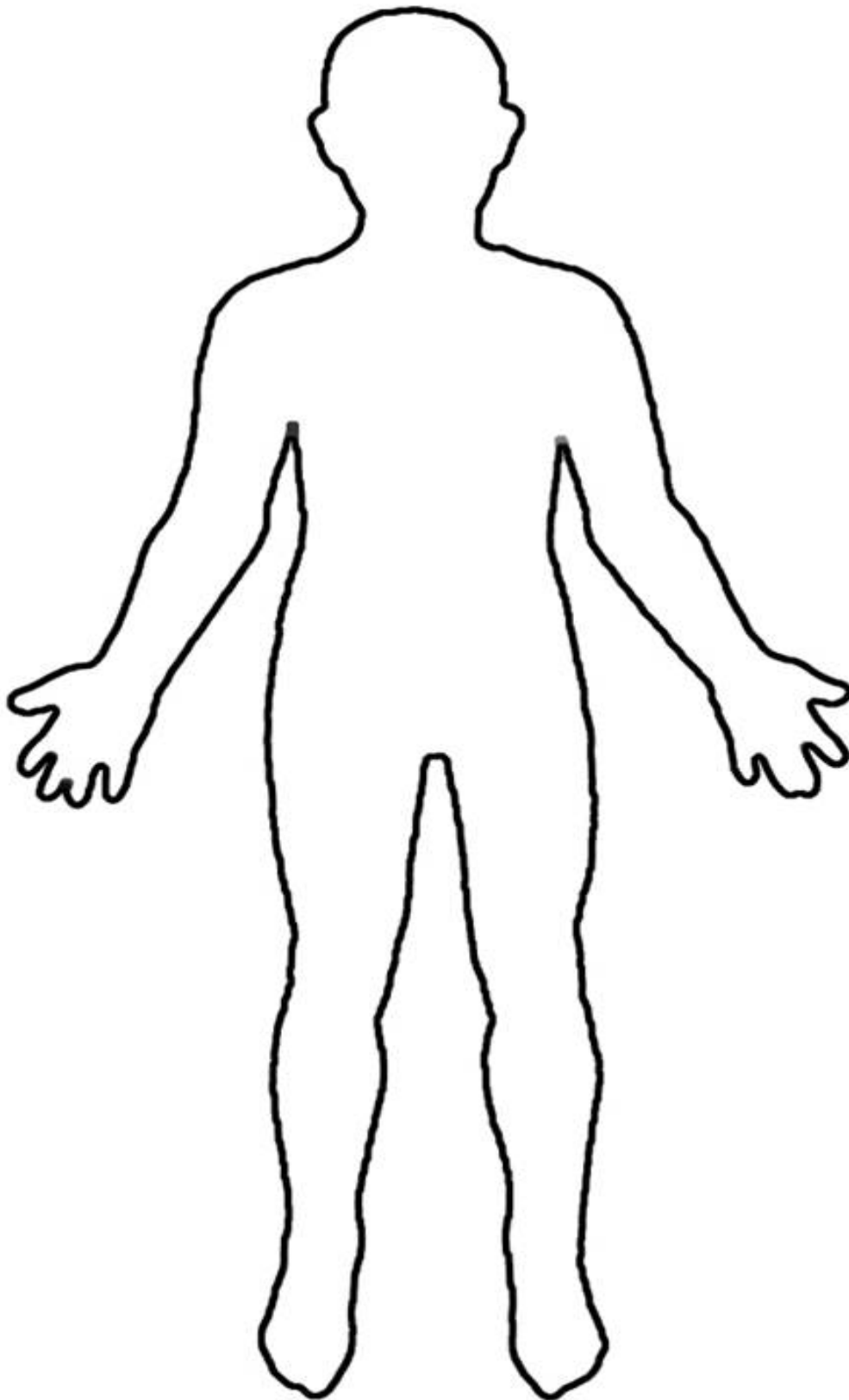
- Illustrate the core competencies of a YHW
- Describe the roles of a YHW

You will need: Large butcher paper and/or Handout 4, markers/pens, Handouts 4, 5, 6 & 7

Instructions:

1. Divide participants into groups of 3-4 people, giving each a piece of butcher paper and markers.
2. Ask each group to trace the outline of one of the group members onto the butcher paper. (Adaptation: If space is an issue use **Handout 4** instead. Participants can also work individually and share back).
3. Say: *“Now that you know the definition of a Youth Health Worker (YHW), let’s work together to figure out what a good YHW looks like. The object of this activity is to help identify some key qualities that you think YHWs should have. Take the next 10 minutes to work in groups to add symbols or words that represent important qualities of YHWs.”* (Examples can include: a heart to represent empathy, a backbone to represent standing up for other people, muscles for strength, etc.)
4. After 10 minutes, ask participants to choose a member of their group to share back the following:
 - a. Pick two to three qualities that are most important for YHWs to have. Why did you choose these?
 - b. What are some ways or situations in which YHWs can exhibit these qualities?
5. Say: *“Now that we have a definition and qualities of a YHW, we are going to talk about the Core Competencies or the key things a YHW should do. Let’s go over some key terms to help us come up with what the Core Competencies look like.”*
6. Ask participants to choose one of the definitions from **Handout 5** and ask: *“What is an example of when someone has done this for you?”* (Example: “Providing culturally-appropriate health education” means understanding and respecting others cultural backgrounds, so an example would be using gender neutral language in a safer sex presentation.)
7. Ask participants to work in pairs, using **Handout 5** to help them fill out the “Your Turn” boxes on **Handout 6** and brainstorm other examples of how YHWs can put each competency into practice. It may be helpful to use **Handout 3** and the YHW drawings to find connections between the Core Competencies and what YHWs do.
 - a. Discussion:
 - i. How does **Handout 6** fit with the first activity we just did? Did we miss any of these in our drawings?
 - ii. What do you like/don’t like about the definition or core competencies? Is there anything missing?
8. Close-out: Say: *“Using **Handout 7** write down which core competency would you like to practice this school year and share back with the group.”*

Handout 4: Qualities of a Youth Health Worker Silhouette

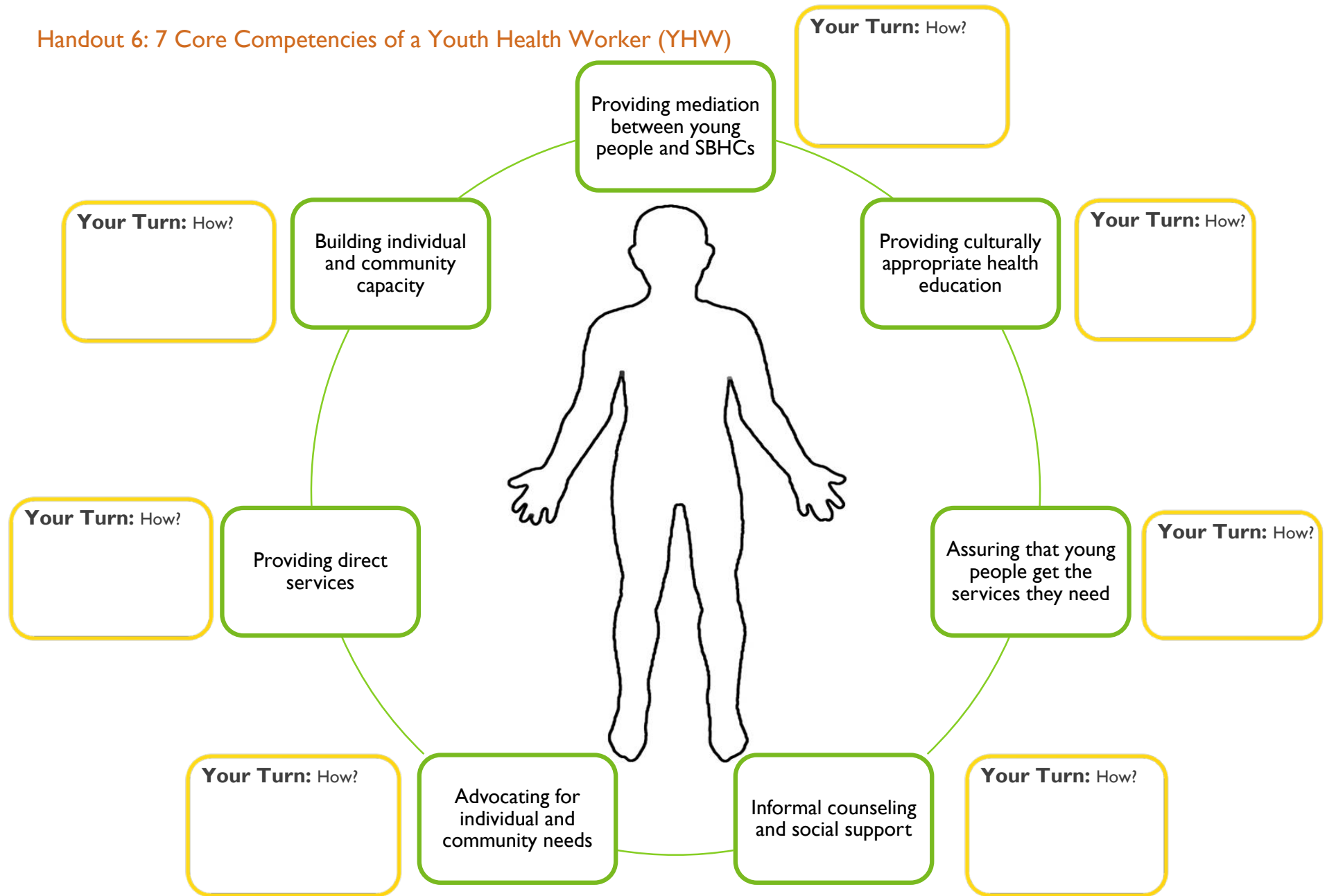


Handout 5: Core Competency Key Terms Definition Sheet

Use the definitions below to help you fill out the “Your Turn” boxes on Handout 6: Core Competencies of a Youth Health Worker.

Advocacy	Standing up for or supporting a person or a certain cause.
Cultural Competency	The ability to interact with people of different cultures backgrounds.
Cultural Humility	Remaining humble when interacting with others by admitting that you don't know everything about another's experience, recognizing imbalances and being accountable to making change.
Capacity Building	The ability to learn, change behaviors and be healthier.
Direct Service	Working with people one-on-one or in groups to provide health education, medical services or counseling.
Mediation	Providing communication between
Social Support	Providing help and care for people.

Handout 6: 7 Core Competencies of a Youth Health Worker (YHW)



Handout 6: Your Core Competency

Your Turn: Use this space to write or draw which core competency you would practice and why.

Core Competency:

Why?

Introduction Word Bank

Community Health Worker	Members of a community who are chosen by community members or organizations to provide basic health and medical care to their community.
Cultural Competency	The ability to interact effectively with people of different cultures and socio-economic backgrounds.
Cultural Humility	Remaining humble when interacting with others by admitting that you don't know everything about another's experience and recognizing institutional imbalances and being accountable to making change.
Health Access	The ability to get to and receive healthcare that is culturally competent/practices cultural humility.
Social Justice	The view that everyone deserves equal economic, political and social rights and opportunities.
Youth Health Worker	A Youth Health Worker (YHW) is a trusted member of and has a close understanding of the youth community. This trusting relationship enables the YHW to serve as a link between health services and young people, facilitates access to health services, improves the quality of health services and improves the cultural competence of health services.

Your Turn: Use this space to write down other words and their definitions that you learned today, that are not on the list above.

Close-Out Questions

Answer the following questions to the best of your ability. Your answers will help us make this curriculum better! Thank you!

1. What is the definition of a YHW?
2. What are 3 core competencies of a YHW?
3. What are at least three ways YHW do their work?
4. Use the space below to write any other comments or questions you have about this lesson.

Module I: Community Health

Overview

It's important for YHWs to know the health issues that affect teens and young adults. In this section, you will discuss the top health issues that affect adolescents and take an in-depth look at how and why our environment plays a role in our health.

Objectives

After this section, participants will be able to:

- Define “health”
- List the top three health issues that affect teens and young adults
- Understand the difference between morbidity and mortality
- Discuss different ways in which health is more than just a reflection of personal choices and behaviors.

Agenda 1: Introduction to Community Health (90 minutes)

1. Check-In & Ice Breaker (10 minutes)
2. Introduction Activity: What is Health? (30 minutes)
3. Activity: Mapping Your Community, Part 1 (40 minutes)
4. Check-Out & Closing (10 minutes)

Agenda 2: Health and Your Environment (90 minutes)

1. Check-In & Ice Breaker (10 minutes)
2. Activity: Space Matters (20 minutes)
3. Activity: The River (40 minutes)
4. Activity: Mapping Your Community, Part 2 (10 minutes)
5. Check-Out & Closing (5 minutes)
6. Close-out Evaluation (5 minutes)
7. Optional Activity: Oppression Worksheet (15 minutes)

Optional: Use the Word Bank at the end as an additional activity and opportunity to emphasize important takeaways.

Section Handouts

- What is Health?
- The Definition of Health
- Health Issues Affecting Teens & Young Adults
- A History of Community Displacement and Housing Discrimination
- Mapping Your Community, Part 1 & 2
- Space Matters Reflection, Part 1 & 2
- Upstream/Downstream Worksheet

Word Bank

Built Environment
Health Disparity
Mortality
Morbidity
Public Health
Redlining
Root Cause
Social Determinants of Health

Other Resources

Health Disparities is a three-part documentary series from The Discovery Channel. Produced in 2012, the series examines the ways in which race, sex, and location affect health equity in the United States.

<http://bcove.me/xo6vklc2>

Agenda 1: Introduction to Community Health

Activity: What Is Health? (30 minutes)

In this activity, participants will:

- Create their definition of health.
- Describe the World Health Organization's (WHO) definition of "health."
- Differentiate between morbidity and mortality.
- Identify the leading causes of morbidity and mortality among young people.

You will need: Chart paper, markers, Handouts 1, 2 & 3

Instructions:

1. Have participants brainstorm what "health" means for them. Divide participants into pairs and ask them to use chart paper to record any images or words that come to mind when they hear the word "health."
2. Explain that you are going to share one definition of "health" created by the World Health Organization. Prepare chart paper or use **Handout 2** to read over the definition: health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. (Optional – Show: <http://www.youtube.com/watch?v=Bpu42LmLo4U>)
3. Ask participants the following questions, record answers on chart paper, and engage them in a discussion:
 - a. What do you think of this definition?
 - b. Where do you see health happening? Think about all of the places you go every day.
 - c. How do the social determinants of health define how healthy you are?
4. Explain that the group is now going to explore important health issues for young people. Ask participants to now create their own definition of "health" on **Handout 1**.
5. Read through **Handout 3** with the participants, addressing questions as they come up.
6. Ask participants to fill out the "Your Turn" box on **Handout 3**.
7. Close-out: Ask participants to share back the final question in the "Your Turn" box: If you were principal of your school or Mayor of your town, what rules would you put in place to prevent one of the top leading causes of *morbidity or mortality* among young people?

Handout I: The Definition of Health Worksheet

Your Turn: What's your definition of "health"?

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Social determinants are the conditions in which people are born, grow up, live, and work and influence how healthy we are or can be.

¹ Official Records of the World Health Organization.(1948)World Health Organization Jun 2015: Web.

Handout 3: Health Issues and Young Adults²

Adolescents and young adults make up at least 21% of the US population. That means that around **1 in 5 people** in the United States are between the ages of 10 and 24!

While it is true that young people tend to be pretty healthy compared to older adults, it *doesn't* mean that young people are invincible or untouched by disease. This activity and factsheet will help us further explore the health issues that affect adolescents and young adults in the US.

When national health agencies or publications share health statistics, they usually use the words “morbidity” and “mortality.”

- **Mortality** means death. So, when people say “causes of mortality,” they simply mean “causes of death.”
- **Morbidity** means poor health. Morbidity measures how common diseases and health conditions are.

Did you know?

- The leading causes of **mortality** for young people in the US are a result of:
 1. Motor vehicle crashes and other unintentional injuries (48%)
 2. Homicide (13%)
 3. Suicide (11%)
- The leading causes of **morbidity** for young people in the US include:
 1. Substance abuse
 2. Sexual and reproductive health, including STI's and unintended pregnancy
 3. Obesity

These terms sound very similar. One way to distinguish *mortality* from *morbidity* is to think of Mortal Combat, the video game, to remind yourself that Mortality means death.

Your Turn:

- Which of these causes of mortality and morbidity are preventable?
- If you were a principal or mayor of a town, what kind of rules or policies would you put in place to address one of the top causes of morbidity or mortality in young adults?

² Activity Factsheet adapted from *Morbidity and Mortality among Adolescents and Young Adults in the United States*, AstraZeneca (2011)

Activity: Mapping Your Community (40 minutes)

In this activity, participants will:

- Identify supports and barriers in their neighborhood/community that impact health.
- Describe the differences in neighborhoods/communities with resources and those without.
- Brainstorm root causes of health issues based on the social determinants of health.

You Will Need: Poster paper, markers, Handouts 4 & 5

Instructions:

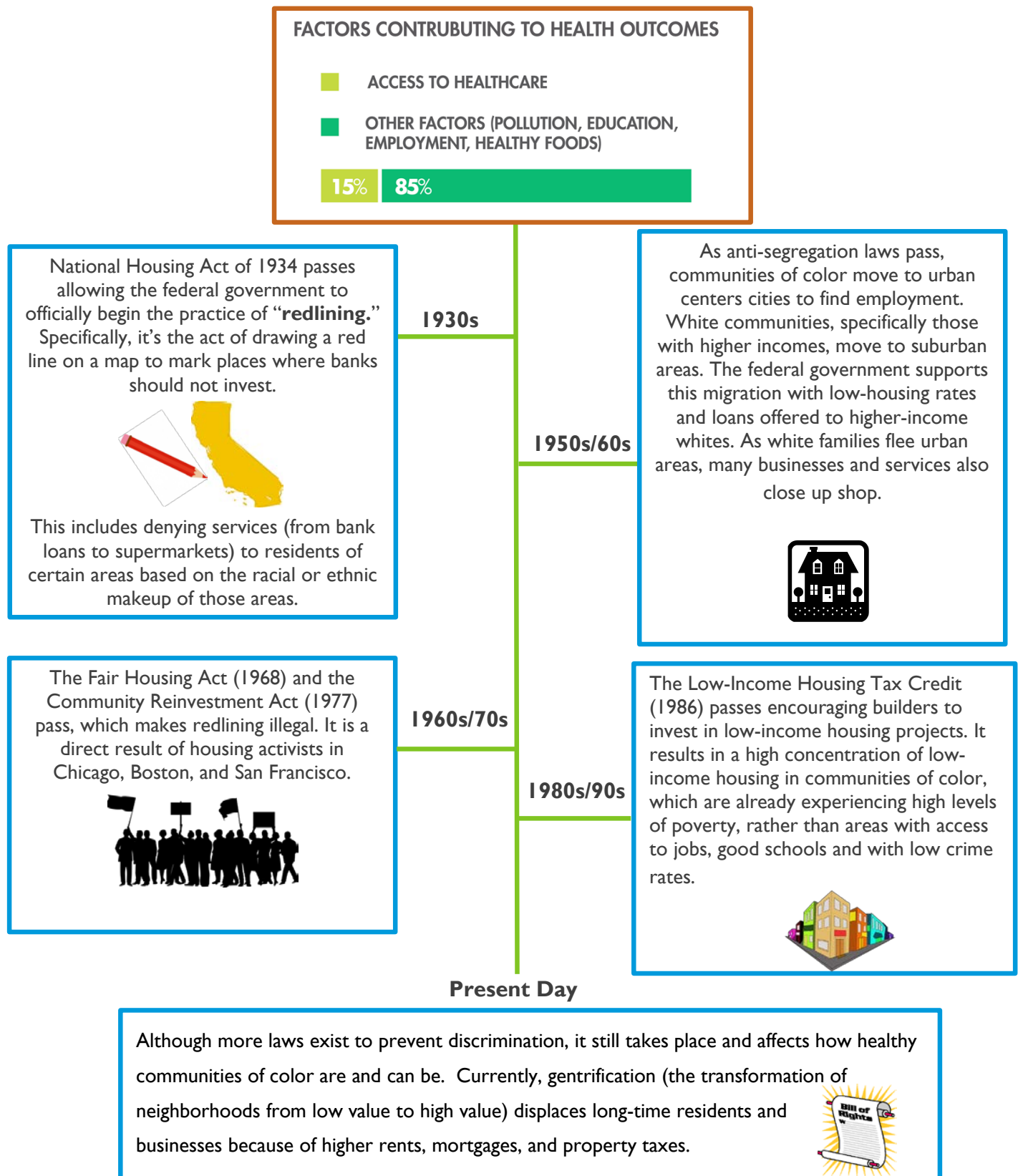
1. Say: “Many of our health issues are caused by *social determinants*, remember from the definition of health? Where you’re born, grow up, live and work determines how healthy you are. We are going to do an activity to help brainstorm what’s happening in our neighborhoods.”
2. Using **Handout 4**, ask participants to draw a picture of their community or neighborhood, making sure to include things that help support or are barriers to staying healthy. Ask participants to also identify three health issues in their community or neighborhood, and try to connect these to the supports/barriers.
3. After about five minutes, have participants share back their drawings and at least three health issues they see in their community.
4. Record the health issues on chart paper.
5. Discussion:
 - a. Looking at these health issues, do you think they are unique to your community or neighborhood?
 - b. What do you think some *root causes* are? How did this happen?
 - c. Where else do you see these health issues happening?
 - d. Where don’t we see them happening (for example, other schools, cities, states)? Why do you think that is?
 - e. Why do you think so many low income and communities of color are affected by health issues?
6. Ask participants to highlight pieces of the **Handout 5** that they find interesting or that surprised them.
7. Close-out: Share back one thing from the **Handout 5** that you found interesting. Why?

Handout 4: Mapping Your Community Part I Worksheet

Use this worksheet to draw a map of your community.



Handout 5: A History of Community Displacement and Housing Discrimination³⁴



³ Adapted from: The Greenlining Institute. (2009) The State of Our Neighborhoods. Berkeley, CA.

⁴ The Fair Housing Authority of Greater Boston. (2012). Historical Shift from Implicit to Elicit Housing Policies. Boston, MA.

Agenda 2: Health and the Environment

Activity: Space Matters, Part I (20 minutes)

In this activity, participants will:

- Describe how environmental factors are related to health outcomes.
- Discuss critically who or what determines what our environment looks like.
- Gain an understanding of the field of public health.

You Will Need: Poster paper, markers, Handouts 6A & 6B

Instructions:

1. Using **Handouts 6A** and **6B** as guides, draw a stick-figure person in the center of a piece of chart paper. Say: *“We are going to have a discussion around the factors that affect morbidity and mortality.”* Ask for participants to pick a health issue.
2. Ask participants to list individual behaviors that are barriers for this individual to stay healthy and/or allow this individual to remain healthy (“supports”). Write the barriers in one color and supports in another throughout this activity.
3. Draw a rectangle around the stick figure and tell participants that this box represents the relationships that they have with people (friends, family, etc.). Ask the participants once again to identify the barriers and supports (this time promoted by friends and family) for that individual to stay healthy.
4. Next draw another rectangle to represent the environment that the individual is in. Ask participants what kinds of factors could be in that person’s environment that could influence their behavior or ability to stay healthy. Write or draw these factors inside the box (e.g., if someone says “media,” you can draw a TV set and a music symbol to represent media).
5. Now draw a larger rectangle and ask participants: “What systems are in place that put those (point at environmental factors) in the individual’s environment?” People might say, “The entertainment industry is responsible for the kind of mainstream media that teenagers see.” Other examples of “systems”: “the state of California,” “the federal government,” “organized religion,” etc.
6. Discussion:
 - a. Do you think that these systems are putting these factors into place accidentally or purposefully?
 - b. What comes to mind as you look at this overall picture and the way that everything is interrelated?
 - c. How do systems help support or create barriers for people to be healthy?
7. Finish the discussion by saying: *“Health is more than an individual problem – there are many factors, especially factors like social determinants that can influence a person’s ability or likelihood of making healthy choices!”* Ask: *“So, if we want to really impact the health of our communities, where should we start?”*

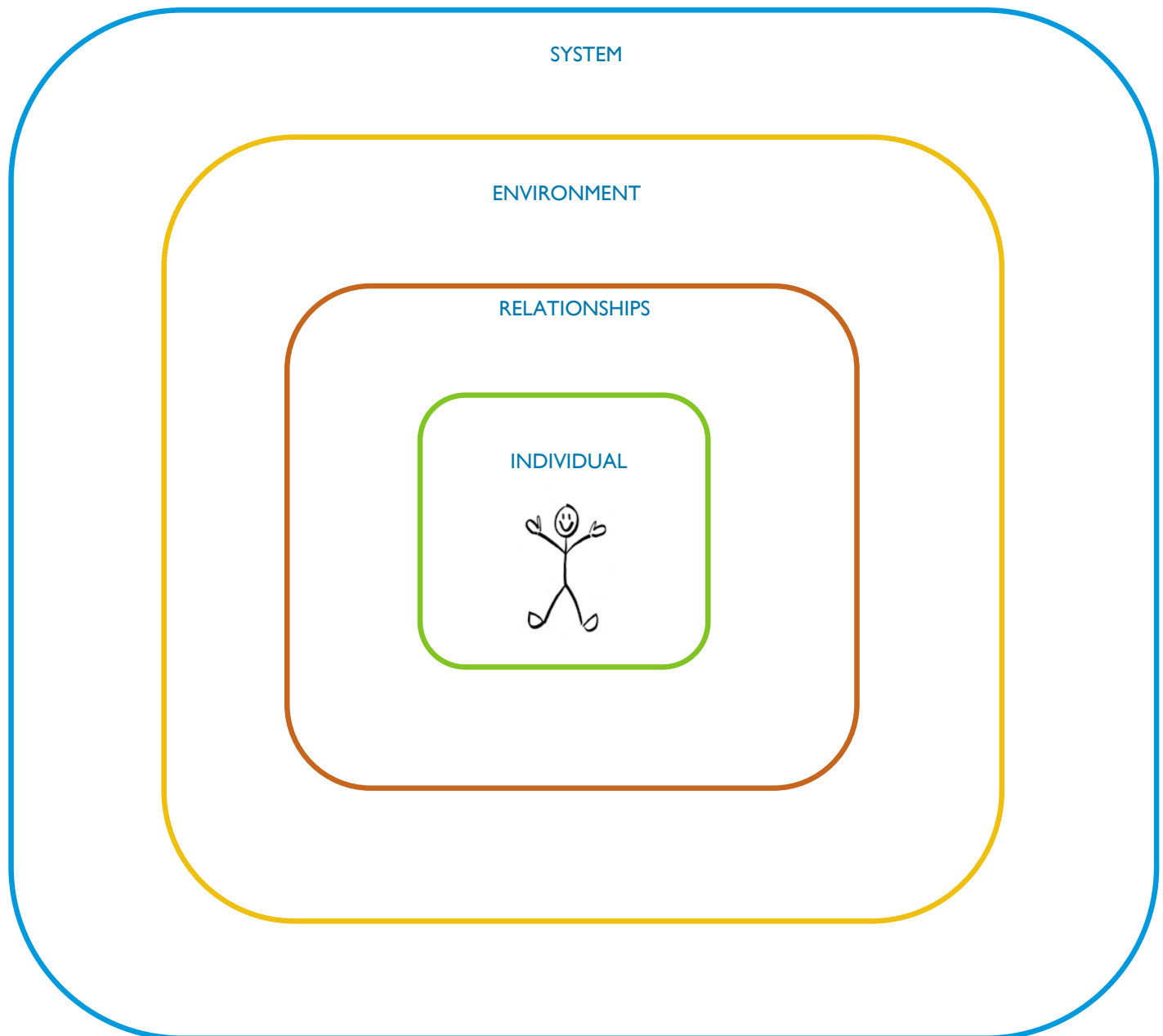
Optional: Demo this activity with an example first to show participants the idea of the activity (10 minutes); then let participants choose their own health issue to map out on **Handout 6A & 6B**. This can be done in pairs or individually.

Handout 6A: Space Matters Reflection Part I⁵

Health is more than an individual problem. You can analyze health outcomes not only as a result of individual behaviors, but also on **“built environments.”** The built environment refers to our human-made space in which people live, work, and play. The built environment is a material, spatial and cultural product of human labor and includes buildings, parks, and transportation systems.

Who decides where buildings or parks are built? A **system** is an entity that has the authority, money or power to radically alter the built environment.

Answer the question: What **helps or supports** a young person stay healthy? Based on our discussion, pick a health issue and draw its relationship to the individual, relationships, environment, and system.

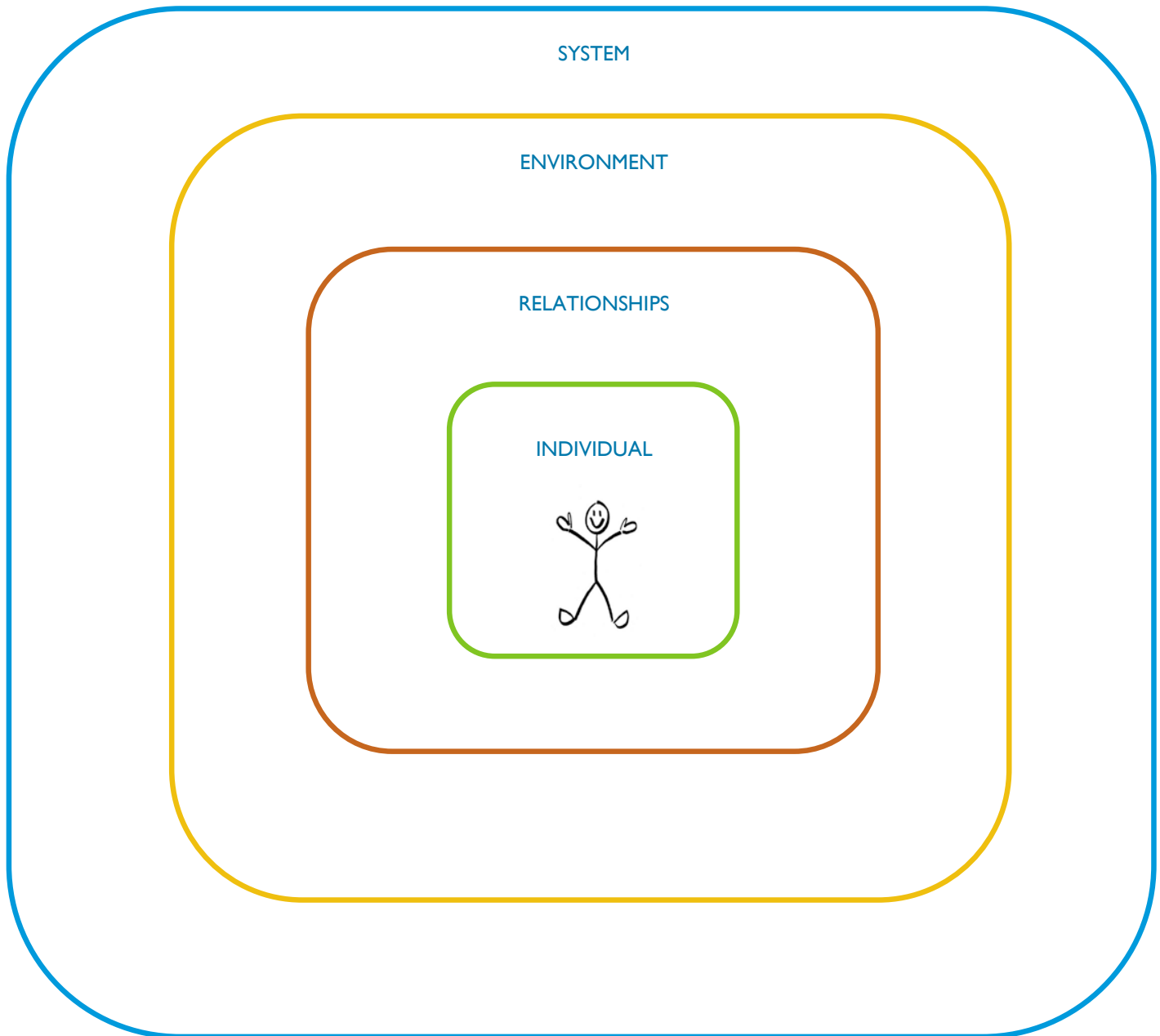


⁵ Worksheet adapted from EastSide Arts Alliance, Oakland, CA, 2010.

Handout 6B: Space Matters Reflection Part 2⁶

Now, what are **barriers** to someone staying healthy?

Based on our discussion, pick a health issue and draw its relationship to the individual, relationships, environment, and system.



⁶ Worksheet adapted from EastSide Arts Alliance, Oakland, CA, 2010.

Activity: The River (40 minutes)

In this activity, participants will:

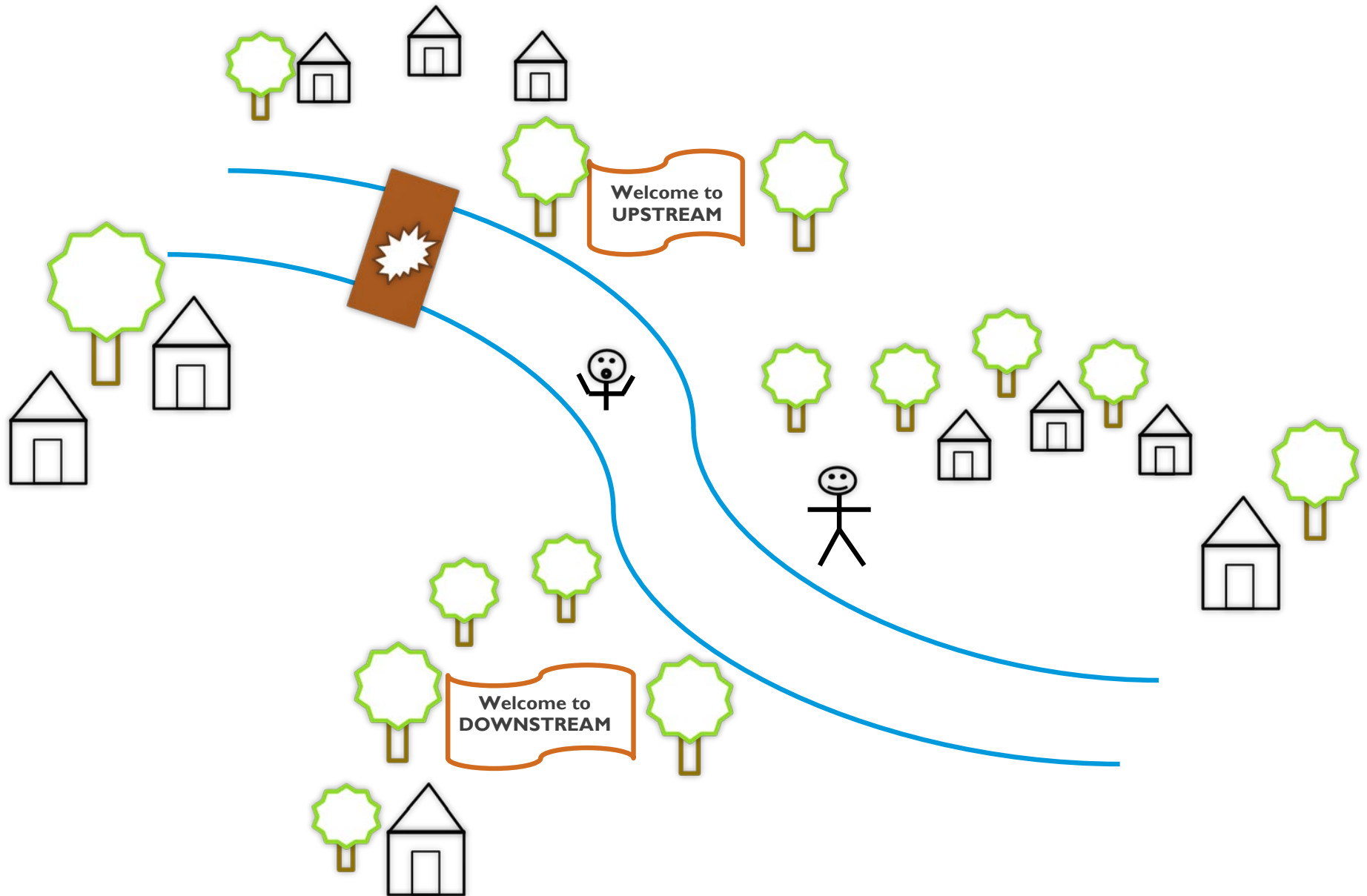
- Describe the concept of upstream versus downstream thinking in public health.
- Identify examples of the three levels of prevention
- Gain an understanding of the field of public health

You Will Need: Poster paper, markers, Handout 7

Instructions:

1. Draw a larger version of the **Handout 7** on chart paper.
2. Tell the following story: *“Imagine you're standing beside a river and see someone drowning as they float by. You jump in and pull them ashore. A moment later, another person floats past you going downstream, and then another and another. You decide to get other people to help. You train people to save victims from the river and your town builds a hospital to save the lives of victims but there only seems to be an increase in the number of people drowning every day. You decide to travel upstream to see what the problem is. You find that people are falling into the river because they are falling through a hole in a bridge.”*
3. Ask participants to use **Handout 7** to draw potential ways to solve the problem (clue: draw a hospital in the town of Downstream to start).
4. After 5-10 minutes, say: *“When it comes to health, prevention means ‘going upstream’ and fixing a problem at the source instead of saving victims one-by-one.”* Have participants draw their solutions one-by-one on the chart paper.
5. After everyone is done, describe the following:
 - a. **Primary prevention:** Primary prevention is about going “upstream” of an issue in order to address its root causes, ideally addressing the problem before it begins. Here the goal is to protect healthy people from developing a disease or experiencing an injury in the first place. Some examples include: good nutrition education, the importance of regular exercise, and immunizations against infectious disease
 - b. **Secondary prevention:** These interventions happen after an illness or serious risk factors have already been diagnosed. The goal is to halt or slow the progress of disease (if possible) in its earliest stages. In the case of injury, goals include limiting long-term disability and preventing re-injury. Some examples include: recommending regular exams and screening tests in people with known risk factors for illness, and special diets and exercise plans for people with elevated blood pressure.
 - c. **Tertiary prevention:** This focuses on helping people manage complicated, long-term health problems, such as diabetes, heart disease, cancer, and chronic musculoskeletal pain. The goals include preventing further physical deterioration and maximizing quality of life. For example: cardiac or stroke rehabilitation programs and patient support groups.
6. Ask everyone to decide what level of prevention their idea was on and record answers on chart paper.
7. Close-out Question: What do you think are the most effective types of prevention?

Handout: Upstream & Downstream Worksheet



Activity: Mapping Your Community, Part 2 (10 minutes)

In this activity, participants will:

- Identify supports and barriers in their neighborhood/community to staying healthy.
- Describe the differences in neighborhoods/communities with resources and those without.
- List ideal qualities of a *built environment*.

You Will Need: Poster paper, markers, Handout 8

Instructions:

1. Say: *“Now we see how many of our health issues are caused by social determinants. We also know that to improve health, we need to address bigger systems and not just individual behavior. Now you are going to recreate your community or neighborhood with systems that promote health.”*
2. Using **Handout 8** ask participants to draw a picture of their ideal community and/or neighborhood, making sure to include things that help support people staying healthy.
3. After about 5-10 minutes, have participants share back their drawings and at least three things they would add to their community.
4. Close-out: Share back one thing from what people shared in their ideal community that you would like to see.

Handout 8: Mapping Your Community Part 2 Worksheet

Use this worksheet to draw a map of your ideal community.



Optional Activity: Oppression Worksheet (15 minutes)

In this activity, participants will:

- Identify the ways in which *-isms* affect our health.
- Define different *-isms*.
- Differentiate between institutional, interpersonal, and internalized *-isms*.

You will need: Chart paper, **markers**, **Handout 9 & 10**

Instructions:

1. Facilitator's Note: Be sure to revisit your community agreements prior to this activity, making sure to include the agreement: "Take care of yourself first" if it has not already been included. This activity may bring up many painful and traumatic events for young people, so be sure to check the temperature of room throughout the activity.
2. Say: *"As we have talked about today, many of the root causes of health issues are a result of oppression of groups of people. In this activity, we are going to discuss different types of oppression and how they play out in certain settings."*
3. Ask participants to fill out **Handout 9** to the best of their ability using **Handout 10**.
4. Ask participants to share back at least one *-ism* from one level of oppression.
5. Discussion:
 - a. How can *-isms* affect our health? Think about institutional *-isms*.
 - b. What level of oppression do you think is the most harmful? Why?
 - c. What are some ways we can combat *-isms*?

Handout 9: Oppression Worksheet

Fill out the following chart. Include examples of each system of oppression and the levels at which it operates. These can be examples of things that have happened to you, things you see around you, or things that you may have done to others.

	Institutional	Interpersonal	Internalized
Racism			
Sexism			
Classism			
Heterosexism/ Homophobia			
Albeism			
Ageism			
Sectarianism			

Handout 10: Systems of Oppression Key

Racism: the belief that all members of each race possess characteristics or abilities specific to that race, especially so as to distinguish it as inferior or superior to another race or races.

Sexism: prejudice, stereotyping, or discrimination, typically against women, on the basis of sex.

Adulthoodism: the prejudice and accompanying systematic discrimination against young people

Ageism: prejudice or discrimination on the basis of a person's age.

Heterosexism: discrimination or prejudice against homosexuals on the assumption that heterosexuality is the normal sexual orientation.

Homophobia: dislike of or prejudice against homosexual people.

Classism: prejudice against or in favor of people belonging to a particular social class.

Ableism: discrimination in favor of able-bodied people.

Sectarianism: discrimination or prejudice against people based on religious beliefs.

Institutional Oppression: the type of prejudice and discrimination that comes from the top-down as part of the major institutions such as government, schools, church, and media.

Interpersonal Oppression: the type of prejudice and discrimination that occurs between two or more people such as put downs, hiring discrimination, grades in school, choosing friends, and hate crimes.

Internalized Oppression: how we internalize and see ourselves in a world full of oppression, such as what we believe when we're told that we are ugly, dumb, beautiful, etc.

Module I Word Bank

Built Environment	The built environment refers to our human-made space in which people live, work, and play. The built environment is a material, spatial and cultural product of human labor and includes buildings, parks, and transportation systems.
Health Disparity	The differences in the health status of different groups of people. Some groups of people have higher rates of certain diseases and more deaths and suffering from them compared to others.
Mortality	Means death. So, when people say “causes of mortality,” they simply mean “causes of death.”
Morbidity	Means poor health. Morbidity measures how common diseases and health conditions are.
Public Health	The health of the population as a whole, especially as monitored, regulated, and promoted by the state.
Redlining	The act of drawing a red line on a map to mark places where banks should not invest. This includes denying services (from bank loans to supermarkets) to residents of certain areas based on the racial or ethnic makeup of those areas.
Root Cause	The first cause in a long chain of outcomes which results in outcomes, usually an undesirable one.
Social Determinants of Health	Social determinants are the conditions in which people are born, grow up, live, and work that influence how healthy we are or can be.

Your Turn: Use this space to write down words and their definitions that are not on the list above.

Close-Out Questions

Answer the following questions to the best of your ability. Your answers will help us make this curriculum better! Thank you!

1. What is your definition of health?
2. List the top three health issues that affect teens and young adults:
3. What is the difference between morbidity and mortality?
4. Use the space below to write any other comments or questions you have about this lesson.

Module 2: Health Education

Overview

Health Education is teaching people about how to make healthy decisions. This is most often done through workshops and health promotion events. In this section, participants will learn about how to make a referral to their school health center, practice public speaking skills for workshops and, plan an on-campus health event.

Objectives

After this section, participants will be able to:

1. Practice referring peers to SBHC services.
2. Practice public speaking in front of the group
3. Discuss the important role of a facilitator
4. Learn basic facilitation techniques

Agenda 1: Facilitating Access to Healthcare Services (90 minutes)

5. Check-In and Icebreaker (5 min)
6. Activity: Your SBHC Rights & Responsibilities (30 minutes)
7. Activity: Assessing Situations and Referring (40 minutes)
8. Check-Out & Closing (5 min)

Agenda 2: Public Speaking (90 minutes)

9. Check-In and Icebreaker (10 minutes)
10. Introduction: An Issue I Care About (20 minutes)
11. Public Speaking (50 minutes)
12. Check-Out & Closing (10 minutes)

Agenda 3: Facilitation (90 minutes)

13. Check-In and Icebreaker (10 minutes)
14. Activity: Facilitation Techniques (70 minutes)
15. Check-Out & Closing (10 minutes)

Agenda 4: Community Outreach & Event Planning (90 minutes)

16. Check-In and Icebreaker (10 minutes)
17. Activity: Finding the Message & Event Planning (70 minutes)
18. Check-Out & Closing (10 minutes)

Optional: Use the Word Bank at the end as an additional activity and an opportunity to emphasize important takeaways.

Section Handouts

- True/False Rights & Responsibilities List
- Your Rights & Responsibilities
- Confidentiality 101
- Services at Your SBHC
- Crisis, Emergency, Problem Scenarios
- Crisis, Emergency, Problem Chart
- Barriers & Supports to Accessing Services
- Public Speaking Activity Worksheet
- Tips for Public Speaking
- Sample Speaking Topics
- Why Facilitate?
- The Basics of Facilitation Basics Part 1 & 2
- Facilitation Practice in Pairs
- What's Your Message
- Event Planning Worksheet

Word Bank

Outreach
Pacing
Public Health Messaging
Voice Projection

Food for Thought

Some people are familiar with “step up, step back,” the community agreement that asks that those who participate a lot let others speak, while those who don’t participate often offer their ideas more.

Think of ways that you can “step up, step back, and step to the side”: step up your listening, step back to let others speak, and step to the side to support others’ participation.

Agenda 1: Accessing Healthcare Services

Activity: Understanding Your SBHC Rights & Responsibilities (30 minutes)

In this activity, participants will:

- Identify rights and responsibilities of young people when accessing services at their SBHC.
- List, in their own words, their rights and responsibilities.
- Define confidentiality.

You will need: Chart paper, markers, True/False signs (optional) Facilitator Handout, Handout 1 & 2

Instructions:

1. Post True and False signs on either side of the room or designate a side of the room for each.
2. Read each statement provided on the **Facilitator Handout 1** and ask participants to move to the side based on what they believe.
3. After each statement, ask participants from each side to share why they chose that side.
4. Once participants have shared, reveal the correct answer.
5. Discussion:
 - a. Did anything surprise you? Why/why not?
 - b. What is the difference between a right and responsibility?
 - c. What are some things should be a right and/or responsibility of a young person accessing services at an SBHC?
6. Ask participants: Does anyone know what *confidentiality* means?" (pause) "That's right, confidentiality means to keep things private and at an SBHC, we have very special rules for the confidentiality of the young folks who access our services. It's important for all young people to understand confidentiality, especially YHW, because you will be referring your peers to SBHC services." Ask participants to look over **Handout 1** and address any questions that may come up.
7. Finally, ask participants to use **Handout 2** to brainstorm at least 3 more items to add.
8. Close-out: Ask participants to share back and record there top right and top responsibility on the poster paper.

Optional: Post this in the waiting room or exam rooms at your SBHC and invite other clients to add to it when they come up with something new.

Facilitator Handout 1: True/False Rights & Responsibilities Statements¹

Statement	True or False?
A teen can see a doctor about birth control and pregnancy without their parent/guardian's consent.	TRUE: California has laws that let a person of any age make their own choices about birth control, pregnancy, abortion, adoption, and parenting.
Teens 12 and older can see a doctor about mental health issues, drug and alcohol use, or sexually transmitted diseases without their parent's consent.	TRUE: California laws let people 12 or older get care for mental health, drug and alcohol issues, or sexually transmitted diseases without parent consent.
Not all issues a teen might want to see a doctor for are considered confidential.	TRUE: Cases of abuse, assault, or possible suicide cannot remain confidential. Your doctor may have to contact others for help.
Health services like treatment of injuries, colds, flu, and physicals are confidential services. The doctor will not need your parent/guardian's consent for these services.	FALSE: These services are not confidential services. There are many laws about what information your parent/guardian will be given. It is important to talk to your doctor about what will stay private. In some situations, you get to decide what is shared. A teen can ask a doctor about what will stay private in a visit, and what information will be shared with parents/guardians.
It is usually not very helpful for a teen to talk to an adult they trust about their health or changes in their life that they are worried about.	FALSE: It can be helpful to talk to an adult you trust such as a parent/guardian, teacher, family friend, counselor, or coach about your health. If there are health issues you have questions or concerns about, a trustworthy adult can give you important advice and opinions.
A teen being responsible for his or her health is an important part of growing up!	TRUE: Taking on more responsibility and wanting more privacy are a normal part of growing up for teens.

¹ Adapted from: Adolescent Health Working Group and California Adolescent Health Collaborative. (2010). *Understanding Minor Confidentiality and Consent in California: How Well Do You Know Your Rights & Responsibilities?* San Francisco, CA.



Confidentiality = Privacy

The “Vegas Rule” applies to most things happening at a school-based health center. Anything a young person says about sexuality, drugs and feelings stays confidential in an SBHC.

*School-based health center staff would need to tell someone when a young person ...

- Was or is being physically or sexually abused.
- Is going to hurt themselves or someone else.
- Is are under 16 and having sex with someone 21 years or older.
- Is are under 14 and having sex with someone 14 years or older.
- Is unable to function due to a mental health condition.

Don't forget to always: Ask questions, know your rights and read forms before you sign them!

Youth Rights & Responsibilities

Your Turn: Brainstorm at least 3 more rights and at least 3 responsibilities you have when accessing services at your SBHC.

Rights:

1. Be treated with respect.

Responsibilities:

1. Give honest information and let my doctor know if anything has changed.

Activity: Assessing Situations Role-Play (40 minutes)

In this activity, participants will:

- Identify the differences between emergencies, crisis, and problems.
- Practice referring someone to SBHC services.
- Have fun!

You will need: Chart paper, markers, Facilitator Handout 2, Handouts 3, 4, & 5

Instructions:

1. Using **Handout 3**, ask participants as a group to brainstorm all of the services their SBHC offers. After 5 minutes ask participants to share back and make sure they include everything that is offered.
2. Say: “Once you know what services are offered, you can begin to really start referring your peers, but first you need to know how to assess a situation to help you decide what services they may need and when they need them.”
3. Divide participants into pairs and handout scenarios, using **Facilitator Handout 2** to each group.
4. Using **Handout 4**, ask each pair to come up with role-play in 5-10 minutes and the correct way to handle the situation, including which SBHC service to refer them to.
5. After each group presents, have everyone guess whether it’s an emergency, crisis, or problem.
6. Discussion:
 - a. What were the most realistic ways to handle the situation?
 - b. What are some other ways we can handle these situations?
 - c. Sometimes it might not be clear whether it is a crisis or an emergency, what would you want to do to clarify?
 - d. What can be easy or difficult about helping someone access services?
 - e. What might make it difficult for someone to access services at an SBHC?
7. Ask participants to fill out **Handout 5**.
8. Close-out: Share back your responses and what you would do to help that person overcome the barrier.

Your SBHC Services

Name of Your SBHC: _____

Your Turn: Brainstorm a list of all the services your SBHC offers. Check with SBHC staff to see if you're right.

Facilitator Handout 2: Assessing Situations Role Play Scenarios

A friend comes up to you between classes and says that they just found out that the person their talking to cheated on them over the weekend. They are having a tough time trying to figure out whether or not they should break up with them or give them a second chance.

A friend just had an awful day: they got into an argument with their best friend, did bad on a test, and their parent/guardian is nagging them about a million different things.

A friend tells you that someone very close to them has just become seriously ill. They are incredibly worried and upset, and know that they need to talk with someone about it, so they have come to you.

A friend tells you they think you might have an STD/STI. They have come to you because they want advice – they wish someone could just tell them what to do because they are so stressed out.

You have noticed that a friend has been feeling really down lately. They have expressed that nothing seems to be going right. They didn't want to talk to anyone at all, but their teachers began to notice, too. They aren't feeling like there is really one specific thing that they're unhappy about, they just feel unhappy in general. They are NOT suicidal, although they have thought about hurting themselves in some way.

A friend comes up to you and says they had unprotected sex last night with someone. They have come to you because they are freaking out and worried they may be pregnant.

A friend tells you that they have been really worried about their weight and eating habits. Their dad has Type II Diabetes and their little sister just got diagnosed as being pre-diabetic. They are really worried and don't know what to do.

Handout 4: Emergency, Crisis, Problem

	EMERGENCY	CRISIS	PROBLEM
	Must be referred. I need to get this to an SBHC staff NOW!	May be handled, but needs some assistance from an SBHC staff member. Probably need to make a referral.	Can be handled, may need some assistance.
TIME FRAME (Does it need attention immediately?)	Needs IMMEDIATE attention.	A few hours to 1 day to react and get assistance.	From 1 day to one week to assist and follow-up.
SAFETY OF PERSON	High Risk (may be life-threatening to self or others).	Moderate to high risk (safety is uncertain).	Low to moderate risk.
BEHAVIOR OF PERSON	Dramatic or sudden change.	Noticeable change, withdrawn.	Gradual change.
COPING AND OPTIONS	Very limited or none.	Limited (may not be able to see many options).	Many options open.

Handout 5: Barriers & Supports to Accessing Services



Information: Do you have the knowledge to make the healthy choice?



Cost: Do you have the money to make the healthy choice?



Access: Is your “built environment” set up to make the healthy choice?

Your Turn: Choose a health topic to focus on and decide what the barriers may be for each of the following:



Information:



Cost:



Access:

List 1-3 solutions to one or more barrier, how would you help someone?

Agenda 2: Public Speaking

Activity: An Issue I Care About (20 minutes)

In this activity, participants will:

- Identify a health issue that concerns them.
- Discuss the role of a YHW in health coaching, education, and advocacy.
- Build comradery and a sense of a community.

You will need: Chart, paper, and markers

Instructions:

1. Break participants up into groups of 3-5 people.
2. Ask them to divide a piece of poster in half with one column titled “Important Issue” and the other column titled “Why?”
 - a. For the “Important Issue” column, ask them to brainstorm health topics or issues that are important to them or their peers (i.e., sexual health, depression education, social justice) and record their responses.
 - b. Ensure that there is a corresponding word or phrase in the “Why?” column for each issue.
3. Ask each group to share their top 3 issues and the why for each of those issues.
4. Write “How?” on a piece of poster paper and ask participants to brainstorm ways to promote this issue to their peers, school, administrators, etc. depending on who is the target population.
5. Close-out Question: Which health issue that we identified is the most interesting to you?

Activity: Public Speaking (50 minutes)

In this activity, participants will:

- Practice speaking in front of a group.
- Give and receive feedback on their public speaking skills.
- Identify areas where they want to improve.

You will need: Chart paper, markers, Handout 6 & 7, Facilitator Handout 3

Instructions:

1. Ask: “What makes someone a strong public speaker?”
2. Record answers on chart paper.
3. Model an example of poor public speaking
 - a. Discuss school health center services, hours of operation, why students should come while using 3-4 common public speaking errors
 - b. Ask the group to describe what was wrong about the example
4. Model an example of strong public speaking
 - a. Speak on school health center services, hours of operation, why students should come
 - b. Focus on 3-4 improvements
 - c. Ask the group to describe what improved
5. Go over **Handout 7** and ask participants to highlight or put a star next to ones that they want to practice.
6. Ask participants to fill out the first half of **Handout 6**.
7. Round I Practice: Ask participants to practice speaking on a topic that they wrote down in **Handout 6**. (1 minute/person)
8. Ask group members to provide feedback: 2 positives/2 deltas per speaker
9. Round II Practice: Ask participants to practice speaking on a random topic using **Facilitator Handout 3**. (1 minute/person)
10. Ask group members to provide feedback: 2 noticeable improvements per speaker
11. Close-out: Ask everyone to name one major public speaking quality they want to improve on following the workshop.

Handout 6: Public Speaking Activity Worksheet

1.

Write down **one thing** that scares you when it comes to public speaking.

2.

Write down **one thing** you know really well. You can talk for hours about this topic.

3.

Write down **three main points** you know about the topic you picked.

1.

2.

3.

Answer the following questions based on your public speaking activity.

- What public speaking skill do you do well?
- What are two things you want to improve?

Handout 7: Tips for Public Speaking

- ✓ **Confidence.** Believe in what you're saying and know that you are the expert of your experience. People will respond well to your confidence.
- ✓ **Good posture and eye contact.** These let the audience know that you're bold and engaged with them.
- ✓ **Project forward.** Keep your voice, body, and energy forward towards your audience. Try not to turn your back to the audience.
- ✓ **Stay grounded.** Try to minimize how much you walk around or side step while you speak. It can be distracting to the audience, so think about keeping your feet planted or taking minimal steps throughout your presentation.
- ✓ **Breathe.** Sometimes, people have the tendency to speed through their presentations and make their selves even more nervous by not taking a moment to breathe. Give yourself that time to center.
- ✓ **Prepare.** No matter how skilled you are at public speaking, it's good to prepare! This will help you remember to cover key points, prevent you from going off topic, and help the flow of your presentation.
- ✓ **Be real.** Don't hide away your personable and engaging self behind papers, statistics, and a word-for-word speech, as these can make one's presentation seem very monotone and impersonal. Try to include personal anecdotes and reflections in your presentation and if you can present without reading off a paper, do it!
- ✓ **Speak to the whole room, not just one person.** Practice turning your head from one side of the room to the other at the end of each section of your speech.
- ✓ **Be comfortable with your movement, posture, and gestures.** This takes time! Practice, practice, practice.

Facilitator Handout 3: Sample Speaking Topics

What are the benefits of eating healthy?

What are the benefits of physical activity?

Why should students care about their health?

Why is it important to practice safe sex?

What are some unhealthy foods people should avoid? Why?

What are some healthy foods people should eat? Why?

What can students do to promote a healthier environment at school?

Why is it important for students to be involved in school health?

How can teachers make sure their students are healthy?

Why are mental health and emotional health important for people?

What's so special about our school health center?

Agenda 2: Facilitation

Activity: Facilitation Techniques (70 minutes)

In this activity, participants will:

- Describe the role of a facilitator.
- Identify important facilitation techniques.
- Practice facilitation techniques.

You will need: Chart paper, markers, timer, and Handouts 8, 9 & 10

Instructions:

1. Go over the first part of **Handout 8** and ask participants to fill out the “Your Turn” box.
2. Ask participants to share back qualities of a strong facilitator.
3. Divide the group into pairs and have them highlight at least three things they would like to practice from **Handout 9**.
4. In the same pairs, have them practice the script from **Handout 10**.
5. Ask each pair to present in front of the group.
6. Give a few participants a role for them to act out during the presentation (person with a lot of questions, person who goes off topic, person who is super quiet, etc.)
7. After each pair of students is done facilitating, have the entire group participate in a discussion of positive and constructive feedback.
8. Ask each participant to fill out the bottom of **Handout 10**.
9. Close-out: Share back one thing you did well and one thing you would like to work on when facilitating.

Handout 8: Why Facilitate?²

One role of a YHW is facilitating presentations. These are the most effective if they are done in an interactive manner. This means that during your presentations, you will be asking and answering questions. In order to make that process go smoothly, we will work on our **facilitation** skills.

The best way to understand facilitation is to understand its purpose. These are some key benefits to facilitation:

- ✓ Stopping to **ask** questions of an audience allows the presenter to gauge how well the audience is understanding the presented material
- ✓ **Interacting** with the audience can keep students on their toes! Nobody wants to be called on and embarrassed for not knowing what's going on
- ✓ Asking the audience to **share** their personal experiences or the experiences of friends can make people feel more emotionally invested in the topic

Other benefits of facilitation:

- ✓ When people participate and **“own”** a solution to a problem or agree on a decision, they will put more effort into the work. In other words, people will act more half-heartedly if they don't feel fully invested. When folks are half-hearted, solutions, decisions, and activities don't completely succeed.
- ✓ Even though decisions, activities, and programs are important, it's crucial for a team to solicit and to cultivate the creativity of its participants. Groups are more powerful when **everyone can contribute**, and facilitation helps achieve this by collecting a whole group's ideas.

Your Turn: Think of your teachers this year. Most likely, there are some teachers that are better than others at maintaining the attention of students in a class. What makes a teacher engaging?

Top 3 things that make a teacher's lectures engaging:

1.

2.

3.

² Adapted from "Foreword to the First Edition" by Michael Doyle from *Facilitator's Guide to Participatory Decision-Making*, Community At Work, 2007.

Handout 9: The Basics of Facilitation Techniques³

As a facilitator, your task is to be respectful of everyone's communication styles, to keep the group on point, and to support cohesive discussion without necessarily taking the lead and dominating the ideas of the group. Your young people should feel invested in any discussion and have shared ownership of decisions.

- **Paraphrasing**
 - Fundamental to active listening, paraphrasing challenges you to listen to a speaker and provide a nonjudgmental and validating summary of their thoughts. This is especially useful if the speaker is convoluted or confusing
 - Sample Language
 - It sounds like you're saying...
 - Let me see if I understand you...
 - Is this what you mean...?
- **Drawing People Out**
 - This skill is necessary when you need to help someone clarify their idea or when their thought is vague to listeners. The most basic way to draw people out is to first paraphrase their statements and then to ask open-ended, nondirective questions.
 - Sample language:
 - "Can you say more about that?"
 - "What do you mean by...?"
 - "Can you give me an example?"
 - "Tell me more."
 - "How so?"
- **Encouraging**
 - In group situations, some people may not feel engaged, while others need to still warm up to the group environment. When this happens, you should be the trustworthy facilitator that encourages fuller group participation.
 - Sample language:
 - "Any other ideas?"
 - "What do others think?"
 - "Can someone from the other side's perspective share any thoughts?"
 - Consider calling out people by their name:
 - "Joi, what do you think?"
 - "Katie, how does this sound to you?"
- **Balancing**
 - Through balancing, the facilitator opens the discussion to other perspectives that may not yet have been expressed.
 - Sample language:
 - "Are there other ways to look at this topic?"
 - "Can anyone play devil's advocate?"
 - Sample solution: If participation is very uneven, suggest a structured go-around to give each person an opportunity to share
- **Validating**
 - This skill is necessary in order to legitimize a speaker's opinion without explicitly agreeing with the opinion. If the speaker is heated about a subject or offers a controversial thought, you can validate the person's viewpoint without alienating them from the group.
 - Sample language:
 - "I see what you're saying."
 - "I see where you're coming from."
 - "That's definitely one way to look at it..."

³ Adapted from "Facilitative Listening Skills: Techniques for Honoring All Points of View" from *Facilitator's Guide to Participatory Decision-Making*, Community At Work, 2007.

Handout 9: The Basics of Facilitation Techniques Part 2⁴

As a facilitator, your task is to be respectful of everyone's communication styles, to keep the group on point, and to support the discussion—without dictating the ideas of the group. That's a lot to remember; but, for any group you facilitate, participants should feel invested in the discussion and have shared ownership over decisions.

Here are different ways you can facilitate various communication styles:

- **Mirroring**

- When mirroring, simply repeat individuals' answers exactly as they are told to you. This is a reflective listening skill and is especially useful if you are gathering ideas as a list or for a brainstorm.
- Sample Language:
 - "So what you're saying is..."
 - "In case folks from the either side of the room didn't catch what Annie said..."

- **Stacking**

- Stacking is helpful when many people want to speak at once. It can be difficult to keep track of who wants to speak and problematic if anyone feels ignored, so you should create a sequence that will include everyone who wants to share.
- Example solution: If several people raise their hands to participate, number them off: "George, you're one. Alison, two. Denise, three." After the first person speaks, call on two if you can't remember who is next.

- **Listening for Common Ground**

- Great facilitators listen for common ground. When a whole group can seem off topic, it's important to find the linking thread that brings everyone's ideas together.
- Tracking helps you be mindful of all the ideas and conversations that might be happening all at once. It visibly affirms people's ideas, especially when people bring up ideas that are important and most relevant to them.
 - You can track a discussion by acknowledging, "It seems that there are three different points of view that are coming up. Let me make sure I'm getting them all right..."
- Linking the shared idea to the topic of discussion. This is necessary when folks are off topic or discussing distant issues.

- **Intentional Silence**

- As a rule, give people time to think about their responses. Repeating a question multiple times in order to prod for answers puts people on the spot and may create an unnecessary sense of urgency, which could lead to half-baked ideas and opinions.
- Tip: Silence isn't awkward unless you make it awkward! Keep your body language engaged and take time to reflect on your own participation in the discussion.

⁴ Adapted from "Facilitative Listening Skills: Techniques for Honoring All Points of View" from *Facilitator's Guide to Participatory Decision-Making*, Community At Work, 2007.

Handout 10: Facilitation Practice in Pairs

Now that we've gone over techniques in facilitation, we're going to practice facilitating a group. Remember that the goal is to get audience participation and to form a discussion.

Presenter A: Hi, I'm [student name]. I'm with the school-based health center here at [high school name].

Presenter B: I'm [student name]. I'm also with school-based health center. We're part of a program that works in high schools throughout West Contra Costa County. We're health advocates who educate high school students and community members on their rights to health care and health services on their school campuses.

Presenter A: How many of you have heard of the school-based health center before here at [high school name]? (Pause.)

Presenter A: Today, we're here today to talk about

- The services offered by the school-based health center
- How you can make an appointment.
- Other services that are offered, like the program we're in.

Presenter B: But first we'll start with a discussion! Can I have two volunteers? You will record everyone's answers on the chart paper.

Presenter A: Does anyone have a definition for the word "Health"? (Pause.) What do you think of when you think about a healthy person? (Pause.)

Presenter B: (after at least 5 things are listed) Great list. Did you know that an organization called the World Health Organization came up with a definition? They say that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity and how healthy we are is determined by where we're born, live, grow up and work.

Presenter A: Now that you've heard this definition, would anyone like to add to the list we have? (Pause.)

Facilitation Techniques I used:

Facilitation Techniques I want to work on:

Agenda 3: Community Outreach & Event Planning⁵

Activity: Prevention Messages (70 minutes)

In this activity, participants will:

- Brainstorm possible outreach strategies.
- Identify effective messaging techniques.
- List ways that outreach can work on their school campus.

You will need: Chart paper, markers, Handout 11 & 12

Instructions:

1. Divide participants into groups of 2-3.
2. Ask participants to fill out **Handout 11**.
3. Ask participants to share back their health topic, 1 important thing, and 1 message.
4. Record the messages on a piece of chart paper titled “Messages.”
5. Prepare 3 pieces of chart paper with the following columns: “Methods,” “Location,” “Partners.”
6. Ask participants to brainstorm using the following questions to elicit answers.
 - a. Methods: In what ways do young people get information? Who/what sends messages to young people?
 - b. Location: What are good places (physical or not) to get messages to young people?
 - c. Partners: Who do we need help from to get a message to young people?
7. Based on these pieces of chart paper, ask participants to put a star next to a maximum of two projects they would be interested in doing.
8. For each item with a star next to it, ask the following questions:
 - a. Is this feasible in the time frame we have?
 - b. Is this something that young people would find fun/interesting?
 - c. What steps do we need to take to make this happen?
9. Once an outreach event is chosen, distribute **Handout 12** and have the group fill it out together.
10. Close-out: What are you most excited about doing for this outreach event?

⁵ Adapted from: Advocates for Youth. (2002). *Teens for AIDS Prevention*. Washington, D.C. Web: August 2009

Handout 11: What's Your Message?

Choose a health issue/topic that you want to focus on:

What are 3 important things your peers should know about this?

1.

2.

3.

What are 3 catchy or appealing ways you can share this message (think about the Nike Swoosh or the "Got Milk?" campaign)?

1.

2.

3.

Handout 12: Event Planning Worksheet

Name of event:	
Date:	
The goal of the event is to...	
Describe the event:	
What is/are the main message(s) of the event?	
How many youth will the event reach?	
Location:	
Materials needed:	

Tasks to be completed	By Whom	By When

Module 2 Word Bank

Outreach	An activity that provides information or services to those who, otherwise, would not have it .
Pacing	When public speaking it's important to pay attention to the speed at which you're talking. Remembering to breathe and pause can help with pacing.
Public Health Messaging	A way of communicating health information to groups of people. It can be done through presentations, workshops, social media or other media platforms.
Voice Projection	The art of using your voice to speak loudly and clearly without straining or yelling.

Your Turn: Use this space to write down words and their definitions that are not on the list above.

Close-Out Questions

Answer the following questions to the best of your ability. Your answers will help us make this curriculum better! Thank you!

1. What are 3 services offered by your SBHC?
2. Why is projection important in public speaking?
3. Why is facilitating important?
4. Use the space below to write any other comments or questions you have about this lesson.

Module 2B: How to H.E.L.P. a Friend

Overview

Knowing how to support and refer a friend who is having a mental health issue is an important part of being a resource for your peers. Although it can be intimidating, knowing how to help and how to identify a crisis can be essential in making sure you, your peers, and your school are safe. In this section, participants will learn how to make a referral to their school health center, practice active listening skills in different situations and, support a friend who is having a mental health crisis.

Objectives

After this section, participants will be able to:

1. Practice referring peers to SBHC services.
2. Practice active listening skills.
3. Identify different mental health issues.

Agenda: Facilitating Access to Healthcare Services (90 minutes)

1. Check-In and Icebreaker (5 min)
2. Activity: Stigma and What Happens When Someone has a MH Condition (10 minutes)
3. Activity: Active Listening (15 minutes)
4. Activity: When do we know to help?(30 minutes)
5. Activity: Self-Care (25 minutes)
6. Check-Out & Closing (5 min)

Optional: Use the Word Bank at the end as an additional activity and an opportunity to emphasize important takeaways.

Section Handouts

- At-A-Glance Mental Health Conditions
- True/False Rights & Responsibilities List
- Your Rights & Responsibilities
- Confidentiality 101
- Services at Your SBHC
- Crisis, Emergency, Problem Scenarios
- Crisis, Emergency, Problem Chart
- Barriers & Supports to Accessing Services

Word Bank

Anxiety
Bipolar Disorder
Depression
Eating Disorders
Schizophrenia

Did you know?

1 in 5 children ages 13-18 have, or will have a serious mental illness.¹

¹ Retrieved on August 24, 2016 from the National Institute of Mental Health <http://www.nimh.nih.gov/index.shtml>

Activity: Stigma and What Happens When Someone Has a Mental Health Condition (10 minutes)

In this activity, participants will:

- Address stigma and stereotypes felt about mental health.
- Identify reasons someone may seek help from a mental health provider.

You will need: Chart paper, markers, highlighters, Handout 1, Facilitator Handout 1

Instructions:

1. Prepare chart paper with the words “Mental Health” and ask participants to brainstorm everything that comes to mind. Record responses on the chart paper.
2. Facilitator’s Note: Be prepared to field words relating to the stigma associated with the mental health (i.e., “crazy,” “insane,” etc.)
3. Once participants have brainstormed the list, address any issues that may have come up and say: “Now we’re going to do an activity to address any stigma, or stereotypes/negative feelings we may have about mental health.”
4. Prepare signs or designate sides of the room for a cross-the-line activity (i.e., right side of the room = agree, left side = disagree, middle = unsure)
5. Read the statements from **Facilitator Handout 1** and ask participants to move to the side of the room based on how they feel. After each statement choose 1-2 people from each side to share why they moved there.
6. Facilitator’s Note: This can be a very sensitive topic. Make sure you revisit the community agreements prior to this activity to make sure they are taken seriously. Also state that there may be individuals in the room who may have dealt with one of these issues or had family members who have dealt with them, so respect is important. If at anytime someone feels like they don’t want to participate, that is ok.
7. Use **Handout 1** to prepare and post six pieces of chart paper, writing one mental health condition on each piece of poster paper. Ask participants to rotate around the room and write down words that come to mind when they think about that condition. After everyone has rotated once, ask participants to share back their thoughts. Use Handout 1 to read the definitions of each mental health condition at the end.
8. Close-out: What is one thing that you learned that you will share with someone else?

Facilitator Handout 1: Mental Health Agree/Disagree Statements

Read the following statements and ask participants whether they agree or disagree.

1. Teens don't have mental health or substance use problems.

Facilitator's Note: An estimated 2.7 million U.S. children and teens have emotional or behavioral problems that get in the way of learning, making friends, and family relationships.

2. Psychiatrists, psychologists, and therapists only give common sense advice that people already know.

Facilitator's Note: Psychiatrists, psychologists, and therapists have been specially trained to spot patterns in human thinking, behavior, and emotions. These mental health providers use their education and experience to help people better understand and cope with their life situations.

3. Once a person has a mental health condition, he/she will be ill forever.

Facilitator's Note: There are different types of mental health conditions and many of them can be effectively treated. Most people feel better after getting help such as therapy and/or medications.

4. Mental health conditions and drug addictions are caused by a person's lack of will power.

Facilitator's Note: There are many causes of mental health and substance use problems. These causes include things that a person cannot control such as genetics, family history, brain chemistry, and life experiences.

5. Talking about suicide will cause someone to commit suicide.

Facilitator's Note: Studies show that talking to a suicidal person about suicide does not lead to suicide attempts. In fact, suicidal people often feel relieved when someone gives them a chance to discuss their feelings and suicidal thoughts.

6. Teens use mental health conditions as an excuse when they are really just lazy.

Facilitator's Note: People do not ask to have mental health problems. A teen with a mental health condition may seem tired or uninterested, but often times they feel overwhelmed or hopeless, or they can be experiencing a lot of emotional pain.

7. People with mental health conditions are dangerous and could flip out at any time.

Facilitator's Note: Most people with mental health conditions are not dangerous, violent, or out of control. Unfortunately, this myth often stops people from seeking the help they need because they worry others will think they are "crazy."

8. Only abnormal, crazy people go to psychiatrists, psychologists, or therapists.

Facilitator's Note: Many people of all ages, races, ethnicities, and backgrounds meet with psychiatrists, psychologists, and therapists to help them deal with stressful life situations or to get additional support.

Handout 1: At-A-Glance Mental Health Conditions²

Name	Definition
Anxiety	25% of all teens experience anxiety. It is the persistent, excessive fear or worry in situations that are not threatening.
Bipolar Disorder	Only about 3% of teens experience this. A person with bipolar disorder may have distinct manic or depressed states. Severe bipolar episodes of mania or depression may also include psychotic symptoms such as hallucinations or delusions.
Depression	15% of teens experience depression, but much of it is unreported. Just like with any mental health condition, people with depression or who are going through a depressive episode (also known as major or clinical depression) experience symptoms differently. But for most people, depression changes how they function day-to-day. This can include: changes in sleep, changes in appetite, lack of concentration, loss of energy, lack of interest, low self-esteem, feelings of hopelessness, and physical aches and pains.
Eating Disorders	Eating disorders are a group of related conditions that cause serious emotional and physical problems. Each condition involves extreme food and weight issues; however, each has unique symptoms that separate it from the others. These can include, for anorexia nervosa – denying themselves food to the point of self-starvation and bulimia nervosa – bingeing on very large amounts of food during short periods of time and then desperately trying to rid himself of the extra calories using forced vomiting, abusing laxatives or excessive exercise. About 10% of female teens and 5% of male teens report an eating disorder.
Obsessive Compulsive Disorder	Only 2% of teens report experiencing obsessive-compulsive disorder (OCD). It is characterized by repetitive, unwanted, intrusive thoughts (obsessions) and irrational, excessive urges to do certain actions (compulsions). Although people with OCD may know that their thoughts and behavior don't make sense, they are often unable to stop them.
Schizophrenia	Although rare in younger teens, almost 2% of older teens report experiencing schizophrenia. It is a serious mental illness that interferes with a person's ability to think clearly, manage emotions, make decisions, and relate to others. It can include hallucinations and delusions.

² Adapted from: National Alliance on Mental Illness (2015). Mental Health Conditions. Web: July 9, 2015.

Activity: Active Listening (15 minutes)

In this activity, participants will:

- Identify the differences between empathy and sympathy.
- Practice active listening.

You will need: Computer with speakers & internet connection, chart paper, markers, Handout 2

Instructions:

1. Say: “One of the most important skills when learning how to support someone going through a mental health crisis is being able to listen to them. We are going to practice some listening skills; but first, let’s talk about sympathy and empathy.”
2. Show the YouTube video: “Berne Brown on Empathy” -<https://www.youtube.com/watch?v=IEvwgu369Jw>
3. Using two pieces of chart paper, write “sympathy” at the top of one and “empathy” at the top of the other.
4. Ask participants to brainstorm their definitions of “sympathy” and their definitions of “empathy.”
5. Discussion:
 - a. What surprised you about these lists?
 - b. What are some challenges with practicing empathy (prompt to think about the video)?
 - c. What would you do to address these challenges (i.e., get support for yourself)?
6. Using **Handout 2**, go over the checklist and have participants fill out the “Your Turn” box.

Handout 2: A Checklist for Active Listening & Communication

As you communicate with your peers, members of the community, and people in your life, it's important to keep this communication checklist in mind.

☐

Give the person your undivided attention.

☐

Seek first to understand.

☐

Keep an open mind.

☐

Recognize the uniqueness of people and situations.

☐

Approach them with humility to avoid making assumptions.

☐

Ask questions to confirm and clarify.

Your Turn:

Are there any other things you want to keep in mind when you communicate? Write them in the space below.

Activity: When do we know to help? (30 minutes)

In this activity, participants will:

- Identify the differences between emergencies, crisis, and problems.
- Practice referring someone to SBHC services.
- Have fun!

You will need: Chart paper, markers, Facilitator Handout 2, Handouts 3 & 4

Instructions:

1. Using **Handout 3**, go over each of the H.E.L.P steps and have participants fill out the “your turn” boxes individually or in pairs.
2. Divide participants into pairs and assign scenarios to each group, using **Facilitator Handout 2**.
3. Using **Handout 4**, ask each pair to come up with role-play as well as the correct way to handle the situation in the role-play, including which SBHC service to refer them to.
4. After each group presents, have everyone guess whether the situation is an emergency, a crisis, or a problem.
5. Discussion:
 - a. What were the most realistic ways to handle the situation?
 - b. What are some other ways we can handle these situations?
 - c. Sometimes it might not be clear whether it is a crisis or an emergency, what would you want to do to clarify?
 - d. What can be easy or difficult about helping someone access services?
 - e. What might make it difficult for someone to access services at an SBHC?

Handout 3: H.E.L.P.

Have resources ready.

Evaluate your ability to help someone.

Listen actively.

Provide referrals to a trusted adult or health professional.

Your Turn: Use this space to write notes on what you would do for each step.

Example:

Have resources ready –
There is individual
counseling, crisis drop-in,
and groups available at my
health center.

Facilitator Handout 2: Assessing Situations Role Play Scenarios

A friend comes up to you between classes and says that they just found out that the person their talking to cheated on them over the weekend. They are crying uncontrollably and they don't think they can go back to class.

A friend just had an awful day: they got into an argument with their best friend, did bad on a test, and their parent/guardian is nagging them about a million different things.

A friend tells you that someone very close to them has just become seriously ill. They are incredibly worried and upset; and they know that they need to talk with someone about it, so they have come to you.

You have noticed that a friend has been feeling really down lately. They have expressed that nothing seems to be going right. They didn't want to talk to anyone at all, but their teachers began to notice, too. They aren't feeling like there is really one specific thing that they're unhappy about, they just feel unhappy in general. They are NOT suicidal, although they have thought about hurting themselves in some way.

A friend tells you that they have been really worried about their weight and eating habits. Their dad has Type II Diabetes and their little sister just got diagnosed as being pre-diabetic. They are really worried, can't concentrate, and don't know what to do.

Your friend seemed really down the last few days, but today they are smiling and happy. They have brought a bunch of stuff to school to give away because, "they don't need it anymore where they're going..."

Handout 4: Emergency, Crisis, Problem

	EMERGENCY	CRISIS	PROBLEM
	Must be referred. I need to get this person to an SBHC staff NOW!	May be handled, but needs some assistance from an SBHC staff member. Probably need to make a referral.	Can be handled, may need some assistance.
TIME FRAME (Does it need attention immediately?)	Needs IMMEDIATE attention.	A few hours to one day to react and get assistance.	From one day to one week to assist and follow-up.
SAFETY OF PERSON	High risk (may be life-threatening to self or others).	Moderate to high risk (safety is uncertain).	Low to moderate risk.
BEHAVIOR OF PERSON	Dramatic or sudden change.	Noticeable change, withdrawn.	Gradual change.
COPING AND OPTIONS	Very limited or none.	Limited (may not be able to see many options).	Many options open.

Activity: Self-Care (25 minutes)

In this activity, participants will:

- Identify resources in your community for help.
- Define self-care.
- Practice a self-care technique.

You will need: Handout 5 & Facilitator Handout 3

Instructions:

1. Say: “In order to help your peers, it’s important to know about all of the resources in your area so that the peers you are helping have many options and can identify the place or places they feel most comfortable going for help. We are specifically going to brainstorm the mental health resources that are available in your area.”
2. Using **Handout 5**, help participants identify local resources for youth.
3. Have participants complete the “Your Turn” box individually or in pairs.
4. Next, say: “When we take care of other people, we also need to take care of ourselves.”
5. Ask participants to write down 3 healthy things they do to take care of themselves.
6. Next, ask: “What do you all do to try to stay calm when something upsets you?” (Pause.) “Many counselors and providers who help people use mindfulness or guided relaxation exercises to take care of themselves. We are going to practice one now.”
7. Make sure you and the participants are in a quiet space and they are seated comfortably.
8. Read **Facilitator Handout 3**.
9. After the script, say: “Remember that every time you practice this exercise you will be able to get better at it. You will be able to relax more deeply and more completely. You will be able to let go more quickly. And the effects of the calmness and comfort will last longer, carrying over throughout your day, enabling you to be more calm and efficient with your available time and energy.”
10. Discussion:
 - a. What did you think about that activity?
 - b. What was challenging? What was easy?
11. Ask all participants to take three deep breaths in and out together.

Handout 5: Resource List

Mental Health Resources:

National Suicide Prevention Hotline: <http://www.suicidepreventionlifeline.org/> or 1-800-273-TALK (8255)

Love is Respect (for relationship abuse and teen dating violence): 1-866-331-9474

Alanon/Alateen (for alcohol and other drug abuse help): 1-888-425-2666

Your Turn: Use this space to write down at least 3 resources and their contact information where you can refer someone for help.

1. Your SBHC:

2. Local Crisis Hotline:

3.

Facilitator Handout 3: Guided Meditation Script

As you sit back or lie back more comfortably, check to see if your arms and legs are in a relaxed uncrossed position. Let your shoulders release tension and let your neck begin to relax by letting your head just sink back comfortably into the pillow or chair.

Check the muscles of your head and face—especially the muscles around your eyes—even your eyebrows and the muscles around your mouth, including your jaw and even your tongue.

Before we begin, let me remind you that I do not want you to try to relax too quickly. In fact, I do not want you to try to relax at all! Because without any effort you will be able drift as deeply into relaxation as you wish to go, by just letting go of stress, thoughts, and physical tensions.

To begin, start by taking three deep, slow diaphragmatic breaths...pausing after you inhale, and then exhaling fully and completely. You might even imagine that as you exhale, you begin to release thoughts, tensions, even discomforts with the warm breath that you breathe out and away. After these first three slow breaths, continue to breathe slowly but naturally. Perhaps you can feel yourself taking another step deeper into relaxation and comfort with every exhalation. As you breathe slowly and naturally, please turn your attention to the relaxation that may be beginning in your toes and moving through your body all the way to the top of your head. Continue to breathe slowly and naturally, and perhaps you can begin to feel yourself drifting deeper into a dreamlike state where you can feel greater calmness and comfort, and where you begin to develop even greater awareness and control.

Imagine yourself as if you were outdoors on a warm and pleasant day. You imagine that you are standing near a pond of water, where the water is calm and clear, and the surface is smooth. You may even be able to feel the warmth of the sunlight or of the warm breezes... Imagine dropping a rock or a stone into water and watching as the waves or the ripples spread across the surface of the pond in every direction. And perhaps imagine that you can send soothing and cleansing waves of relaxation down from the top of your head, in every direction, to soothe, heal, and cleanse every muscle and cell of your body. You might imagine that these waves begin to drift down to relax the muscles at the top and the sides of your head... Or you might feel the waves drifting down to relax your forehead even more... letting it go calm and smooth.

The soothing waves of relaxation wash down to relax the muscles around your mouth, your jaw might even loosen a bit more. The waves of relaxation slowly spread down to soothe and relax the muscles of your neck and shoulders... and you may begin to feel them drifting down through your arms... slowly drifting all the way down... perhaps you even feel the waves slowly pulsing down into your hands and fingers.

If you wish to awaken now, then begin to imagine yourself returning to this room, bringing the feelings of calmness and comfort back with you to a more fully waking state. If you wish to awaken now, then you may wish to feel the bed or the chair beneath and slowly awaken, letting the feelings of calmness, comfort, health and joy return with you to a fully waking state.

Module 3: Health Coaching

Overview

YHWs need to develop strong communication skills with others and learn how to appropriately refer to SBHC services. In this section, you will discuss the meaning of culturally appropriate communication, as well as how to discuss difficult topics with peers.

Objectives

After this section, participants will be able to:

- Identify culturally appropriate communication techniques.
- Describe health assessments and their purpose.
- Practice Motivational Interviewing.

Agenda 1: Culturally Appropriate Communication (90 minutes)

1. Check-In and Icebreaker (10 min)
2. Activity: Cultural Humility (30 minutes)
3. Activity: Non-Defensive Communication (40 minutes)
4. Check-Out & Closing (10 min)

Agenda 2: An Introduction to Health Coaching (90 minutes)

1. Check-In and Icebreaker (10 min)
2. Activity: Health Coaching Framework (15 minutes)
3. Activity: An Introduction to Health Assessments (15 minutes)
4. Activity: Motivational Interviewing & The Chocolate Bar Activity (40 minutes)
5. Close-out Evaluation (5 minutes)
6. Check-Out & Closing (5 min)

Optional: Use the Word Bank at the end as an additional activity and opportunity to emphasize important takeaways.

Section Handouts

- Cultural Humility Worksheet
- Dealing with Conflict
- A Checklist for Communication
- Dealing with Conflict
- A Guideline to Giving and Receiving Feedback
- An Introduction to the Health Coaching Framework
- Stages of Change
- The HEEADSSS Assessment
- Motivational Interviewing At-A-Glance

Word Bank

Assessment
Change
Confidentiality
Cultural Humility
Harm Reduction
Health Access
HEEADSSS
Motivational
Interviewing:
Strength-based

Resources

For more information on nonviolent communication, the way it's used, and further training, visit The Center for Nonviolent Communication website at www.cnvc.org

Food for Thought

"If the only tool you have is a hammer, you tend to see every problem as a nail."

—Abraham Maslow (1908-1970)

Agenda I: Culturally Appropriate Communication

Activity: Cultural Humility (30 minutes)

In this activity, participants will:

- Define cultural humility.
- Describe the best methods of culturally appropriate communication.
- Practice effective communication techniques.

You will need: Chart paper and markers, Handout I

Instructions:

1. Prepare two pieces of chart paper with the words: “Culture” and “Humility.”
2. Ask participants to choose a marker and add words that they think of to each piece of chart paper. If participants need help, provide the following examples: Culture = food, shared beliefs/values and Humility = humble, empathy, etc.
3. Say: “When we put these two words and definitions together, we have Cultural Humility, which is a way everyone in the health field should approach working with people. Ask: “Why do you think it is important for people in health care to practice Cultural Humility?” (Facilitators Note: You may need to remind participants of the qualities of a YHW to solicit feedback.)
4. Read the Cultural Humility Case Study on **Handout I** and ask: “Are there any culturally-relevant foods the doctor should have considered when discussing Jessica’s diet? What should the doctor have done differently?”
5. Now, ask participants to brainstorm times that they felt misunderstood or misunderstood someone else based on their culture, traditions, or activities. Use probing questions like: “Have you ever felt like a teacher didn’t understand or respect your out-of-school obligations, like a job or family?” or “Was there ever a time when you’ve tried to help someone eat healthier but you realized that they don’t live anywhere near healthy food options or only live near fast food places and liquor stores.”
6. Ask participants to record their story/experience in the “Your Turn” box on the **Handout I**.
7. Ask participant to share back, only if they feel comfortable.
8. Close-Out Discussion:
 - a. Have you ever seen someone practice Cultural Humility? Who and when?
 - b. How does Cultural Humility make you feel?
 - c. What is your favorite way to communicate?

Handout 1: Cultural Humility Story Worksheet

Cultural Humility Case Study:

Jessica, a young Mexican-American student, goes to her doctor and finds out she is a little over weight. The doctor tells her carbohydrates could be causing her weight gain and that she should cut out all bread and pasta. Jessica leaves the appointment confused because she does not eat a lot of bread or pasta.

What could the doctor have done differently?

Your Turn: Use this space to write down, make a list, or draw a time when you felt like someone misunderstood your culture, experience, etc. and/or when you misunderstood someone else's culture, experience, etc.

Activity: Non-Defensive Communication (40 minutes)

In this activity, participants will:

- Discuss techniques for avoiding conflict.
- Outline the processes of giving and receiving feedback.
- Define non-defensive language

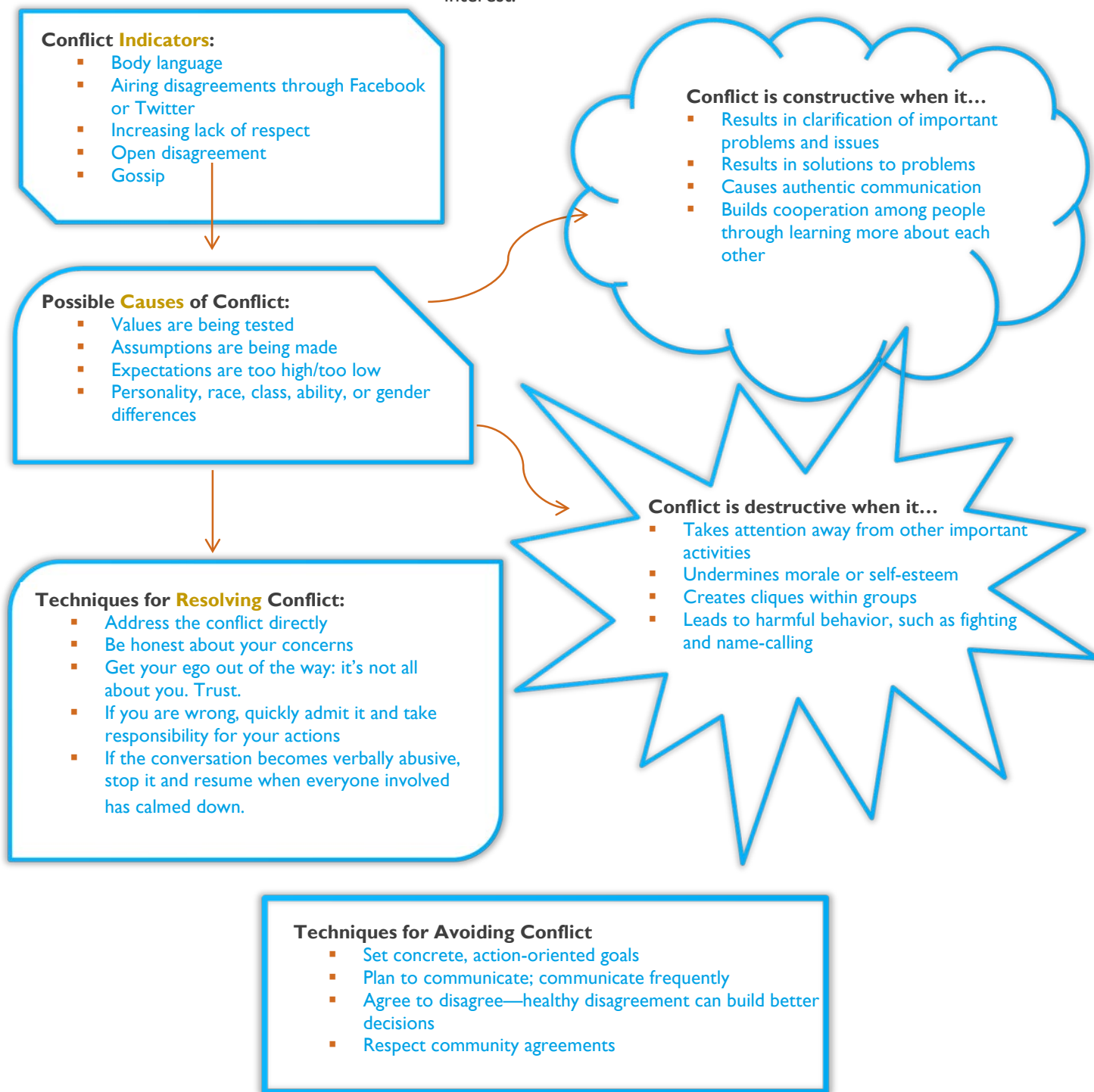
You will need: Chart paper, markers, Handouts 2, 3, 4 & 5

Instructions:

1. Say: *“Part of cultural humility and good health care practice is knowing how to communicate. Now, we are going to practice some communication skills.”*
2. Briefly go over **Handouts 2 & 3** with participants. Address any questions and encourage them to keep them out during the role-play activity.
3. Ask participants to pair up and choose a time when they had trouble communicating with someone about any topic. Examples: Disagreement with a partner, teacher, parent/guardian.
4. Next, ask participants to break out in pairs, share their experience, and role-play what non-defensive communication could have looked like using **Handout 5**.
5. After 5 minutes have the pairs switch!
6. Ask participants to fill out their “Your Turn” box: “Three to Glow” and “One to Grow” sections and ask for volunteers to share back.
7. Before beginning the activity, ask participants to read over **Handout 4** and add any additions to the “Your Turn” box.
8. Close-out Discussion:
 - a. What was difficult about this process?
 - b. What was easy?
 - c. What is one method you will try to use next time you have a conflict?

Handout 2: Dealing with Conflict¹

Conflict occurs when individuals or groups are not obtaining what they **need** or **want** and are seeking their own self-interest.



¹ Adapted from “Dealing with Conflict” by Asian Pacific Islander Youth Promoting Advocacy Leadership (AYPAL), Oakland, CA.

Handout 3: A Guideline to Giving and Receiving Feedback

Constructive feedback leads to ongoing personal development, helps improve interpersonal relationships and develops a more ideal organization climate. Try to practice open and positive feedback to improve the group dynamics and cohesion of your group.

Here are some helpful tips on how to give and receive feedback.

Giving Feedback	Receiving Feedback
<p>Pick Good Timing</p> <ul style="list-style-type: none">Give feedback in private so the person doesn't feel like they're being "ganged up" onGive criticism soon after the event <p>Be Tactful</p> <ul style="list-style-type: none">Try not to sound threateningKeep the criticism balanced—include appreciation and acknowledgement when you canUse "I" statements <p>Identify the Problem</p> <ul style="list-style-type: none">Focus on the problem, not on the person's personalityBe as specific as possibleDon't overstate the problem by using words such as "always," "never," or "worst" <p>Offer a solution</p> <ul style="list-style-type: none">Suggest concrete ways to correct the problemReflect on how you can modify your own behavior to alleviate the situationAcknowledge and celebrate	<p>Keep an Open Mind</p> <ul style="list-style-type: none">Welcome feedback as a process for learning and improvingMaintain eye contact and open body language as you listen <p>Actively Listen</p> <ul style="list-style-type: none">Ask for clarifications, if necessaryRestate the feedback to make sure you understand it <p>Try not to take it personally</p> <ul style="list-style-type: none">View the criticism as a genuine attempt to fix a problem, not a personal attackFocus on possible solutions to each criticismBe honest about how you feel, but view the process as productive dialogue

Handout 4: A Checklist for Communication

As you communicate with your peers, members of the community, and people in your life, it's important to keep this communication checklist in mind.

☐

Give the speaker your undivided attention.

☐

Seek first to understand, then to be understood.

☐

Keep an open mind to learn something new.

☐

Recognize the uniqueness of people and situations.

☐

Approach with humility to avoid making assumptions.

☐

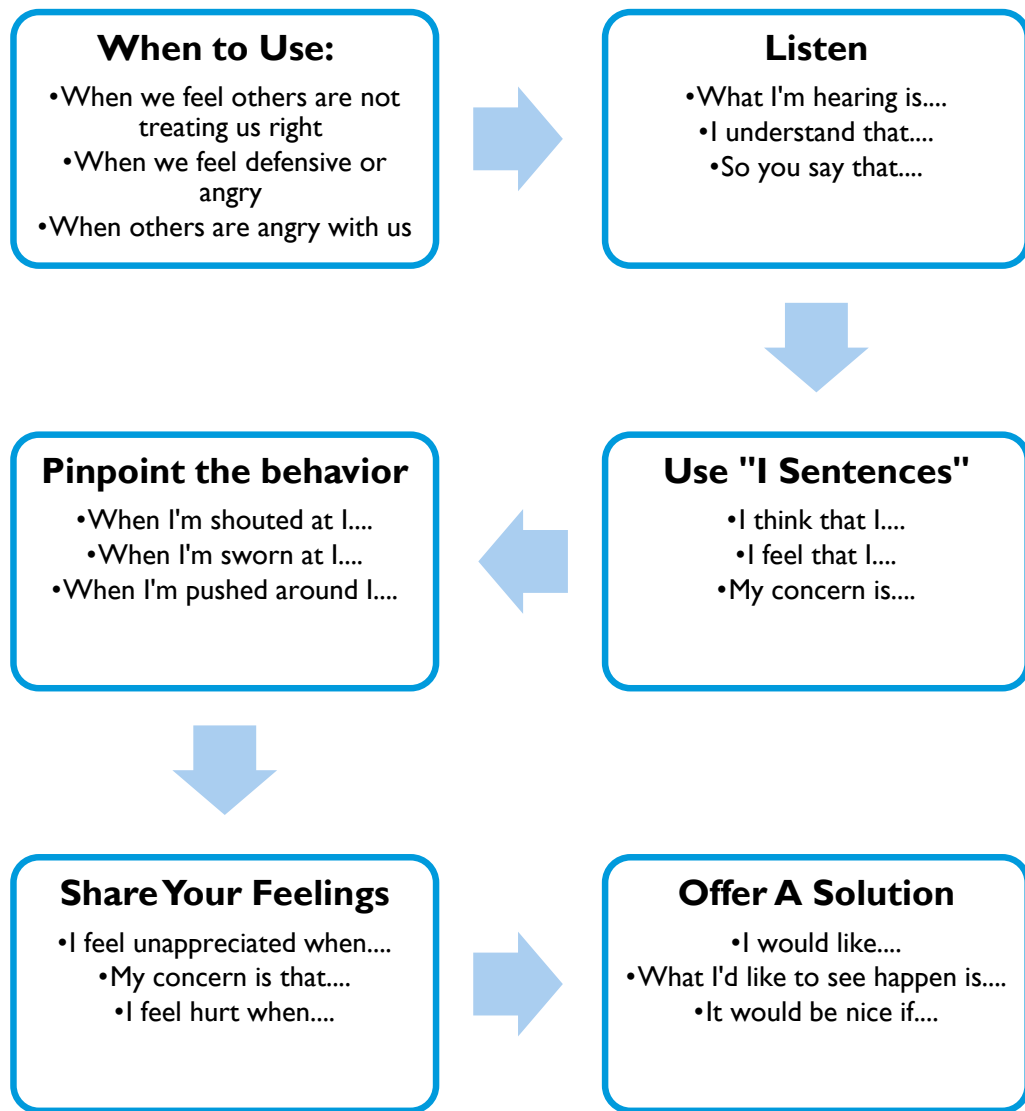
Ask questions to confirm and clarify

Your Turn:

Are there any other things you want to keep in mind when you communicate? Write them in the space below:

Handout 5: Non-defensive Communication

When we feel someone is blaming us we often become defensive. Once people become defensive or angry, communication usually breaks down. Use this process to ensure continued and effective communication by practicing the use of "I Statements".



Your Turn:

Practice using non-defensive communication with a partner and give each other feedback. Record below:

Three to Glow:

One to Grow:

Agenda 2: An Introduction to Health Coaching

Activity: Health Coaching Framework (15 minutes)

In this activity, participants will:

- Define Health Coaching.
- Describe the framework used when health coaching.
- Discuss the stages of change and how they function.

You will need: Chart paper, markers, highlighters, Handouts 6 & 7

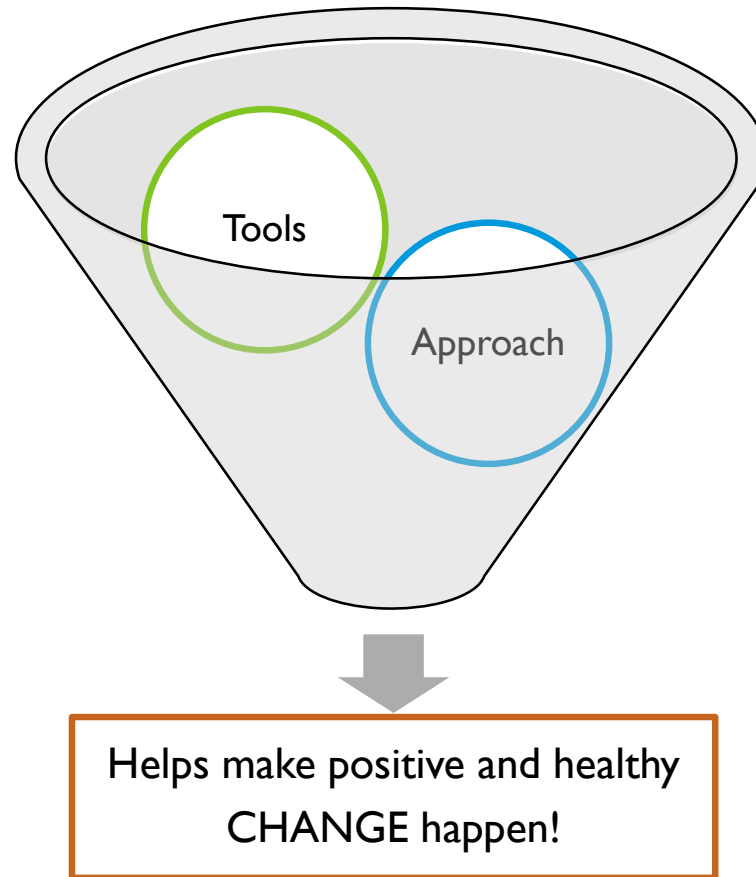
Instructions:

1. Ask participants: “When you hear the title ‘Health Coach,’ what comes to mind?” (Facilitator’s Note: Be prepared to round out answers with: “Someone who guides and supports you in being healthy.” Ask probing questions like: “What does a coach do?”)
2. Next, guide participants through Handout **6**, letting them know that the tools and approach are all things that they will learn in this module to help their peers make positive and healthy change.
3. Finally, prepare a piece of chart paper a basic Stages of Change outline using **Handout 7**.
4. Ask participants to think of a health behavior or choose one that they are trying to work on (i.e., exercising more, eating healthy, etc.).
5. Walk through each stage of change with participants describing what happened at each stage (Facilitator’s Note: Be sure to remind participants that someone can begin at any stage and go back to any stage at any time.)
6. Close-out: Ask participants to fill out the “Your Turn” box on **Handout 7** and share back if any reflections.

Handout 6: An Introduction to the Health Coaching Framework

Health Coaching can be challenging and after this section, you will better understand what tools you need to help your peers make positive and healthy changes in their lives. Below is a model for how this all can happen, it's about combining a set of skills learned in this module with different approaches or ways of talking to your peers.

Your Turn: Check it out and star or circle anything that you have questions about.



Health Coaching Framework Key

Tools: You will learn these different skills for how to help your peers make change.

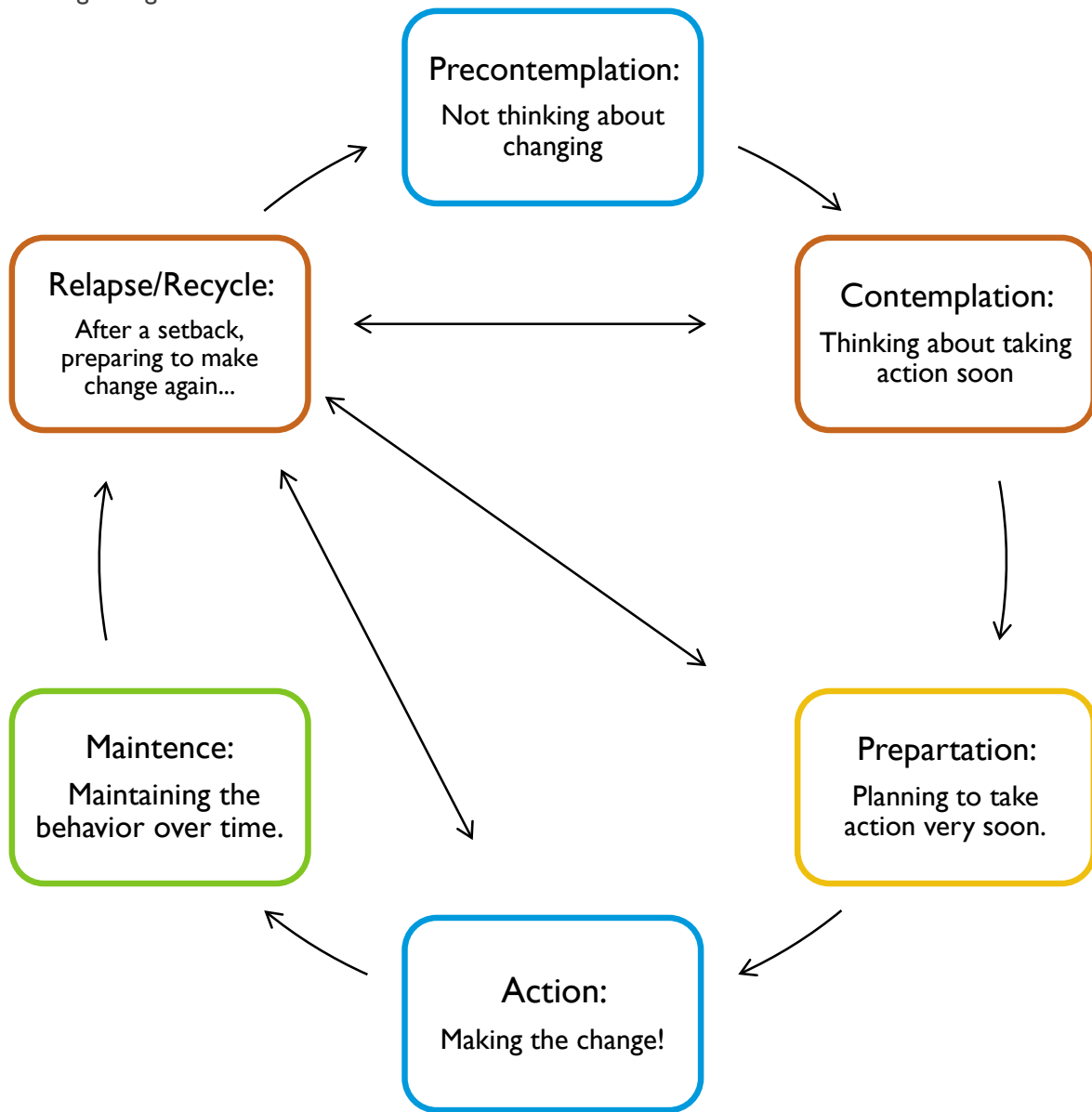
1. Communication: an important set of skills that build trusting relationships between you and your peers.
2. Motivational Interviewing: Motivational Interviewing offers a method for helping people identify behaviors they want to change and serves as a foundation for building trusting relationships.
3. HEEADSSS: a conversation-based type of assessment used by many SBHCs.
4. Referrals: an important tool used to connect your peers with SBHC services.

Approach: Using these approaches, you will move towards practicing the Core Competencies of a YHW.

1. Strength-based: a method of focusing on the strengths of your peers and the supports that they have in their lives.
2. Harm Reduction: a strategy used to help reduce the negative consequences of a health behavior by focusing on places or things a person can do to keep themselves as safe as possible.
3. Cultural Humility: remaining humble when interacting with others by admitting that you don't know everything about another's experience or culture, being open to learning and working to address the injustice experienced by people because of the lack of cultural respect and understanding that exists.

Handout 7: Stages of Change²

Now that you know what tools you need to help your peers make a healthy and positive change, what does change actually look like when a person is actually doing? Check out the diagram below that helps show what someone's process for making change can look like.



Your Turn: Think about a time when you or someone you know was trying to make a change. Use this box to write the following:

Behavior/What were you doing that you wanted to change?:

Stage you/they started:

Stage you/they ended:

² Prochaska, J.O. & DiClemente, (1983). *Transtheoretical Theory of Change*.

Activity: An Introduction to Health Assessments (15 minutes)

In this activity, participants will:

- Identify the goal of health assessments.
- Describe the HEEADSSS Assessment and its uses.
- List the ways in which they can use the HEEADSSS to help them in their work with other young people.

You will need: Chart paper, markers, highlighters, Handout 9

Instructions:

1. Prepare a piece of chart paper with the word “Assessment.”
2. Ask participants to brainstorm everything that comes to mind when they hear that word and record answers on chart paper.
3. Say: *“A health assessment is a tool that’s used to check-in with someone accessing health services and provides a snapshot of a person’s health. There are two main types of assessments that SBHCs use:”*
 - a. *“One is called the GAPS which stands for Gather information – screen for problems, Assess further – if a problem is identified then someone decides how risky it is, Problem identification – working with a young person to identify the problem and make change, and Specific solutions -this involves giving a young person support, working toward a solution and shaking on a contract.”*
 - b. *“We are going to focus on another assessment called HEEADSSS. HEEADSSS stands for: Home, Education/Employment, Eating, Activities, Drugs, Sexuality, Suicide and Safety.”*
4. Ask participants to look over **Handout 9** and highlight at least two questions or categories that surprised them or that they may have questions about why a provider may ask.
5. Ask participants to share back the two highlighted portions of the HEEADSSS.
6. Close-out Discussion:
 - a. How would you feel being asked these questions the first time you met someone?
 - b. Why do you think a provider working at the SBHCs may want to know this?
 - c. Would you feel comfortable and not comfortable being asked? What about asking?
 - d. What do you think it would take for you to get this information from someone? What qualities would you have to possess? (Facilitator Note: Remind participants to think about the Core Competencies of a YHW).
7. Close-out: Prepare a piece of paper with the phrase, “Strengths of Young People.” Ask participants to brainstorm all of the strengths young people have (i.e., resourceful, social media savvy, etc.). Keep this list posted for the remainder of this module or beyond and let participants know they can add to it at any time.

Handout 9: The HEEADSSS Assessment

Many school-based health centers use assessments, sort of like a check-in, to help the provider (a nurse, health educator, mental health provider, etc.) better understand the kinds of services the young person may need or want. One of the assessments that most SBHCs use is called **HEEADSSS**. This assessment asks questions about a young person's **Home, Education/Employment, Eating, Activities, Drugs, Sexuality, Suicide/Stress/Depression, and Safety**³. Here is a sample of questions from the HEEADSSS.

Your Turn: Go through and highlight at least 2 things that surprised you or have questions about why a provider may want to know.



Home: How is it at home at the moment? Do you have your own space? Who do you get along best with? Could you talk to them if you were worried about anything?



Education/Employment: How's school going? What are you best at? Do you know what you want to do when you leave? Do you have a good group of friends?



Eating: Does your weight or body shape cause you any stress? Have you ever dieted? How much exercise do you get?



Activities: How do you spend your spare time? What do you do to relax? How much time do you spend online/using social media?



Drugs/Alcohol/Tobacco: Do you have any friends or family members who smoke/drink? Have you been offered drugs? Is it hard for you to say no in this situation?



Sexuality/Relationships: Have you ever been in a romantic relationship? Have you ever been in a sexual relationship (that involved kissing/touching)? What does the term "safer sex" mean to you? Have you ever felt pressured?



Suicide/Depression: How is life in general? How are you sleeping? Do you ever think about hurting yourself? Do you ever feel so down that life isn't worth living?



Safety/Abuse: Have you ever been seriously injured? Have you ever been in a fight? Is anyone harming you, or making you do things you don't want to?

³ Goldenring, J. M. and Rosen, D.S. (2004). "Getting into adolescent heads: an essential update." Contemporary Pediatrics: Modern Medicine. Web: Jun 30 2015.

Activity: Motivational Interviewing - The Chocolate Bar Exercise⁴ (40 minutes)

In this activity, participants will:

- Define Motivational Interviewing.
- Describe the effective and ineffective methods for Motivational Interviewing.
- Practice Motivational Interviewing techniques.

You will need: Chart paper, markers, pens, flash cards, candy/chocolate bars/swag, Handout 10

Instructions:

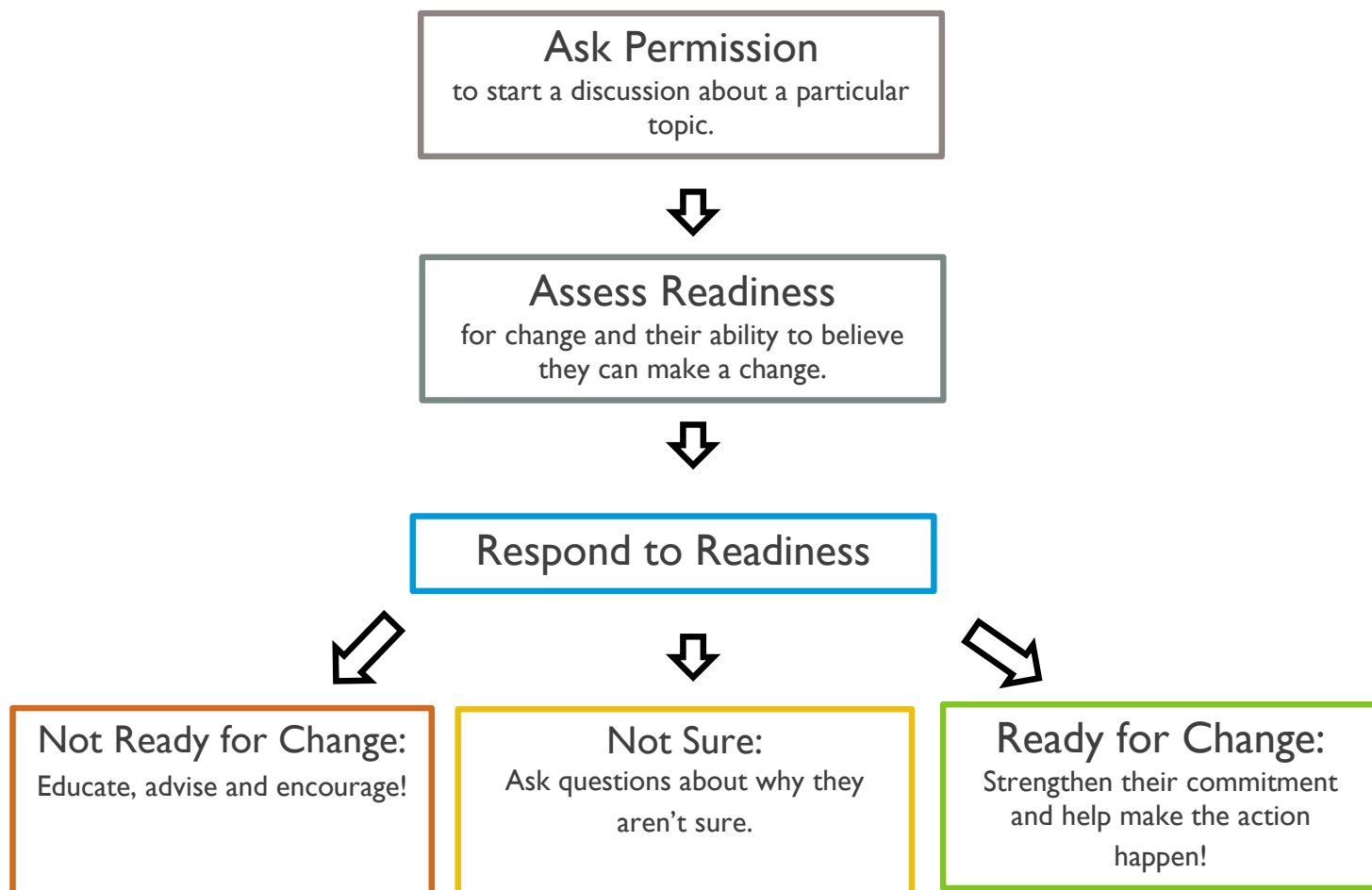
1. Divide participants into groups of 3-4.
2. Give each group a piece of poster paper and ask them to divide the chart paper in half.
3. Ask them to record all of the things that they have learned from their peers (fashion, phrases, habits, new tech, etc.) on the left side of the chart paper and how they learned to do that particular thing (i.e., from talking to peers, practicing, copying, etc.) on the right side.
4. Discussion:
 - a. Were you surprised at the things you have learned from your peers? Why/ Why not?
 - b. Have you ever reflected on the influence your peers can have?
 - c. How do you feel about the way you have learned things from your peers? Are there some things you should avoid learning from your peers?
5. Invite everyone to sit in a circle and pass them all a pen and two flash cards.
6. Ask them to close their eyes and think about their peers and when they have been able to influence them to do something or not do something. Ask them to write down one situation in which they had a positive influence on someone on one of the flashcards and one negative influence on the other.
7. Say: *"We all influence people in positive and negative ways and there is no harm in learning from both."*
8. Tape the cards to the wall so everyone can see them.
9. Discussion:
 - a. How did you feel writing about the positive and negative influences that you may have had on your peers? Why?
 - b. Have you ever reflected on your ability to influence others?
 - c. Can you think of ways to use the ability to prevent your peers from participating in risky behaviors? How?
10. Ask the participants to pair up and role play.

⁴ Adapted from: Advocates for Youth. (2002). *Teens for AIDS Prevention*. Washington, D.C. Web: August 2009

11. One person will be given a chocolate bar/piece of candy (Adaptation: use a sticker or other SBHC giveaway as a healthy option).
12. Explain that it's the job of the other person to convince them to give up their candy based on their knowledge and experience.
13. Instruct the candy holders to only give up their candy if the other person says or does something that is really convincing.
14. Discussion:
 - a. How many people gave up their candy?
 - b. What did you feel when you were playing the role of the candy holder?
 - c. What did you feel when you were playing the role of the person trying to get the candy?
 - d. What were the exact statements that you used or that were used on you? (Write them down)
 - e. What kind of tactic did you or others use? (Examples: fear, guilt, threats, manipulation)
15. Say: *"Ineffective tactics include: fear/threats, guilt/humiliation, misinformation/lies, incentives/bribes, force and manipulation. These may work in the short-term, but they may actually hurt the person, especially over time."*
16. Ask participants to look over **Handout 10** and walk through the effective techniques for making change. Using FRAMES, describe each with examples. Say: *"These are all factors that contribute to positive change over time."*
 - a. F: Make sure to provide **feedback** about risk of a particular behavior.
 - b. R: Focus on personal **responsibility**.
 - c. A: Offer clear **advice** to help make the change happen.
 - d. M: Give a **menu** of options, or many different choices for things they could try to help make change happen.
 - e. E: Practice **empathy**.
 - f. S: Reassure them that you believe in their **self-efficacy**, their ability to believe in themselves.
17. Say: *"When you use the FRAMES technique you should be thinking about Harm Reduction. Has anyone ever heard of that? It's the idea that you meet someone where they're at and try to help them decide how to be as healthy as they can be in that situation. For example: what about having one or two bites of the chocolate bar and saving the rest for later or for someone else?"*
18. Ask participants to practice the activity again, using the FRAMES tactic this time.
19. Close-out: What changed between the first time you did the activity and the second time?

Handout 10: Motivational Interviewing At-A-Glance

Motivational Interviewing offers brief and effective methods for helping young people identify behavior they want to change and serves as a foundation for building trusting relationships. *Motivational interviewing* techniques have been effective for everything from nutrition counseling to alcohol or substance use counseling. Below is a diagram that frames Motivational Interviewing⁵:



How to Have the Conversation: FRAMES

- F:** Make sure to provide **feedback** about risk of a particular behavior.
- R:** Focus on personal **responsibility**
- A:** Offer clear **advice** to help make the change happen.
- M:** Give a **menu** of options, or many different choices for things they could try to help make change happen.
- E:** Practice **empathy**.
- S:** Reassure them that you believe in their **self-efficacy**, their ability to believe in themselves.

⁵ Adapted from: Adolescent Health Working Group. (2007) *Behavioral Health Toolkit: Motivational Counseling*. San Francisco, CA.

Module 2 Word Bank

Assessment	The evaluation of something. It can be in the form of a survey, interview or focus group.
Behavior Change	The act of becoming different or doing something differently.
Confidentiality	In school-based health centers, most services, especially those involving sexual health, are private. A provider or staff may need to “break” confidentiality when a young person discloses safety issues (they are hurting someone, themselves or are being hurt).
Cultural Humility	The act of remaining humble when interacting with others by admitting that you don’t know everything about another’s experience, recognizing institutional imbalances, and being accountable to making change.
Harm Reduction	An approach used in motivational interviewing and counseling that works to meet a person where they’re at by helping them identify ways they can stay as healthy as possible when participating in certain behaviors.
Health Access	The ability to get to and receive healthcare that is culturally competent/practices cultural humility.
HEEADSSS	A dialogue-style assessment that focuses on the strengths of a young person by asking about the home, education, eating, activities, drugs/alcohol, sexuality, suicide/depression and safety.
Motivational Interviewing	A type of counseling that helps behavior change happen.
Strength-based	An approach used in motivational interviewing to help a person identify resources and supports they have in their live to make healthy and positive change.

Your Turn: Use this space to write down words and their definitions that are not on the list above.

Close-Out Questions

Answer the following questions to the best of your ability. Your answers will help us make this curriculum better! Thank you!

1. What is cultural humility and why is it important?

2. What is challenging or interesting about health assessments?

3. What is an effective way to make someone change their behavior?

4. Use the space below to write any other comments or questions you have about this lesson.

Module 4: Health Advocacy

Overview

In this section participants will learn all about public policy advocacy, how to create a message that can be heard and how to send those messages to people who pass school, local, and statewide policies.

Objectives

After this section, participants will be able to:

- Define public policy and advocacy.
- Practice advocating for an issue.
- Identify different ways of advocating for an issue.

Agenda (90 minutes)

1. Check-In and Icebreaker (5 minutes)
2. Activity: Influencing Public Policy
3. Activity: Crafting Y(Our) Message
4. Activity: Tailoring your Message
5. Activity: Getting Y(Our) Message Out
6. Check-Out & Closing (5 minutes)
7. Close-out Evaluation (5 minutes)

Optional: Use the Word Bank at the end as an additional activity and opportunity to emphasize important takeaways.

Section Handouts:

- Influencing Public Policy
- An Issue I Care About, Part 2
- General Tips for Public Policy

Word Bank

Advocate
Legislator
Public Policy
Special Interest Group

Food for Thought

“Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.” – Margaret Mead

Activity: Influencing Public Policy (15 minutes)

In this activity, participants will:

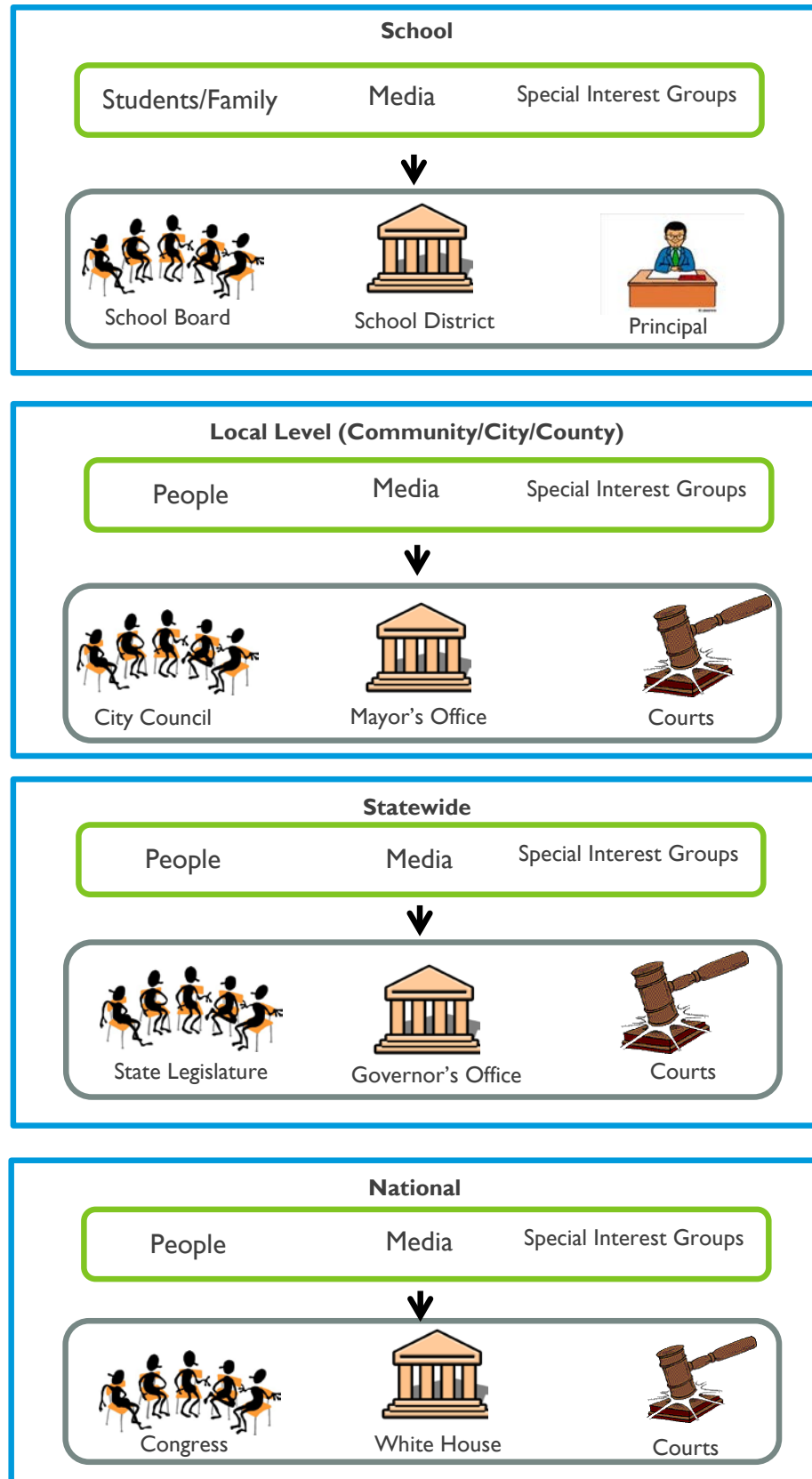
- Define public policy
- List the important features of advocating effectively.
- Have fun!

You will need: Chart paper, markers, Handout I

Instructions:

1. Prepare chart paper with the word “Public Policy.”
2. Ask participants to brainstorm everything they think of when they hear these words.
3. Provide the definition for participants: *Public Policy is a set of guidelines decided upon by a group of people, in this case, government officials.*
4. Ask participants to review Handout I and share back 2-3 questions or things that surprised them.
5. Say: “As you can see, many different things can influence public policy, including you! Let’s brainstorm what that means.”
6. Prepare chart paper with the word “Advocate.”
7. Ask participants to brainstorm everything they think of when they hear “advocate.”
8. Provide the definition for participants: *Advocate is a person who publicly supports a particular cause or issue.*
9. On another piece of chart paper write the word “How?” and ask participants to brainstorm ways that advocates and/or other special interest groups influence public policy. (Examples can include talking to your school’s principal about healthy food options at school, speaking to the school board about SBHCs, writing a letter to a legislator about the need for healthy drinking water in schools, speaking to a legislator about SBHCs, etc.)
10. Close-out Discussion:
 - a. Based on our brainstorm, what are ways we can influence public policy?
 - b. What seems most interesting or fun to you?
 - c. Think back to the activity we did, “An Issue I Care About” from the last meeting, how would you advocate for that issue?

Handout 1: Influencing Public Policy¹



Public policy is not made in a vacuum. There are many **influences** that can determine how public policy is formed.

All people, whether **eligible to vote or not**, have the right to make their views known to their elected representatives and other government officials. **We all have the ability to try to shape public policy.**

The media (newspapers and television) and special interest groups (labor unions and business associations) focus both the public's and the lawmakers' attention on specific issues, in turn putting pressure on the lawmakers at all levels to adopt desired policies.

¹ Adapted from: Center for Civic Engagement: We the People. (2011). *Defining Public Policy*. Columbia, SC.

Activity: Crafting Y(Our) Message (15 minutes)

In this activity, participants will:

- Describe the importance of school-based health center programs/activities/projects.
- Define the importance of crafting messages.
- Practice public speaking.

You will need: Chart paper, markers, Handout: 2

Instructions:

1. Ask participants to take two minutes to write down one-sentence answers to the following questions and have them share their answers with a partner. This will be repeated three times for these three questions:
 - a. Why are school-based health centers important?
 - b. Why are school-based health centers or your program/activity/project important to you?
 - c. Why should others care about school-based health centers or youth program/activity/project?
2. Ask participants to consolidate their three sentences and read their messages to the whole group.
3. Practice delivery and provide input on the strengths of the message.
4. As a group, identify where there are similarities in the messages and how they can combine the messages.
5. Ask participants to fill out **Handout 2**.
6. Have participants read what they came up with aloud.
7. Close-out Discussion:
 - a. What issue would you focus on if you had an opportunity to speak with someone at your school, in your city, or statewide who influenced policy? Why?
 - b. What level of policy advocacy most appeals to you? Why?

Handout 2: An Issue I Care About Part 2²

Your Turn: In policy advocacy, we must channel our passion for systemic change by communicating that which is important to us in the clearest and most genuine way. Take a moment and fill in the spaces below. Remember to think deeply about your answers.

My name is _____.

I'm from _____ (neighborhood/town), and I go to
_____ (school).

When I see/hear _____ in my community,
I feel _____ **because** _____.

In my community, we have/need _____.

Will you _____?

Example:

My name is Daniel Yim.

I'm from San Francisco, and I went to Balboa High School.

When I see students who lack health services in my community,

I feel concerned **because** they deserve access to health resources.

In my community, we need more health services.

Will you help make this possible?

² Adapted from: The EastSide Arts Alliance (2004). Non-violent Communications Unit. Oakland, CA.

Activity: Tailoring Your Message to Different Audiences (30 minutes)

In this activity, participants will:

- Identify audiences that they may come in to contact with.
- Practice tailoring messages to specific audiences.
- Practice public speaking.

You will need: Chart paper, markers, Handout 3

Instructions:

1. Ask participants to brainstorm different audiences with whom participants might interact in their advocacy work. Examples include: community stakeholders, legislators and policymakers, school administration, school faculty, parents/guardians, health care providers, other young people. These are all *special interest groups*.
2. Discussion:
 - a. Do you speak to your parent or caregiver in a different way than you speak to your best friend, boyfriend/girlfriend?
 - b. How does your tone, message, or mannerisms change?
 - c. How might you change your approach/message when speaking with a legislator versus your friend?
3. Divide participants into four small groups, and assign the audience for which the groups are tailoring their message. The groups include: parents/guardians, school administration/teachers, friends, legislators.
4. Ask each group to come up with a message about school-based health centers for their audience.
5. Say: *“When thinking about members of your audience, what do you think is important to them? In other words, what biases do they have? What are they most interested in? Given their values and experiences, how should you change your message so it is understandable and meaningful for them? For example, your school-based health center might be more meaningful to a school administrator if they knew that it would boost test scores or school attendance.”*
6. Ask groups to share the four versions of the messages and have the whole group guess which audience each group had. Ask what verbal cues or mannerisms helped them figure out which audience a group had.
7. Ask participants to review **Handout 3** and brainstorm in pairs, ways in which they can advocate for an issue.
8. Close-out Discussion:
 - a. Why is it important to tailor messages to audiences?
 - b. What is difficult about tailoring messages?

Handout 3: General Tips for Advocacy³

Tips for Advocating

Be gracious. Always begin by thanking the legislator for providing the opportunity to hear your ideas, opinions, etc.

Be professional. Be professional in both dress and manner.

Be focused. Stick with one issue per call or letter. Information about more than one topic will only confuse the message and dilute your point.

Do your homework. As part of your preparation, research the legislator's position on your issue. You can find out through voting records, speeches, newspaper articles, debates and other organizations that work on this area.

Consider yourself an information source. Legislators have limited time, staff and interest in any one issue.

Tell the truth. There is no faster way to lose your credibility than to give false or misleading information to a legislator.

Know who else is on your side. It is helpful for a legislator to know what other groups, individuals, state agencies and/or legislators are working with you on an issue.

Know the opposition. Anticipate who the opposition will be, both organizations and individuals.

Don't be afraid to admit you don't know something. If a legislator wants information you don't have, or asks something you don't know, tell them. Then, offer to get the information they are looking for, and **DO IT!**

Be specific in what you ask for. If you want a vote, information, answers to a question, signature on a petition; whatever it is make sure you ask directly and get an answer.

Follow up. It is very important to find out if the legislator did what they said they would.

Stay informed. Legislation changes status quickly and often.

Your Turn: How Can You Advocate? Brainstorm a short list of all ways you can advocate for something.

³ Adapted from: Advocates for Youth. (2007). Advocacy Kit. Washington, D.C.

Activity: Getting Y(Our) Message Out (30 minutes)

In this activity, participants will:

- Practice creating ways to promote a common message.
- Practice public speaking.

You will need: Chart paper, markers

Instructions:

1. Keep students in their same groups from the “Tailoring your Message” activity.
2. Say: *“Now that we’ve created messages and tailored them, let’s practice different ways we can get the message out. Each group has been asked by their audience to prepare a short presentation to your audience on school-based health centers.”* Each assignment is as follows:
 - a. Friends: They have been asked to present at their friend’s lunchtime club to gain support from the student body.
 - b. Parents/Guardians: They have been asked to present at a PTA meeting.
 - c. School Administrators/Teachers: They have been asked to present at a school-board meeting.
 - d. Legislator: They have been asked to meet with a legislator.
3. Participants have 10-15 minutes to create a short presentation.
4. Ask participants to role play as if they were at the actual meeting and present to the group.
5. Discussion:
 - a. What is challenging and easy about communicating to these audiences?
 - b. What is the easiest group to communicate to? The most challenging?
 - c. Which audience would be the most impactful to advocate an issue to?

Module 4 Word Bank

Advocate	A person who publicly supports a particular cause or issue.
Legislator	A person who creates laws.
Public Policy	A set of guidelines decided upon by a group of people, in this case, government officials.
Special Interest Group	A group of people or an organization seeking or receiving special advantages, typically through political lobbying.

Your Turn: Use this space to write down words and their definitions that are not on the list above.

Close-Out Questions

Answer the following questions to the best of your ability. Your answers will help us make this curriculum better! Thank you!

1. What are ways you can influence public policy?
2. What is a health issue that you want to advocate for?
3. Use the space below to write any other comments or questions you have about this lesson.

Module 5: Health Insurance 101

Overview

Have you ever purchased insurance for a smart phone? Having a cracked phone screen can be inconvenient but it's not painful like a broken bone would be! In a pinch, you could avoid paying to repair a phone, but could you avoid paying to get treatment for a painful injury or illness? In this section, we'll explore why health insurance is important and why it's something that adolescents and young adults should care about. You will understand why health insurance is a necessity, as opposed to optional or a luxury.

Objectives

After this section you will be able to:

1. Explain how health insurance can protect you from financial problems.
2. Understand how health insurance makes health care more affordable.
3. List three reasons why health insurance is important .

Agenda

1. Check-In & Ice Breaker (10 minutes)
2. Activity: Risk Your Pennies! (20 minutes)
3. Activity: "Why Care?" Making the Case For Health Insurance (30 minutes)
4. Activity: How Health Insurance Works (20 minutes)
5. Check-Out & Closing (10 minutes)

Section Handouts

- A Brief History of Health Insurance
- Benefits of Health Insurance
- How Health Insurance Works
- Comparing Private vs. Public Health Insurance

Word Bank

Beneficiary
Copayment
Deductible
Premium
Prevention
Private Insurance
Public Insurance

Did you know?

In 2013, approximately 57% of personal bankruptcies resulted from medical expenses.¹

¹ Lamontagne, Christina. "NerdWallet Health Finds Medical Bankruptcy Accounts for Majority of Personal Bankruptcies - NerdWallet." *Health. Nerd Wallet*, 26 Mar. 2014. Web. 05 June 2015.

Activity: Risk Your Pennies (20 minutes)

In this activity, students will:

- Gain an understanding of how health insurance works.
- See why health insurance is important using silly scenarios.
- Laugh!

You will need: Risk Your Pennies Scenarios, about 20 pennies, 5 nametags, basket for collecting health insurance fees

Instructions:

1. Set up for Risk Your Pennies by placing three chairs facing the audience.
2. Say: “We’re going to play a game called “Risk Your Pennies.” Can I have three volunteers?”
3. Select volunteers, and hand out player badges and pennies to each volunteer.
4. Say: “The object of this game is to keep as many pennies as possible. We’re going to start with different amounts of pennies for each contestant, kind of like in real life, where people have different amounts of money. As you can see, we have one contestant who is “insured” and two who are “uninsured.” The “insured” player has 5 pennies: s/he has to pay a small monthly amount to stay insured (1 penny). Our “uninsured” friend has 3 pennies (s/he can’t afford insurance), and the other “uninsured” friend has 12 pennies (s/he’s got so much money s/he THINKS s/he doesn’t need insurance). I am the hospital. This basket is the health insurance company. Every time you get hurt in this game, you have to pay the hospital. But if you’re insured, the insurance company will pay the hospital.
5. “Now we’ll begin with Round 1. In this round, everyone is healthy! But, if you’re insured, you still have to pay one penny to the insurance company. If you’re uninsured, you don’t have to pay anything.”
6. “Now, we’ll begin with Round 2. In this round, everyone is still healthy! But, if you’re insured, you still have to pay one penny.”
7. “Volunteers, tell the audience how many pennies you have.” (Pause.)
8. “Now we’re going to start Round 3. Life is getting dangerous. People are taking risks. Each of you will pull a card and see your fate. If you get hurt, you pay the hospital. If you can’t pay the hospital, you give up a personal possession (these can be things like rings, cellphones, pens, etc.).”
9. “What did people notice about Player 2? (Pause) What do you think the purpose of health insurance is? (Pause)”
10. Ultimate conclusion: “In the long run, paying monthly for health insurance is better than having to pay health care costs in full.”

Optional (10 minutes): Presenters share personal anecdote that illustrates the importance of health insurance and invite the audience to share their own stories

Risk Your Pennies Scenarios

Your dentist says you have a beautiful smile, but you have seven cavities.

Insured: pay 1 penny; Uninsured: pay 3 pennies

You and someone you're dating kiss. You get Mono.

Insured: pay 0 pennies; Uninsured: pay 2 pennies

You go snowboarding for the first time with your friends. You get distracted by someone attractive on the slopes and crash into a tree. You break your arm.

Insured: pay 1 penny; Uninsured: pay 4 pennies

You've always heard that feeding wild animals is a bad idea. Even though you thought that squirrel was cute and snuggly, he bit you. Dang.

Insured: pay 0 pennies; Uninsured: pay 2 pennies

You have been eating well, exercising regularly, and catching plenty of zzz's. You're perfectly healthy! No doctor visit.

Your junior year is really busy, and all the stress is giving you bad acne. It's so bad you ask your doctor to give you a special cream for your face.

Insured: pay 0 pennies; Uninsured: pay 2 pennies

You dance so hard at the winter formal dance you get whiplash. Unfortunately, neck braces are not in this year.

Insured: pay 0 pennies; Uninsured: pay 1 penny

Good thing hipster glasses are still in. You discover those headaches in English class are from trying to read the tiny writing on the board.

Insured: pay 1 penny; Uninsured: pay 3 pennies

Spider-Man makes it seem so easy. You sprain your ankle trying to jump off the kiddy jungle gym.

Insured: pay 0 pennies; Uninsured: pay 2 pennies

You have the sniffles but know that your body needs fluids, rest and a healthy dose of Netflix. No doctor visit necessary.

Activity: Why Care? Making the Case for Health Insurance (30 minutes)

In this activity, participants will:

- Synthesize what they learned in Risk Your Pennies.
- Describe why health insurance is important.

You will need: Handout 1 & 2, poster paper, markers.

Instructions:

1. As an introduction, use **Handout 1** to go through the history of health insurance.
2. Using **Handout 2**, go over the elements that make health insurance important.
3. Ask participants to star or highlight items that surprised them about having health insurance.
4. Write on the board or on a piece of poster paper: “Why Care?” Using **Handout 1**, have students brainstorm additional reasons why having health insurance is important.
5. Discussion:
 - a. What about the history of health insurance surprised you? What do you think will or should happen in the future?
 - b. What are three reasons why health insurance is important?

Handout I: A Brief History of Health Insurance



Your turn: Answer the following questions by circling the correct answers or writing in your own...

1. In the beginning of the 20th century, health care costs were very:
 - a. High
 - b. Low
2. Health care costs have increased due to advances in
 - a. Medicine and technology
 - b. Communication and ambulances
 - c. SBHCs and health educators
3. True or False? Health insurance was "invented" to help people pay for their bills; it wasn't seen as a necessity by most of the country.
4. True or False? The idea of universal health care was continuously shot down because it was thought to be a "socialist" government program.

Handout 2: Benefits of Health Insurance



Prevention

- With health insurance, you can **see a health care provider regularly** to make sure you're in your best shape.
- Without health insurance, you might only seek care when you have a major emergency or become very sick. Health insurance helps prevent major illnesses or emergencies by **providing easier access to a health provider**.
- When people are healthier, **everyone benefits!** Stress levels stay low, people don't get each other sick, and individuals can lead happier, more fulfilling lives.

Cost

- Health insurance companies **work with hospitals and providers** to keep the price of health services lower than what someone would normally pay out-of-pocket without insurance.
- Health insurance also **caps the total amount any person should pay** for health care in a given year. This cap can protect people from going broke if they suffer an emergency or get really sick.

Consistency

- Health insurance helps many people get more **consistent care**. This can be very important for individuals who have chronic conditions like diabetes; seeing a health care provider on a regular basis can help keep symptoms under control.
- If you have a problem and you go to a good friend, they can offer advice based on your history and experiences. The same goes for health care providers. If you only see health care providers in the emergency room, you won't be able to **build a relationship** that can lead to receiving better care.

Activity: How Health Insurance Works (20 minutes)

In this activity, participants will:

- Synthesize what they learned in Risk Your Pennies.
- Describe how health insurance works.

You will need: Case Study, Handout 3, 4, & 5, poster paper, markers.

Instructions:

1. Ask participants to read the **Case Study** either individually or as a group.
2. As a group, discuss and answer the discussion questions.
3. Using **Handout 3 and 4**, go through process of how health insurance works and describe the difference between private and public insurance.
4. Next, ask participants to look over **Handout 5**. Ask them if anything surprises them about the handout and make sure to remind them about the types of services that your SBHC provides regarding insurance, Medi-Cal, and Family Pact.
5. Discussion: In an ideal world, what would health insurance look like?

Case Study: Nataline Sarkisyan

EXCERPT: When Insurers Put Profits Between Doctor and Patient

The New York Times | January 12, 2011 | Pauline W. Chen, MD

Late in 2007 I found myself riveted by a case playing out at the University of California, Los Angeles, the medical center where I trained and had once worked as a transplant surgeon. A 17-year-old girl named Nataline Sarkisyan was in desperate need of a transplant after receiving aggressive treatment that cured her recurrent leukemia but caused her liver to fail. Without a new organ, she would die in a matter of days; with one, she had a 65 percent chance of surviving. Her doctors placed her on the liver transplant waiting list...

But even when the perfect liver became available a few days after she was put on the list, doctors could not operate. What made Nataline different from most transplant patients, and what eventually brought her case to the attention of much of the country, was that her survival did not depend on the availability of an organ or her clinicians or even the quality of care she received. It rested on her health insurance company.

Cigna had denied the initial request to cover the costs of the liver transplant. And the insurer persisted in its refusal, claiming that the treatment was “experimental” and unproven, and despite numerous pleas from Nataline’s physicians to the contrary.

But as relatives and friends organized campaigns to draw public attention to Nataline’s plight, the insurance conglomerate found itself embroiled in a public relations nightmare, one that could jeopardize its very existence. The company reversed its decision. But the change came too late. Nataline died just a few hours after Cigna authorized the transplant...

While the public fury over Nataline’s death has abated, that question of conscience in a health care system dependent on for-profit insurers has lurked behind nearly every debate over health care reform...

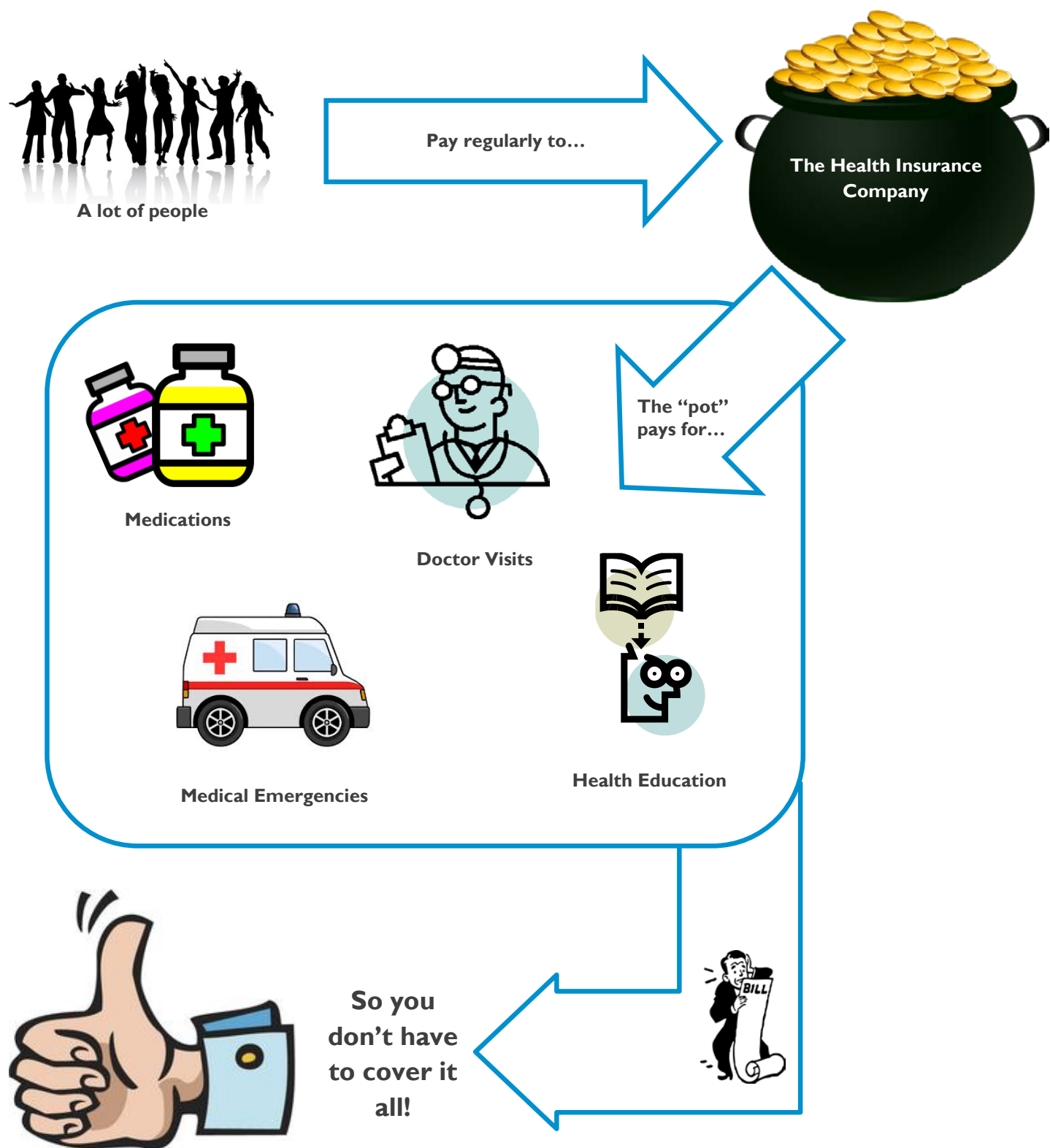
The real problem, [Wendell Potter, former head of communications at Cigna] says, lies in the fact that the United States “has entrusted one of the most important societal functions, providing health care, to private health insurance companies.” Therefore, the top executives of these companies become beholden not to the patients they have pledged to cover, but to the shareholders who hold them responsible for the bottom line...

Reference: Chen, Pauline. "When Insurers Put Profits Between Doctor and Patient." *The New York Times*. 5 Jan. 2011. Web. 4 June 2015.

Your Turn: Discussion Questions

1. What concerns about health insurance does this story highlight?
2. In what ways do you think this story relates to the development of the Affordable Care Act?

Handout 3: How Health Insurance Works

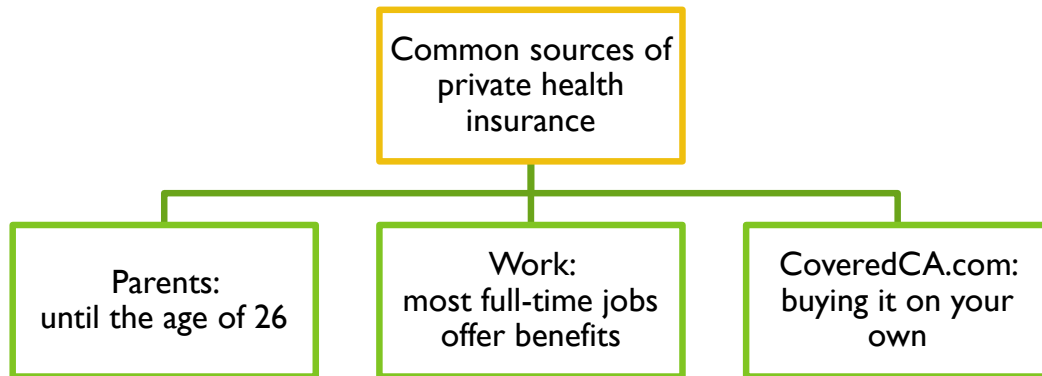


Handout 4: Comparing Private and Public Health Insurance: What's the Difference?

We can split health insurance into two types depending on where their funding comes from.

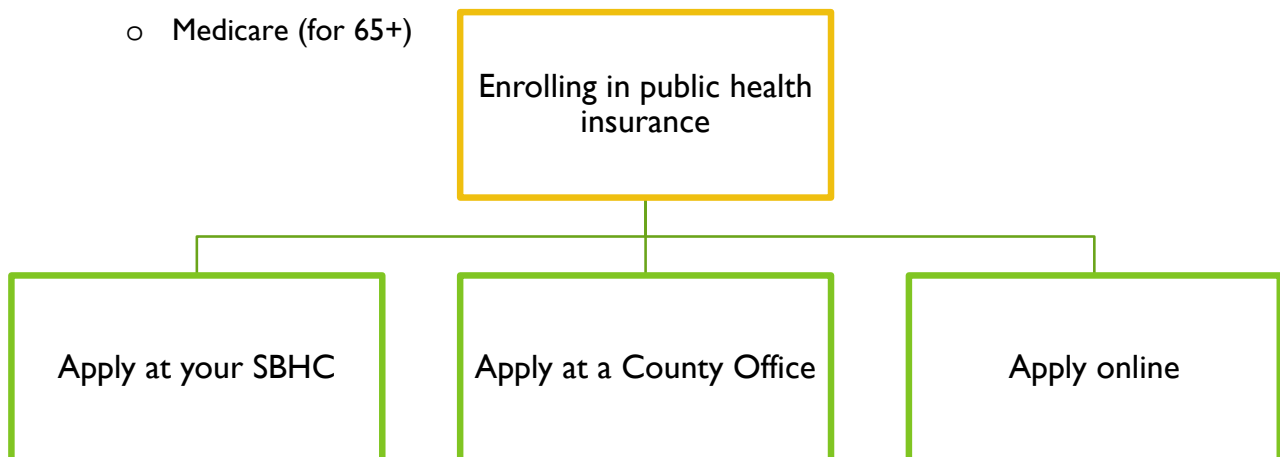
Private Health Insurance:

- Insurance provided by a private corporation whose main goal is to make a *profit*.
- Some examples of private health insurance companies in the United States include:
 - Aetna
 - Kaiser
 - Blue Cross Blue Shield



Public Health Insurance:

- Insurance that is paid completely or partially by federal and state taxes we pay.
- Provides health insurance coverage to qualified individuals at *little or no cost*.
- Some examples of publically-funded health insurance programs include:
 - Medi-Cal
 - Medicare (for 65+)



Handout 5: Getting Coverage and How to Apply

Required Documents

- Social Security card***
- One of the following:
 - Birth certificate
 - Passport
 - Driver's license
 - State issued ID
- Proof of income: current check stubs for all working people in household.
- Proof of residence: utility bill with name and address.

*****Note: NOT required for undocumented children under 18 years of age in CA!**



In person:

Find your county office locations by visiting:
<http://www.dhcs.ca.gov/services/medicaid/Pages/CountyOffices.aspx>
or by calling: 1-800-709-8348

OR

By mail:

Download and print the application here:
<http://www.dhcs.ca.gov/services/medicaid/eligibility/Pages/SingleStreamApps.aspx>
Mail application and documents to:
Covered California
P.O. Box 989725
West Sacramento, CA 95798-9725

OR

Online:

Apply online at: <http://www.coveredca.com/>
There is a single application; create an online ID and password if you want to save your application.

Not all programs require documents for enrollment. Family PACT, in particular, is very easy to enroll into, but only covers specific services, like sexual health and reproductive prevention services.

Documents
required for
Family PACT:
NONE!



See a clinician at your
school health center or
other community-based
clinic to enroll.

Module 5 Word Bank

Beneficiary	The person who has health insurance (i.e., the insured person).
Copayment	A payment made by a beneficiary (especially for health services) in addition to the payment made by an insurer (i.e., the one issuing the insurance). Usually for doctor's visits or medication.
Deductible	A specified amount of money that the insured must pay before an insurance company will pay a claim.
Premium	An amount that's paid for an insurance policy by the insured.
Prevention	The act of stopping something from happening or arising.
Private Insurance	Insurance provided by a private corporation whose main goal is to make a profit.
Public Insurance	Insurance that is paid completely or partially by the federal and state taxes we pay.

Your Turn: Use this space to write down words and their definitions that are not on the list above.

Glossary of Terms

Term	Definition
A	
Active listening	full engagement with whatever is going on; includes making eye contact, paying attention, and being patient
Advocate	a person who publicly supports a particular cause or issue.
Assessment	evaluation of something. It can come in the form of a survey, interview, or focus group.
B	
Behavioral change	becoming different or doing something differently.
Built Environment	human-made space in which people live, work, and play. The built environment is a material, spatial and cultural product of human labor and includes buildings, parks, and transportation systems.
C	
Community Health Worker	members of a community who are chosen by community members or organizations to provide basic health and medical care to their community.
Confidentiality	communicated in confidence; secret
Cultural Competency	the ability to interact effectively with people of different cultures and socio-economic backgrounds.
Cultural Humility	remaining humble when interacting with others by admitting that you don't know everything about another's experience and recognizing institutional imbalances and being accountable to making change.
D	
Disparity	a great difference
E	
Empathy	the understanding of another's needs, expectations and perspectives; allows one to think from another's point of view.
Environmental health	
F	
Facilitator	a person in a group who actively contributes and leads to an outcome; possibly indirectly through guidance or assistance.
H	
Harm Reduction	an approach used in motivational interviewing and counseling that works to meet a person where they're at by helping them identify ways they can stay as healthy as possible when participating in certain behaviors.
Health Access	the ability to get to and receive healthcare that is culturally competent/practices cultural humility.
Health Disparity	the differences in the health status of different groups of people. Some groups of people have higher rates of certain diseases and more deaths and suffering from them compared to others.
HEEADSSS	a dialogue-style assessment that focuses on the strengths of a young person by asking about the home, education, eating, activities, drugs/alcohol, sexuality, suicide/depression and safety.
Health Coverage	the payment of benefits for the ill or injured
Health Insurance	insurance against loss due to ill health
L	
Legislator	a person who creates laws.
M	
Medicaid	insurance plan for people with financial need
Morbidity	poor health; measures how common diseases and health conditions are
Mortality	death
Motivational Interviewing	a type of counseling that helps behavior change happen.

P

Public Health	the health of the population as a whole, especially as monitored, regulated, and promoted by the state.
Public Policy	a set of guidelines decided upon by a group of people, in this case, government officials.

R

Redlining	the act of drawing a red line on a map to mark places where banks should not invest. This includes denying services (from bank loans to supermarkets) to residents of certain areas based on the racial or ethnic makeup of those areas.
Root Cause	the first cause in a long chain of outcomes that results in outcome, usually an undesirable one.

S

Strength-based	an approach used in motivational interviewing to help a person identify resources and supports they have in their live to make healthy and positive change.
SES: socio-economic status	a person's place in society based on social and economic structures
Social determinants of health	circumstances in which people are born, grow, live, and age which are shaped by other forces such as money, power and resources in local and global contexts
Social Justice	the view that everyone deserves equal economic, political and social rights and opportunities.
Special Interest Group	a group of people or an organization seeking or receiving special advantages, typically through political lobbying.

Y

Youth Health Worker	a trusted member of and has a close understanding of the youth community. This trusting relationship enables the YHW to serve as a link between health services and young people, facilitates access to health services, improves the quality of health services and improves the cultural competence of health services.
---------------------	---

Learn, Meet, Practice Program

Training & Resource Binder



Introduction: Exploring Health Careers

Overview

There are many careers available in the health field, not all of which involve wearing scrubs! Health professions can range anywhere from physician, surgeon or nurse, to lab technician, food safety specialist, or athletic trainer. In this section, participants will explore health career professions and their required education.

Objectives

In this section, participants will:

- Learn about the many possible health profession options
- Discuss the process for gaining career related experience
- Explore additional resources for exploring health careers.

Agenda (90 minutes)

1. Icebreaker and Check-In (10 minutes)
2. Activity: Health Professions List
3. Activity: Resume Writing
4. Check-Out & Closing (10 minutes)

Check-Out Questions

- What level of education do most careers in the health field require?
- What are three public health career fields?
- What career appeals to you?

Section Contents

- Health Professions List
- A Beginner's Model for Gaining Career-Related Experience (CRE)
- Resume Template
- Resource Guide

Did you know?

According to the Bureau of Statistics, half of the fastest growing occupations with the highest chance of employment are in the health field.¹

¹ Bureau of Labor Statistics. United States Department of Labor. (2012). "Most New Jobs." Job Outlook Handbook.

Activity: Why Care? The Need for Health Professionals (10 minutes)

In this activity, participants will:

- Identify the need for an interest in health careers.
- Brainstorm why communities need diverse health professionals.

You will need: Chart paper, markers.

Instructions:

1. Lead a discussion using the following questions:
 - a. Why are health professionals important?
 - b. Think about in diverse communities, why would having a health professional who speaks the same languages as their patients or is from the same community be important?
2. Say: “Traditionally, there have been power imbalances between patients and doctors. Many health care trainings and programs now make sure doctors are trained in cultural humility (trained to accept that they don’t and can’t know everything about a person’s experience/culture and they can serve a patient better by understanding this). However, many health professions still lack diversity. That is why we are going to explore health careers and provide early opportunities for you and your peers to be exposed to all of the career options you have.”

Activity: Health Professions List (15 minutes)

In this activity, participants will:

- Identify at least 2 interesting health careers.
- Describe the process of researching and gaining opportunities in the health field.
- List resources for beginning research in to health careers.

You will need: Chart paper, markers, Handout 1 & 2

Instructions:

3. Ask participants to look over the **Handout 1** and fill out the “Your Turn” box, identifying 2-3 health careers they are interested in.
4. Ask participants to share back at least 1 career they are interested in and why.
5. Go over the **Handout 2** and invite participants to ask questions.
6. Discussion:
 - a. What is one thing you learned about health careers?
 - b. What interests you most about health careers?
7. Say: “That is exactly what we will be doing in the program, exploring different health career options by asking you to first learn about a specific career, meet with that professional and then practice some of the roles they have in their job.”

Handout 1: Health Professions List

Check out this list of possible careers in the health field! They contain descriptions, the minimum amount of post-high school education, and minimum degree required for each profession. What career(s) seem interesting to you? (Remember, as a general rule, the more education, the higher salary)

Profession	Minimum Degree Required	Years in College	Description
Doctor of Medicine	Doctor of Medicine Degree	8	Doctors of Medicine are physicians who examine patients, gather their histories and inform them on their health status. They can also teach, research, and manage medical centers. They can specialize in areas such as surgery, anesthesiology, or pediatrics.
Doctor of Osteopathic Medicine	Doctor of Osteopathic Medicine Degree	8	With a degree similar to an M.D., Osteopathic Physicians have a historically more holistic approach to medicine with an emphasis on bone and joint manipulation.
Physician's Assistant	Master's Degree in Physician Assistant Studies, Health Science or Medical Science	6 - 7	Physician's assistants work in hospitals and clinics alongside physicians. They do basic medical tasks such as diagnosing illness, running tests, conducting physical exams, prescribing medications, etc.
Doctor of Podiatric Medicine	Doctor of Podiatric Medicine Degree	8	A physician who specializes in feet, ankles, and lower extremities. They can perform surgeries and exams, order therapy, ect.
Doctor of Optometry	Doctor of Optometry Degree	8	A physician who specializes in vision. They can perform surgery as well.
Registered Nurse	Bachelor's Degree of Science in Nursing	3 - 4	Registered nurses do a variety of jobs, including educating individuals or the community on health. They can work with directly with patients or indirectly, such as teaching or researching.
Nurse Practitioner	Master's Degree in Science in Nursing, and Doctor of Nursing Practice	6 - 8	A Nurse practitioner requires more schooling than a registered nurse. They perform physicals and exams and can order tests.
Nurse Midwife	Bachelor's Degree in Science in Nursing and Certification	6 - 10	Nurse midwives provide care to women before, during, and after pregnancy. Midwives themselves are able to deliver newborns. They also offer gynecological services.
Nurse Aide	Certification for CAN	0 - 1	Nurse aides, or assistants, help patients do routine activities such as bathing, dressing and feeding. They assist nurses and are most often the medical staff in contact with patients.

Profession	Minimum Degree Required	Years in College	Description
Dentist	Doctor of Dental Surgery or Doctor of Dental Medicine	8	Dentists help patients with their oral health. They can give examinations, remove or restore teeth or gums, and perform surgeries.
Dental Hygienist	License in Dental Hygiene or Master's Degree in Dental Hygiene	2 - 6	Dental hygienists evaluate patients' oral health by assessing gums, tissues, teeth, abnormalities, plaque, etc. They also educate on oral health and perform X-rays.
Dental Assistant	Dental Assisting Programs and, if desired, Certified Dental Assistant Program	1 - 2	Dental assistants perform office-related tasks such as filing forms, receiving payments, keeping records, etc. They also sterilize instruments and prepare both the area, and people, for treatment care.
Chiropractor	Doctor of Chiropractic Degree	7 - 8	Chiropractors provide their services without medicine or drugs. They focus on the skeletal, nervous and muscular systems.
Massage Therapist	Certification with NCBTMB	2 - 7	Massage therapists provide relaxation for their patients. They can work with doctors or therapists as well.
Acupuncturist	Bachelor's Degree and Certification with NCCAOM	5 - 8	Acupuncturists use alternative medical techniques to treat patients and provide balance. Their therapies include needling, cupping, etc.
Dietician	Bachelor's Degree approved by ADA's Commission on Accreditation for Dietetics Education	4 - 5	Dietitians design nutrition plans for patients or groups of people. There are many types of dietitians: clinical, community, management, and consultant.
Social Worker	Bachelor's Degree in Social Work	4 - 10	Social workers assist many different groups of people, mainly socially and economically disadvantaged, but also people with disabilities, substance abuse problems, family conflicts, or illness. There are many types, including child, family, school, medical, and clinical social workers.
Rehabilitation Counselor	Bachelor's Degree in Rehabilitation Services	4 - 6	Rehabilitation workers help people with disabilities by assessing the patients' skills and limitations. They create an individual plan for the patient and also communicate with health professionals.

Profession	Minimum Degree Required	Years in College	Description
Psychiatrist	MD or MO and Special Residency Program in Psychiatry and ABPN Exam	13 - 14	Psychiatrists treat people with mental illnesses. They provide different treatments depending on the patient and are medically trained on the human brain.
Psychologist	Doctorate Degree in Psychology	6 - 8	Psychologists study the human mind and behavior. They can directly treat patients, or research, consult, and test a variation of different situations. They can work with athletes, lawyers, children, etc.
Speech Language Pathologist	CAA-Approved Graduate Program	6	Speech pathologists help children or adults with speech, language, cognitive, communication disorders.
Audiologist	Doctorate Degree of Audiology	8	An audiologist diagnoses and treats people with auditory problems. They also work with prevention and early detection.
Occupational Therapist	Bachelor's Degree	4 - 6	Occupational therapists help people with day-to-day tasks, such as eating, dressing, and driving. They help improve ability to do specific tasks when people are struggling.
Physical Therapist	Doctorate Degree of Physical Therapy	6 - 7	Physical therapists work with people who have diseases or disabilities affecting their physical function. After examining their clients, they create plans and work to improve their client's overall health.
Athletic Trainer	Bachelor's Degree with Accredited Athletic Training Program	4	Athletic trainers work with individuals injured from physical activities. Injury prevention along with recognition, managements and rehabilitation of injuries are a part of athletic trainer's work.
Paramedic	Associate's Degree, Training and Certification	2	Paramedics provide care to injured people in emergency settings. They assess, diagnose, and treat individuals. Paramedics are the more advanced versions of an E.M.T.
E.M.T.	Associate's Degree, E.M.T. Training and Certification	2	An E.M.T. provides more basic care to a patient in an emergency setting. If needed, assistance will be provided from a RN or paramedic.

Profession	Minimum Degree Required	Years in College	Description
Epidemiologist	Master's Degree in Public Health Epidemiology Program	6 - 9	Epidemiologists study disease and attempt to control it through fieldwork. They use statistics to aid them in their research
Biostatistician	Master's Degree in Public Health Biostatistics Program	6 - 9	Biostatisticians apply numbers and statistics to injury and disease and research in many different fields.
Environmental Health Professional	Master's Degree in Public Health Environmental Health Program	6 - 9	Environmental health professionals study how the environment affects both individual, and community, health. They study disease and health conditions.
Global Health Professional	Master's Degree in Public Health Global Health Program	6 - 9	Global health professionals work on creating better health conditions for developing countries. This can either be first hand, or through developing strategic plans to improve public health.
Health Educator	Bachelor's Degree	4 - 8	Health educators teach people about behaviors and how they affect public health. They might create programs, help individuals, supervise staff, analyze and collect data, and advocate for health wellness. They can work in many different settings, such as businesses, colleges, public health departments, nonprofit organizations and health care facilities.
Health Administrator	Master's Degree in Public Health - Health Administration Program	6 - 9	Health administrators can do work that may encompass politics, business and science. They are leaders working with public health issues.
Maternal and Child Health Worker	Master's Degree in Public Health Maternal and Child Health Program	6 - 9	Maternal and child health workers inform women on family planning and health. They work to improve the health system for women and children through research, advocacy and education.
Community Health Worker	High School Diploma or Bachelor's Degree	0 - 2	Community health workers connect services with the people who need them. They can educate the public or provide in-person assistance through care, such as counseling. There are numerous jobs that they can perform, such as advocacy, first-aid and at home visits to people with an illness.

Profession	Minimum Degree Required	Years in College	Description
Food Safety Specialist	Bachelor's Degree in Science	4 - 6	Food safety specialists study the food we eat and its overall quality. They study agriculture, processing, and transport. They may study the food at any point, the seed, the animals, the preparation, etc.
Environmental Health Advocate	Bachelor's Degree in Science or Communication	4 - 6	Environmental health advocates educate the public and increase their awareness on public health issues. They help establish health guidelines as well.
Environmental Health Practitioner	Bachelor's Degree in Science	4 - 6	Environmental health practitioners measure pollutants. They check for abnormalities in water, air, soil, noise, and radiation and try to create solutions.
Nursing Informatics	Doctorate Degree in Dentistry and Training or Advanced Degrees	8 - 13	Nurse informatics look to improve the quality of care patients receive. They also work with healthcare documentation and try to simplify the communication between charts and health care providers. They design systems that are simple, straightforward and make communication easy.
Dental Informatics	Master's Degree in Nursing, Computer Science or Information Science	8 - 13	Dentist informatics study the intersection between technology and dentistry. They look at systems and models in dentistry and try to update and make them better.
Medical Laboratory Scientist	Associate's Degree	2 - 8	Medical laboratory scientists work in clinical laboratories. They analyze medical samples for physicians.
Sonographer	Associate's Degree with Training on Sonography	2 - 4	Sonographers use sound waves to create images that help in the gathering of information, diagnosis, and examination.
Community Health Worker	High School Diploma or Bachelor's Degree	0 - 2	Community health workers connect services with the people who need them. They can educate the public or provide in-person assistance through care, such as counseling. There are numerous jobs that they can perform, such as advocacy, first-aid and at home visits to people with an illness.

Profession	Minimum Degree Required	Years in College	Description
Radiologist	Doctorate Degree with Additional Training	8	Radiologists use imaging to help determine irregularities. They read the imaging and offer their opinion and diagnosis to the physician.
Pharmacist	Bachelor's Degree of Pharmacy	4 - 8	Pharmacists can work in hospitals or fill prescriptions in drugs stores, but they also can do numerous other tasks. These may include educating patients, compounding medicines, and supervision.

Your Turn: Given these different definitions of health careers, which professions sound the most appealing to you (choose at least two and list why)?

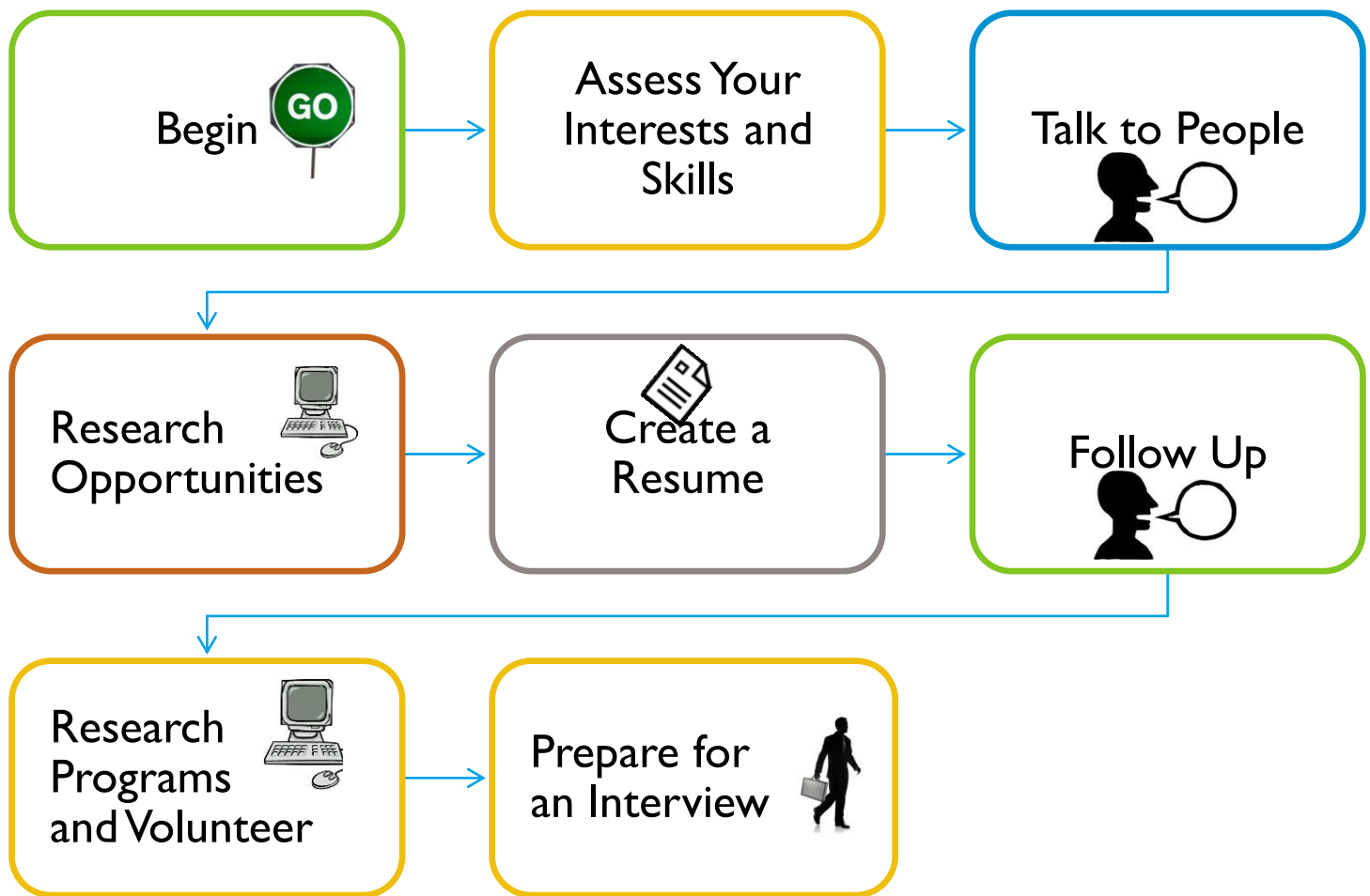
Health Career:

Why?

Health Career:

Why?

Handout 2: A Beginner's Model for Gaining Career-Related Experience (CRE)



Steps for Gaining CRE

Assess Your Interests and Skills: check out careers, figure out what you enjoy and are good at. What are your career goals and interests? Explore them in depth and keep an open mind.

Talk to People: talk to everyone about your interests and search for CRE, including counselors, friends parents, relatives, and/or strangers. You never know who may have valuable connections.

Research Opportunities: read up on organizations and what they do. Make a prioritized list of contacts and organizations to reach out to.

Create a Resume: there are great online guides available. As a general rule they should be no longer than a page and describe your involvement in school, volunteering, work, ect. When you're done, have an adult or peer look it over

Follow-Up: send follow-up emails or make phone calls to people who might be able to help you. If you think an organization is cool, send them an email, and ask questions about what they do. State your interest in a possible internship position. See if there is a shadowing opportunity for you. It's important to get your foot in the door to make yourself stand out

Research Programs or Volunteer: research paid programs relevant to the work you want to do. Consider the expenses associated with working at an organization (gas, time, food, ect.). Volunteering part-time is another option that allows for working another job. Nonprofits and other organizations often don't have the funds to support interns, so if you're able to offer your services for free, you're helping them out

Prepare for an Interview: read up on how to interview well. Practice. Make sure to smile, dress professionally, learn as much as you can about the organization, bring your resume, arrive early, and act professionally

Activity: Mapping Your Career Path(40 minutes)

In this activity, participants will:

- Identify an objective for their resume.
- Identify items to include on a resume.
- Create a resume.

You will need: Chart paper, markers, Handout 3 and Facilitator Handout I

Instructions:

1. Ask participants to use **Handout 3** to brainstorm their career path.
2. Ask participants to then look over the template and come up with their own career objective in the blue box.
3. Close-out: Have participants share back their career objectives.
4. Optional: Use **Facilitator Handout I** to share additional resources with participants.

Handout 3: Your Career Path Map

What health career(s) are you interested in?

What skills do you have? (good at listening, problem solving, etc.)

Who are 1-2 adults you can talk to about your health career interests?

What are 1-2 websites you can visit to find out more about the health career(s)?

Do you have a resume? Who can help you make one?

What local programs/organizations provide internships/volunteer opportunities? Who is the contact person?

Use this box to write your career objective:

Facilitator Handout I: Additional Resources

Career Pop Quizzes: careerpath.com/career-tests, healthheroes.health.gov.au/quiz

How to Write a Resume: susanireland.com/resume/how-to-write/

The Career Zoo Youtube Video Series on Health Career Professions

Includes five minute informative clips on Dietitians, Child Life Specialists, Nurses/ Heart Failure ICU, Heart Surgeons, and Health Care Patients

<http://www.youtube.com/watch?v=SkFCZRUC-I0&list=PL47D0761E124CF46A>

Health Heroes Professions Quiz, “What’s the right job for you”

Contains a 66-question quiz, offers resources and information about careers

<http://healthheroes.health.gov.au/quiz>

Explore Health Careers Website

Full of information on different healthcare jobs, wages, education, ect.

<http://explorehealthcareers.org/en/home>

Health Jobs Start Here Website

Information on health care jobs, check “Jobs & Training”

<http://www.healthjobsstarthere.com/#>

American Medical Association Website

PDF documents on health care jobs

<http://www.ama-assn.org/ama/pub/education-careers/careers-health-care/directory.page?>

Education Portal Website

More information on health care jobs

http://education-portal.com/directory/category/Medical_and_Health_Professions.html

The Highest Paying Healthcare Career Infographic

http://thumbnails.visually.netdna-cdn.com/health-careers_509dbde5d9d59.jpg

How to Write a Professional Email: wikihow.com/Write-an-Email-Asking-for-an-Internship

Interview Techniques: wa.gov/esd/guides/jobsearch/strategy/interview_effective.htm

Module I: Mental Health

Overview

Mental Health Providers have interesting but difficult jobs. Their role is to act as a resource to people who need different types of help. In this section, we will explore mental health career professions and what it means to provide services.

Objectives

In this section, participants will:

- Learn about the types of mental health careers
- Discuss the different settings mental health professionals practice
- Define the job duties of mental health professionals
- Identify questions they would like to ask a mental health professional about their job.

Part 1: Learn Agenda (90 minutes)

1. Icebreaker and Check-In (5 minutes)
2. Activity: Mental Health Professions List
3. Activity: Crafting Interview Questions
4. Check-Out & Closing (5 minutes)

Part 2 & 3: Meet & Practice Agenda (90 minutes)

1. Icebreaker and Check-In (5 minutes)
2. Activity: Mental Health Provider Role Play
3. Check-Out & Closing (5 minutes)

Check-Out Questions

- What appeals to you about being a mental health provider?
- What are some challenges associated with being a mental health provider?

Section Handouts

- Agree/Disagree Statements
- Mental Health Conditions At-A-Glance
- Mental Health Professions List
- Creating Your Character Worksheet
- Mental Health Screening Tool

Word Bank

Client
Mental Health Condition
Stigma

Did you know?

21% of 9-17 year olds have a mental illness and 11% are “significantly limited” because of their illness.¹

¹ Rosen DS. (2005) Management of Mental Illness in Primary Care Practice: Part. *Adolescent Health Update*: 17(3): 1-8

Part I: Learn Agenda

Activity: An Introduction to Mental Health Providers (15 minutes)

In this activity, participants will:

- Address stigma and stereotypes felt about mental health careers.
- Identify reasons someone may seek help from a mental health provider.
- Describe individual interests in mental health career field.

You will need: Chart paper, markers, highlighters Handout I, Facilitator Handout I

Instructions:

1. Prepare chart paper with the words “Mental Health” and ask participants to brainstorm everything that comes to mind. Record responses on the chart paper.
2. Facilitator’s Note: Be prepared to field words relating to the stigma associated with the mental health field i.e. “snitch,” “nosey,” etc.
3. Once participants have brainstormed the list address any issues that may have come up and say: “Now we’re going to do an activity to address any stigma, or stereotypes/negative feelings we may have about mental health providers.
4. Prepare signs or designate sides of the room for a cross-the-line activity (i.e. right side of the room = agree, left side = disagree, middle = unsure)
5. Read the statements from the **Facilitator Handout I** and ask participants to move to the side of the room based on how they feel. After each statement choose 1-2 people from each side to share why they moved there.
6. Facilitators Note: This can be a very sensitive topic. Make sure you revisit the community agreements prior to this activity to make sure it is taken seriously. Also state that there may be individuals in the room who may have dealt with one of these issues or had family who have dealt with them, so respect is important. At if anytime someone feels like they don’t want to participate, that is ok.
7. Prepare and post 6 pieces of chart paper with writing one mental health condition on each piece of poster paper. Use the **Handout I**. Ask participants to rotate around the room and write down words that come to mind when they think about that condition. After everyone has rotated once, ask participants to share back their thoughts.
8. Close-out: What is one thing that you learned that you will share with someone else?

Facilitator Handout 1: Mental Health Agree/Disagree Statements

Read the following statements and ask participants to agree or disagree.

1. Teens don't have mental health or substance use problems.

Facilitator Note: An estimated 2.7 million U.S. children and teens have emotional or behavioral problems that get in the way of learning, making friends, and family relationships

2. Psychiatrists, psychologists, and therapists only give common sense advice that people already know.

Facilitator Note: Psychiatrists, psychologists, and therapists have been specially trained to spot patterns in human thinking, behavior, and emotions. These mental health providers use their education and experience to help people better understand and cope with their life situations.

3. Once a person has a mental health condition, he/she will be ill forever.

Facilitator Note: There are different types of mental health conditions and many of them can be effectively treated. Most people feel better after getting help such as therapy and/or medications.

4. Mental health conditions and drug addictions are caused by a person's lack of will power.

Facilitators Note: There are many causes of mental health and substance use problems. These causes include things that a person cannot control such as genetics, family history, brain chemistry, and life experiences.

5. Talking about suicide will cause someone to commit suicide.

Facilitator Note: Studies show that talking to a suicidal person about suicide does not lead to suicide attempts. In fact, suicidal people often feel relieved when someone gives them a chance to discuss their feelings and suicidal thoughts.

6. Teens use mental health condition as an excuse when they are really just lazy.

Facilitator Note: People do not ask to have mental health problems. A teen with a mental health condition may seem tired or not interested, but often times they feel overwhelmed, hopeless, or have a lot of emotional pain.

7. People with mental health conditions are dangerous and could flip out at any time.

Facilitator Note: Most people with mental health conditions are not dangerous, violent, or out of control. Unfortunately, this myth often stops people from seeking the help they need because they worry others will think they are "crazy."

8. Only abnormal, crazy people go to psychiatrists, psychologists, or therapists.

Facilitator Note: Many people of all ages, races, ethnicities, and backgrounds meet with psychiatrists, psychologists, and therapists to help them deal with stressful life situations or to get additional support.

Handout I: Mental Health Conditions At-A-Glance²

Name	Definition
Anxiety	25% of all teens experience anxiety. It is the persistent, excessive fear or worry in situations that are not threatening.
Bipolar Disorder	Only about 3% of teens experience this. A person with bipolar disorder may have distinct manic or depressed states. Severe bipolar episodes of mania or depression may also include psychotic symptoms such as hallucinations or delusions.
Depression	15% of teens experience depression, but much of it is unreported. Just like with any mental health condition, people with depression or who are going through a depressive episode (also known as major or clinical depression) experience symptoms differently. But for most people, depression changes how they function day-to-day. They can include: changes in sleep, changes in appetite, lack of concentration, loss of energy, lack of interest. low self-esteem, feelings of hopelessness, physical aches and pains.
Eating Disorders	Eating disorders are a group of related conditions that cause serious emotional and physical problems. Each condition involves extreme food and weight issues; however, each has unique symptoms that separate it from the others. They can include: Anorexia Nervosa – denying themselves food to the point of self-starvation and Bulimia Nervosa - bingeing on very large amounts of food during short periods of time, and then desperately try to rid himself of the extra calories using forced vomiting, abusing laxatives or excessive exercise. About 10% of female teens and 5% of male teens report an eating disorder.
Obsessive Compulsive Disorder	Only 2% of teens report experiencing obsessive-compulsive disorder (OCD). It is characterized by repetitive, unwanted, intrusive thoughts (obsessions) and irrational, excessive urges to do certain actions (compulsions). Although people with OCD may know that their thoughts and behavior don't make sense, they are often unable to stop them.
Schizophrenia	Although rare in younger teens, almost 2% of older teens report experiencing Schizophrenia. It is a serious mental illness that interferes with a person's ability to think clearly, manage emotions, make decisions and relate to others. It can include hallucinations and delusions.

² Adapted from: National Alliance on Mental Illness (2015). Mental Health Conditions. Web: July 9, 2015

Activity: Mental Health Provider Professions and Crafting Interview Questions (15 minutes)

In this activity, participants will:

- Identify at least 2 interesting mental health careers.
- Draft questions for mental health providers.

You will need: Chart paper, markers, Handout 2

Instructions:

1. Ask participants to look over the **Handout 2** and fill out the “Your Turn” box for a particular mental health career they are interested in either becoming or just learning more about.
2. Ask each participant to share back their choice and why.
3. Ask participants to brainstorm what types of settings mental health providers work in and be sure to include their responses on chart paper. (typical responses include: non-profit organizations, SBHCs, county mental health programs, private practice, hospitals)
4. Next, ask participants read over and fill out the **Handout 3**.
5. Discussion:
 - a. What was one question that you would like to ask a mental health provider?
 - b. What do you think would be interesting to know about their career/educational pathway?

Handout 2: Mental Health Professions List

Mental health providers are professionals who diagnose mental health conditions, like depression, They provide treatment in the form of individual or group counseling and/or therapy.

Profession	Minimum Degree Required	Years in College	Description
Case Manager	Bachelor's Degree in related field (social work, psychology, etc)	4	Case Managers are similar to Social Workers. They assist many different groups of people, mainly socially and economically disadvantaged, but also people with disabilities, substance abuse problems, family conflicts, or illness. They mainly work to connect people with resources that may be available to them (financial assistance programs, employment, housing, food, medical, etc.)
Marriage and Family Therapist (MFT)	Bachelor's Degree in related field (sociology, psychology, etc.) MFT Degree	4-6	Marriage and Family Therapists assist many different groups of people, mainly socially and economically disadvantaged, but also people with disabilities, substance abuse problems, family conflicts, or illness.
Psychiatrist	MD or MO and Special Residency Program in Psychiatry and ABPN Exam	13 - 14	Psychiatrists treat people with mental illnesses. They provide different treatments depending on the patient and are medically trained on the human brain.
Psychologist	Doctorate Degree in Psychology	6 - 8	Psychologists study the human mind and behavior. They can directly treat patients, conduct research, or consult for organizations. They can work with athletes, lawyers, children, etc.
Social Worker	Bachelor's Degree in Social Work/Master's Degree in Social Work/LCSW Degree	4 - 10	Social workers assist many different groups of people, mainly socially and economically disadvantaged, but also people with disabilities, substance abuse problems, family conflicts, or illness. There are many types, including child, family, school, medical, and clinical social workers.

Your Turn:

Mental Health Career:

Why?

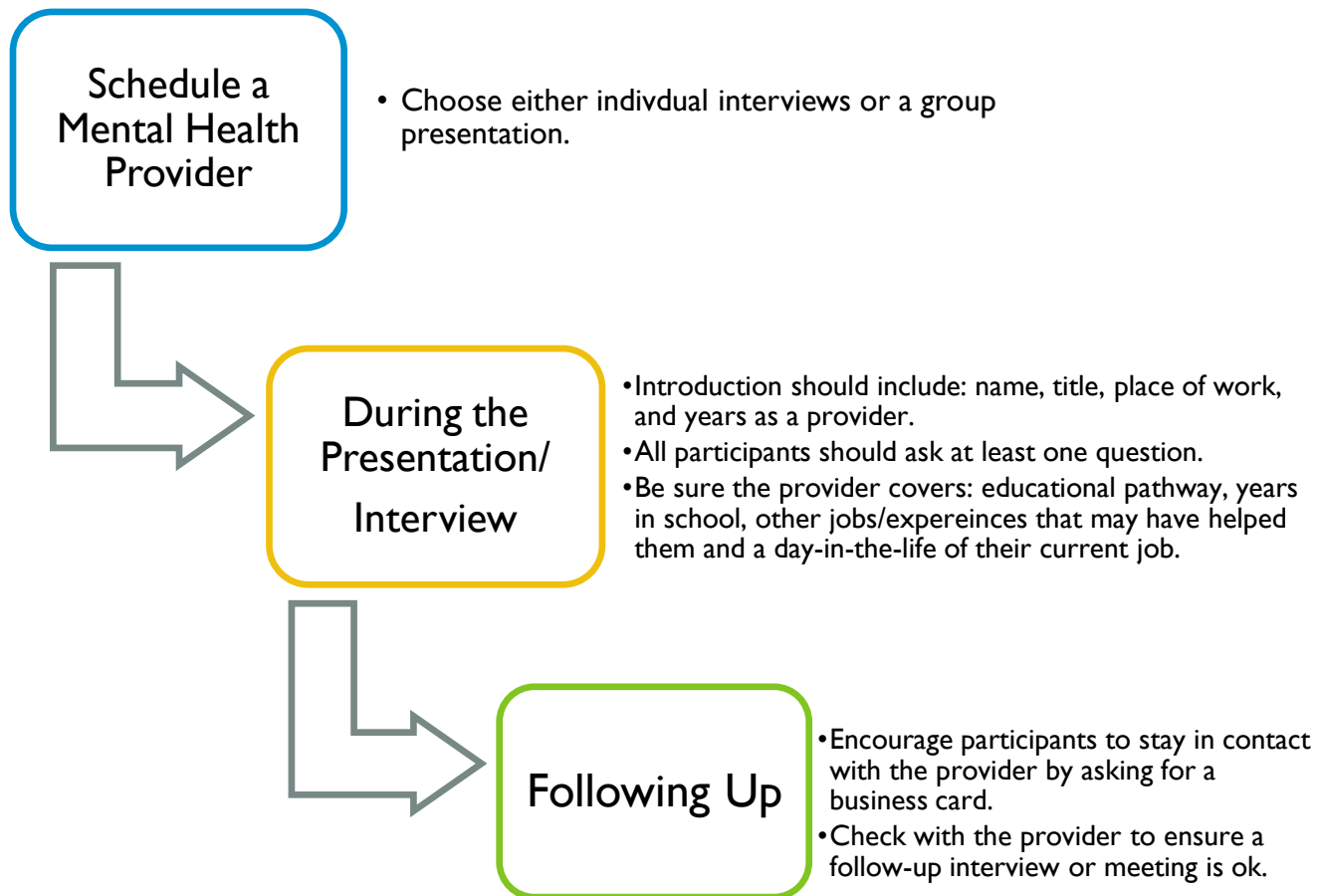
Handout 3: Mental Health Provider Interview Questions

Your Turn: Use the space provided to come up with your own set of questions that you would like to ask a mental health provider.

1. What is your favorite part of your job?
2. What is your least favorite part of your job?
3. What does a typical day look like for you?
- 4.
- 5.
- 6.
- 7.
- 8.

Part 2: Meet

Facilitator's Next Steps:



Part 3: Practice Agenda

Activity: Mental Health Provider Role Play (45 minutes)

In this activity, participants will:

- Practice a mock mental health assessment.
- Identify the positives and difficulties with the mental health provider field.
- Have fun!

You will need: Chart paper, markers, Handout 4, 5 & 6

Instructions:

1. Using **Handout 4**, ask participants to choose a character they want to play who has come in to the SBHC seeking services. Ask them to name the character and think about all aspects of their personality (remind them to look over the **Handout 6**).
2. After about 5-10 minutes, go over the **Handout 5** and remind participants to use these during their assessments.
3. Divide students into pairs and give each person 10 minutes to conduct their assessment using the **Handout 6**. After 10 minutes be sure to say “switch” or set an alarm.
4. Discussion:
 - a. What did it feel like asking those questions?
 - b. What was easy? What was difficult?
 - c. What is your view of mental health providers now?

Handout 4: Creating Your Character Worksheet

Your Turn: In the space provided, choose a character from your favorite TV show for the mental health role-play activity. Think about all aspects of their life. If you feel uncomfortable at any time, remember our community agreement: Take Care of Yourself First!

Name:

Age:

Gender Identity:

What is their home life like?

What is school like?

What is their body image like?

What is their social life like?

Do they use drugs/alcohol?

Have they ever or are they currently in a relationship?

Have they ever thought about hurting themselves?

Do they have any safety issues?

Handout 5: Supportive Interviewing Techniques³

First Steps:

1. Thank the client for coming in!
2. Go over confidentiality: Everything stays private and safe, except:
 - A young person was or is being physically or sexually abused.
 - A young person is going to hurt yourself or someone else.
 - Is are under 16 and having sex with someone 21 years or older or is are under 14 and having sex with someone 14 years or older.
 - A young person is unable to function due to a mental health condition.
3. Ask them if they have any questions.

		Types of Questions/Comments	Why?
B	Background	What's going on in your life? Tell me about a typical day for you.	Invites the client to talk about the things happening in their lives by using direct, open-ended questions.
A	Affect	How do you feel about that? That situation sounds very _____. Are you feeling _____?	Asks the client to recognize their feelings and understand how situations affect their emotions and behaviors.
T	Troubling	What troubles you the most about this problem/situation/condition? How has this problem caused difficulties for you at home or anywhere else in your life?	Aims to help clients determine why and how significantly a situation troubles them and how it impacts them.
H	Handling	How are you dealing with that? That is a great way to handle the situation. Could you respond to the situation differently? What might help improve the situation or help you feel better?	Provides an opportunity to learn about and reinforce their healthy coping strategies and to suggest additional opportunities.
E	Empathy	That must be very difficult for you. Thank you for being so honest with me.	Shows the client's response to the situation is reasonable and demonstrates an understanding for their feelings.

³ Adapted from: Lieberman J, Stuart M. (1999). The BATHE Method: Incorporating Counseling and Psychotherapy into the Everyday Management of Patients. *Primary Care Companion Journal of Clinical Psychiatry*. 1: 35-39.

Handout 6: Mental Health Screening Tool

Remember the HEEADSSS Assessment tool?!? This is what many School-Based Health Centers use during a client's first mental health appointment to better understand the kinds of services they may need or want. Use these



Home: How is it at home at the moment? Do you have your own space? Who do you get along best with? Could you talk to them if you were worried about anything?



Education/Employment: How's school going? What are you best at? Do you know what you want to do when you leave? Do you have a good group of friends?



Eating: Does your weight or body shape cause you any stress?



Activities: How do you spend your spare time? What do you do to relax? How much time do you spend online/using social media?



Drugs/Alcohol/Tobacco: Do you have any friends or family members who smoke/drink? Have you been offered drugs? Is it hard for you to say no in this situation?



Sexuality/Relationships: Have you ever been in a romantic relationship? What has that been like?



Suicide/Depression: How is life in general? How are you sleeping? Do you ever think about hurting yourself? Do you ever feel so down that life isn't worth living?



Safety/Abuse: Have you ever been seriously injured? Have you ever been in a fight? Is anyone harming you, or making you do things you don't want to?

Your Turn: Jot down note based on the responses of your partner based on the character they're role playing

H:

E:

E:

A:

D:

S:

S:

S:

Module 2: Substance Use

Overview

Substance Use Counselors can work in a variety of places, with individuals or with groups. Their role is to act as a resource to people who have substance use, abuse and dependence issues. In this section, we will explore the substance use profession and what it means to provide services.

Objectives

In this section, participants will:

- Learn about the role of substance abuse counselors.
- Differentiate between the key elements of substance use, abuse and dependence.
- Practice motivational interviewing techniques.

Part 1: Learn Agenda (90 minutes)

1. Icebreaker and Check-In (10 minutes)
2. Activity: An Introduction to Substance Use & Abuse
3. Activity: Substance Use Counselors Profession Description
4. Activity: Crafting Interview Questions
5. Check-Out & Closing (10 minutes)

Part 2 & 3: Meet & Practice Agenda (90 minutes)

1. Icebreaker and Check-In (10 minutes)
2. Activity: Mock CRAFFT Screening
3. Check-Out & Closing (10 minutes)

Check-Out Questions

- What appeals to you about the role of substance abuse counselors?
- What is the difference between use, abuse and dependence?
- What did you find most interesting about motivational interviewing?

Section Handouts

- Use, Abuse, Dependence Statements
- Principles for Treatment
- Substance Use Counselor Profession Description
- Substance Use Counselor Interview Questions.
- Motivational Interviewing At-A-Glance

Word Bank

Addiction
Dependence
Harm Reduction
Substance Use
Substance Abuse

Did you know?

More than half of U.S. high school graduates will have tried an illegal drug by the end of 12th grade.¹

¹ Monitoring the Future (2005). Trends in Lifetime Prevalence of Use of Various Drugs for Eighth, Tenth, and Twelfth Graders. Web: <http://www.monitoringthefuture.org/data/05data/pr05t1.pdf> July 8, 2015.

Part I: Learn

Activity: An Introduction to Substance Abuse Counselors (50 minutes)

In this activity, participants will:

- Define use, abuse and dependence.
- Identify the principles of treatment for dependence.

You will need: Chart paper, markers, Facilitator Handout I, Handout I

Instructions:

1. Ask participants to define the word “drug.” Answers should include/be similar to: a substance that has biological effects on a person. Say: “Coffee and sugar can affect our mood/energy levels, but for the purposes of today, we are talking about AOD, alcohol and other drugs (marijuana, cocaine, etc.).
2. Prepare three signs with the words: "Use," "Abuse," and "Dependence."
3. Define each term for the participants:
 - a. Use: When looking at alcohol and other drugs, use is most often characterized by pleasurable sensations and/or effects as a result. People can experience relaxation, feelings of warmth, increased sociability and confidence, release of inhibitions and anxiety, increased sexual arousal, or feelings of alertness and energy. Use is generally based on seeking a pleasurable effect (e.g. relaxing a little after a tiring day) and stopping when that the effect has been achieved. Use, in its truest form, means that the person experiences the pleasure without any problems.
 - b. Abuse: Abuse is marked by consumption of AOD at a level that results in some sort of injury, problem or undesired effect, or social, family, academic, or job responsibilities (e.g. driving under the influence, aggressive sexual behavior, or missing work or classes). The person or their friends may see these problems or undesired effects as embarrassing, scary, or no big deal.
 - c. Dependence: the state of feeling compelled to use a drug. People feel unable to function without the drug. There are 2 kinds:
 - Physical dependence: the need to use a drug to prevent withdrawal symptoms. Often accompanied by tolerance (need more to feel the effects).
 - Psychological dependence – condition in which user relies on drug for sense of well-being, to maintain happiness.
4. Copy and/or cut statements out from the **Facilitator’s Handout**. Explain that these are statements from other people and ask them to think about where this statement may fit on the chart paper.
5. After each statement is placed, ask participants to explain their reasoning and move them to the appropriate category, if needed.
6. Ask participants to look over the **Handout I**. Say: “This is a list of principles, or standards that Substance Use Counselors use to guide them when providing services, highlight or star anything that you find interesting or would like to ask our guest speaker about next time.”
7. Close- Out: Would you change your mind about the placements of the statements if we were talking about “harder” drugs like MDMA, Cocaine or Heroin? Why or why not?

Facilitator's Handout 1: Use/Abuse/Dependence Statements

I don't drink that often, but when I do, I drink to get trashed.

I usually drink or smoke every weekend with my friends.

I smoke weed when I need to relax.

Every once in a while I have a beer with some friends.

Sometimes I get nervous at parties and I can't relax until I've had a few drinks.

I've blacked out three times in my life.

I have a hard time sleeping, so most nights I smoke a little weed to help me out. It's really hard to sleep without it.

I find that when I'm having a hard time finishing my homework, rewarding myself with a cigarette when I'm done helps me get my work done faster.

I had a couple of shots of tequila at a party just to see what it was like.

My friend likes to go to clubs. Honestly, they just aren't fun if you're not on something.

Handout 1: Principles for Treatment of Dependence²

Addiction/dependence is complex but treatable. It affects the brain function and behavior.	Drugs of abuse alter the brain's structure and function, resulting in changes that last long after drug use has ceased. This may explain why drug abusers are at risk for relapse or using the drug again, even after years of not using the drug.
Many drug-addicted individuals also have other mental health conditions.	Because drug abuse and addiction/dependence, often occur with other mental health conditions.
No single treatment is appropriate for everyone.	Treatment depends on the type of drug and the type of patient. Making sure the treatment setting and services match an individual's particular problems and needs is critical to their success.
Treatment needs to be readily available.	Because drug dependent individuals may be uncertain about getting help, taking advantage of available services the moment they are ready for is critical.
Effective treatment attends to multiple needs of the individual, not just his or her drug abuse.	To work, treatment must address the individual's drug abuse and any associated problems (physical health, mental health, employment, etc).
Remaining in treatment for an adequate period of time is critical.	Research shows that most dependent people need at least 3 months in treatment to significantly reduce or stop their drug use and that the best outcomes occur with longer durations of treatment.
Mental health counseling, including individual, family, or group counseling, are the most commonly used forms of drug abuse treatment.	Counseling can help in many different ways, including: building skills to resist drug use, improving problem-solving skills, and facilitating better relationships.

² Adapted from: National Institute on Drug Abuse. (2012). *Principles of Effective Treatment*. Principles of Drug Addiction Treatment: A Research-Based Guide. Web: July 8, 2015

Activity: Substance Abuse Counselors (20 minutes)

In this activity, participants will:

- Identify reasons someone may seek help from a mental health provider.
- Describe individual interests in substance use counselor career field.

You will need: Chart paper, markers, Handout 2 & 3

Instructions:

1. Ask participants to look over the **Handout 2** and fill out the “Your Turn” box for a particular mental health career they are interested in either becoming or just learning more about.
2. Ask each participant to share back their responses.
3. Ask participants to brainstorm what types of settings substance abuse counselors work in and be sure to include their responses on chart paper (typical responses include: drug treatment/rehab facilities, non-profit organizations, SBHCs, county AOD programs, hospitals.)
4. Next, ask participants read over and fill out the **Handout 3**.
5. Discussion:
 - a. What was one question that you would like to ask a Substance Use Counselor?
 - b. What do you think would be interesting to know about their career/educational pathway?

Handout 2: Substance Abuse Counselor Profession Description

Profession	Minimum Degree Required	Years in College	Description
Substance Abuse Counselor	Certification in AOD counseling, Bachelor's or Master's Degree in related field (psychology, social work, etc.)	4-8	Substance abuse and drug addiction counselors help people who have problems with alcohol, drugs, gambling. They counsel those who are addicted to substances and help them to overcome problems related to these addictions. They may work in public health organizations, drug rehab centers, private practice or hospital settings.

Your Turn:

What would be appealing to you about becoming a Substance Use Counselor?

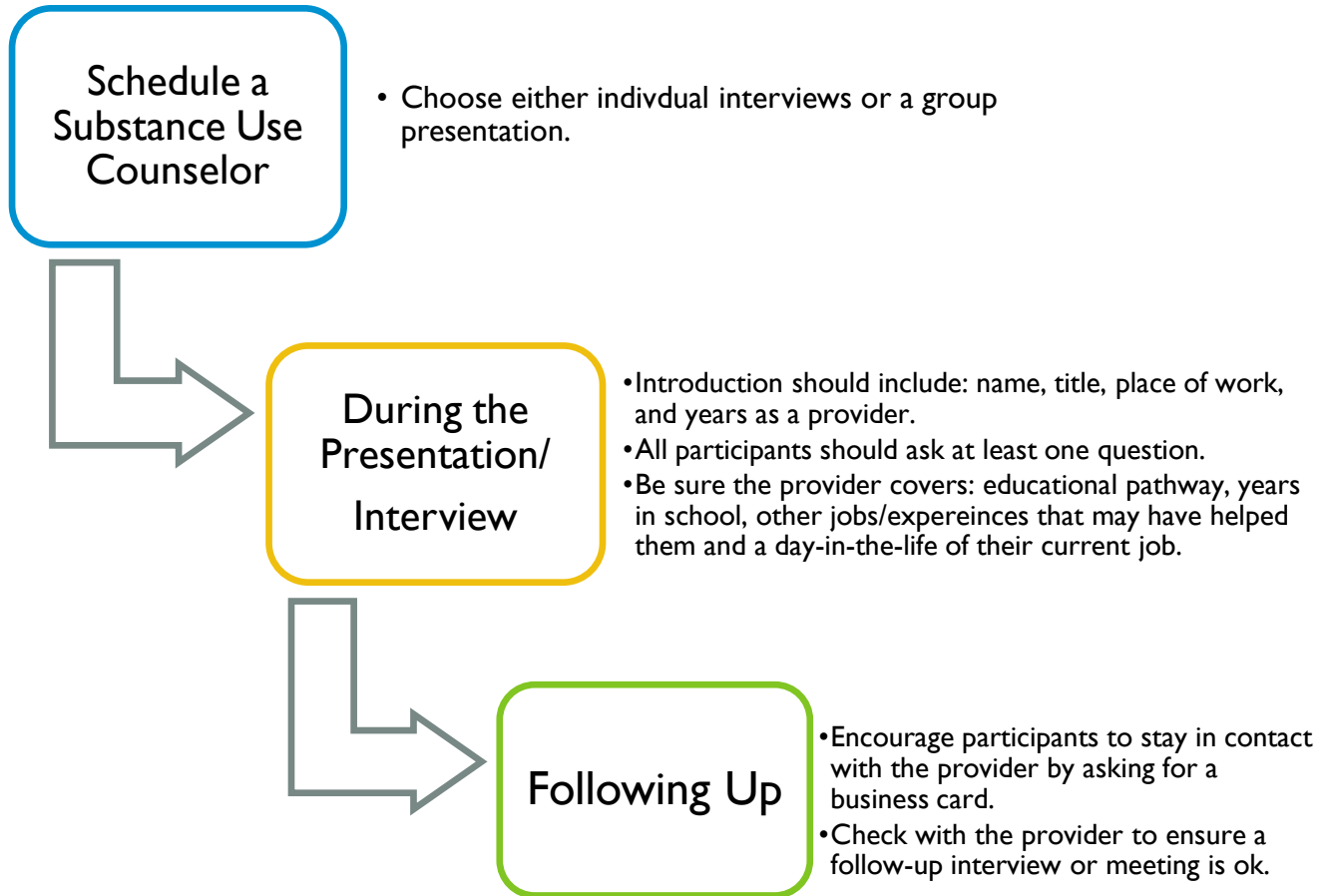
Handout 3: Substance Use Counselor Interview Questions

Your Turn: Use the space provided to come up with your own set of questions that you would like to ask a mental health provider.

1. What is your favorite part of your job?
2. What is your least favorite part of your job?
3. What does a typical day look like for you?
- 4.
- 5.
- 6.
- 7.
- 8.

Part 2: Meet (40 minutes)

Facilitator's Next Steps:



Part 3: Practice

Activity: Mock CRAFFT Screening Interview

In this activity, participants will:

- Practice a mock CRAFFT assessment.
- Identify the positives and difficulties with the mental health provider field.
- Have fun!

You will need: Substance use counselor, chart paper, markers, Handout 4

Instructions:

1. Using **Handout 4**, ask participants to choose a character they want to play who has come in to the SBHC substance abuse seeking services. Ask them to name the character and think about all aspects of their personality.
2. Divide participants into pairs and give each person 10 minutes to conduct their assessment using the **Handout 4**. After 10 minutes be sure to say “switch” or set an alarm.
3. Discussion:
 - a. What did it feel like asking those questions?
 - b. What was easy? What was difficult?
 - c. What is your view of mental health providers now?

Handout 4: Mock CRAFFT Screening

Part A: During the past 12 months, did you...	Yes	No
Drink any alcohol (more than a few sips, do not count sips of alcohol taken during family or religious events)?		
Smoke any marijuana or hashish?		
Use anything else to get high ("anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or huff)?		
Part B: During the past 12 months...		
Have you ever ridden in a car driven by someone (including yourself) who was "high" or had been using alcohol or drugs?		
Do you ever use alcohol or drugs to relax , feel better about yourself, or fit in?		
Do you ever use alcohol or drugs while you are by yourself, or alone ?		
Do you ever forget things you did while using alcohol or drugs?		
Do your family or friends ever tell you that you should cut down on your drinking or drug use?		
Have you ever gotten into trouble while you were using alcohol drugs?		

CRAFFT Scoring Instructions: For each "yes" response in PART B, score one point. A total score of 2 or higher indicates a need for additional assessment or discussion around alcohol and drug use.



Module 3: Primary Care

Overview

Primary Care Providers are medical professionals, usually a doctor or nurse, who see patients for a variety of common health issues. In this section, we will explore the many different roles of primary care providers and what it means to provide services.

Objectives

In this section, participants will:

- Learn about the types of primary care providers.
- Discuss the different settings for primary care providers.
- Identify questions that you would like to ask a mental health professional about their job.
- Practice primary care provider assessments.

Part 1: Learn Agenda (90 minutes)

1. Icebreaker and Check-In (15 minutes)
2. Activity: An Introduction to Primary Care
3. Activity: Professions List & Crafting Interview Questions
4. Check-Out & Closing (15 minutes)

Part 2 & 3: Meet & Practice Agenda (90 minutes)

1. Icebreaker and Check-In (5 minutes)
2. Activity: A Mock Primary Care Visit
3. Check-Out & Closing (5 minutes)

Check-Out Questions

- What appeals to you about being a primary care provider?
- What are some challenges associated with being a primary care provider?

Section Handouts

- Primary Care Professions List
- Primary Care Interview Questions
- Sample Patient History
- Overview of Vital Signs

Word Bank

Client
Differential Diagnosis
Medical Home
Patient
Primary Care Provider
Vital Signs
Whole Person Care

Did you know?

Young people who access services at their SBHC are more likely to access primary care services.¹

¹ Soleimanpour S, Geierstanger SP, Kalley S, et al. (2010). The Role of School Health Centers in Health Care Access and Client Outcomes. American Journal of Public Health. 100(9): 1597-1603.

Part I: Learn Agenda

Activity: Gallery Tour, An Introduction to Primary Care (50 minutes)

In this activity, participants will:

- Define primary care.
- Identify the components of “whole person care”

You will need: Chart paper, markers,

Instructions:

1. Say: “A primary care provider is someone who sees patients affected by common health issues before referring them to a specialist.”
2. Prepare chart paper with the 8 Areas of Wellness (physical, environmental, intellectual, emotional, social spiritual, occupational, financial) and post around the room, handout markers to each participant and ask them to choose a starting place.
3. Say: “The 8 Areas of Wellness posted around the room help primary care doctors and other health professionals think about health in this bigger way.”
4. Say: “Whole person care or a holistic approach to health is about understanding that a healthy person does not just mean they are not sick. It means that they have a complete sense of wellbeing (mentally, physically, etc.)a Most primary care providers who practice whole person care work as part of a larger team in that work through a model called medical home. It is best described as a model or philosophy of primary care that is...
 - a. Patient-centered: The patient is the focus and the medical professional asks questions rather than assuming what a patient has come in for.
 - b. Comprehensive: Beyond medical care, to include mental, dental, and other referrals for a patient’s needs.
 - c. Team-based: Includes a team of: medical professionals (doctors, nurses, medical assistants, etc.), mental health professionals, health educators, etc. that all work together for a patient.
 - d. Accessible: Is easy for a patient to get to, like a school-based health center.
 - e. Focused on quality and safety : This involves constantly assessing what is working and what isn’t through patient and staff surveys. “
5. Ask participants to write down or draw anything that comes to mind when they think of these words. Every 2 minutes ask participants to rotate around to each piece of chart paper until everyone has written or drawn something on each piece of chart paper.
6. Ask participants to take 5 minutes to walk around the room and highlight their favorite areas of wellness and why. Use the following definitions to help guide the discussion, if needed:
 1. **Physical Wellness:** The physical component recognizes the need for regular physical activity. Individuals who practice physical well-being apply knowledge about exercise, nutrition, fitness, healthy eating habits, and personal hygiene into their daily routines.
 2. **Environmental Wellness:** How your environment, living situation, etc. affects your health
 3. **Intellectual Wellness:** The intellectual component measures the degree to which an individual

engages in creative mental activities. An intellectual healthy person uses the resources available to increase their knowledge and skills while sharing them with others.

4. **Emotional Wellness:** The emotional component recognizes awareness and acceptance of one's feelings. Emotional wellness includes the level in which one feels positive and energetic about the life that they live. Positive emotional wellness also allows one to be sensitive and have empathy towards others.
5. **Social Wellness:** The social component encourages participation in one's community, school, and environment.
6. **Spiritual Wellness:** The spiritual component encourages individuals to increase their understanding of the beliefs, values, and ethics, which can help guide a clear path in their lives.
7. **Occupational Wellness:** The career component measures the satisfaction gained from working and the level one is interested in the work.
8. **Financial Wellness:** The financial component measures how secure someone may feel financially and being able to afford the cost of living in their community.

7. Discussion:

- a. How do you think these 8 areas of wellness help primary care providers?
- b. As a patient, do you want your primary care provider to know about the 8 areas of wellness, why?

Activity: Primary Care Professions and Crafting Interview Questions (20 minutes)

In this activity, participants will:

- Identify at least 2 interesting primary care health careers.
- Draft questions for primary care health providers.

You will need: Chart paper, markers, Handout 1.

Instructions:

1. Ask participants to look over **Handout 1** and fill out the “Your Turn” box for a particular primary health career they are interested in either becoming or just learning more about.
2. Ask each participant to share back their choice and why.
3. Ask participants to brainstorm what types of settings primary care providers work in and be sure to include their responses on chart paper (typical responses include: non-profit organizations, SBHCs, county mental health programs, private practice, hospitals.)
4. Next, ask participants read over and fill out **Handout 2**.
5. Discussion:
 - a. What was one question that you would like to ask a primary care provider?
 - b. What do you think would be interesting to know about their career/educational pathway?

Handout 1: Primary Care Professions List

A Primary Care provider is someone who sees patients for common medical conditions. They can work in a variety of settings and in a variety of types of careers. They can work in hospitals, community clinics and SBHCs.

Profession	Minimum Degree Required	Years in College	Description
Doctor of Medicine	Doctor of Medicine Degree	8	Doctors of Medicine are physicians who examine patients, gather their histories and inform them on their health status. They can also teach, research, and manage medical centers. They can specialize in areas such as surgery, anesthesiology, or pediatrics.
Doctor of Osteopathic Medicine	Doctor of Osteopathic Medicine Degree	8	With a degree similar to an M.D., Osteopathic Physicians have a historically more holistic approach to medicine with an emphasis on bone and joint manipulation.
Physician's Assistant	Master's Degree in Physician Assistant Studies, Health Science or Medical Science	6 - 7	Physician's assistants work in hospitals and clinics alongside physicians. They do basic medical tasks such as diagnosing illness, running tests, conducting physical exams, prescribing medications, etc.
Registered Nurse	Bachelor's Degree of Science in Nursing	3 - 4	Registered nurses do a variety of jobs, including educating individuals or the community on health. They can work with directly with patients or indirectly, such as teaching or researching.
Nurse Practitioner	Master's Degree in Science in Nursing, and Doctor of Nursing Practice	6 - 8	A Nurse practitioner requires more schooling than a registered nurse. They perform physicals and exams and can order tests.

Your Turn:

Primary Care Career:

Why?

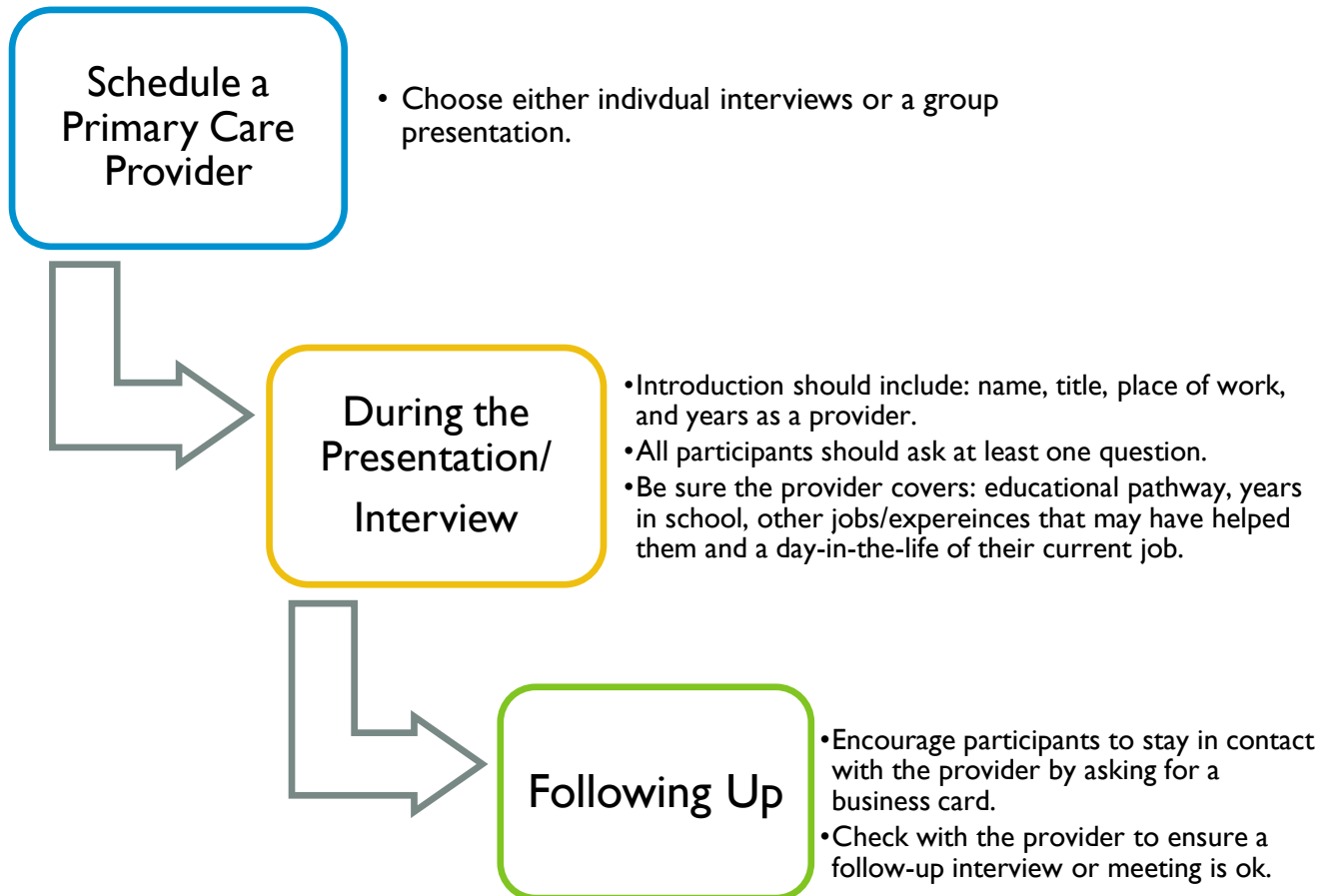
Handout 2: Primary Care Provider Interview Questions

Your Turn: Use the space provided to come up with your own set of questions that you would like to ask a mental health provider.

1. What is your favorite part of your job?
2. What is your least favorite part of your job?
3. What does a typical day look like for you?
- 4.
- 5.
- 6.
- 7.
- 8.

Part 2: Meet (40 minutes)

Facilitator's Next Steps:



Part 3: Practice Agenda

Activity: A Mock Primary Care Visit (30 minutes)

In this activity, participants will:

- Practice a mock sample patient history and vital signs reading.
- Identify the positives and difficulties with the primary care field.
- Have fun!

You will need: A primary care provider, chart paper, markers, Handout 3 & 4

Instructions:

1. Ask participants to write down 1-2 characters from TV shows/movies on slips of paper and put them in a hat/container/bag when they're done.
2. Ask each participant to choose a name and say that this is a person who has come in to the SBHC seeking services. They should **not** tell anyone what name they chose.
3. Ask participants to fill out **Handout 3** as the TV/movie character and then ask the other participants to guess what TV/movie character it is.
4. Next, divide participants into pairs, and ask them to read over **Handout 4**.
5. With the help of the SBHC primary care provider, have each participant practice taking vital signs.
6. Discussion:
 - a. What did it feel like taking vital signs?
 - b. What was easy? What was difficult?
 - c. What is your view of primary care providers now?

Handout 3: Sample Patient History

Please note: This form is to be completed by a parent/guardian or unaccompanied teen at the adolescent's first visit.

Patient Name _____
 Medical Record _____ BD _____
 Today's Date _____

When was the last visit for:

Check-up or shots: _____ Medical problems: _____

Counseling: _____ Dental care: _____

	Yes	No	Age		Yes	No	Age
Allergies to medicines or other things				Headaches or migraines			
Anemia or low iron				Hepatitis			
Asthma or breathing problems				High blood pressure			
Bedwetting				Learning disability			
Behavior or emotional problems				Major health worries			
Blood disorder/sickle cell				Mononucleosis/mono			
Blackouts/dizziness				Overnight hospitalizations			
Bladder/urine/kidney infections				Pregnancy/abortion			
Cancer (type _____)				Scoliosis or curved spine			
Chicken Pox				Seizures or fits			
Constipation or diarrhea				Serious or chronic health problems			
Depression or super stress				Sexually transmitted diseases/HIV			
Eating or dieting problems				Sleeping problems			
Emergency room visits				Stomach pains or problems			
Eye problems/glasses				Tattoos/piercing/scarring			
Fatigue (being very tired)				Toothaches/cavities			
Heart disease or defects				Tuberculosis/TB			
Clinic Notes:				Other:			

Family history of the following? (please check no or yes)

	Yes	No	Relationship to You
Alcohol, drug or tobacco use			
Cancer (type _____)			
Diabetes			
Heart attack, stroke or sudden death before age 55			
High cholesterol			
Lung problems/tuberculosis/TB			
Mental illness/depression/psychiatric condition/suicide			
Serious medical problem			
Violence/homicide/murder			
Other conditions that run in the family:			
Alcohol, drug or tobacco use			
Cancer (type _____)			
Diabetes			
Heart attack, stroke or sudden death before age 55			
High cholesterol			
Lung problems/tuberculosis/TB			
Mental illness/depression/psychiatric condition/suicide			
Clinic Notes:			

Completed by: _____ Reviewed by: _____

Date: _____ Date: _____

Handout 4: Overview of Vital Signs

Vital signs are used to measure the body's basic functions. These measurements are taken to help assess the general physical health of a person and give clues to possible diseases. The normal ranges for a person's vital signs vary with age, weight, gender, and overall health. There are four main vital signs: body temperature, blood pressure, pulse (heart rate), and breathing rate. ²

	What is it?	How do you measure it?
Body Temperature	The average body temperature is 98.6 degrees Fahrenheit, but normal temperature for a healthy person can range between 97.8 to 99.1 degrees Fahrenheit or slightly higher.	Body temperature is measured using a thermometer inserted into the mouth, anus, or placed under the armpit. Body temperature can also be measured by a special thermometer inserted into the ear canal or now, even measuring the temperature of the forehead.
Blood Pressure	Blood pressure is the measurement of the pressure or force of blood against the walls of your arteries. Blood pressure is written as two numbers, The first number is called the systolic pressure and measures the pressure in the arteries when the heart beats and pushes blood out to the body. The second number is called the diastolic pressure and measures the pressure in the arteries when the heart rests between beats.	Steps: <ol style="list-style-type: none"> 1. Start with a properly sized blood pressure cuff. The length of the cuff's bladder should be at least equal to 80% of the circumference of the upper arm. 2. Wrap the cuff around the upper arm with the cuff's lower edge one inch above the inside of the elbow. 3. Lightly press a stethoscope below the cuff's edge. 4. Rapidly inflate the cuff until the dial reads 180mmHg. Release air from the cuff at a slowly. 5. As you listen with the stethoscope watch the dial. The first knocking sound (Korotkoff) is the systolic pressure. When the knocking sound disappears, that is the diastolic pressure.
Pulse	Your pulse is the number of times your heart beats per minute. Pulse rates vary from person to person. Your pulse is lower when you are at rest and increases when you exercise (because more oxygen-rich blood is needed by the body when you exercise). A normal pulse rate for a healthy adult at rest ranges from 60 to 80 beats per minute.	Your pulse can be measured by firmly but gently pressing the first and second fingertips against certain points on the body, most commonly at the wrist or neck, then counting the number of heart beats over a period of 60 seconds.
Respiratory rate	A person's respiratory rate is the number of breaths you take per minute. The normal respiration rate for an adult at rest is 12 to 20 breaths per minute.	The rate is measured by counting the number of times the chest rises in one minute.

Your Turn: Record the following of your partner

Pulse:		Temperature:	
Blood pressure:		Respiratory/ Breathing Rate:	

² John Hopkins University. (2015). Vital Signs. Web: July 8th, 2015.

Module 4: Trauma-Informed

Overview

Trauma-informed practices and care make sure that an organization understands, recognizes, and responds to trauma. Many providers in SBHCs are practicing trauma-informed care. In this section we'll explore what it means to be trauma-informed and the careers pathways in which trauma-informed care is practiced.

Objectives

In this section, participants will:

- Define trauma and trauma-informed practices/care.
- Discuss career pathways that are trauma-informed.
- Analyze a trauma-informed assessment.

Part 1: Learn Agenda (90 minutes)

1. Icebreaker and Check-In (10 minutes)
2. Activity: An Introduction to Trauma-Informed Care
3. Activity: Crafting Interview Questions
4. Check-Out & Closing (10 minutes)

Part 2 & 3: Meet & Practice Agenda (90 minutes)

1. Icebreaker and Check-In (10 minutes)
2. Activity: ACEs Checklist & Mock Case Conference
3. Check-Out & Closing (10 minutes)
4. Optional Activity: Guided Meditation

Check-Out Questions

- What is interesting to you about trauma-informed career pathways?
- Why is trauma-informed care important?

Section Handouts

- Defining Trauma Case Study
- Principles of Trauma Informed Care
- Trauma-Informed Professions List
- Trauma-Informed Practitioner Interview Questions
- ACEs Study Sample Survey

Word Bank

Adverse Childhood Experiences (ACEs)
Chronic /Complex Trauma
Practitioner
Toxic Stress
Trauma
Trauma-Informed Care

Resource:

A 45 minute documentary on trauma experienced by young people living in Oakland and Baltimore:
<http://raisingofamerica.org/wounded-places>

Dr. Nadine Burke's TED Talk about how childhood trauma affects health across the lifetime:
http://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime#t-622453

Did you know?

“Childhood trauma leads to the adult onset of chronic diseases, depression and other mental illness, violence and being a victim of violence.”¹

¹ Centers for Disease Control and Prevention and Kaiser Permanente's Health Appraisal Clinic (1998). Adverse Childhood Experience Study. San Diego, CA

Part I: Learn Agenda

Activity: An Introduction to Trauma Informed Care (15 minutes)

In this activity, participants will:

- Define trauma.
- Understand the role of providers to help address trauma.
- Define Trauma-informed care

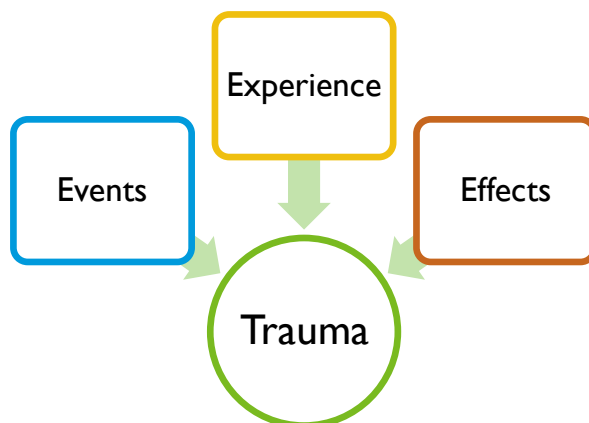
You will need: Chart paper, markers, Handout 1 & 2

Instructions:

1. Facilitator's note (trigger warning): Be sure to remind participants of the community agreements, especially the one that addresses "taking care of yourself first."
2. Read through the case study with participants, be sure to say the following: "Trauma is made up of three main pieces:"
 - a. "Event(s): Includes all of experiences that someone may have, that may threaten their physical or mental wellbeing. They can include neglect, abuse and violence."
 - b. "Experience: is the perceived threat or their interpretation of that event. For example: someone may think that getting in a car accident is no big deal but another person may have nightmares about it."
 - c. "Effects: These are all of the short and long term effects a person may have, physically or mentally because of the traumatic event, including triggers. Triggers are events or circumstances after a traumatic event that may cause a flight or fight response, even though the person is safe. Can be something physical like a smell or someone touching them to someone in their lives expressing empathy or care for them."
3. Using **Handout 1** ask them, in pairs to identify the event(s), experience and effect in the case study and share back with the group.
4. Say: "Most folks and young people, especially those living in neighborhoods affected by poverty and violence, experience chronic or complex trauma, like Jaime, the trauma isn't just one event, but continues to be ongoing through what's happening at home and in Jaime's community."
5. "So now that we have an understanding of trauma, what do you think trauma-informed care is or what a trauma-informed practitioner does?"
6. Record responses on chart paper and be sure to read over **Handout 2**.
7. Close-out: What is one thing that you learned that you will share with someone else?

Handout 1: Defining Trauma² & Case Study

Trauma is the combination of an extremely distressing **event(s)**, how you **experience** that event based on who you are, and the **effects** that event(s) may have on a person over time. Read the case study below and in pairs, decide what Jaime should do.



Case Study:

Jaime is 15 and lives in a not-so-safe neighborhood, in a one bedroom apartment with Jaime's Mom, Mom's boyfriend (Michael), and Jaime's two younger brothers. Jaime's Dad left when Jaime was 7. Jaime doesn't like to be at home because it's so crowded and Jaime doesn't get along with Michael because he drinks a lot. They've almost gotten in to physical fights a few times. Jaime's Mom has never been around when this happens because she works double shifts at the local hospital.

Jaime likes school, gets ok grades and is even a peer health educator at the School-Based Health Center. Jaime has a lot of friends and gets along with almost everyone.

Last week, while Jaime was walking to the park with some friends, someone fired shots at them. No one got hurt, but ever since, Jaime hasn't been able to sleep, eat or concentrate at school. Jaime's grades have started to dip and Jaime has been put on academic probation.

Your Turn:

What was the event(s)?

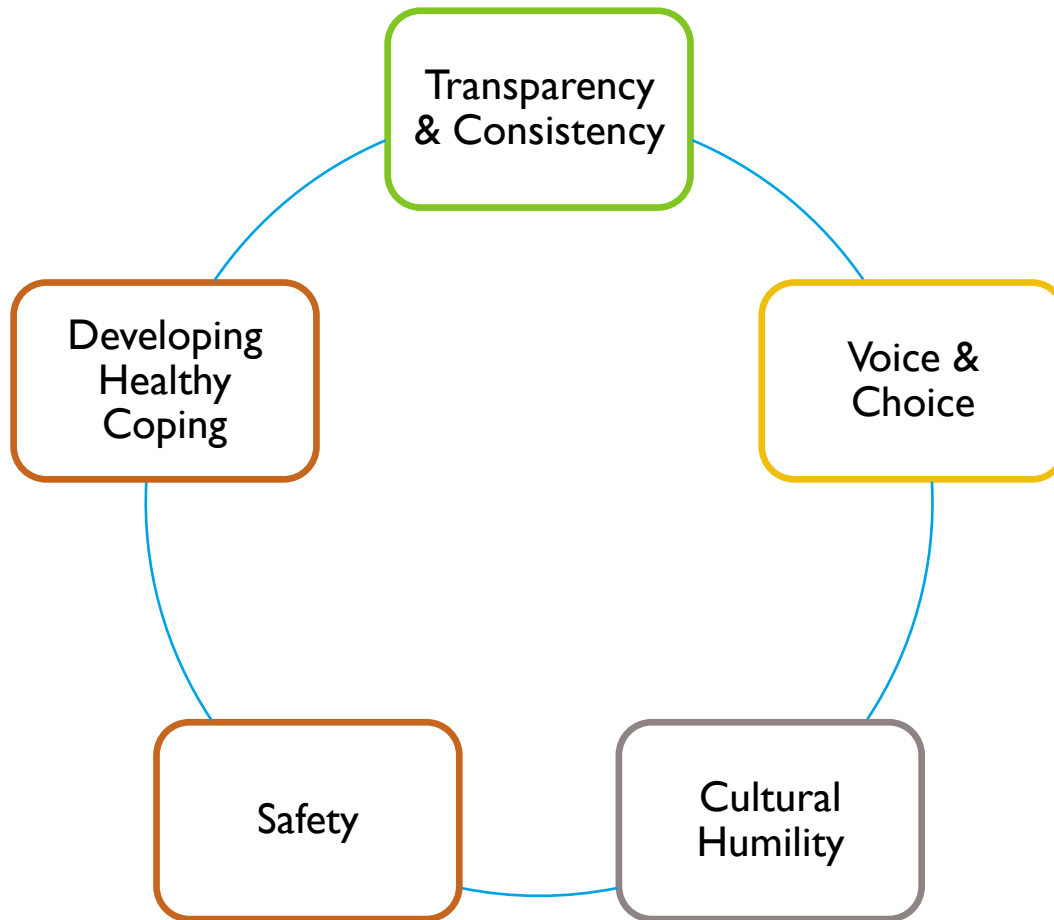
What was the experience?

What were the effects?

What should Jaime do next?

² Adolescent Health Working Group. (2013). Trauma & Resilience Toolkit. San Francisco, CA

Handout 2: Principles of Trauma-Informed Care



Trauma-Informed Principles Key:

Cultural Humility	Understanding that person's experience with trauma is different.
Safety	Making sure the people serviced feel physically and psychologically safe.
Transparency & Consistency	Create activities that engage youth in self-efficacy training/present opportunities for Empowerment: mastery.
Voice & Choice	Giving people affected by trauma the power to make their own decisions.
Developing Healthy Coping	Providing people with the support they need to ground themselves when they experience trauma or trauma triggers.

Activity: Crafting Interview Questions for a Trauma Informed Practitioner (15 minutes)

In this activity, participants will:

- Identify at least 2 interesting trauma-informed careers.
- Practice crafting interview questions.

You will need: Chart paper, markers, Handout 3 & 4

Instructions:

1. Ask participants to look over the **Handout 3** and fill out the “Your Turn” box.
2. Ask each participant to share back their choice and why.
3. Ask participants to brainstorm what types of settings trauma-informed providers work in and be sure to include their responses on chart paper. (typical responses include: non-profit organizations, SBHCs, county mental health programs, private practice, hospitals)
4. Next, ask participants read over and fill out the **Handout 4**.
5. Discussion:
 - a. What was one question that you would like to ask a trauma-informed provider?
 - b. What do you think would be interesting to know about their career/educational pathway?

Handout 3: Trauma-Informed Professions List

Anyone who works with people can have a trauma-informed approach. Trauma-informed practitioners are specifically trauma-informed trained professionals who usually work in the mental health field. Their main goals are to recognize that trauma exists and the prevalence of it all while designing services that don't re-traumatize an individual. They often work in large teams across organizations to make sure a person is getting all the services they need.

Profession	Minimum Degree Required	Years in College	Description
Psychiatrist	MD or MO and Special Residency Program in Psychiatry and ABPN Exam	13 - 14	Psychiatrists treat people with mental illnesses. They provide different treatments depending on the patient and are medically trained on the human brain.
Psychologist	Doctorate Degree in Psychology	6 - 8	Psychologists study the human mind and behavior. They can directly treat patients, or research, consult, and test a variation of different situations. They can work with athletes, lawyers, children, etc.
Social Worker	Bachelor's Degree in Social Work/LCSW/MFT Degree	4 - 10	Social workers assist many different groups of people, mainly socially and economically disadvantaged, but also people with disabilities, substance abuse problems, family conflicts, or illness. There are many types, including child, family, school, medical, and clinical social workers.
Case Manager	Bachelor's Degree in related field (social work, psychology, etc.)	4	Case Managers are similar to Social Workers. They assist many different groups of people, mainly socially and economically disadvantaged, but also people with disabilities, substance abuse problems, family conflicts, or illness. They mainly work to connect people with resources that may be available to them (financial assistance programs, employment, housing, food, medical, etc.)

Your Turn:

Mental Health Career:

Why?

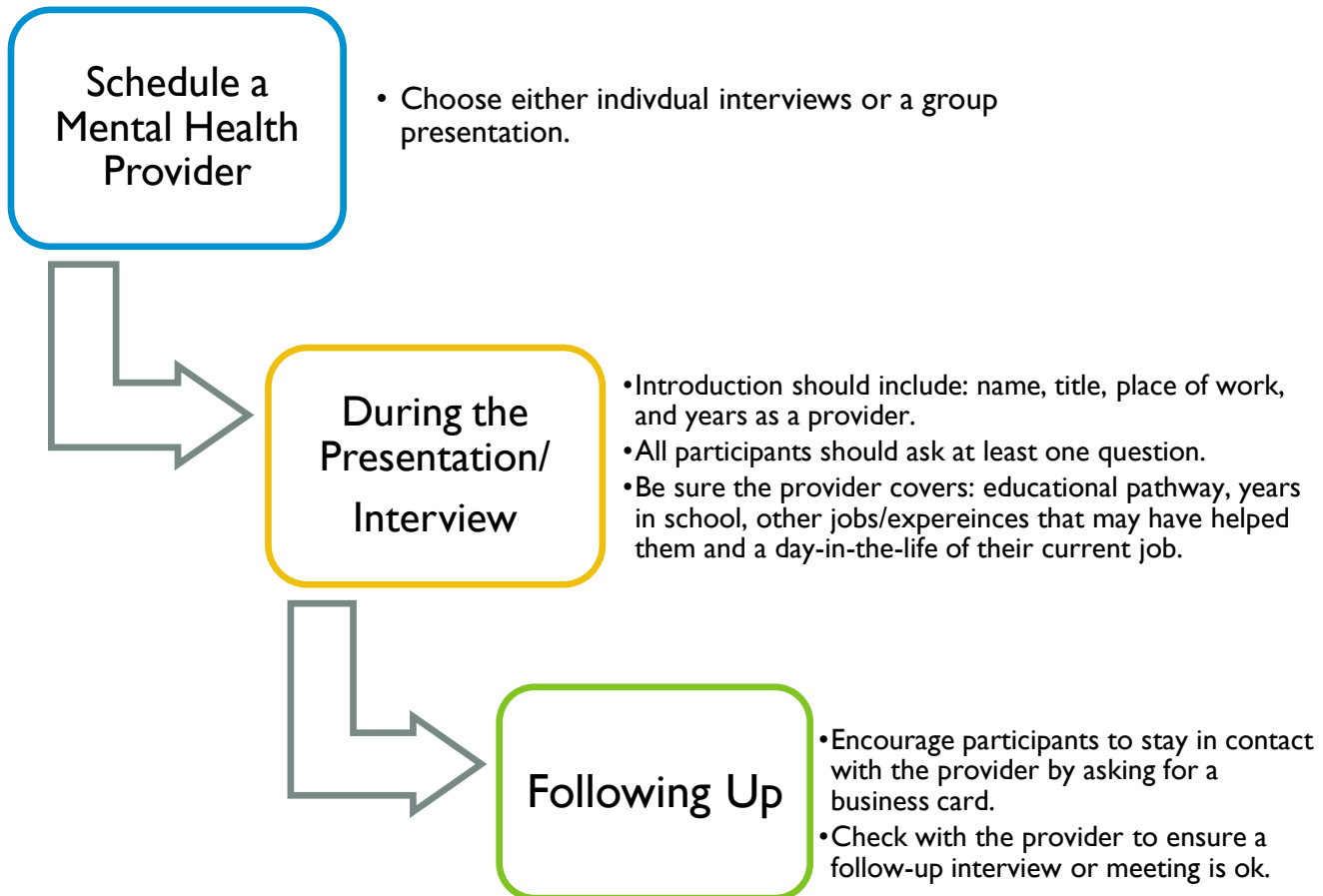
Handout 4: Trauma Informed Practitioner Interview Questions

Your Turn: Use the space provided to come up with your own set of questions that you would like to ask a mental health provider.

1. What is your favorite part of your job?
2. What is your least favorite part of your job?
3. What does a typical day look like for you?
- 4.
- 5.
- 6.
- 7.
- 8.

Part 2: Meet (40 minutes)

Facilitator's Next Steps:



Part 3: Practice Agenda

Activity: ACEs Case Study and Mock Case Conference (30 minutes)

In this activity, participants will:

1. Define ACEs
2. Practice a mock case conference

You will need: A mental health professional, chart paper, markers, Handout 5

Instructions:

1. Say: “The ACEs stands for Adverse Childhood Experiences. An ACEs assessment measures 10 types of childhood trauma. The ACEs assessment was created by the Kaiser Permanente and the CDC in 1998 through the ACEs Study. This study discovered a link between childhood trauma and the chronic diseases people develop as adults, as well as social and emotional problems. Including heart disease, lung cancer, diabetes and many autoimmune diseases, as well as depression, violence, being a victim of violence, and suicide. They discovered that 87% of respondents in had experienced at least one! The ACEs Assessment measures the following childhood experiences:
 - a. Personal: physical abuse, verbal abuse, sexual abuse, physical neglect, and emotional neglect.
 - b. Family members: a parent who’s an alcoholic, a mother who’s a victim of domestic violence, a family member in jail, a family member diagnosed with a mental illness, and the disappearance of a parent through divorce, death or abandonment.
 - c. Each type of trauma counts as one. So a person who’s been physically abused, with one alcoholic parent, and a mother who was beaten up has an ACE score of three.”
2. In pairs or groups of 3, re-read the case study from **Handout 1** and fill out **Handout 5** based on Jaime’s experiences and find his total ACEs score.
3. As a group, conduct a mock Case Conference, using the following questions as a guide for the conversation. Say: “Now we are going to conduct what’s called a case conference. Often times, providers get together with a supervisor or their colleagues to discuss a particular client and brainstorm resources that may help them.”
 - a. What was Jaime’s total ACEs score, why?
 - b. What resources might be helpful for Jaime? Why?
 - c. What resources might be helpful for Jaime’s family?
4. Close-out: What did it feel like to conduct a mock case conference?

Handout 5: ACEs Sample Survey

Prior to your 18th birthday:

Question	Yes	No	If Yes, write 1
Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?			
Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?			
Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?			
Did you often or very often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?			
Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?			
Was a biological parent ever lost to you through divorce, abandonment, or other reason ?			
Was a parent/guardian: Often or very often pushed, grabbed, slapped, or had something thrown at them by their partner? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?			
Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?			
Was a household member depressed or mentally ill, or did a household member attempt suicide?			
Did a household member go to prison?			
Total ACEs Score:			

What does an ACEs score mean?

An ACEs score of 4 or more greatly increases a person's risk for chronic health problems.

Optional Activity: Guided Meditation Script (15 minutes)

In this activity, participants will:

1. Learn a technique for de-escalation and relaxation.
2. Practice guided meditation.

You will need: A quiet space

Instructions:

1. Ask: “What do you all do to try stay calm when something upsets you?” (pause) “Many counselors and providers who practice trauma-informed practices, use mindfulness or guided relaxation exercises with their clients. We are going to practice one now.”
2. Make sure you and the participants are in a quiet space and they are seated comfortably.
3. Read **Handout 6**
4. After the script, say: “Remember that every time you practice this exercise you will be able to get better at it. You will be able to relax more deeply and more completely. You will be able to let go more quickly. And the effects of the calmness and comfort will last longer, carrying over throughout your day, enabling you to be more calm and efficient with your available time and energy.”
5. Discussion:
 - a. What did you think about that activity?
 - b. What was challenging? What was easy?
6. Ask all participants to take three deep breaths in and out together.

Handout 6: Guided Meditation Script

As you sit back or lie back more comfortably, check to see if your arms and legs are in a relaxed uncrossed position. Let your shoulders release tension and let your neck begin to relax by letting your head just sink back comfortably into the pillow or chair.

Check the muscles of your head and face, especially the muscles around your eyes, even your eyebrows and the muscles around your mouth, including your jaw and even your tongue.

Before we begin, let me remind you that I do not want you to try to relax too quickly. In fact, I do not want you to try to relax at all! Because without any effort you will be able drift as deeply into relaxation as you wish to go, by just letting go of stress, thoughts, and physical tensions.

To begin, start by taking three deep slow diaphragmatic breaths...pausing after you inhale, and then exhaling fully and completely. You might even imagine that as you exhale you can begin to release thoughts, tensions, even discomforts with the warm breath that you breathe out and away. After these first three slow breaths, then continue to breathe slowly, but naturally. Perhaps you can feel yourself taking another step deeper into relaxation and comfort with every exhalation. As you breathe slowly and naturally, please turn your attention to the relaxation that may be beginning in toes and moving through your body all the way to the top of your head. Continue to breathe slowly and naturally, and perhaps you can begin to feel yourself drifting deeper into a dreamlike state where you can feel greater calmness and comfort, and where you begin to develop even greater awareness and control.

Imagine yourself as if you were outdoors on a warm and pleasant day. You imagine that you are standing near a pond of water, where the water is calm and clear, and the surface is smooth. You may even be able to feel the warmth of the sunlight or of the warm breezes... Imagine, that if you were to drop a rock or a stone into the water, you could watch as the waves or the ripples spread across the surface of the pond in every direction. And perhaps you can imagine that you can send soothing and cleansing waves of relaxation down from the top of your head, in every direction, to soothe, heal, and cleanse every muscle and cell of your body. You might imagine that these waves can begin to drift down to relax the muscle at the top and sides of your head... Or you might feel the waves drifting down to relax your forehead even better... letting it go calm and smooth.

The soothing waves of relaxation can wash down to relax the muscle around your mouth, even your jaw can loosen a bit better. The waves of relaxation can slowly spread down to soothe and relax the muscles of your neck and shoulders... and you may begin to feel them drifting down through your arms... slowly drifting all the way down... perhaps you can even feel the waves slowly pulsing down into your hands and fingers.

If you wish to awaken now, then you can begin to see yourself returning to this room, bringing the feelings of calmness and comfort back with you to a more fully waking state. If you wish to awaken now, then you may wish to feel the bed or the chair beneath and slowly awaken, letting the feelings of calmness, comfort, health and joy return with you to a fully waking state.

Module 5: Telehealth

Overview

Telehealth is an emerging tool in the health care field that many different types of health care providers are utilizing to provide access to populations who have a hard time physically getting to a provider. In this module, participants will learn about Telehealth and its importance to the health care field.

Objectives

In this section, participants will:

- Define Telehealth
- Discuss the barriers and benefits to Telehealth
- Practice a mock Telehealth appointment

Part 1: Learn Agenda (90 minutes)

1. Icebreaker and Check-In (5 minutes)
2. Activity: An Introduction to Telehealth
3. Activity: Crafting Interview Questions
4. Check-Out & Closing (5 minutes)

Part 2 & 3: Meet & Practice Agenda (90 minutes)

1. Icebreaker and Check-In (5 minutes)
2. Activity: Telehealth Mock Appointment
3. Check-Out & Closing (5 minutes)

Check-Out Questions

- What interests you most about Telehealth?
- In what ways can Telehealth bring medical care to the people who need it the most?
- What do you think Telehealth will look like in 5, 10 or even 20 years?

Section Handouts

- Telehealth Case Studies
- Telehealth Provider Brainstorm
- Telehealth Practitioner Interview Questions

Word Bank

Access
Barrier
Telehealth
Telemedicine

Resources

Short video on the importance of Telehealth:

<https://www.youtube.com/watch?t=18&v=c6AT1FLM8yk>

PlushCare: A telehealth provider

<https://www.plushcare.com/#how-it-works>

Part I: Learn Agenda

Activity: An Introduction to Telehealth (40 minutes)

In this activity, participants will:

- Define telehealth.
- Understand the role of providers to help serve rural and underserved communities through telehealth

You will need: Chart paper, markers, Handout I

Instructions:

1. Prepare chart paper with the title, “Barriers to Health Care.”
2. Ask participants to think back to the barriers associated with getting access to health care. Brainstorm a list of all the barriers someone may have in getting to a doctor or healthcare provider. Answers should include: time, money, transportation, no doctors or health care facilities near them.
3. Say: “Telehealth is a relatively new way that some of the barriers we brainstormed can be overcome. Telehealth is used to exchange medical information between a health care provider and a patient. It can include two-way video, email, smart phones, and other forms of telecommunications technology. The types of services patients can get through Telehealth include: primary care, medical specialist services, health education and even counseling. As Telehealth grows, people who normally would not have access to services may be able to from the convenience of their home or local health center.”
4. Optional – Show: <http://www.caltelehealth.org/post/telehealth-testimonial>
5. Divide participants into pairs and ask them to read over and fill out the “Your Turn” boxes on **Handout I**. Say: “Knowing what I have told you about Telehealth, decide how it can help both Chris and Sam.”
6. Close-out discussion:
 - a. What about Telehealth interests you?
 - b. What questions or concerns do you have about Telehealth?
 - c. What other situations or in what communities do you see Telehealth working?

Handout 1: Telehealth Case Studies

Telehealth uses technology to put people in touch with doctors and medical professionals who would have otherwise not been able to get those services. Many people living in rural areas without doctors who specialize in treating certain diseases, or people who don't have the time or transportation to get to a medical facility have benefited from using telehealth. Check out the case studies below and decide how Telehealth could help.



Case Study 1:

Chris lives in the Bay Area. Chris has had a sore throat for a few weeks. Chris' Mom works the night shift, so Chris hasn't been able to go to the local clinic to get medicine because his bus pass expired last month.

Your Turn:

How can Telehealth help Chris?

Case Study 2:

Sam lives in a rural community near Fresno. Last year Sam started feeling really stressed out and depressed. There are no therapists in Sam's town, so Sam's Grandpa has had to take off work to drive an hour each way to take Sam to appointments with a counselor.

Your Turn:

How can Telehealth help Sam?

Activity: Crafting Interview Questions for a Telehealth Practitioner (40 minutes)

In this activity, participants will:

- Identify at least 2 interesting Telehealth careers.
- Practice crafting interview questions.

You will need: Chart paper, markers, Handout 2 & 3

Instructions:

1. Divide participants into pairs or groups of 3 people.
2. Using **Handout 2**, ask participants to brainstorm at least 2 different health professions that could practice Telehealth and what barriers and benefits for each would be.
3. Ask each pair/group to share back.
4. Next, using **Handout 3** ask participants to come up with questions that they would like to ask a medical professional who uses Telehealth.
5. Discussion:
 - a. What was one question that you would like to ask a Telehealth provider?
 - b. What do you think would be interesting to know about their career/educational pathway?

Handout 2: Telehealth Provider Brainstorm

Use the following table to brainstorm types of health providers and the barriers and benefits they may experience using Telehealth to communicate with, diagnose, and treat their patients.

Health Provider	What benefits or positive things might the provider experience when providing telehealth?	What barriers might the provider experience when providing telehealth?

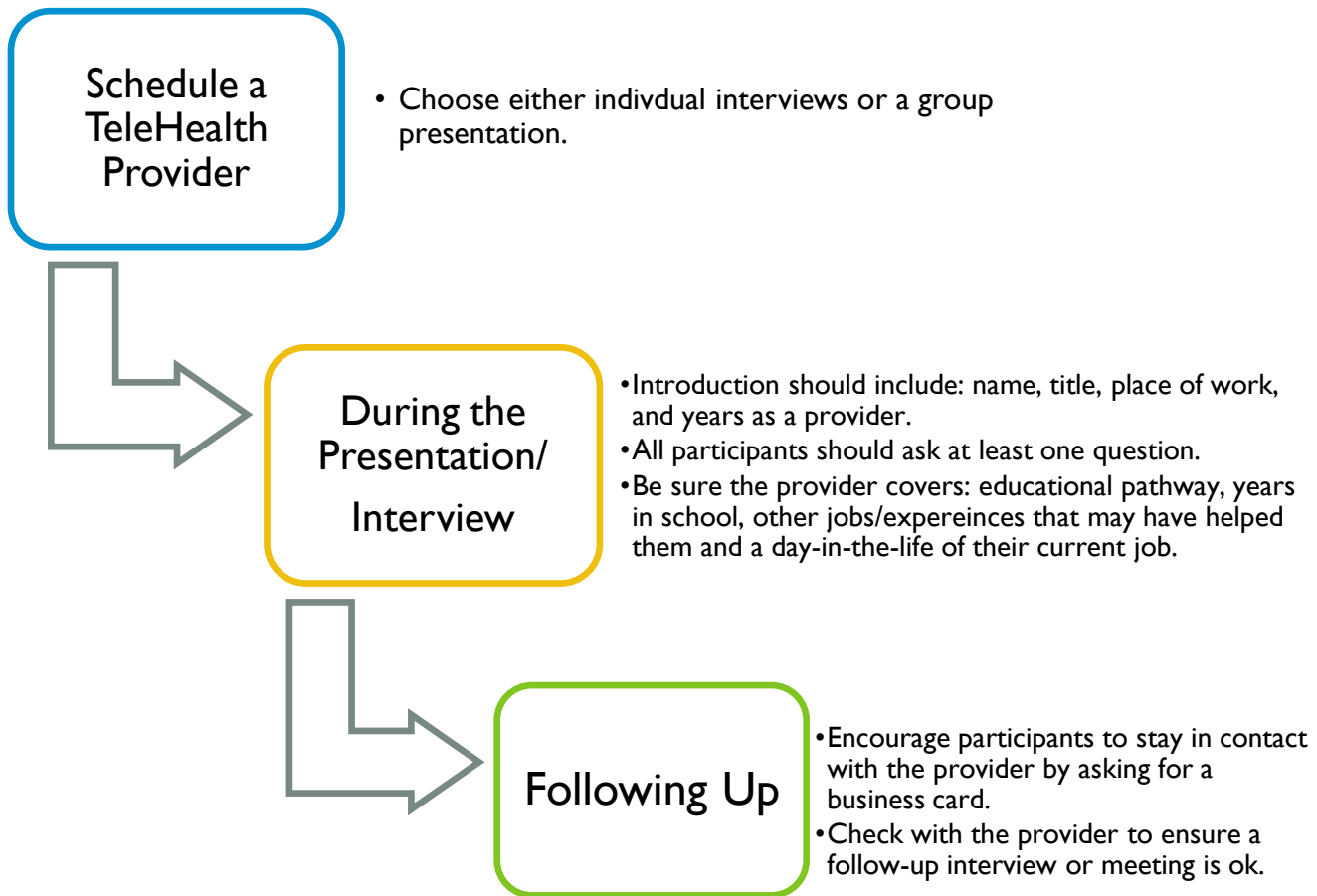
Handout 3: Telehealth Practitioner Interview Questions

Your Turn: Use the space provided to come up with your own set of questions that you would like to ask a Telehealth provider.

1. What is your favorite part of your job?
2. What is your least favorite part of your job?
3. What does a typical day look like for you?
- 4.
- 5.
- 6.
- 7.
- 8.

Part 2: Meet (30 minutes)

Facilitator's Next Steps:



Part 3: Practice Agenda

Activity: Telehealth Mock Appointment (60 minutes)

In this activity, participants will:

1. Describe the role of Telehealth in modern medicine.
2. Practice using Telehealth methods.

You will need: Chart paper, markers,

Instructions:

1. Say: “Now we are going to practice a Telehealth appointment.”
2. Facilitator’s Note: There are two activity options, conduct the one that makes the most sense based on your technology needs.
3. Option 1: If your presenter is available and technology is available, have them construct what a mock Telehealth appointment could look like.
4. Option 2: Using **Handout 4**, in pairs, ask participants to work together to diagnose the patient and decide the best treatment options for them.
5. Option 2 Discussion:
 - a. Why did you choose that/those treatment option(s)?
 - b. What was challenging about this activity?
 - c. What were some benefits that you could see for both the patient and the provider?
6. Close-out: What interests you most about Telehealth?

Handout 4: Mock Telehealth Picture Diagnosis

Use the following picture and diagrams to brainstorm ways in which you, acting as a Telehealth doctor, would diagnose a patient and what next steps they should take.

Sore Throat Scenario: A patient emails you complaining of a sore throat. You ask them to email you a picture, so that you can decide if they should come in to the clinic, if you can prescribe them medication, or if they can try a home remedy.



Your Turn: Using the graphic and picture below, decide if you would tell this patient to... (choose one or multiple options)

- 1.) Come in to the health center/clinic/urgent care center to see a primary care provider in person.
- 2.) Prescribe an antibiotic to be picked up at the pharmacy and schedule a follow up appointment in one week.
- 3.) Tell the patient to gargle with salt water, drink tea and get plenty of rest.

