

Youth Health Worker Program

Curriculum & Resource Binder



CALIFORNIA
SCHOOL-BASED
HEALTH ALLIANCE

Putting Health Care Where Kids Are

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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)

(5 min) Check-In and Icebreaker

(30 min) **Why Do We Need Youth Health Workers?**

- *"Who Do You Go To?" Worksheet*
- *A Brief History of Community Health Workers*
- *Defining a Youth Health Worker*

(40 min) **Qualities of a Youth Health Worker**

- *Qualities of a Youth Health Worker Silhouette*
- *Core Competency Key Terms Definition Sheet*
- *Core Competencies of a Youth Health Worker*
- *Your Core Competency*

(5 min) Check-Out

(5 min) Close-Out Evaluation

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.

30 MINUTE ACTIVITY

Why Do We Need Youth Health Workers?

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:

- *“Who Do You Go To?” Worksheet*
- *A Brief History of Community Health Workers*
- *Defining a Youth Health Worker*

Instructions:

1. Ask participants to think about who they go to when they need help and fill out handout *True/False Rights & Responsibilities Statements*.
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 *Confidentiality 101* 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 *Confidentiality 101* 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: *Your Rights & Responsibilities at Your SBHC*.
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: “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: 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.

In Russia, during a shortage of doctors, people known as “barber-surgeons” train to provide first aid to people in the military.



1600s

The United States federal government formally supports the work of community health workers with the Economic Opportunity Act.

The Black Panthers start “survival programs,” in the Bay Area. These programs include health care and food services and are meant to “meet the needs of the community...until we can all move to change the social conditions that make it impossible for the people to afford the things they need and desire.”



1960s

1930s



In China, people known as “barefoot doctors” are trained to set broken bones, deliver babies, and provide other basic medical services to people living in rural areas.

1950s



Promotores begin working in Central and South America to bring attention to the unequal distribution of health services and to provide services by communities for communities.

1980s/
1990s



Community health worker programs are renewed within the migrant and seasonal farmworker communities to bring attention to the injustices experience by workers as a result of language barriers and lack of access to health services.

Today, the Affordable Care Act (ACA) includes language about CHWs and the vital role they play—particularly in remote and marginalized communities, where needs are not being met by existing health services.



Present

Your turn:

Future



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: 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?

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40 MINUTE ACTIVITY

Qualities of a Youth Health Worker

In this activity, participants will:

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

You will need: Large butcher paper, markers/pens

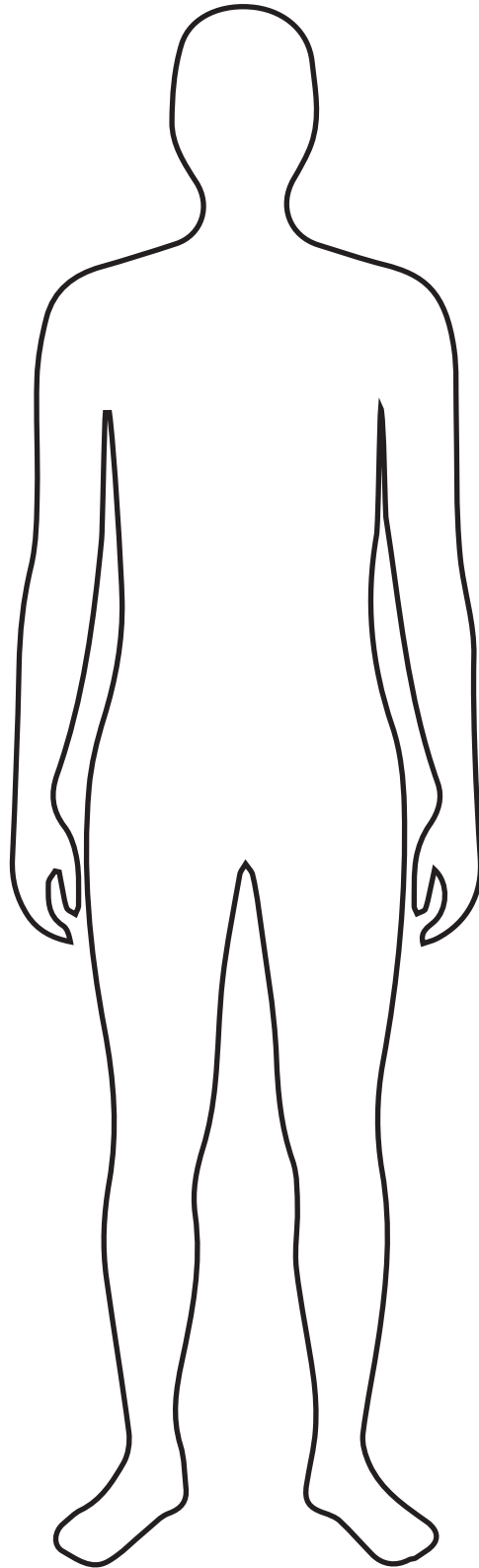
Handouts:

- *Qualities of a Youth Health Worker Silhouette*
- *Core Competency Key Terms Definition Sheet*
- *Core Competencies of a Youth Health Worker (YHW)*
- *Your Core Competency*

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 *Qualities of a Youth Health Worker Silhouette* 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 *Core Competency Key Terms Definition Sheet* 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 *Core Competency Key Terms Definition Sheet* to help them fill out the "Your Turn" boxes on handout *Core Competencies of a Youth Health Worker* and brainstorm other examples of how YHWs can put each competency into practice. It may be helpful to use handout *Defining a Youth Health Worker* and the YHW drawings to find connections between the Core Competencies and what YHWs do.
 - a. Discussion:
 - i. How does handout *Core Competencies of a Youth Health Worker* 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 **Your Core Competency** write down which core competency would you like to practice this school year and share back with the group."*

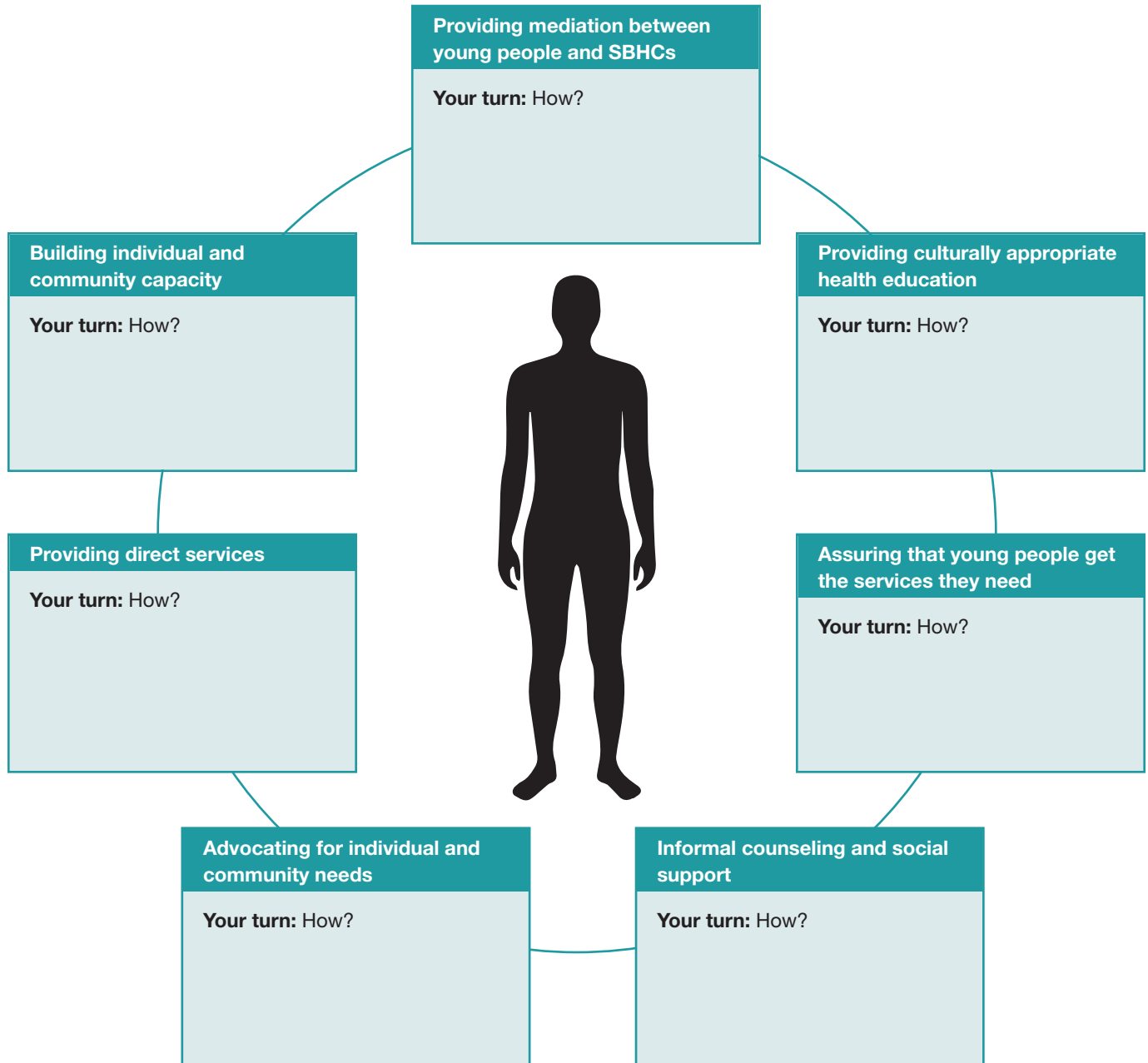
HANDOUT: **Qualities of a Youth Health Worker Silhouette**



HANDOUT: Core Competency Key Terms Definition Sheet

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

HANDOUT: **Your Core Competency**

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

CORE COMPETENCY:

WHY?

| | |
|--------------------------------|--|
| 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.

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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 1

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)

(10 min) Check-In and Icebreaker

(30 min) **What is Health?**

- *The Definition of Health Worksheet*
- *The Definition of Health*
- *Health Issues and Young Adults*

(40 min) **Mapping Your Community**

- *Mapping Your Community Part 1 Worksheet*
- *A History of Community Displacement and Housing Discrimination*

(10 min) Check-Out & Closing

Agenda 2: Health and the Environment (90 minutes)

(10 min) Check-In and Icebreaker

(20 min) **Space Matters**

- *Space Matters Reflection Part 1 & 2*

(40 min) **The River**

- *Upstream & Downstream Worksheet*

(10 min) **Mapping Your Community, Part 2**

- *Mapping Your Community Part 2 Worksheet*

(5 min) Check-Out & Closing

(5 min) Close-Out Evaluation

(15 min) **Oppression Worksheet (optional)**

- *Oppression Worksheet*
- *Systems of Oppression Key*

Word Bank

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

Additional 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>

30 MINUTE **ACTIVITY**

What is Health?

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:

- *The Definition of Health Worksheet*
- *The Definition of Health*
- *Health Issues and Young Adults*

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 *The Definition of Health* 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 *The Definition of Health Worksheet*.
5. Read through Handout *Health Issues and Young Adults* with the participants, addressing questions as they come up.
6. Ask participants to fill out the "Your Turn" box on Handout *Health Issues and Young Adults*.
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: The Definition of Health Worksheet

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

This image shows a single page of white paper with horizontal blue lines. The lines are evenly spaced and run across the width of the page, typical of notebook paper or a document template. There are no margins, text, or other markings on the page.

HANDOUT: **The Definition of Health**¹

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: 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 STIs 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)

40 MINUTE ACTIVITY

Mapping Your Community

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:

- *Mapping Your Community Part 1 Worksheet*
- *A History of Community Displacement and Housing Discrimination*

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 *Mapping Your Community Part 1 Worksheet*, 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 *A History of Community Displacement and Housing Discrimination* that they find interesting or that surprised them.
7. Close-out: Share back one thing from the handout *A History of Community Displacement and Housing Discrimination* that you found interesting. Why?

HANDOUT: Mapping Your Community Part 1 Worksheet

Use this worksheet to draw a map of your community.

A large, empty rectangular box with a blue border, intended for drawing a map of the community.

HANDOUT: A History of Community Displacement and Housing Discrimination^{3 4}

FACTORS CONTRIBUTING TO HEALTH OUTCOMES



National Housing Act of 1934 passes allowing the federal government to officially begin the practice of **“redlining.”** Specifically, it’s 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.



The Fair Housing Act (1968) and the Community Reinvestment Act (1977) pass, which makes redlining illegal. It is a direct result of housing activists in Chicago, Boston, and San Francisco.

1930s

1950s/
1960s

1960s/
1970s

1980s/
1990s

PRESENT DAY



As anti-segregation laws pass, communities of color move to urban centers cities to find employment. White communities, specifically those with higher incomes, move to suburban areas. The federal government supports this migration with low-housing rates and loans offered to higher-income whites. As white families flee urban areas, many businesses and services also close up shop.



The Low-Income Housing Tax Credit (1986) passes encouraging builders to invest in low-income housing projects. It results in a high concentration of low-income housing in communities of color, which are already experiencing high levels of poverty, rather than areas with access to jobs, good schools and with low crime rates.



Although more laws exist to prevent discrimination, it still takes place and affects how healthy communities of color are and can be. Currently, gentrification (the transformation of neighborhoods from low value to high value) displaces long-time residents and businesses because of higher rents, mortgages, and property taxes.

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.

20 MINUTE ACTIVITY

Space Matters, Part 1

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:

- *Space Matters Reflection Part 1*
- *Space Matters Reflection Part 2*

Instructions:

1. Using both *Space Matters Reflection* handouts 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?"*

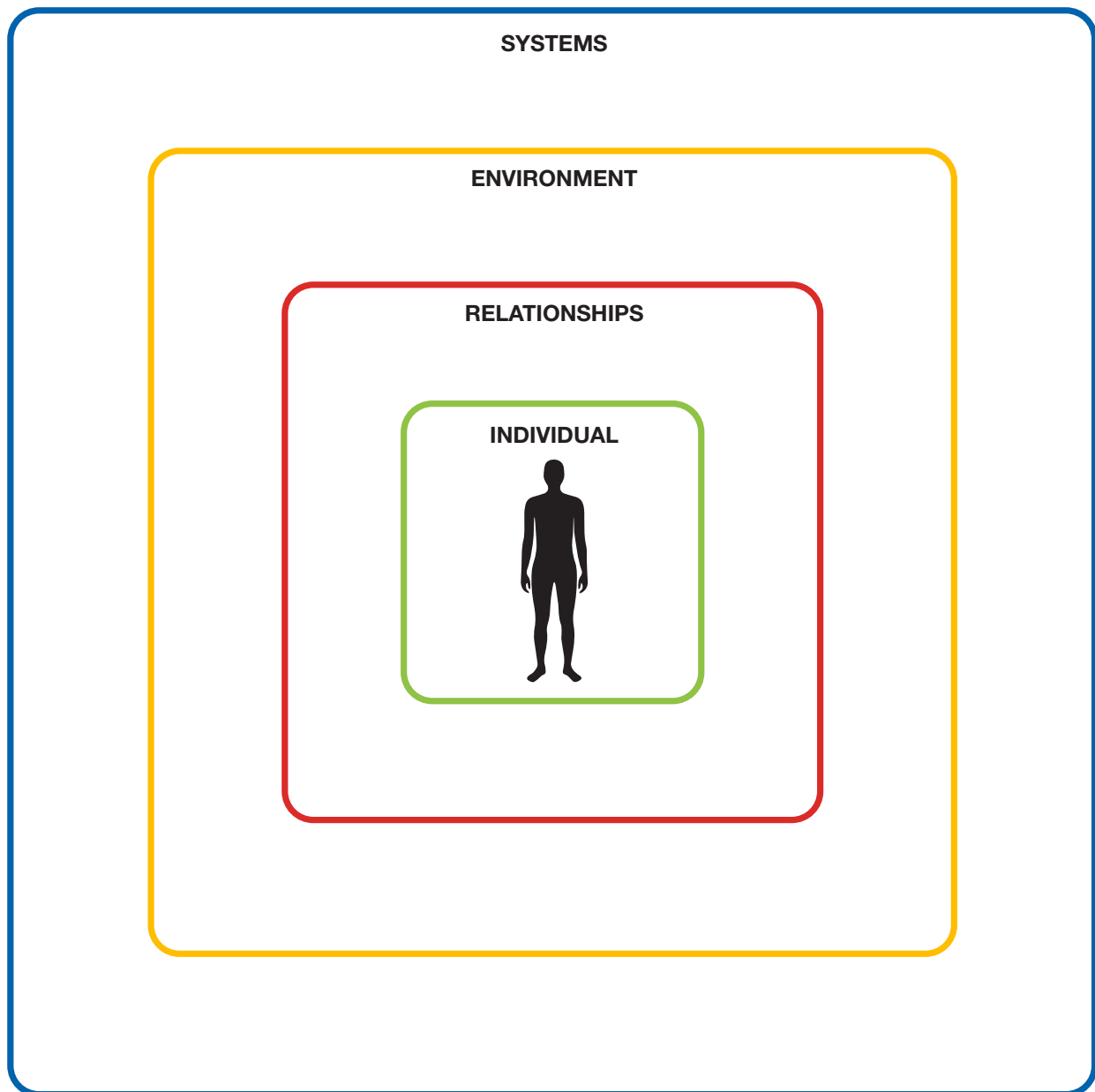
Optional: Demo this activity with an example first to show participants the idea of the activity (10 minutes); then let participants choose their own health issue to map out on both *Space Matters Reflection* handouts. This can be done in pairs or individually.

HANDOUT: Space Matters Reflection Part 1⁵

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.

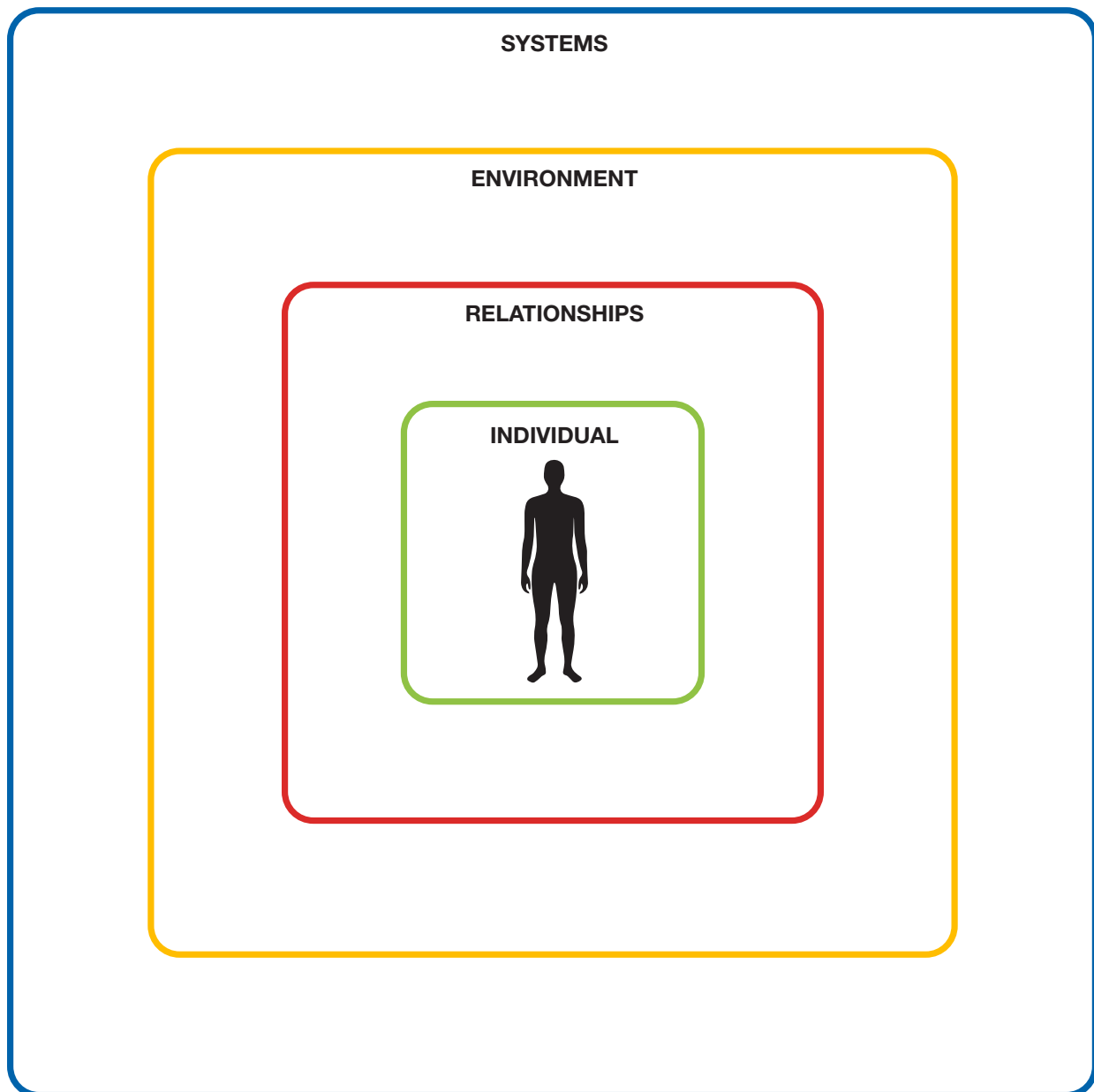
Answer the question: What **helps or supports** a young person stay healthy? Based on our discussion, pick a health issue and draw its relationship to the individual, relationships, environment, and system.



HANDOUT: 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.

40 MINUTE ACTIVITY

The River

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

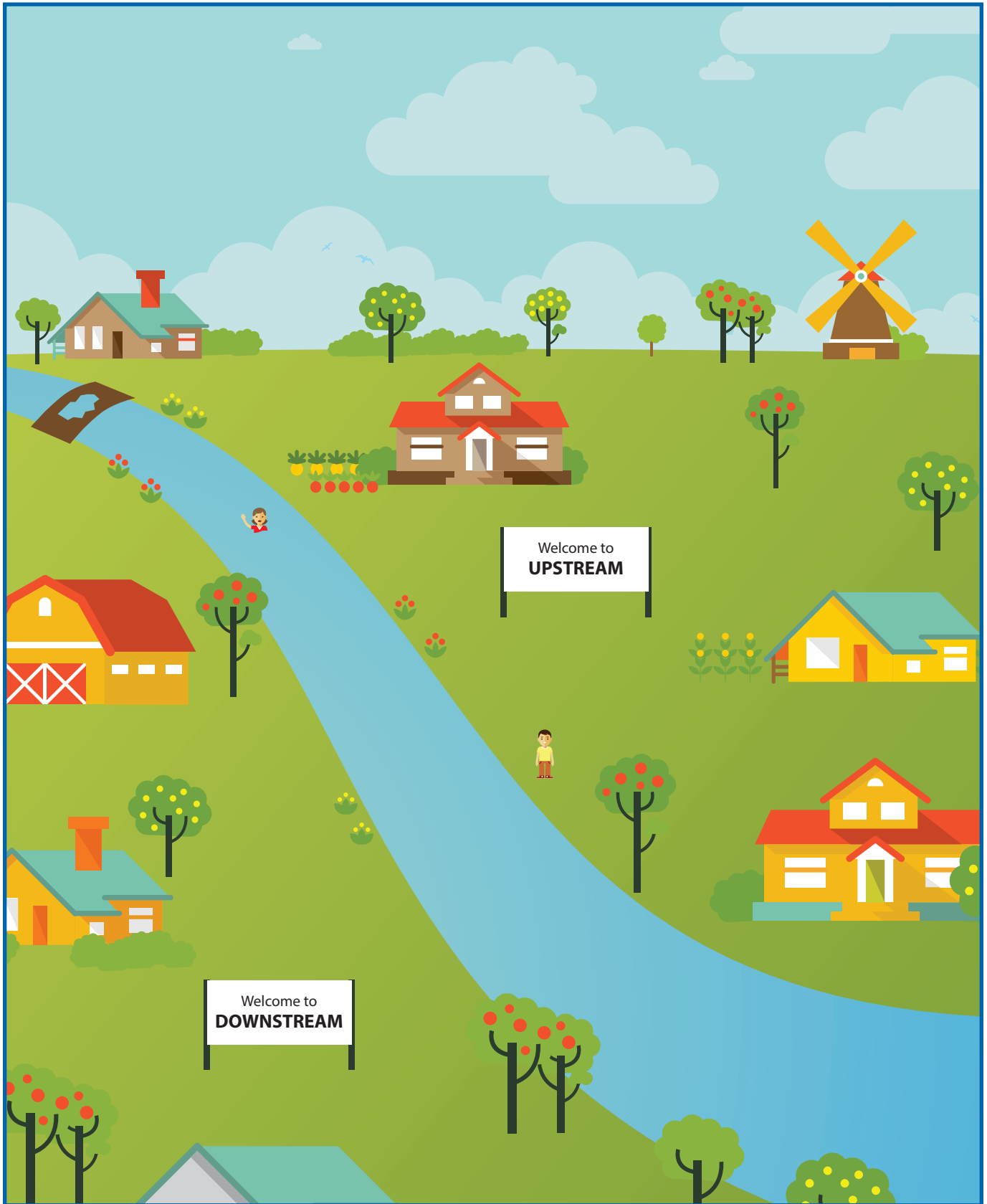
Handout:

- *Upstream & Downstream Worksheet*

Instructions:

1. Draw a larger version of the handout *Upstream & Downstream Worksheet* 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 the handout *Upstream & Downstream Worksheet* 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



10 MINUTE **ACTIVITY**

Mapping Your Community, Part 2

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:

- *Mapping Your Community Part 2 Worksheet*

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 the handout *Mapping Your Community Part 2 Worksheet* 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: Mapping Your Community Part 2 Worksheet

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

A large, empty rectangular box with a blue border, intended for drawing a map of an ideal community. The box occupies the majority of the page below the instructions.

OPTIONAL 15 MINUTE ACTIVITY

Oppression Worksheet

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:

- *Oppression Worksheet*
- *Systems of Oppression Key*

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 the handout *Oppression Worksheet* to the best of their ability using the handout *Systems of Oppression Key*.
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: 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 | | | |
| Ableism | | | |
| Ageism | | | |
| Sectarianism | | | |

HANDOUT: 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. |
| Adulthood | 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. |

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

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:

- Practice referring peers to SBHC services.
- Practice public speaking in front of the group
- Discuss the important role of a facilitator
- Learn basic facilitation techniques of personal choices and behaviors.

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

(10 min) Check-In and Icebreaker

(30 min) **Your SBHC Rights & Responsibilities**

- *Confidentiality 101*
- *Your Rights & Responsibilities at Your SBHC*

(40 min) **Assessing Situations Role-Play**

- *Services at Your SBHC*
- *Emergency, Crisis, Problem*
- *Barriers & Supports to Accessing Services*

(10 min) Check-Out & Closing

Agenda 2: Public Speaking (90 minutes)

(10 min) Check-In and Icebreaker

(20 min) **An Issue I Care About**

(50 min) **Public Speaking**

- *Public Speaking Activity Worksheet*
- *Tips for Public Speaking*

(10 min) Check-Out & Closing

Agenda 3: Facilitation (90 minutes)

(10 min) Check-In and Icebreaker

(70 min) **Facilitation Techniques**

- *Why Facilitate?*
- *The Basics of Facilitation Techniques*
- *Facilitation Practice in Pairs*

(10 min) Check-Out & Closing

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

(10 min) Check-In and Icebreaker

(70 min) **Prevention Messages**

- *What's Your Message?*
- *Event Planning Worksheet*

(10 min) Check-Out & Closing

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.

30 MINUTE ACTIVITY

Your SBHC Rights & Responsibilities

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

Handouts:

- FACILITATOR HANDOUT: *True/False Rights & Responsibilities Statements*
- *Confidentiality 101*
- *Your Rights & Responsibilities at Your SBHC*

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: True/False Rights & Responsibilities Statements* 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 the handout *Confidentiality 101* and address any questions that may come up.
7. Finally, ask participants to use the handout *Your Rights & Responsibilities at Your SBHC* 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: 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.

HANDOUT: **Confidentiality 101**

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!**

HANDOUT: Your Rights & Responsibilities at Your SBHC

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.

2.

3.

4.

RESPONSIBILITIES:

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

2.

3.

4.

40 MINUTE ACTIVITY

Assessing Situations Role-Play

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

Handouts:

- FACILITATOR HANDOUT: *Assessing Situations Role Play Scenarios*
- *Services at Your SBHC*
- *Emergency, Crisis, Problem*
- *Barriers & Supports to Accessing Services*

Instructions:

1. Using the handout *Services at Your SBHC*, 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: Assessing Situations Role Play Scenarios* to each group.
4. Using the handout *Emergency, Crisis, Problem*, 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 the handout *Barriers & Supports to Accessing Services*.
8. Close-out: Share back your responses and what you would do to help that person overcome the barrier.

HANDOUT: **Services at Your SBHC**

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

Name of Your SBHC: _____

FACILITATOR HANDOUT: **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: **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 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. |

HANDOUT: **Barriers & Supports to Accessing Services****YOUR TURN:**

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

**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?

**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?

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

20 MINUTE ACTIVITY

An Issue I Care About

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?

50 MINUTE **ACTIVITY****Public Speaking****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

Handouts:

- FACILITATOR HANDOUT: *Sample Speaking Topics*
- *Public Speaking Activity Worksheet*
- *Tips for Public Speaking*

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 the handout *Tips for Public Speaking* 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 the handout *Public Speaking Activity Worksheet*.
7. Round I Practice: Ask participants to practice speaking on a topic that they wrote down in the handout *Public Speaking Activity Worksheet*. (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: Sample Speaking Topics*. (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: **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: 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: **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?

70 MINUTE **ACTIVITY**

Facilitation Techniques

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

Handouts:

- *Why Facilitate?*
- *The Basics of Facilitation Techniques*
- *Facilitation Practice in Pairs*

Instructions:

1. Go over the first part of the handout *Why Facilitate?* 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 the handout *The Basics of Facilitation Techniques*.
4. In the same pairs, have them practice the script from the handout *Facilitation Practice in Pairs*.
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 the handout *Facilitation Practice in Pairs*.
9. Close-out: Share back one thing you did well and one thing you would like to work on when facilitating.

HANDOUT: 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: 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: The Basics of Facilitation Techniques, Part 2

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.

HANDOUT: 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:

70 MINUTE **ACTIVITY**

Prevention Messages

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

Handouts:

- *What's Your Message?*
- *Event Planning Worksheet*

Instructions:

1. Divide participants into groups of 2-3.
2. Ask participants to fill out the handout *What's Your Message?*.
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 the handout *Event Planning Worksheet* 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: 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: **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 |
|-----------------------|---------|---------|
| | | |
| | | |
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| | | |

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 3

HOW TO H.E.L.P A FRIEND

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-based 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:

- Refer peers to SBHC behavioral & mental health services.
- Adopt a trauma-informed approach to address mental health stigmas.
- Demonstrate effective active listening skills.
- Define different mental health conditions.
- Practice self-care techniques.

Agenda 1: Preparing to Help a Friend (90 minutes)

| | | |
|----------|---|--|
| (10 min) | Check-In and Community Agreements | |
| (20 min) | Stigma and What Happens When Someone has a Mental Health Condition | <ul style="list-style-type: none"> • <i>At-A-Glance Mental Health Conditions</i> |
| (30 min) | An Introduction to Trauma-Informed Care | <ul style="list-style-type: none"> • <i>Defining Trauma & Case Study</i> • <i>Assessing Your Own School's Trauma-Informed Approach</i> |
| (30 min) | Active Listening | <ul style="list-style-type: none"> • <i>A Checklist for Active Listening & Communication</i> |

Agenda 2: Facilitating Access to Services (60 minutes)

| | | |
|----------|--|--|
| (10 min) | Icebreaker & Recap | |
| (30 min) | Understanding Your SBHC Rights & Responsibilities | <ul style="list-style-type: none"> • <i>Confidentiality 101</i> • <i>Your Rights & Responsibilities at Your SBHC</i> |
| (20 min) | When do we know to H.E.L.P.? | <ul style="list-style-type: none"> • <i>H.E.L.P.</i> • <i>Emergency, Crisis, Problem</i> |

Agenda 3: Self-Care (30 minutes)

| | | |
|----------|----------------------------|--|
| (20 min) | Activity: Self-Care | <ul style="list-style-type: none"> • <i>Resource List</i> |
| (10 min) | Check-Out & Closing | |

Word Bank

Anxiety
Bipolar Disorder
Depression
Eating Disorders
Obsessive Compulsive Disorder
Posttraumatic Stress Disorder
Schizophrenia
Trauma-Informed

Did you know?

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

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

20 MINUTE **ACTIVITY**

Stigma and What Happens When Someone Has a Mental Health Condition

In this activity, participants will:

- Address stigma and stereotypes felt about mental health.
- Identify reasons someone may seek help from a mental health provider.
- Define the most common mental health conditions among adolescents.

You will need: Chart paper, markers, highlighters

Handouts:

- FACILITATOR HANDOUT: *Mental Health Agree/Disagree Statements*
- *At-A-Glance Mental Health Conditions*

Instructions:

1. Facilitator's Note: This can be a very sensitive topic. Make sure you establish community agreements prior to this activity and revisit them throughout to make sure they are taken seriously. Also, state that there may be individuals in the room who may have dealt with mental health issues or have friends and/or family members who have dealt with them, so respect is important. If at any time someone feels like they don't want to participate or needs to take a break from the activities or discussion, let them know that is okay.
2. Prepare chart paper with the words "Mental Health" and ask participants to brainstorm everything that comes to mind. Record responses on individual post-it notes and post them to the chart paper.
3. Facilitator's Note: Be prepared to field responses relating to the stigma associated with the mental health (i.e. "crazy," "insane," "trigger," etc.). If particular words or phrases don't come up that are critical to the discussion, it might be helpful to field them anyway to provide more context.
4. 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."
5. Prepare signs or designate sides of the room for a cross-the-line activity (i.e., right side of the room = strongly agree, left side = strongly disagree, middle = unsure).
6. Read the statements from *Facilitator Handout: Mental Health Agree/Disagree Statements* and ask participants to move to the side of the room based on how they feel. After each statement, ask for 1-2 volunteers from each side to share why they moved there.
7. Use the handout *At-A-Glance Mental Health Conditions* to prepare and post six pieces of chart paper, writing one mental health condition on each piece of poster paper.
8. Ask participants to rotate around the room and write down responses on post-it notes that come to mind when they think about that condition.
9. After everyone has rotated once, have participants do a gallery walk and revisit each poster.
10. Bring participants back together and ask for a few volunteers to share back their thoughts and/or impressions. Use the handout *At-A-Glance Mental Health Conditions* to read the definitions of each mental health condition at the end.

FACILITATOR HANDOUT: 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, therapists, and counselors only give common sense advice that people already know.

Facilitator's Note: Psychiatrists, psychologists, therapists, and counselors 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 been diagnosed with a mental health condition, he/she will have it 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 often a result of a person's lack of willpower.

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, therapists, or counselors.

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

9. People who have money don't have mental health issues.

Facilitator's Note: Socioeconomic status does not predict that someone won't suffer from a mental health condition. Even the wealthiest people who appear to be fine might be going through a mental health crisis beneath the surface or may face one in the future. It's important to check in with people and always share resources about your SBHC or services that they may need later.

HANDOUT: **At-A-Glance Mental Health Conditions²**

| NAME | DEFINITION & FACTS |
|--------------------------------------|--|
| Anxiety | Anxiety disorders are the most common mental health concern in the United States. It is estimated that 10% of all teens experience an anxiety disorder of some kind. It is the persistent, excessive fear or worry in situations that are not threatening. It can also be induced by a perceived threat or danger. |
| Bipolar Disorder | Only about 3% of teens have experienced bipolar disorder. ³ A person with bipolar disorder might experience high and low moods—known as mania and depression—which differ from the typical ups-and-downs most people experience. Severe bipolar episodes of mania or depression may also include psychotic symptoms such as hallucinations or delusions. |
| Depression | Approximately 13% of adolescents aged 12-17 experience depression ⁴ , but much of it goes 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, such as: changes in sleep, changes in appetite, lack of concentration, loss of energy, lack of interest, and physical aches and pains. Other signs of depression include feelings of hopelessness, low self-esteem, and thoughts of suicide. |
| 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. About 4% of girls and 2% of boys have an eating disorder. ⁵ 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 get rid of the extra calories through forced vomiting, abusing laxatives, or excessive exercise. |
| 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. |
| Posttraumatic Stress Disorder | Traumatic events, such as an accident, assault, military combat or natural disaster, can have lasting effects on a person's mental health that can lead to a diagnosis of Posttraumatic Stress Disorder (PTSD). PTSD symptoms often co-exist with other conditions such as substance use disorders, depression and anxiety. Other traumatic events specific to children might include neglect, abuse (physical, sexual, emotional, and domestic). 5% of adolescents have met the criteria for PTSD in their lifetime. ⁶ |
| 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 (2018). Mental Health Conditions. Web: October 2, 2018.

³ National Institute of Mental Health (2017). Bipolar Disorder. Web: October 5, 2018.

⁴ National Institute of Mental Health (2017). Major Depression. Web: October 5, 2018.

⁵ Youth Mental Health First Aid™ USA (2016). Eating Disorders in Young People.

⁶ U.S. Department of Veterans Affairs (2018). PTSD in Children and Adolescents. Web: October 4, 2018.

20 MINUTE ACTIVITY

An Introduction to Trauma and a Trauma-Informed Approach

In this activity, participants will:

- Define trauma and trauma-informed practices.
- Understand the role of providers to help address trauma.
- Practice using trauma-informed language.

You will need: Chart paper, markers

Handouts:

- *Defining Trauma & Case Study*
- *Assessing Your Own School's Trauma-Informed Approach*

Instructions:

1. Facilitator's Note (trigger warning): Be sure to remind participants of the community agreements, placing emphasis on self-care (such as breaks, stepping out, etc.) and acknowledging that people can have their own experiences with of trauma.
2. Read through the case study on the handout *Defining Trauma & Case Study* with participants and be sure to say the following: "Trauma is made up of three main pieces:
 - a. **Event(s):** Includes all of events and circumstances that someone may have, that may threaten their physical or mental wellbeing. They can include neglect, abuse and violence.
 - i. OR the Substance Abuse and Mental Health Services Administration (SAMHSA)'s definition: Events and circumstances may include the actual or extreme threat of physical or psychological harm (i.e. natural disasters, violence, etc.) or severe, life-threatening neglect for a child that imperils healthy development.
 - b. **Experience:** is the interpretation or manifestation of that event, and helps to determine whether it is a traumatic event. A particular event may be experienced as traumatic for one individual and not for another.
 - c. **Effects:** These are all of the short and long term effects a person may have, physically or mentally because of the traumatic event, and may occur immediately or may have a delayed onset., Trauma cues are events or circumstances after a traumatic event that may cause a fight, flight, or freeze response, even though the person is perceived to be safe.
3. Using the handout *Defining Trauma & Case Study*, ask them, in pairs to read the case study and think about what you might say to or ask someone like Jaime to understand his experience. Be prepared to share these questions with the group! You also will brainstorm possible services, resources, and supports that are available at your site that you might offer to Jaime. This will help with the next activity.
4. During the share-back, record questions that people came up with.
5. Say: "Sometimes the best way to understand someone's experience is to listen and ask open-ended questions. Simply asking "what is happening for you?" allows someone to share whatever is comfortable in a safe space. Be sure to remove judgment and your own assumptions from any comments or questions. You are there to help them process and feel heard, all while you are trying to gather information to make the appropriate referral!
6. "So now that we have an understanding of trauma, we are going to talk about what it means to have a trauma-informed approach."
7. Say: "A trauma-informed approach is made up of four actions: **realizing** how trauma impacts people and understanding possible pathways to healing; **recognizes** signs and symptoms of trauma; **responds** by integrating knowledge of trauma into policies, procedures, and practices; and seeks to **resist re-traumatization**. This approach can also be framed as "healing centered engagement", to be more asset or strength-based by focusing on healing.
8. "So now we will spend some time thinking about to what extent our sites are trauma-informed, or have adopted a trauma-informed approach. You can reference the list of services, resources, and supports you created from Jaime's story, and add to the table in this next activity to think about what elements of your site (including programs, physical space, and people) are trauma-reducing (what supports someone who is impacted by trauma?) and what elements are trauma-inducing (what might re-traumatize someone impacted by trauma?). Then you will brainstorm any action steps you might take to add more trauma-informed approaches to your site.
9. Close-out: What is one thing that you learned that you will share with someone else?

HANDOUT: Defining Trauma⁷ & 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 Jaime's story below, and brainstorm some questions you might ask, and services, resources, and supports that available to Jaime at your site.

JAIME'S STORY:

Jaime is 15 years old, and arrives in your school-based health center one day. When you sit down with him, and ask why he is visiting the health center today, he shares that he has been having a hard time concentrating in his classes, often feeling like he might fall asleep, because he feels tired all the time. He feels tense, anxious, and jumpy in class, often easily startled when someone accidentally drops or book, or a loud sound occurs. He also saw on his latest progress report that his grades are dropping.

YOUR TURN:

After Jaime has shared this with you, how might you respond? What questions would you want to ask Jaime to better understand his experience (why might this be happening)?

JAIME'S STORY, continued:

Jaime starts to feel more comfortable, and shares that he often does not feel safe in his neighborhood. He heard gunshots on his walk home from school the week before. His mom is not home a lot, because she is working double shifts at the hospital. When she is home, he often hears her arguing with her boyfriend, Michael, and only sometimes does it sound like it is a physical fight. Jaime doesn't like Michael because Michael is always at their house, and gets mean and aggressive when he drinks, which seems to be a lot more lately. Jaime also helps his two younger brothers get ready for school, with their homework, and makes their lunches and dinner when his mom is not home. When he can, Jaime tries to do his homework because he does enjoy his classes, and puts his headphones on and listens to music as an escape.

YOUR TURN:

After Jaime has shared this with you, what services, resources, and supports are available at your site that you may offer to Jaime? (This can, and probably should, include a referral to a provider!)

⁷ SAMHSA

FACILITATOR HANDOUT: **Principles of Trauma-Informed Approach⁸**

| Trauma-Informed Principles Key: | |
|--|---|
| Peer Support | Knowing you are not alone in experiencing trauma, or the effects of a trauma. Relationships to others who may have similar experiences can promote recovery and healing. This can be with a group at school, or siblings who have also experienced the same traumatic events. |
| Safety | Making sure people feel physically and psychologically safe. Ensuring the physical space is safe. Interpersonal interactions promote feelings of safety. |
| Trustworthiness & Transparency | Say what you mean and mean what you say. Be honest and clear when speaking to someone who you are working with. The goal is for people to build and maintain trust, as someone walking into the health center, or someone who works there. |
| Empowerment, Voice & Choice | Giving people impacted by trauma the power to understand they have the power to heal and be resilient, speak up and advocate for what they need and share their experiences, and make their own decisions for their care. |
| Collaboration & Mutuality | Healing happens through relationships. Everyone can use a trauma-informed approach, and encourage practices that support healing. Create spaces that are calming, or take mindful moment breaks. |
| Cultural, Historical, & Gender Issues | Understanding that everyone's experience (with or without trauma) is different. One person's experience may be impacted by factors such as race, ethnicity, sexual orientation, age, religion, gender-identity, etc., and may reduce or induce trauma. |

⁸ SAMHSA

HANDOUT: **Assessing Your Own School’s Trauma-Informed Approach**

Using this table below, think about what elements of your school (including programs, physical space, and people) are trauma-reducing (what supports someone who is impacted by trauma?) and what elements are trauma-inducing (what might re-traumatize someone impacted by trauma?). Then you will brainstorm any action steps you might take to add more trauma-informed approaches to your site.

| Trauma-Reducing (Example: space for students to take a break, and play with mindfulness toys to help them de-escalate) | Trauma-Inducing (Example: students are not greeted warmly when entering the health center) | Action Steps (Example: training of all health center staff on trauma-informed approach and language to use) |
|--|--|---|
| | | |

30 MINUTE **ACTIVITY****Active Listening⁹****In this activity, participants will:**

- Practice and demonstrate effective active listening skills.

You will need: Chart paper, markers

Handouts:

- *A Checklist for Active Listening & Communication*

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."
2. Ask participants to think of a time in their lives when they needed someone to listen to them. This time might be in the recent past or from their childhoods. Maybe they had a problem to talk about, maybe they were sad or angry about something, or maybe they were excited about something that was happening to them. Facilitate a discussion with the questions listed below:
 - a. Who did you choose to talk to? Why did you choose this person?
 - b. What qualities did this person have that made him/her a good listener?
Facilitator's Note: Record the responses to this question on chart paper.
 - c. How did it feel to be listened to?
 - d. Did you ever have an experience when you wanted to be listened to, but the other person was not a good listener? How did that feel?
 - e. What did that person do that made him or her into a poor listener?
Facilitator's Note: Record the responses to this question on chart paper.
 - f. Why is it sometimes difficult for people to be good listeners? What are some possible barriers to listening?
3. Use the list of "qualities of a good listener" generated from question (b) to have participants identify one quality they feel they possess and one they would like to most work on. Encourage the group to affirm/validate each person using applause or verbal affirmations.
4. Tell the group that you would like to demonstrate active listening. Ask for a volunteer who would be willing to talk to you in front of the room for 2-3 minutes or so while you demonstrate active listening. The volunteer can talk about anything. Suggest they choose a topic from the list of conversation starters below if the volunteer feels stuck.

Facilitator's Note: Conversation Starters

- What did you like about going to school?
- What's hard about being a teenager?
- What do you like to do in your spare time?
- What are some of your plans for the future?
- If you had five minutes to talk with the President of the United States, what would you tell him?
- Anything else you want to talk about!

5. Ask the volunteer to start talking to you. In this first simulation, the facilitator should demonstrate as many of the behaviors possible that have been identified as behaviors NOT to do to be a good listener (i.e. interrupt, laugh, look around the room instead of at the volunteer, etc.). Allow this simulation to last about one minute.
6. After the simulation, ask the group to point out all the things you did that were ineffective. After the group identifies these behaviors, ask the volunteer how it felt when you interrupted or laughed at him, etc.
7. Repeat the simulation with the volunteer, but now demonstrate as many of the behaviors possible that were

⁹ Adapted from Resource Center for Adolescent Pregnancy Prevention (ReCAPP). Active Listening to Provide Emotional Support. Web: August 1, 2018.

identified as behaviors that contribute to good active listening, especially eye contact, nodding, not interrupting, and checking for understanding of thoughts and feelings.

8. After the simulation, ask the group to point out all the things you did that were effective. After the group identifies these behaviors, ask the volunteer how it felt to be listened to. Using the handout ***A Checklist for Active Listening & Communication***, go over the checklist.
9. Now tell the group they will have a chance to practice what was just demonstrated. Divide the group into pairs. Ask one person to be the active listener and one person to talk about something. If needed, choose one of the conversation starters.
10. Instruct the participant who is going to talk that they should keep talking for at least three minutes, saying anything that occurs to them about their selected topic. Ask the listener to be as effective a listener as possible, using the handout ***A Checklist for Active Listening & Communication*** as a guide. After three minutes, ask the group to stop and spend 5-10 minutes discussing the exercise:
 - a. What did the listener do well?
 - b. What else the listener could have done to be even more effective, if anything?
 - c. What other feelings, if any, came up for you during the exercise?
11. Ask the group to switch roles and repeat step 10.
12. Facilitator's Note: This activity can also be done in triads. Ask one person to be the active listener, one person to talk, and one person to be the observer.
13. Using the handout ***A Checklist for Active Listening & Communication***, have participants fill out the "Your Turn" box and/or share their ideas.

HANDOUT: 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.

This image shows a single sheet of white paper with horizontal green ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

30 MINUTE **ACTIVITY****Understanding Your SBHC Rights & Responsibilities****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)

Handouts:

- FACILITATOR HANDOUT: *True/False Rights & Responsibilities Statements*
- *Confidentiality 101*
- *Your Rights & Responsibilities at Your SBHC*

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: True/False Rights & Responsibilities Statements* 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 mental 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 the handout *Confidentiality 101* and address any questions that may come up.
7. Finally, ask participants to use the handout *Your Rights & Responsibilities at Your SBHC* 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: True/False Rights & Responsibilities Statements¹⁰

| STATEMENT | TRUE OR FALSE? |
|---|--|
| Teens 12 and older can see a doctor about mental health issues without their parent's consent. | TRUE: California laws let people 12 or older get care for mental health 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. |
| 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: A teen being responsible for his or her health is an important part of growing up! |

¹⁰ 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.

HANDOUT: Confidentiality 101



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!**

HANDOUT: Your Rights & Responsibilities at Your SBHC

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.

2.

3.

4.

RESPONSIBILITIES:

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

2.

3.

4.

30 MINUTE **ACTIVITY****When do we know to H.E.L.P.?****In this activity, participants will:**

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

You will need: Chart paper, markers

Handouts:

- FACILITATOR HANDOUT: *Assessing Situations Role Play Scenarios*
- *H.E.L.P.*
- *Emergency, Crisis, Problem*

Instructions:

1. Reiterate the goals of the module and the role of youth as allies. Say: “While we want to help our friends, we are not mental health professionals and must recognize our both our roles and limitations. Knowing the resources available and how to navigate potential barriers can be just as helpful.”
2. Using the handout *H.E.L.P.*, go over each of the H.E.L.P. steps and have participants fill out the “your turn” boxes individually or in pairs.
3. Divide participants into pairs and assign scenarios to each group, using *Facilitator Handout: Assessing Situations Role Play Scenarios*.
4. Using the handout *Emergency, Crisis, Problem*, 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.
5. After each group presents, have everyone guess whether the situation is an emergency, a crisis, or a 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. What would you want someone to say to you in these situations?
 - d. Sometimes it might not be clear whether it is a crisis or an emergency. What would you want to do to clarify?
 - e. What can be easy or difficult about helping someone access services?
 - f. What might be some barriers for someone to access services at an SBHC?

HANDOUT: 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: Assessing Situations Role Play Scenarios

A friend comes up to you between classes and says that they just found out that the person they're 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..."

Your friend has been afraid for their family because they are undocumented immigrants. They are hesitant to seek help because they might risk deportation.

HANDOUT: **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. |

20 MINUTE ACTIVITY

Self-Care

In this activity, participants will:

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

Handouts:

- FACILITATOR HANDOUT: *Guided Meditation Script*
- FACILITATOR HANDOUT: *Mindful Movement Script*
- FACILITATOR HANDOUT: *Mindful Breathing Script*
- *Resource List*

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 the handout *Resource List*, 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. Mindfulness helps us become more aware of the present moment, which can include our own thoughts, actions, and motivations. We are going to practice some mindfulness skills now."
7. Give students the option to do a guided meditation (*Facilitator Handout: Guided Meditation Script*), mindful movement exercise (*Facilitator Handout: Mindful Movement Script*), mindful breathing exercise (*Facilitator Handout: Mindful Breathing Script*), or a combination.
8. Make sure you and the participants are in a quiet space and are positioned comfortably.
9. Read the respective Facilitator Handout(s) aloud.
10. 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."
11. Discussion:
 - a. What did you think about the activity?
 - b. What was easy? What was challenging?
12. To close out, ask all participants to take three deep breaths in and out together.

HANDOUT: **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: 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.

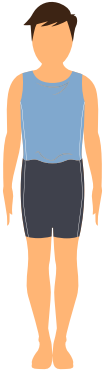
Imagine yourself as if you were outdoors on a warm and pleasant day. You imagine that you are standing near a pond of water, where the water is calm and clear, and the surface is smooth. You may even be able to feel the warmth of the sunlight or of the warm breezes... Imagine dropping a rock or a stone 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.

FACILITATOR HANDOUT: Mindful Movement Script¹¹

Mountain Pose



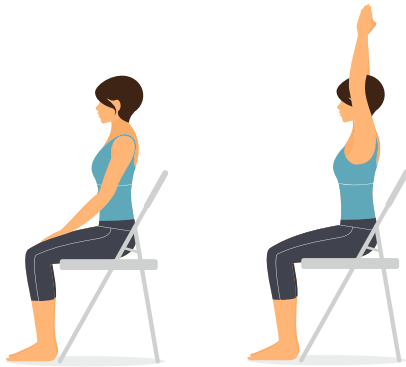
“Find a comfortable way to stand with your feet hip-width distance apart. If it feels comfortable, press your hands together at your chest, and either close your eyes or look down at the place where your hands meet.

As you breathe in, feel the center of your chest lift gently upward.

As you breathe out, feel your feet planted firmly on the floor.

Can someone lead us in 3 breaths, saying, ‘breathe in, breathe out’?”

Arm Movement with Hands Clasped (Seated)

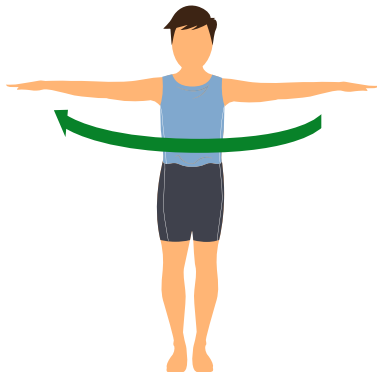


“If it feels comfortable, sit up a little bit straighter. Clasp your hands together in front of you. As you breathe in, reach your palms up toward the ceiling as high as feels comfortable. As you breathe out, watch your hands as they come back down to your lap.

As we do this, we’ll breathe in for 4 counts and out for 8 counts.

Breathe in 1, 2, 3, 4, breathe out 1, 2, 3, 4, 5, 6, 7, 8.”

Trunk Twists (Standing)



“Now you can shake out your arms and bring your feet a little farther apart. Make sure you have space between yourself and others so you can swing your arms without hitting each other. Let your arms be loose and swing as you twist from side to side. Notice the feeling of the air as it brushes past your hands.”

“To keep your knees safe, lift the opposite heel as you twist to the side.”

“If you want to twist more, you can breathe out each time you turn to the side.”

Demonstrate twisting and breathing out in short, audible spurts each time you twist to the side. Allow students to continue twisting for about 30 more seconds.

“Let your twists get smaller and smaller until you are still. Come back to **Mountain Pose** with your palms together at your chest and take a few breaths, noticing how your body feels.”

Have another student lead 3 breaths. Have the students sit down at their desks with backs straight and feet resting on the floor.

For more exercises, visit the Niroga Institute: <http://www.niroga.org/education/curriculum/samples.php>.

¹¹ Adapted from Niroga Institute. Transformative Life Skills (TLS) Program and Curriculum. Web: August 9, 2018.

FACILITATOR HANDOUT: **Mindful Breathing Script**¹²

Lead the class in simple breathing, encouraging them to breathe deeply and smoothly.

“Begin to notice the rhythm of your own breath. Is it fast or slow? Deep or shallow? Take a few moments to notice the rhythm of your own breath. (Pause.) Now take a moment to find your pulse by pressing your fingers against the inside of your wrist, or under your jawbone, or on the left side of your chest.”

Pause, give students a chance to find their pulse.

“Now notice the rhythm of your heartbeat as you breathe. Take a moment to notice if your heartbeat gets faster on the inhale or faster on the exhale. If you have a hard time feeling your heartbeat, don’t worry. It’s beating in there somewhere, but sometimes it’s hard to quiet the mind enough to feel it. Just try focus on your breathing and see what happens.”

Allow students to find answer for themselves. Ask them to share what they find by raising a hand. In most people, the heartbeat gets faster on the inhale and slower on the exhale.

“Yes, in most people, the heart beats faster on the inhale! If that’s not what you found, don’t worry, because every body is different. But you might try this experiment again later in the semester, and see if things change.

When we inhale—we give the body more energy, and the heart beats faster.

When we exhale—the body relaxes more, and the heartbeat slows.

That’s why the relaxation breath we did in the beginning, where we: inhaled for 4 and exhaled for 8—is good for calming down our body.

Let’s try the 4-to-8 breath again. If I count too slow or too fast for you, feel free to go with your own rhythm. When you’re ready, let all the air out of your lungs, breathing out.”

Pause.

“Breathe in 1, 2, 3, 4.

Breathe out 1, 2, 3, 4, 5, 6, 7, 8. (Repeat 2 times)

Now count silently to yourself, breathing in for 4 (pause), and out for 8.”

Pause.

“In deep, out slow.”

Pause.

“Try to breathe this way for 3 more rounds without losing count.”

Pause, allow students to breathe on their own for a few rounds.

“Good! You can go back to breathing normally. Notice how your body feels.”

For more exercises, visit the Niroga Institute: <http://www.niroga.org/education/curriculum/samples.php>.

¹² Adapted from Niroga Institute. Transformative Life Skills (TLS) Program and Curriculum. Web: August 9, 2018.

MODULE 4

WHAT'S SUBSTANCE USE PREVENTION (S.U.P.)?

WHAT'S SUBSTANCE USE PREVENTION (S.U.P.)?

Overview

Substance use affects the health and wellness of many young people in a variety of ways, contributing to delayed brain development and higher risk behaviors, like unprotected sex and dangerous driving. Although alcohol, marijuana, and tobacco are the most commonly used substances among adolescents, almost two in ten 12th graders have reported trying prescription pills without having a prescription.¹

The role of Youth Health Workers is to act as a resource to peers and learn how to appropriately refer those with substance use disorders (SUDs) to SBHC services. In this section, you will learn about substance use effects, substance use vs. misuse vs. dependence, and how to discuss this important topic with peers.

Objectives

In this module, participants will:

- Identify common substances, their effects, and harm reduction tips.
- Understand the risks of mixing substances.
- Differentiate between substance use, misuse, and dependence.
- Identify common myths about substance use.
- Understand the stigma surrounding addiction and learn about addiction as a disease.
- Define SBIRT and identify services offered by SBHCs to address substance use among young people.
- Practice active listening skills when helping a friend and referring a friend to SUD services at their SBHC.

This module is supported by a federal grant under the State Opioid Response program, with funding provided by the California Department of Health Care Services.

Word Bank

Harm Reduction
Substance Use Disorder
SBIRT

Did you know?

More than half of U.S. high school graduates will have tried an illegal substance by the end of 12th grade.²

Facilitator's Note:

We strongly recommend partnering with your SBHCs mental health staff to support co-facilitation of the activities.

Agenda 1: The Effects of Substance Use (75 minutes)

(20 min) Check-In, Icebreaker and Pre-Test

(30 min) **Substance Use & Harm Reduction**

- *Common Substances*

(15 min) **The Risks of Mixing**

- *The Risks of Mixing*

(10 min) Post-Test and Check-Out/Closing

Agenda 2: Substance Use Disorders (SUDs) (95 minutes)

(10 min) Check-In, Icebreaker and Pre-Test

(35 min) **An Introduction to Substance Use, Misuse, & Dependence**

(15 min) **SUD Myths & Facts**

(25 min) **Addiction as a Disease**

- *The Drug War, Mass Incarceration and Race*

(10 min) Post-Test and Check-Out/Closing

Agenda 3: SBIRT & Your SBHC (120 minutes)

(10 min) Check-In, Icebreaker and Pre-Test

(35 min) **Services at Your SBHC & SBIRT**

- *SBIRT & Principles of Treatment for Dependence*

(35 min) **Screening - Mock CRAFFT Screening Interview**

- *Character Profiles*
- *Mock CRAFFT Screening*

(35 min) **Brief Intervention & Active Listening**

- *Non-verbal Communication, Open-ended Questions, and Reflection*
- *Character Profiles*

(35 min) **Referral to Treatment & How do we H.E.L.P. for SUDs?**

- *H.E.L.P. for SUDs*
- *Additional Resources*

(10 min) Post-Test and Check-Out/Closing

¹ Johnson LD, O'Malley PM, Bachman JG, Schulenberg JE, Miech RA. Monitoring the Future national survey results on drug use, 1975-2013: Volume 1, Secondary school students. Ann Arbor, MI: Institute for Social Research, University of Michigan, 2014: 32-36.

² Monitoring the Future (2005). Trends in Lifetime Prevalence of Use of Various Drugs for Eighth, Tenth, and Twelfth Graders. Web: July 8, 2015.

You will need:

- *Module 4 Pre-Test: What's S.U.P.?*
- *Agenda 1: Check Your Knowledge!* (copied twice, back and front on one piece of paper)

Instructions:

1. Icebreaker/Check-In and Pre-Test (20 min)
 - a. As participants come into the room, give them the **Module 4 Pre-Test: What's S.U.P.?** to fill out while they wait. Instruct the participants to write their Student ID # on the test. Say: "This is a pre-survey to see what participants already know about substance use prevention. We won't know the names of who completed the surveys, and no individual information will be shared with your teacher or administration. The student ID is just to help us match the pre and post surveys to help us learn about any changes in knowledge after completion of the What's S.U.P.? Module."
 - b. When participants finish filling out the **Module 4 Pre-Test: What's S.U.P.?**, give them the **Agenda 1: Check Your Knowledge!** pre-test. Say: "This is a quick anonymous survey to see what participants already know about the topics we'll cover in this session. It is okay if you do not know the answers, we will learn more about these topics today. It does not matter which side you fill out, just circle 'pre' in the upper left hand corner. When you are done filling out that side, put it in your desk or backpack."
 - c. Think of an ice breaker or check-in question to ask participants.
 - d. After participants finish filling out the **Agenda 1: Check Your Knowledge!** pre-test, conduct the ice breaker or go around the room and have participants answer the check-in question. If you are short on time, you can have participants share their check-in question answer with a partner.
 - e. Establish community agreements and revisit them throughout the module. Agreements can include: respect, confidentiality, one mic, self-care, etc.
2. Activity: Substance Use & Harm Reduction (30 min)
3. Activity: The Risks of Mixing (15 min)
4. Check-Out/Closing (10 min)
 - a. Ask participants to pullout the **Agenda 1: Check Your Knowledge!** survey that they put away at the beginning of class. Have participants fill out the other side of the survey. Say: "This is the same survey you took earlier to see what new knowledge you have gained from the activities today. Circle 'post' in the upper left hand corner."
 - b. Think of a brief check-out or closing activity.

MODULE 4: What's S.U.P.?

PRE

Student ID# _____

1. **An example of an opioid substance is:**
 - a. Marijuana
 - b. Prescription Pain Medication
 - c. Ecstasy
 - d. Nicotine

2. **A person's inability to control the impulse to use drugs even when there are negative consequences is known as:**
 - a. Drug Use
 - b. Drug Misuse
 - c. Drug Dependence
 - d. SBIRT

3. **Mixing prescription medication with alcohol or other substances can result in accidental overdose or death.**
 True False

4. **Substance use stigma not only is a hurtful stereotype but also can impact a person's willingness to access services.**
 True False

5. **The CRAFTT Screening interview is used for:**
 - a. Candidates seeking a job at the SBHC
 - b. Helping identify adolescents with substance use disorders
 - c. Finding out if a student should be disciplined for substance use
 - d. None of the above

Check the response that is most appropriate for you.

| | Strongly Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree |
|---|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|
| 6. I know at least three ways to help reduce the possible harmful effects of substances | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I know at least three long- or short-term effects that substance use can have on people. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am aware of services and resources offered to young people at our SBHC for substance use disorders. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. I feel confident about my ability to connect my peers to services and resources for substance use disorders. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. I feel confident about my ability to practice active listening when communicating with others. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

AGENDA 1: Check Your Knowledge!

PRE POST

1. **These substances are highly addictive and can cause drowsiness, slowed breathing, and decreased heart rate. Examples of this substance are heroin and prescription pain medication such as Vicodin and Oxycontin. These substances are called _____.**
 - a. Inhalants
 - b. Stimulants
 - c. Opioids

2. **An example of a harm reduction strategy to reduce the negative effects of substance use is:**
 - a. Stay hydrated
 - b. Make sure you're not alone while using
 - c. Reduce amount and frequency of use
 - d. All of the above

3. **If someone says yes to sex while under the influences of substances it still counts as giving consent.**

True False

4. **List two ways substance use can affect you.**
 - 1.) _____

 - 2.) _____

5. **Mixing alcohol with other substances can magnify the effects of the other substances, which can increase harmful consequences.**

True False

30 MINUTE ACTIVITY

Substance Use & Harm Reduction

In this activity, participants will:

- Identify common substances and their effects.
- Identify harm reduction tips for substance use.

You will need: Flipchart paper, markers




Handout:

- *Common Substances*





Instructions:




1. Say: "Drugs can also be called substances. There are various types of substances that are known by different names. It's important to be familiar with the common substances and the potentially harmful effects that they have on your mind and body from short-term and long-term use." Facilitator's Note: For additional substance use resources, see *Facilitator Handout: Additional Curricula & Resources*.
2. Divide the group in pairs or small groups. Distribute the handout *Common Substances*. Give participants about 3 minutes to review the handout individually. Have each pair or group pick 1 substance (try to avoid overlap). Instruct the participants to take 5-10 minutes to write on flipchart paper common names and effects. Have each small group present to the large group. At the end of each presentation, ask the large group what they have heard about the substance(s).
3. Say: "In 2014, California passed the "Yes Means Yes" law which states that in order to engage in sexual activity there needs to be verbal sober agreement. As we can see, many substances affect your thoughts and decision-making skills. Because of this, anyone who is under the influence of substances cannot give consent. This means if someone says yes to sex while under the influence of substances it does not count as giving consent. At the same time, if both people are under the influence, neither person can give consent."
4. Define **Harm Reduction**. Say: "Harm reduction is a set of practices and services aimed at reducing the negative effects of substance use. This can include programs and personal tips to be safer when using substances."
5. Say: "Let's take a few minutes to think about how the effects of substance use can have possible harmful impacts. For example, many substances affect coordination, this could affect a person's ability to drive. A way to reduce the possible harmful impact of getting into a car accident while under the influence is not using substances and driving." Ask the group to share examples of possible harmful impacts and some strategies for reduction."
6. Ask the group to think about the strategies for reduction that have been shared thus far. Say: "What are some general strategies to reduce harm when using substances?" Some examples include:
 - Make sure you are not alone and are with friends you trust
 - Pace yourself
 - Avoid mixing with alcohol or other substances
 - Eat before using and stay hydrated
 - Know your source
 - Reduce dosage and frequency
 - Do not drive or get in a car with someone who has been using substances
 - Choose the least harmful method of using





HANDOUT: Common Substances³

| SUBSTANCES | EXAMPLE AND COMMON NAMES | EFFECTS | HARM REDUCTION TIPS |
|--|--|--|---|
| ALCOHOL  | Examples: beer, wine, and liquor Also known as: 40s, Booze, Brew, Drank, Juice, Liquid Confidence, and Sauce | Short-Term Effects: Affects decision making, increases injuries and risky behavior, loss of coordination, slowed reflexes, slowed breathing, slurred speech, blurred vision, and memory problems Long-Term Effects: Permanently affects information processing and learning, irregular heartbeat, stroke, high blood pressure, deterioration of the liver, brain damage, and mouth/throat/liver/breast cancer <input checked="" type="checkbox"/> Addictive <input checked="" type="checkbox"/> Can overdose or die | <ul style="list-style-type: none"> • Don't drink alone • Pace yourself • Avoid mixing with other substances • Don't drink on an empty stomach • Stay hydrated • Reduce dosage and frequency • Give car keys to someone else before you start drinking |
| COUGH AND COLD MEDICINES  | Examples: Dextromethorphan (DXM) cough syrup, tablets, and gel capsules Promethazine-codeine cough syrup Also known as: Candy, Dex, Drank, Lean, Robo, Robotripping, Skittles, Triple C, Tussin, and Velvet | Short-Term Effects: Loss of coordination, numbness, nausea, increased blood pressure, increased heart rate, vision changes, slurred speech, and feeling very excited Long-Term Effects: Unknown <input checked="" type="checkbox"/> Addictive <input checked="" type="checkbox"/> Can overdose or die | <ul style="list-style-type: none"> • Be with friends you trust • Pace yourself • Do not mix with alcohol • Reduce dosage and frequency |
| INHALANTS  | Examples: <i>Solvents:</i> paint thinner, nail polish remover, degreaser, gasoline, felt tip markers, glue <i>Aerosols:</i> spray paint, hair spray, deodorant spray, vegetable oil sprays <i>Gases:</i> butane lighters, propane tanks, whipped cream dispensers, nitrous oxide <i>Nitrites:</i> amyl, butyl, and cyclohexyl Also known as: Bold (nitrites), Laughing Gas (nitrous oxide), Poppers (amyl nitrite and butyl nitrite), Rush (nitrites), Snappers (amyl nitrite), and Whippets (fluorinated hydrocarbons) | Varies by chemical Short-Term Effects: Dizziness, nausea, slurred speech, vomiting, confusion, lack of coordination, skin irritation, headache, and sudden death Long-Term Effects: Brain and liver damage, lung and kidney impairment, increased heart rate, spasms, bone marrow damage, hearing and vision loss, and weakened immune system. Nervous system damage can also cause immediate death from heart failure or lack of oxygen. <input type="checkbox"/> Addictive <input checked="" type="checkbox"/> Can overdose or die | <ul style="list-style-type: none"> • Be with friends you trust • Pace yourself • Get fresh air • Avoid mixing with stimulants like nicotine/tobacco, caffeine, or other substances because it puts too much strain on your heart • Inhalants are highly flammable. Keep away from cigarettes, candles, and lighters. • Avoid using balloons to inhale substances • Nitrous oxide is a safer alternative to using computer dusters, gasoline, or butane |

³ Adapted from: National Institute on Drug Abuse for Teens. Drug Facts. Web: February 6, 2020; Health Initiative for Youth. (2002). Substance Use Drug Chart.

| SUBSTANCES | EXAMPLE AND COMMON NAMES | EFFECTS | HARM REDUCTION TIPS |
|--|--|---|---|
| LSD  | Also known as: Acid, Blotter, Blue Heaven, Cubes, L, Microdot, and Yellow Sunshine | Short-Term Effects: Rapid emotional swings, distortion of a person's ability to recognize reality and think rationally, dilated pupils, higher body temperature, increased blood pressure, increased heart rate, loss of appetite, sweating, dry mouth, nausea, dizziness, stomach pains, anxiety, paranoia, panic, and tremors Long-Term Effects: Frightening flashbacks, disorganized thinking, paranoia, and mood swings <input type="checkbox"/> Addictive <input checked="" type="checkbox"/> Can overdose or die | <ul style="list-style-type: none"> • Be with friends you trust • Pace yourself • Avoid mixing with other substances • Know your source |
| MARIJUANA  | Also known as: Cannabis, Blunt, Bomb, Boom, Bud, Chronic, Dank, Dope, Gangster, Ganja, Grass, Green, Hash, Herb, Joint, Mary Jane, Pot, Reefer, Sinsemilla, Skunk, Smoke, Trees, and Weed | Short-Term Effects: Altered senses, altered sense of time, mood change, slowed reaction time, coordination problems, increased appetite, trouble problem solving, memory problems, hallucinations, delusions, tiredness, red eyes, dryness of mouth, anxiety or paranoia, nausea, dizziness, confusion, and panic attacks Long-Term Effects: Increased heart rate and blood pressure, breathing problems, mental health problems, loss of short-term memory, and yellowed teeth <input checked="" type="checkbox"/> Addictive <input type="checkbox"/> Can overdose or die | <ul style="list-style-type: none"> • Be with friends you trust • Pace yourself • Avoid mixing with other substances • Stay hydrated • Roll your own joint to make sure it's not laced with other substances • Reduce dosage and frequency |
| SYNTHETIC CANNABINOIDS  | Also known as: Spice, Black Mamba, Bliss, Bombay Blue, Fake Weed, Genie, K2, Moon Rocks, Skunk, Smacked, Yucatan Fire, and Zohai | Short-Term Effects: Fast heart rate, increased blood pressure, throwing up, agitation, extreme anxiety, paranoia, hallucinations, feeling confused, violent behavior, suicidal thoughts Long-Term Effects: Unknown <input checked="" type="checkbox"/> Addictive <input checked="" type="checkbox"/> Can overdose or die | <ul style="list-style-type: none"> • Be with friends you trust • Pace yourself • Avoid mixing with other substances • Know your source • Reduce dosage and frequency |
| MDMA  | Also known as: Ecstasy, Molly, Adam, Beans, Clarity, Doves, E, Empathy, Eve, Hug, Love Drug, Lover's Speed, Peace, Uppers, X, and XTC | Short-Term Effects: Decrease in appetite, increased heart rate and blood pressure, increased body temperature, muscle tension, teeth clenching, low sex drive and difficulty reaching orgasm, blurred vision, nausea, dizziness, faintness, dehydration, mild depression, and fatigue Long-Term Effects: Confusion, depression, and memory and attention problems <i>Unknown if addictive</i> <input checked="" type="checkbox"/> Can overdose or die | <ul style="list-style-type: none"> • Be with friends you trust • Pace yourself • Avoid mixing with other substances • Stay hydrated • Know your source. Pills are usually mixed with other substances that are more harmful. A testing kit can help determine the purity of the Ecstasy. |

| SUBSTANCES | EXAMPLE AND COMMON NAMES | EFFECTS | HARM REDUCTION TIPS |
|---|---|---|---|
| OPIOIDS: • Heroin  | Also known as: Black Tar, Brown Sugar, China White, Chiva, Dope, H, Hop, Horse, Junk, O, Ska, Skag, Skunk, Smack, Tar, and White Horse | Short-Term Effects: Tiny pupils, dry mouth, clouded thinking, itchy skin, sweating, runny nose, body aches, sedation, sleeplessness, constipation, nausea, slowed breathing and heart rate, lowered libido, vomiting, and flu-like symptoms that last 4-12 days Long-Term Effects: Infection of the heart, liver and kidney disease, lung problems, and mental health problems <input checked="" type="checkbox"/> Addictive <input checked="" type="checkbox"/> Can overdose or die | <ul style="list-style-type: none"> • Be with friends you trust • Pace yourself • Avoid mixing with other substances • If injecting, don't share needles • Avoid long term use; after 3-4 weeks of steady use the body becomes physically dependent on the drug |
| • Prescription Pain Medications  | Examples: <i>Oxycodone:</i> OxyContin, Percodan, Percocet <i>Hydrocodone:</i> Vicodin <i>Diphenoxylate:</i> Lomotil <i>Morphine:</i> Katian, Avinza Codeine <i>Fentanyl:</i> Duragesic Also known as: Happy Pills, Hillbilly Heroin, OC, Oxy, Oxycotton, Percs, and Vikes | Short-Term Effects: Slurred speech, poor concentration, confusion, dizziness, shallow breathing, slowed breathing, sleepiness, lack of coordination Long-Term Effects: Unknown <input checked="" type="checkbox"/> Addictive <input checked="" type="checkbox"/> Can overdose or die | <ul style="list-style-type: none"> • Be with friends you trust • Pace yourself • Do not mix with alcohol • Do not drive after using depressants |
| PRESCRIPTION DEPRESSANTS  | Examples: <i>Barbiturates:</i> Mebaral, Luminal, Nembutal <i>Benzodiazepines:</i> Xanax, Klonopin, Valium, ProSom, Ativan <i>Sleep Medications:</i> Lunesta, Ambien, Sonata Also known as: A-minus, Barbs, Candy, Downers, Phennies, Red Birds, Reds, Sleeping Pills, Tooies, Tranks, Yellow Jackets, Yellows, and Zombie Pills | Short-Term Effects: Slurred speech, poor concentration, confusion, dizziness, shallow breathing, slowed breathing, sleepiness, lack of coordination Long-Term Effects: Unknown <input checked="" type="checkbox"/> Addictive <input checked="" type="checkbox"/> Can overdose or die | <ul style="list-style-type: none"> • Be with friends you trust • Pace yourself • Do not mix with alcohol • Do not drive after using depressants |

| SUBSTANCES | EXAMPLE AND COMMON NAMES | EFFECTS | HARM REDUCTION TIPS |
|---|---|---|--|
| STIMULANTS: • Prescription (Amphetamines)  | Examples: Dexedrine, Adderall, Ritalin, and Concerta Also known as: Bennies, Black Beauties, Crosses, Hearts, JIF, LA Turnaround, MPH, R-ball, Roses, Skippy, Speed, Study Drugs, The Smart Drug, Truck Drivers, Uppers, and Vitamin R | Short-Term Effects: Increased heart rate and blood pressure, irregular heartbeat, dangerously high body temperature, wide eyes, dilated pupils, restlessness, welts/skin sores, nausea, vomiting, diarrhea, headaches, irritability, moodiness, anxiousness, shortness of breath, aggressiveness, nervousness, paranoia, twitching, jaw clenching, dehydration, exhaustion, depression, mental confusion, and insomnia | <ul style="list-style-type: none"> • Be with friends you trust • Pace yourself • Mixing with opioids or alcohol increases the risk of overdosing • Eat and stay hydrated • Know your source • If given the choice, avoid injecting as it is the riskiest form of use |
| • Cocaine  | Also known as: Base, Blast Blizzard, Blow, Bump, C, Candy, Charlie, Coca, Coke, Crack, Flake, Nose Candy, Powder, Rock, Snow, and Toot | Long-Term Effects: Heart attack, severe depression and suicidal tendencies, extreme paranoia and panicking, violent behavior, psychosis, fatal kidney and lung disorders, possible brain damage, weakened immune system, liver damage, seizures, severe dental problems, loss of sex drive, and stroke <input checked="" type="checkbox"/> Addictive <input checked="" type="checkbox"/> Can overdose or die | |
| • Methamphetamine  | Also known as: Chalk, Crank, Crystal, Fire, Glass, Go Fast, Ice, Meth, Speed, and Tina | <input checked="" type="checkbox"/> Addictive <input checked="" type="checkbox"/> Can overdose or die | |
| TOBACCO / NICOTINE  | Also known as: Cigarettes: Butts, Cigs, Smokes Smokeless Tobacco: Chew, Dip, Snuff, Snus, and Spit Tobacco Hookah: Goza, Hubble-bubble, Narghile, Shisha, and Waterpipe Vaping: E-cigarettes, E-cigs, JUULing | Short-Term Effects: Increased pulse rate and blood pressure, reduced appetite, bad breath, yellow teeth, shortness of breath, dizzy, nauseous, clothes and hair smell like smoke Long-Term Effects: Lung disease (bronchitis, cancer), heart disease, difficulty breathing, throat cancer, anxiety, depression, irritability, and restlessness <input checked="" type="checkbox"/> Addictive <input checked="" type="checkbox"/> Can overdose or die | <ul style="list-style-type: none"> • Pace yourself • Know your source • Reduce dosage and frequency • Avoid smoking around young people, especially those with asthma problems • Avoid smoking indoors |

15 MINUTE ACTIVITY

The Risks of Mixing

In this activity, participants will:

- Understand the risks of mixing substances.

Handout:

- *The Risks of Mixing*

Instructions:

1. Divide participants into small groups and have them look over the handout *The Risks of Mixing*. Have them answer the “Think it Through” questions together, on a separate sheet of paper.
2. Go through the “Think it Through” questions as a class. Answers can be as follows⁴:
 - a. Prescription sedatives and opioids each slow breathing. Combining them with alcohol can further slow breathing to such low levels that a person could become comatose and/or die.
 - b. Doctors prescribe medications based on a person’s age, weight, and specific illness so that only the required dosage is used. Misusing prescription drugs exposes the body to unsafe doses that can cause harm.
 - c. Impaired driving, poor sports performance, poor academic performance, etc.
 - d. Alcohol can cause the heart to beat rapidly or irregularly, damaging the heart muscle. Combining alcohol with substances that also increase heart rate, for example, magnifies the effects and the risks.
3. Say: “As we can see, there are a lot of risks when mixing drugs and alcohol. There are also a lot of risks when mixing drugs with other drugs. Let’s take a minute to talk about mixing medications. Even if it is a prescription medication that is prescribed to you, or an over-the-counter (OTC) medication, mixing them can be unsafe. For example, prescription medications used to treat attention deficit hyperactivity disorder (ADHD), such as Ritalin, are stimulants. These medications contain ingredients that increase heart rate and blood pressure. The decongestants in many OTC allergy and cold medications are also stimulants. As a result, taking Ritalin at the same time as a decongestant can cause an additional increase in heart rate and blood pressure. Over time, this can damage the heart.”⁵
4. Say: “The same goes for mixing illegal drugs. Speedballing (mixing heroin and cocaine) is a common drug combination. While it seems intuitive that combining a stimulant (cocaine) and a depressant (heroin) would counterbalance the different effects, the combination **does not** cancel out overdose risk. Actually, people who speedball are at higher risk of overdosing than people who use heroin or cocaine alone. This is likely for many reasons, one of which being the stimulant causes the body to use more oxygen while the depressant reduces the breathing rate.”⁶
5. Say: “Always carefully read the label before taking anything and talk to your doctor before starting a new medication if you are still taking an old one.”

⁴ Adapted from: Scholastic. (2012). *Drugs and Your Body*. Web: January 28, 2019

⁵ Scholastic. (2019). *A Dangerous Mix*. Web: January 28, 2019

⁶ Harm Reduction Coalition. *Mixing Drugs*. Web: March 19, 2020

HANDOUT: The Risks of Mixing⁴

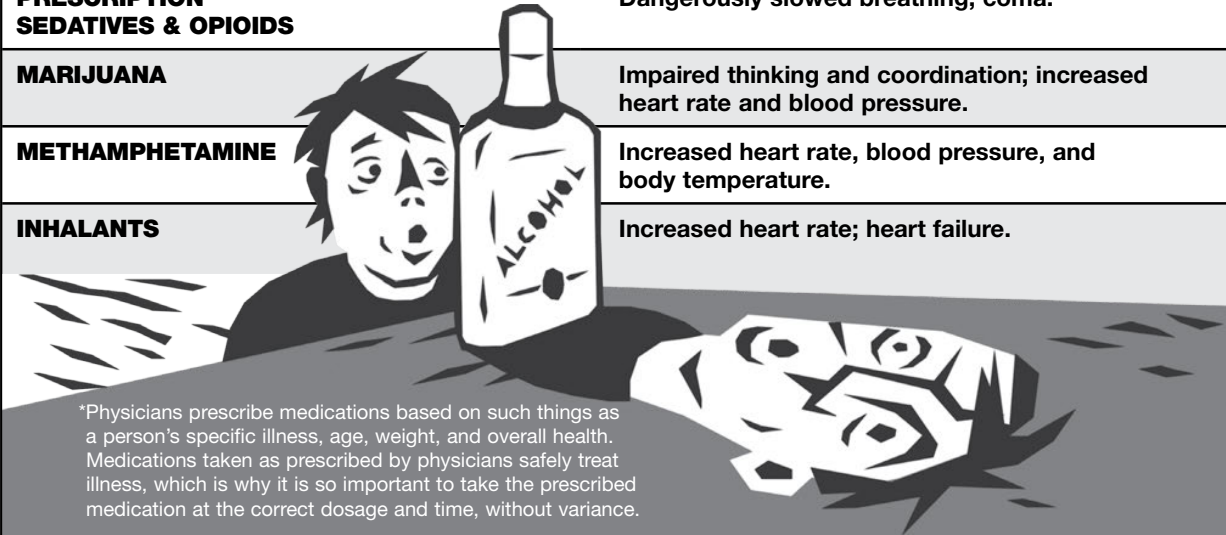
WWW.SCHOLASTIC.COM/HEADSUP

STUDENT WORK SHEET

Alcohol + Drugs = Magnified Effects

Study the information from the diagram below, and then answer the "Think It Through" questions that follow.
Write in complete sentences on a separate sheet of paper.

| Using alcohol with other drugs can magnify the effects of each drug and increase the harmful consequences. The results can be deadly. For example, alcohol combined with cocaine can increase blood pressure to dangerous levels. Combined with prescription sedatives and opioids, alcohol can drastically slow breathing. | |
|---|--|
| Drug Name | MAGNIFIED Effects With Alcohol |
| COCAINE | Increased blood pressure and heart rate. |
| PRESCRIPTION* SEDATIVES & OPIOIDS | Dangerously slowed breathing; coma. |
| MARIJUANA | Impaired thinking and coordination; increased heart rate and blood pressure. |
| METHAMPHETAMINE | Increased heart rate, blood pressure, and body temperature. |
| INHALANTS | Increased heart rate; heart failure. |



*Physicians prescribe medications based on such things as a person's specific illness, age, weight, and overall health. Medications taken as prescribed by physicians safely treat illness, which is why it is so important to take the prescribed medication at the correct dosage and time, without variance.

Think It Through

1. Prescription sedatives include sleeping pills and anti-anxiety medications such as Valium® and Xanax®. Prescription opioids include Vicodin®, Oxycontin®, and codeine. Why could combining any of these drugs with alcohol land a person in the emergency room (ER)?
2. Why is taking a prescription drug in a manner different from the way it was prescribed so dangerous?
3. Impaired thinking and coordination are dangerous side effects that result from mixing marijuana and alcohol. What are some harmful consequences that might result from this combination?
4. Heavy alcohol use does not have to be combined with other drugs to cause damage to your brain or body. Alcohol can damage the liver and heart while also impairing brain function. How does this make mixing drugs and alcohol so dangerous?

AGENDA 2: SUBSTANCE USE DISORDERS (SUDs)

95 MINUTE

You will need:

- **Agenda 2: Check Your Knowledge!** (copied twice, back and front on one piece of paper)

Instructions:

1. Icebreaker/Check-In (10 min)
 - a. As participants come into the room, give them the **Agenda 2: Check Your Knowledge!** pre-test. Say: "This is a quick anonymous survey to see what participants already know about the topics we'll cover in this session. It is okay if you do not know the answers, we will learn more about these topics today. It does not matter which side you fill out, just circle 'pre' in the upper left hand corner. When you are done filling out that side, put it in your desk or backpack."
 - b. Think of an ice breaker or check-in question to ask participants.
 - c. After participants finish filling out the **Agenda 2: Check Your Knowledge!** pre-test, conduct the ice breaker or go around the room and have participants answer the check-in question. If you are short on time, you can have participants share their check-in question answer with a partner.
2. Activity: An Introduction to Substance Use, Misuse, & Dependence (35 min)
3. Activity: SUD Myths & Facts (15 min)
4. Activity: Addiction as a Disease (25 min)
5. Check-Out/Closing (10 min)
 - a. Ask participants to pullout the **Agenda 2: Check Your Knowledge!** survey that they put away at the beginning of class. Have participants fill out the other side of the survey. Say: "This is the same survey you took earlier to see what new knowledge you have gained from the activities today. Just circle 'post' in the upper left hand corner."
 - b. Think of a brief check-out or closing activity.

AGENDA 2: Check Your Knowledge!

PRE POST

1. Addiction is a choice.

True False

2. It's safe to use prescription medications if a doctor prescribed it to you before for a different problem.

Fact Myth

3. Young people's brains aren't fully developed until age 25, so substance use can permanently change their brains.

True False

4. The improper or unhealthy use of a prescription medication or alcohol is called drug _____.

- a. Use
- b. Misuse
- c. Dependence

5. What is the level of drug use associated with the following statement?

"I started using pain killers for my muscle pain, but now I feel I need to take more in order for it to work."

- a. Use
- b. Misuse
- c. Dependence

35 MINUTE ACTIVITY

An Introduction to Substance Use, Misuse, and Dependence

In this activity, participants will:

- Differentiate between substance use, misuse, and dependence.

You will need: Flipchart paper, markers

Handout:

- FACILITATOR HANDOUT: *Use/Misuse/Dependence Statements*

Instructions:

1. Say: "Now we are going to define different levels of substance use."
2. Prepare 3 pieces of flipchart paper with the words "Substance Use," "Substance Misuse," and "Substance Dependence."
3. Divide participants into groups of 2-4 people and assign them or let them choose a flipchart paper to start at. Ask the groups to brainstorm a definition of their assigned word.
4. Ask each pair or group to share back their reflections. Consider using the following discussion questions:
 - a. What was challenging about coming up with the definitions for these words?
 - b. What were the similarities between each word? What were the differences?
 - c. What stood out to you/was most interesting?
5. Facilitator's Note: If needed, define each term for the participants:
 - a. **Use:** Refers to any use of illegal substances.
 - b. **Misuse:** The improper or unhealthy use of a prescription medication or alcohol. It also includes using prescription drugs in ways other than prescribed or using someone else's prescription.
 - c. **Dependence:** A person's inability to control the impulse to use substances even when there are negative consequences.⁷ There are 2 kinds:
 - i. **Physical dependence:** The need to use a substance to prevent withdrawal symptoms. Often accompanied by building tolerance (need more to feel the effects).
 - ii. **Psychological dependence:** The condition in which user relies on substance to be able to function.
6. Say: "Use and misuse are the same levels of use just different types of substances. It is important to be able to understand the difference between use/misuse and dependence because it can help a person identify when substance use is possibly becoming a problem. Now that we have common definitions for these words, we are going to practice what this can look like with common scenarios."
7. Copy and/or cut statements out from *Facilitator Handout: Use/Misuse/Dependence Statements*. Explain that these are statements from other people and ask them to think about where this statement may fit on the flipchart paper by sticking them to the flipchart paper with the definitions.
8. After each statement is placed, ask participants to explain their reasoning and move them to the appropriate category, if needed:
 - a. I don't drink that often, but when I do, I drink to get trashed. – Misuse
 - b. I usually drink or smoke every weekend with my friends. – Use
 - c. I smoke weed when I need to relax. – Dependence
 - d. I usually vape on my way to school, it helps me relax before I have to sit in class all day. – Dependence
 - e. Every once in a while, I take pills like Adderall for fun with friends. – Misuse
 - f. I got hurt during football practice last year and broke my arm. My doctor prescribed me pain killers but now I feel like I can't stop taking them. – Dependence

⁷ National Institute on Drug Abuse. (2018). *The Science of Drug Use and Addiction: The Basics*. Web: October 24, 2015

- g. I've blacked out on alcohol and cocaine three times in my life. – Use and Misuse
 - h. I have a hard time sleeping, so most nights I vape. It's really hard to sleep without doing it. - Dependence
 - i. I had a couple of shots of tequila at a party just to see what it was like. - Use
 - j. My friend likes to go to clubs. Honestly, they just aren't fun if you're not on something to help you relax/dance, like ecstasy. – Use
 - k. I found some leftover pain killers at our house and started taking them because I pulled a muscle during practice. Now when I do not take them I feel anxious. - Dependence
9. Say: "Health professionals call substance use, misuse, and dependence, substance use disorders or SUDs. Our brains do not fully mature until about age 25 and, because our brains are not fully developed, substance use permanently structurally changes our brains. Because of this, the adolescent brain is more susceptible to SUDs."

⁴ Adapted from: Scholastic. (2012). *Drugs and Your Body*. Web: January 28, 2019

FACILITATOR HANDOUT: **Use/Misuse/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.

I usually vape on my way to school, it helps me relax before I have to sit in class all day.

Every once in a while, I take pills like Adderall for fun with friends.

I got hurt during football practice last year and broke my arm. My doctor prescribed me pain killers but now I feel like I can't stop taking them.

I've blacked out on alcohol and cocaine three times in my life.

I have a hard time sleeping, so most nights I vape. It's really hard to sleep without doing it.

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 to help you relax/dance, like ecstasy.

I found some leftover pain killers at our house and started taking them because I pulled a muscle during practice. Now when I do not take them I feel anxious.

15 MINUTE ACTIVITY

SUD Myths & Facts

In this activity, participants will:

- Identify common myths and misconceptions about substance use.
- Identify sources of influence and information for young people.

You will need: Flipchart paper, markers

Handout:

- FACILITATOR HANDOUT: *Fact or Myth?*

Instructions:

1. Ask participants why FACTS are important when it comes to understanding substances. Discuss ways to determine if information is a fact or a myth. Ask: "What questions would you ask to determine if it is reliable or not?"
*Facilitator's Note: Examples can include - Is the information fact-checked/verified? What are the fact provider's qualifications? Does the information reflect personal opinion or bias? Is the information up-to-date?*⁸
2. Label 2 flipchart papers, one with "FACT" and the other with "MYTH." Cut the statements from **Facilitator Handout: Fact or Myth?**. Depending on the number of participants, hand out the statements to pairs or individual participants. Instruct them to think about whether the statements are a fact or myth and stick them on the appropriate paper. Discuss the correct answers:
 - a. You cannot be addicted to marijuana. – MYTH (more info at: <https://teens.drugabuse.gov/drug-facts/marijuana>)
 - b. Even if prescribed by a doctor, medications can still be harmful. – FACT (more info at: <https://kidshealth.org/en/teens/meds.html>)
 - c. Mixing prescribed medications with alcohol or other substances can result in accidental overdose or death. – FACT (more info at: <https://teens.drugabuse.gov/blog/post/mixing-medicines-can-be-dangerous>)
 - d. Smokeless tobacco does not cause cancer. – MYTH (more info at: <https://teens.drugabuse.gov/drug-facts/tobacco-nicotine-vaping-e-cigarettes>)
 - e. Most people who start smoking in their early teens become regular smokers before they're 18. – FACT (more info at: <https://kidshealth.org/en/teens/smoking.html>)
 - f. Once a person is addicted to substances, they cannot be helped with treatment. – MYTH (more info at: <https://www.drugabuse.gov/publications/drugfacts/treatment-approaches-drug-addiction>)
 - g. Vaping does not have harmful effects. – MYTH (more info at: <https://teens.drugabuse.gov/drug-facts/tobacco-nicotine-vaping-e-cigarettes>)
 - h. All substances have an effect on your brain. – FACT (more info at: <https://teens.drugabuse.gov/drug-facts/brain-and-addiction>)
 - i. It's safe to use prescription medications if they have been prescribed to you before for a different problem. – MYTH (more info at: <https://kidshealth.org/en/teens/meds.html>)
 - j. Harm reduction practices can help to reduce the negative effects of substance use. – FACT (more info at: <https://harmreduction.org/about-us/principles-of-harm-reduction/>)
 - k. Substances are only harmful if you use them regularly. – MYTH (more info on **Common Substances Handout**)
 - l. You cannot develop a tolerance to opioids (pain medications). – MYTH (more info at: <https://kidshealth.org/Levine/en/parents/opioid-prescription-safety.html>)
 - m. Most teens that misuse prescription medications get it from their friends or relatives. – FACT (more info at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4827331/>)
3. Discussion:
 - a. Were there any statements that surprised you when you found out they were a myth or fact?
 - b. Which myths do you think are most common among young people?

⁸ Scholastic. (2010). *Drug Facts; Shatter the Myths*. Web: February 11, 2020

4. Discuss sources where young people might get information regarding substance use. Write responses on flipchart paper (3 minutes). *Facilitator's Note: Answers might include - Friends, family, teachers, health professionals, law enforcement, internet, social media, TV, music, clergy/faith leaders.*
5. Discuss some pros and cons for each and write them on the flipchart paper (5 minutes).

⁴ Adapted from: Scholastic. (2012). *Drugs and Your Body*. Web: January 28, 2019

FACILITATOR HANDOUT: **Fact or Myth?**

You cannot be addicted to marijuana.

Even if prescribed by a doctor, medications can still be harmful.

Mixing prescribed medications with alcohol or other substances can result in accidental overdose or death.

Smokeless tobacco does not cause cancer.

Most people who start smoking in their early teens become regular smokers before they're 18.

Once a person is addicted to substances, they cannot be helped with treatment.

Vaping does not have harmful effects.

All substances have an effect on your brain.

It's safe to use prescription medications if they have been prescribed to you before for a different problem.

Harm reduction practices can help to reduce the negative effects of substance use.

Substances are only harmful if you use them regularly.

You cannot develop a tolerance to opioids (pain medications).

Most teens that misuse prescription medications get it from their friends or relatives.

15 MINUTE ACTIVITY

Addiction as a Disease⁹

In this activity, participants will:

- Understand the stigma surrounding addiction.
- Learn about addiction as a disease.

You will need: Flipchart paper, markers

Handout:

- FACILITATOR HANDOUT: *Stigma Scenarios*
- *The Drug War, Mass Incarceration and Race* (if no technology available)

Instructions:

1. Copy and/or cut statements out from *Facilitator Handout: Stigma Scenarios*.
2. *Facilitator's Note (trigger warning): This can be a sensitive topic. Make sure you revisit your community agreements. Also place emphasis on self-care (such as breaks, stepping out, etc.) and acknowledge that people can have their own experiences with stigma.*
3. Say: "Stigma is defined as the experience of being 'deeply discredited' or marked due to one's 'undesired differentness.'¹⁰ Another way to think about stigma is as negative stereotypes. People who have an addiction to substances experience stigma on a regular basis. Some substances and substance users are more stigmatized than others. Can you think of any drugs or groups of people that are judged more than others?"
4. Ask: "Has anyone heard of the War on Drugs?"
5. Show "The War on Drugs: From Prohibition to Gold Rush" video, <http://www.drugpolicy.org/issues/brief-history-drug-war>. *Facilitator's Note:* If you do not have capability to play the video, give handout *The Drug War, Mass Incarceration and Race*.
6. Say: "The United States imprisons more people than any other nation in the world – largely due to the war on drugs. Misguided drug laws and harsh sentencing requirements have produced unequal outcomes for people of color. Although rates of drug use and sales are similar across racial and ethnic lines, Black and Latinx people are far more likely to be criminalized than white people. Racism, ageism, and poverty play a big role in the criminalization of drugs. Young people of color are more likely to be targeted and arrested for their drug use." (Stat to offer: African Americans are 13% of the US population and 13% of US drug users, but 35% of drug arrest, 55% of drug convictions & 74% of those sentenced to prison for drugs.)
7. Say: "We are in a place where we can change how the criminalization of drugs is handled. On a societal level, rather than lock people up for their substance using behaviors, we think it's more effective to offer them support in the form of drug treatment services. On a school level, rather than suspend and expel students for substance use, offer them substance use programs or counseling."
8. Say: "This stigma can play out on an individual level as well. I am going to pass out scenarios and go ahead and read them to yourselves."
9. Say: "Of course not all family members and friends hold these attitudes and beliefs. However it is important to acknowledge that some people do attribute negative stereotypes to SUDs, and this can impact a person's willingness to access services."
10. Divide participants into small groups and have them discuss:
 - a. What are some of the issues related to stigma in this scenario?
 - b. What are some of the barriers that stop this person from getting the help they need?
 - c. What could you say if you heard this?
11. Say: "Now we are going to switch gears a little and learn about addiction as a disease."
12. Show "Addiction & the Brain" video, <https://preventionactionalliance.org/learn/about-addiction/>. *Facilitator's Note:* If you do not have capability to play the video, say: *Addiction, the most severe form of substance use disorder, is a*

⁹ Adapted from: Center for Addiction and Mental Health. *Beyond the Label*. Canada.

¹⁰ Drug Policy Alliance. *Stigma and People Who Use Drugs*. Web: January 29, 2020

brain disease that affects about 1 in 7 Americans, according to the U.S. Surgeon General's report Facing Addiction in America. Addiction compels people to seek out substances even when there are negative consequences. As a disease, it hijacks the brain to create an intense craving for the addictive substance. That craving can override other thoughts and needs in the brain, including desires to build and maintain healthy relationships, have fun, and take care of oneself. According to NIDA, preventing substance use during adolescence is the best strategy for tackling addiction. Addiction changes the brain, and the developing teen's brain is especially vulnerable to disruptions. Teens who use alcohol, tobacco, and other drugs often have family and social problems, perform poorly in school, and have health problems (including mental health issues)."

13. Say: "Understanding that addiction is a disease can reduce the stigma associated with addiction. Addiction is not a choice, it is a disease. If the people in these scenarios knew addiction was a disease, how might it change their views?"
14. Say: "When people are sick with a disease we surround them with support and try to help them get connected to services, we should do the same with addiction."

FACILITATOR HANDOUT: **Stigma Scenarios**

From a friend: I felt sorry for Walter when he tore his ACL. It's not his fault that football is such a rough sport, but now he's buying pain killers from his teammates and getting into all kinds of trouble. He should just stop already.

From a friend: Sandy has been smoking marijuana a lot lately, she's barely in class. We should stop hanging out with her, we don't want people to think we are like that too.

From a parent/guardian to their child: I don't want you going over to Fatima's house. I heard her mother just got out of the hospital from an overdose. If she's on drugs, you never know what she might do.

From a parent/guardian to their child: Your brother has to move out. Grandma is coming to visit and she does not know he has a problem with marijuana. Everybody else in our family is a high achiever, except him. I don't want her to know about it.

From a friend: Mary's absent again. I've seen her taking random pills while she is at school. She should just stop before she gets in trouble.

From a friend: I think Joe has a drinking problem, he got completely wasted at the party last night. Before it was okay but he's taken it to another whole level. It's so annoying to take care of him when he's wasted, we don't want to have to keep doing that.

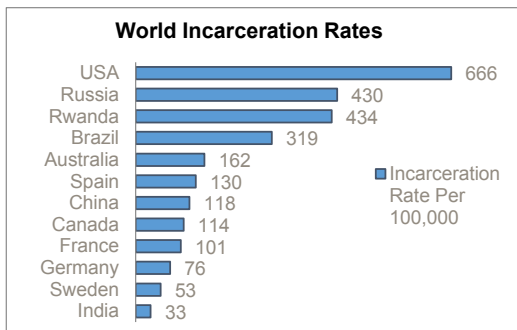
HANDOUT: The Drug War, Mass Incarceration and Race

The Drug War, Mass Incarceration and Race

January 2018

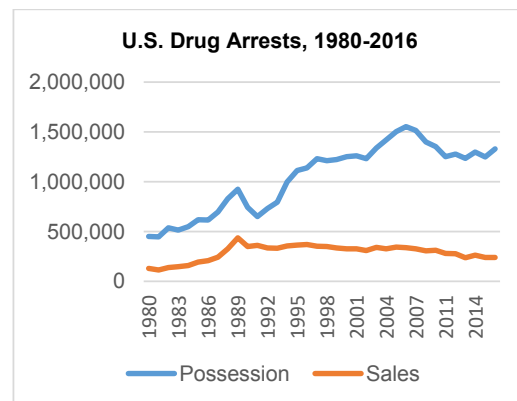
We are
the **Drug**
Policy
Alliance.

With less than 5 percent of the world's population but nearly 25 percent of its incarcerated population,¹ the United States imprisons more people than any other nation in the world – largely due to the war on drugs. Misguided drug laws and harsh sentencing requirements have produced profoundly unequal outcomes for people of color. Although rates of drug use and sales are similar across racial and ethnic lines, Black and Latino people are far more likely to be criminalized than white people.²

Source: International Centre for Prison Studies, World Prison Brief.³

The Drug War Drives Mass Incarceration and Racial Disparities in U.S. Judicial Systems

There were more than 1.5 million drug arrests in the U.S. in 2016. The vast majority – more than 80 percent – were for possession *only*.⁴ At year-end 2015, 15 percent of all people in state prison were incarcerated for a drug law violation – *of whom 44,700 were incarcerated for possession alone*. Forty-seven percent of people in federal prisons and more than half of the female federal population are incarcerated for drug law violations.⁵ Almost 500,000 people are behind bars for a drug law violation on any given night in the United States⁶ – ten times the total in 1980.⁷

Source: Federal Bureau of Investigation, Uniform Crime Reports.⁸

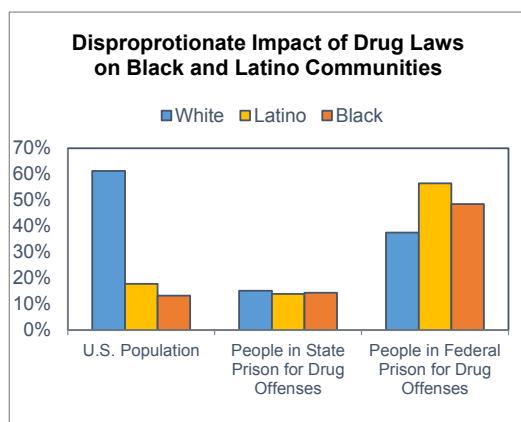
Drug law violations have been the main driver of new admissions to prison for decades. An analysis by Brookings Institution found that there were more than 3 million admissions to prison for drug offenses between 1993 and 2009 in the United States. In each year during that period, more people were admitted to prisons for drug law violations than violent crimes. During that same timeframe, there were more than 30 million drug arrests.⁹

People of color experience discrimination at every stage of the judicial system and are more likely to be stopped, searched, arrested, convicted, harshly sentenced and saddled with a lifelong criminal record. This is particularly the case for drug law violations. Black people comprise 13 percent of the U.S. population,¹⁰ and are consistently documented by the U.S. government to use drugs at similar rates to people of other races.¹¹ But Black people comprise 29 percent of those arrested for drug law violations,¹² and nearly 40 percent of those incarcerated in state or federal prison for drug law violations.¹³

Similarly, Latinos make up 18 percent of the U.S. population, but comprise 38 percent of people

incarcerated in federal prisons for drug offenses.¹⁴ In 2013, Latinos comprised almost half (47 percent) of all cases in federal courts for drug offenses.¹⁵ National-level data on arrests of people of Latino ethnicity are incomplete. Yet among drug arrest incidents in 2015 in which ethnicity was reported, more than 20 percent of those arrested were Latino.¹⁶ State and local level data show that Latinos are disproportionately arrested and incarcerated for drug possession violations.¹⁷

Nearly 80 percent of people in federal prison and almost 60 percent of people in state prison for drug offenses are Black or Latino.¹⁸



Sources: U.S. Census Bureau; Bureau of Justice Statistics.¹⁹

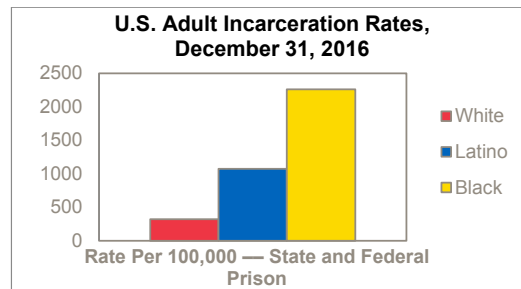
Widely adopted in the 1980s and '90s, mandatory minimum sentencing laws have contributed greatly to the number of people of color behind bars.²⁰ Research shows that prosecutors are twice as likely to pursue a mandatory minimum sentence for Black people as for white people charged with the same offense.²¹ Among people who received a mandatory minimum sentence in 2011, 38 percent were Latino and 31 percent were Black.²²

Mass Incarceration Destroys Families

2.7 million children are growing up in U.S. households in which one or more parents are incarcerated. Two-thirds of these parents are incarcerated for nonviolent offenses, including a substantial proportion who are incarcerated for drug law violations. One in nine Black children has an incarcerated parent, compared to one in 28 Latino children and one in 57 white children.²³

Collateral Consequences of Mass Incarceration

Punishment for a drug law violation is not only meted out by the criminal justice system, but is also perpetuated by policies denying child custody, voting rights, employment, business loans, licensing, student aid, public housing and other public assistance to people with criminal convictions. Criminal records often result in deportation of legal residents or denial of entry for noncitizens trying to visit the U.S. Even if a person does not face jail or prison time, a drug conviction often imposes a lifelong ban on many aspects of social, economic and political life.²⁴



Source: Bureau of Justice Statistics, 2017.²⁵

“Nothing has contributed more to the systematic mass incarceration of people of color in the United States than the War on Drugs.”

— Michelle Alexander, *The New Jim Crow* (2010).

Such exclusions permanently relegate millions of Americans to second-class status, disproportionately people of color. One in 13 Black people of voting age are denied the right to vote because of laws that disenfranchise people with felony convictions.²⁶

Policy Recommendations

1. Decriminalize drug possession, removing a major cause of arrest and incarceration of primarily people of color, helping more people receive drug treatment and redirecting law enforcement resources to prevent serious and violent crime.
2. Eliminate policies that result in disproportionate arrest and incarceration rates by changing police practices, rolling back harsh mandatory minimum sentences, and repealing sentencing disparities.
3. End policies that exclude people with a record of arrest or conviction from key rights and opportunities. These include barriers to voting, employment, public housing and other public assistance, loans, financial aid and child custody.

¹ Roy Walmsley, *World Population List*, 10th ed. (London: International Centre for Prison Studies, 2013); National Research Council, *The Growth of Incarceration in the United States: Exploring Causes and Consequences* (Washington, D.C.: The National Academies Press, 2014).

² Substance Abuse and Mental Health Services Administration, "Results from the 2015 National Survey on Drug Use and Health," (Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015), Table 1.31B; Jamie Fellner, *Decades of disparity: drug arrests and race in the United States* (Human Rights Watch, 2009); Meghana Kakade et al., "Adolescent Substance Use and Other Illegal Behaviors and Racial Disparities in Criminal Justice System Involvement: Findings From a U.S. National Survey," *American Journal of Public Health* 102, no. 7 (2012). While national arrest data by ethnicity are not systematically collected and are therefore incomplete, state-level data show that Latinos are disproportionately arrested for drug offenses. Drug Policy Alliance and Marijuana Arrest Research Project, "Race, Class and Marijuana Arrests in Mayor de Blasio's Two New Yorks: the N.Y.P.D.'s Marijuana Arrest Crusade Continues in 2014," (2014) <http://www.drugpolicy.org/resource/race-class-and-marijuana-arrests-mayor-de-blasios-two-new-yorks-nypds-marijuana-arrest-crusade>; California Department of Justice, "Crime in California 2013," (2014).

³ International Centre for Prison Studies, World Prison Brief, <http://www.prisonstudies.org/world-prison-brief-data> (2015).

⁴ Federal Bureau of Investigation, "Crime in the United States, 2015," (Washington, DC: U.S. Department of Justice, 2016). <https://ucr.fbi.gov/crime-in-the-u.s/2015/crime-in-the-u.s.-2015/persons-arrested/persons-arrested>

⁵ E. Ann Carson, "Prisoners in 2016," (Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, 2017). <https://www.bjs.gov/content/pub/pdf/p16.pdf>

⁶ Ibid; Peter Wagner and Bernadette Rabuy, "Mass Incarceration: The Whole Pie 2017," (Prison Policy Initiative, 2017)

<https://www.prisonpolicy.org/reports/pie2017.html>; Doris James, "Profiles of Jail Inmates, 2002," in *Special Report* (Washington, DC: United States Department of Justice, Bureau of Justice Statistics, 2004)

<http://www.ojp.usdoj.gov/bjs/pub/pdf/pj02.pdf>.

⁷ Peter Reuter, "Why Has US Drug Policy Changed So Little over 30 Years?," *Crime and Justice* 42, no. 1 (2013); National Research Council, *The Growth of Incarceration in the United States: Exploring Causes and Consequences*.

⁸ Federal Bureau of Investigation, Uniform Crime Reports; Bureau of Justice Statistics, Arrest Data Analysis Tool; Federal Bureau of Investigation, "Crime in the United States, 2016." <https://ucr.fbi.gov/crime-in-the-u.s/2016/crime-in-the-u.s.-2016>; Data obtained through a request to the Federal Bureau of Investigation, Criminal Justice Information Services' Chief Multimedia Productions, Stephen G. Fischer

⁹ Jonathan Rothwell, "Drug offenders in American prisons: The critical distinction between stock and flow," (Brookings Institution, 2015) <http://www.brookings.edu/blogs/social-mobility-memos/posts/2015/11/25-drug-offenders-stock-flow-prisons-rothwell>.

¹⁰ U.S. Census Bureau, Quick Facts (2014) <http://quickfacts.census.gov/qd/states/00000.html>.

¹¹ Substance Abuse and Mental Health Services Administration, "Results from the 2014 National Survey on Drug Use and Health: Detailed Tables," (Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015), Table 1.19B.

¹² Federal Bureau of Investigation, "Crime in the United States, 2015," Table 49A. <https://ucr.fbi.gov/crime-in-the-u.s/2015/crime-in-the-u.s.-2015/tables/table-49>

¹³ Bureau of Justice Statistics, Federal Justice Statistics Program; Carson, "Prisoners in 2014; Sam Taxy, Julie Samuels, and William Adams, "Drug Offenders in Federal Prison: Estimates of Characteristics Based on Linked Data," (Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, 2015) <http://www.bjs.gov/fjsrc/>.

¹⁴ Carson, E. Ann. "Crime in the United States, 2015." Appendix Table 5. U.S. Department of Justice, Bureau of Justice Statistics. 2015. <https://www.bjs.gov/content/pub/pdf/p15.pdf>.

¹⁵ United States Sentencing Commission, Interactive Sourcebook (isb.ussc.gov) (2013 Datafile, USSCFY2013).

¹⁶ Federal Bureau of Investigation, "Crime in the United States, 2015," Table 21A.

¹⁷ See, for example, Harry Levine and Loren Siegel, "80 Marijuana Possession Arrests a Day is More of the Same: NYPD daily marijuana possession arrest numbers are the same under de Blasio and Bratton as they were under Bloomberg and Kelly," (Marijuana Arrest Research Project, 2014) <http://marijuana-arrests.com/docs/MORE-OF-THE-SAME--NYC-Marijuana-Arrests-June2014.pdf>; Harry Levine, Loren Siegel, and Gabriel Sayegh, "One Million Police Hours: Making 440,000 Marijuana Possession Arrests in New York City, 2002-2012," (New York: Drug Policy Alliance, 2013); Harry G. Levine, Jon B. Gettman, and Loren Siegel, *240,000 Marijuana Arrests: Costs, Consequences, and Racial Disparities of Possession Arrests in Washington, 1986-2010* (Marijuana Arrest Research Project, 2012); Harry G. Levine, Jon B. Gettman, and Loren Siegel, *210,000 Marijuana Possession Arrests in Colorado, 1986-2010* (Marijuana Arrest Research Project, 2012); Harry G. Levine, Jon B. Gettman, and Loren Siegel, *Arresting Latinos for Marijuana in California Possession Arrests in 33 Cities, 2006-08* (Drug Policy Alliance and William C. Velasquez Institute, 2010); Beckett K et al., "Drug use, possession arrests, and the question of race: lessons from Seattle," *Soc. Probl.* 52(2005); Marijuana Arrest Research Project and Drug Policy Alliance, "Unjust and Constitutional: 60,000 Jim Crow Marijuana Arrests in Mayor de Blasio's New York, The NYPD's Racially-Targeted Enforcement of Marijuana Possession Continues, 2014 – 2016" https://www.drugpolicy.org/sites/default/files/Marijuana-Arrests-NYC--Unjust-Unconstitutional--July2017_2.pdf

¹⁸ Bureau of Justice Statistics, "Federal Justice Statistics Program," <http://www.bjs.gov/fjsrc/>; E. Ann Carson, "Prisoners in 2016," (Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, 2017). <https://www.bjs.gov/content/pub/pdf/p16.pdf>

¹⁹ E. Ann Carson, "Prisoners in 2016," (Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, 2017). <https://www.bjs.gov/content/pub/pdf/p16.pdf>; "Quick Facts," United States Census Bureau <https://www.census.gov/quickfacts/fact/table/US/PST045216>

²⁰ National Research Council, *The Growth of Incarceration in the United States: Exploring Causes and Consequences*. Barbara S. Meierhoefer, *The General Effect of Mandatory Minimum Prison Terms* (Washington: Federal Judicial Center, 1992), 20; Marc Mauer, "The Impact of Mandatory Minimum Penalties in Federal Sentencing," *Judicature* 94(2010).

²¹ Sonja B Starr and Marit Rehani, "Mandatory Sentencing and Racial Disparity: Assessing the Role of Prosecutors and the Effects of Booker," *Yale Law Journal* 123, no. 1 (2013).

²² United States Sentencing Commission, "Quick Facts: Mandatory Minimum Penalties," http://www.ussc.gov/sites/default/files/pdf/research-and-publications/quick-facts/Quick_Facts_Mandatory_Minimum_Penalties.pdf.

²³ Bruce Western and Becky Pettit, *Collateral Costs: Incarceration's Effect on Economic Mobility* (Pew Charitable Trusts, 2010), 4.

²⁴ Meda Chesney-Lind and Marc Mauer, *Invisible punishment: The collateral consequences of mass imprisonment* (The New Press, 2011).

²⁵ Carson, E. Ann. "Prisoners in 2015." Appendix Table 5. U.S. Department of Justice, Bureau of Justice Statistics. 2016. <https://www.bjs.gov/content/pub/pdf/p15.pdf>.

²⁶ Christopher Uggen et al., "6 Million Lost Voters: State-Level Estimates of Felon Disenfranchisement in the United States, 2016," (Washington, DC: The Sentencing Project) <http://www.sentencingproject.org/publications/6-million-lost-voters-state-level-estimates-felony-disenfranchisement-2016/> (2012); <http://www.sentencingproject.org/publications/felony-disenfranchisement-laws-in-the-united-states/>

You will need:

- **Agenda 3: Check Your Knowledge!** (copied twice, back and front on one piece of paper)
- **Module 4 Post-Test: What's S.U.P.?**

Instructions:

1. Icebreaker/Check-In (10 min)
 - a. As participants come into the room, give them the **Agenda 3: Check Your Knowledge!** pre-test. Say: "This is a quick anonymous survey to see what participants already know about the topics we'll cover in this session. It is okay if you do not know the answers, we will learn more about these topics today. It does not matter which side you fill out, just circle 'pre' in the upper left hand corner. When you are done filling out that side, put it in your desk or backpack."
 - b. Think of an ice breaker or check-in question to ask participants.
 - c. After participants finish filling out the **Agenda 3: Check Your Knowledge!** pre-test, conduct the ice breaker or go around the room and have participants answer the check-in question. If you are short on time, you can have participants share their check-in question answer with a partner.
2. Activity: Services at Your SBHC & SBIRT (20 min)
3. Activity: Screening - Mock CRAFFT Screening Interview (20 min)
4. Activity: Brief Intervention & Active Listening (40 min)
5. Activity: Referral to Treatment & How do we H.E.L.P. for SUDs? (20 min)
6. Post-Test and Check-Out/Closing (10 min)
 - a. Say: "We have learned about the effects of substance use; substance use disorders and the difference between substance use, misuse, and dependence; and how to refer a peer to SUD services at the SBHC. We also covered addiction as a disease and how we can change the criminalization of drugs to a more effective approach such as offering support in the form of substance use programs or counseling. Thank you for joining us."
 - b. Ask participants to pullout the **Agenda 3: Check Your Knowledge!** survey that they put away at the beginning of class. Have participants fill out the other side of the survey. Say: "This is the same survey you took earlier to see what new knowledge you have gained from the activities today. Just circle 'post' in the upper left hand corner."
 - c. When participants finish filling out the **Agenda 3: Check Your Knowledge!** survey, give them the **Module 4 Post-Test: What's S.U.P.?** Instruct the participants to write their Student ID # on the test. Say: "This is a survey to see what participants have learned about substance use prevention. We won't know the names of who completed the surveys, and no individual information will be shared with your teacher or administration. The student ID is just to help us match the pre and post surveys to help us learn about any changes in knowledge after the completion of the What's S.U.P.? Module."
 - d. Think of a brief check-out or closing activity.

AGENDA 3: **Check Your Knowledge!**

PRE POST

1. What is one service or resource your SBHC offers to students for SUDs?

2. Your SBHC can help identify students who have a SUD by _____.

- a. Asking teachers or the students' friends
- b. Conducting a private screening interview
- c. Seeing if the students bring up using substances in their visit

3. To be a good listener, what is a behavior you should NOT do?

- a. Keep things light by laughing when the other person speaks
- b. Maintain eye contact
- c. Ask questions to confirm and clarify

4. List two possible barriers to being a good listener.

1.)

2.)

5. Never leave someone under the influence of substances alone. If you want to leave, bring them with you.

True False

MODULE 4: **What's S.U.P.?**

POST

Student ID# _____

1. **An example of an opioid substance is:**
 - a. Marijuana
 - b. Prescription Pain Medication
 - c. Ecstasy
 - d. Nicotine

2. **A person's inability to control the impulse to use drugs even when there are negative consequences is known as:**
 - a. Drug Use
 - b. Drug Misuse
 - c. Drug Dependence
 - d. SBIRT

3. **Mixing prescription medication with alcohol or other substances can result in accidental overdose or death.**
 True False

4. **Substance use stigma not only is a hurtful stereotype but also can impact a person's willingness to access services.**
 True False

5. **The CRAFTT Screening interview is used for:**
 - a. Candidates seeking a job at the SBHC
 - b. Helping identify adolescents with substance use disorders
 - c. Finding out if a student should be disciplined for substance use
 - d. None of the above

Check the response that is most appropriate for you.

| | Strongly Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree |
|---|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|
| 6. I know at least three ways to help reduce the possible harmful effects of substances | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I know at least three long- or short-term effects that substance use can have on people. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am aware of services and resources offered to young people at our SBHC for substance use disorders. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. I feel confident about my ability to connect my peers to services and resources for substance use disorders. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. I feel confident about my ability to practice active listening when communicating with others. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

20 MINUTE ACTIVITY

Services at Your SBHC & SBIRT

In this activity, participants will:

- Understand the stigma surrounding addiction.
- Learn about addiction as a disease.

You will need: Flipchart paper, markers

Handout:

- *SBIRT & Principles of Treatment for Dependence*

Instructions:

1. Prepare a flipchart paper with the title “SUD Services at My SBHC.” Say: “First, how would you define school-based health centers?” *Facilitator’s Note: SBHCs deliver primary medical care plus sometimes mental health services, dental care, after school programs, etc.; are located on campus or near a school site; serve students and sometimes siblings, family members, and the community; and promote school-wide health.*
2. Say: “Many SBHCs address substance use disorders (SUDs) in many different ways. We are going to brainstorm a list of all of the services you think your SBHC offers for SUD services for young people.”
3. Ask: “What type of services or resources for SUDs does your SBHC offer to young people?” Record answers on flipchart paper. *Facilitator’s Note: Answers from participants can include –Behavioral Health/Mental Health staff can often talk about substance use during counseling appointments, medical staff often screen for substance use during appointments, brochures and posters in the waiting room, alternative to suspension groups, etc.*
4. Next, ask participants to look over the handout *SBIRT & Principles of Treatment for Dependence*. Say: “This is a list of principles that many SBHCs use to guide them when providing services, it’s called SBIRT, which is an acronym for screening, brief intervention, and referral to treatment. The reason why we are learning about this is so you all can act as a resource to peers who are interested in accessing SUD services at your SBHC, give them a brief overview of what accessing services might look like, and refer them to the SBHC.” *Facilitator’s Note: A best practice is to partner with your Behavioral/Mental Health Practitioner or Substance Use Counselor to present these concepts and answer questions for participants.*
5. Ask participants to then highlight or star anything that you find interesting or would like to ask the guest speaker about or, if a SBHC staff guest speaker is not available, that they would like to discuss with the group.
6. Discussion:
 - a. Do you agree with the SBIRT process and guiding principles that many SBHCs use? Why or why not?
 - b. What is missing/what would you add?
 - c. Do you think this process addresses issues affecting young people with SUDs? Why or why not?

HANDOUT: **SBIRT & Principles of Treatment for Dependence**¹¹

How does your SBHC Support Young People with SUDs? SBIRT!

SCREEN:

SBHCs will often times screen young people for their level of drug use, misuse, or dependence. This helps staff decide what the best services are, based on the need of the young person (we will practice a screening next).

BRIEF INTERVENTION:

It's important that while the young person is at the SBHC, they receive some sort of small education or counseling to address their drug use, misuse, or dependence. For example, this can look like brainstorming ways to be safe while under the influence during a mental health appointment, or this can be a SUD weekly group.

REFERRAL TO TREATMENT:

For young people who need more support, such as those who are identified as being dependent or taking part in dangerous behaviors when they are using, a referral to treatment is sometimes needed. This can look like going to a drug treatment facility or receiving one-on-one counseling to address their drug use and identify ways to be more safe.

Guiding Principles for SBHC Providers & What SBHC Providers Believe:

| | |
|---|--|
| Addiction/dependence is complex but treatable. It affects the brain function and behavior. | Substance use disorder alters the brain's structure and function, resulting in changes that last long after substance use has ceased. This may explain why people with Substance User Disorders are at risk for relapse or using the substance again, even after years of not using the substance. |
| Many individuals with Substance use disorders also have other mental health conditions. | Substance use disorder often occurs with other mental health conditions. |
| No single treatment is appropriate for everyone. | Treatment depends on the type of substance 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. | Individuals with substance use disorders may be uncertain about getting help, taking advantage of available services the moment they are ready is critical. |
| Mental health counseling, including individual, family, or group counseling, are the most commonly used forms of substance use disorder treatment. | Counseling can help in many different ways, including: building skills to resist substance use, improving problem-solving skills, and facilitating better relationships. |

¹¹ 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

20 MINUTE ACTIVITY

Screening - Mock CRAFFT Screening Interview

In this activity, participants will:

- Practice administering a mock CRAFFT screening interview.

You will need: Flipchart paper, markers

Handouts:

- *Character Profiles*
- *Mock CRAFFT Screening*

Instructions:

1. Say: "Your SBHC does many things to help young people with substance use disorders, as we saw in the last activity. How many folks knew this was a service at your SBHC? Today, we are going to talk about what many SBHC do to help these young people and how you can help too!"
2. Describe the CRAFFT screening tool to participants and its role in SBIRT. The Substance Abuse and Mental Health Services Administration (SAMSHA) defines the CRAFFT Screening Interview as "a behavioral health screening tool designed for children under the age of 21. It consists of a series of six questions intended to identify adolescents who may have simultaneous substance use disorders. It is a short, effective tool meant to assess whether a longer conversation about the context of use, frequency, and other risks and consequences of substance use is warranted."
3. Divide the group into pairs. For each pair, distribute one character profile in the handout *Character Profiles* and the mock CRAFFT screening interview in the handout *Mock CRAFFT Screening*.
4. Ask pairs to read the character profile together. Give each pair 10 minutes to fill out the screening together, answering the questions as if they were the character. They can also create their own character if they would like.
5. Discussion:
 - a. What did it feel like answering those questions?
 - b. What was easy? What was difficult?

HANDOUT: **Character Profiles****Ariana, 18**

Ariana is the head cheerleader at her school. A few months ago, she fell during practice and broke her ankle. While she was healing, her doctor prescribed her pain killers. The pills helped her with the pain but now she feels like she cannot concentrate without them. She recently ran out of pills and started asking the other girls on the team if they had any leftover from their injuries. Her coach overheard her asking and referred her to the school-based health center.

**Alex, 15**

Alex transferred to a new school across the country halfway through the school year. He has had anxiety ever since he started and has not made any new friends. To help him relax, he likes to smoke weed afterschool in his backyard when no one is home. He recently started using his mom's prescription for benzodiazepines (or "benzos"), an opioid commonly prescribed to control anxiety. His teachers and parents have no idea about what's going on.

**Damion, 16**

Damion is known for partying on the weekends. However, he sometimes sneaks alcohol in a water bottle on campus and drinks throughout the day. One day after school, he almost got into a car accident with his friends while under the influence. His friends tell him that he needs to cut back on how much he drinks and seek help for his binge drinking.

**Molly, 17**

Molly looks like she has it all together: she gets good grades, got accepted to her top colleges, is very involved with her community, and gets along with all her peers. However, she uses MDMA (ecstasy) by herself in her room every night to cope with the stress of balancing her many responsibilities. She was caught by her parents once, but didn't get in trouble because she told them it was only a "one-time thing."

HANDOUT: **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)?
☐☐

If you answered "yes" to any questions in Part A, please complete Part B.
If you answered "no" to all questions in Part A, please only complete the CAR question in Part B and then stop.
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 or 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.

40 MINUTE ACTIVITY

Brief Intervention & Active Listening

Note: This activity is similar to one you may have done in Module 3. If you have done the activity in Module 3, you have the option to conduct an abbreviated version of this activity.

In this activity, participants will:

- Practice active listening skills when helping a friend.

You will need: Flipchart paper, markers

Handouts:

- *Non-verbal Communication, Open-ended Questions, and Reflection*
- *Character Profiles*

Instructions:

1. Say: "One of the most important skills when learning how to support someone with a substance use disorder (SUD) is being able to listen to them. We are going to practice some listening skills."
2. Ask participants to think of a time in their lives when they needed someone to listen to them. This time might be in the recent past or from their childhoods. Maybe they had a problem to talk about, maybe they were sad or angry about something, or maybe they were excited about something that was happening to them. Think about why you chose this person to talk to. Facilitate a discussion with the questions listed below:
 - a. What qualities did this person have that made them a good listener?
Facilitator's Note: Record the responses to this question on flipchart paper.
 - b. How did it feel to be listened to?
 - c. Did you ever have an experience when you wanted to be listened to, but the other person was not a good listener? How did that feel?
 - d. What did that person do that made them a poor listener?
Facilitator's Note: Record the responses to this question on flipchart paper.
 - e. Why is it sometimes difficult for people to be good listeners? What are some possible barriers to listening?
3. Show "Active Listening" video. <https://youtu.be/rzsVh8YwZEq> (*Note: if you do not have capability to play the video, be sure to say these additional statements: "Active listening involves focusing on the speaker and topic. Let the speaker finish before you respond. Use 'door opener' phrases to show you're interested and keep the other person talking such as, 'Tell me more,' or 'That sounds interesting.' "*)
4. Say: "Non-verbal communication gives the speaker signals that you are paying attention. Body language can convey interest and respect for the person or it can communicate inattention or non-interest."
5. Ask the group to give examples of non-verbal cues that show paying attention and not paying attention. Distribute the handout *Non-verbal Communication, Open-ended Questions, and Reflection*. Review Non-Verbal Cues on handout.
6. Say: "Open-ended questions are more than yes or no questions. They encourage the speaker to say more about their subject." Review samples of open-ended questions on the handout *Non-verbal Communication, Open-ended Questions, and Reflection* and complete one sample.
7. Say: "Reflection is the process in which the listener checks they are understanding the speaker correctly. This can come in the form of paraphrasing, putting the messages in their own words." Review the handout *Non-verbal Communication, Open-ended Questions, and Reflection*.
8. Referencing the tips from the video and the list of "qualities of a good listener" generated from question (a), have participants think about qualities they feel they possess and qualities they would like to most work on. Ask 2-3 volunteers to each share one quality they possess and one quality they want to work on. Encourage the group to affirm/validate each person using applause or verbal affirmations.

9. Now tell the group they will have a chance to practice the skills on the handout ***Non-verbal Communication, Open-ended Questions, and Reflection***. Divide the group into pairs. Ask one person to be the active listener and one person to talk about something. Give each person who is talking a character profile from the handout ***Character Profiles***, they can also create their own character if they would like. *Facilitator's Note: These character profiles are the same from the Mock CRAFFT Screening Interview Activity.*
10. Instruct the participant who is going to talk that they should keep talking for at least three minutes, staying in their assigned character. Ask the listener to be as effective a listener as possible, using the handout ***Non-verbal Communication, Open-ended Questions, and Reflection*** as a guide. After three minutes, ask the group to stop and spend 5-10 minutes discussing the exercise:
 - a. What did the listener do well?
 - b. What else could the listener have done to be even more effective, if anything?
 - c. What other feelings, if any, came up for you during the exercise? How did it feel to be the listener? What was easy or difficult? How did it feel to be listened to?
11. Ask the group to switch roles and repeat step 10.
Facilitator's Note: This activity can also be done in triads. Ask one person to be the active listener, one person to talk, and one person to be the observer.

HANDOUT: Non-verbal Communication, Open-ended Questions, and Reflection¹²

Non-Verbal Cues

There are non-verbal cues that convey paying attention and those that show inattention. Here are some examples.

Being Inattentive or Disrespectful

- Shrugging your shoulders
- Looking away from the speaker
- Crossing your arms and/or legs
- Sitting slouched over
- Rolling your eyes
- Tapping your fingers

Other examples:

Paying Attention

- Making eye contact
- Smiling
- Nodding your head
- Sitting up straight
- Leaning towards speaker
- Uncrossing your legs and arms

Other examples:

Open-ended Questions

Closed: Are you feeling bad today?

Open: How are you feeling today?

Closed: Do you like Math class?

Open: What do you think about Math class?

Closed: Do you think smoking marijuana everyday is okay?

Open:

Reflection

Speaker: I wish I had someone to talk to about all the stress I've been feeling. My partner doesn't like to talk much and parents just don't understand.

Listener: It sounds like you're frustrated that you can't talk to your partner or parents and you want someone to talk to.

¹² Adapted from: Resource Center for Adolescent Pregnancy Prevention, Skills for Youth, <http://recapp.etr.org/>

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20 MINUTE ACTIVITY

Referral to Treatment & How do we H.E.L.P. for SUDs?

Note: This activity is similar to one you may have done in Module 3. If you have done the activity in Module 3, you have the option to conduct an abbreviated version of this activity.

In this activity, participants will:

- Practice referring a friend to SUD services at their SBHC.

You will need: Flipchart paper, markers

Handouts:

- FACILITATOR HANDOUT: *Assessing Situations Role Play Scenarios*
- FACILITATOR HANDOUT: *Additional Curricula & Resources*
- *H.E.L.P. for SUDs*
- *Additional Resources*

Instructions:

1. Reiterate the goals of the module and the role of youth as allies. Say: "While we want to help our friends, we are not health professionals and must recognize both our roles and limitations. Knowing the resources available and how to navigate potential barriers can be just as helpful."
2. Say: "Does anyone know what confidentiality means?" (pause) "That's right, confidentiality means to keep things private and, at a SBHC, they have special rules for the confidentiality of the young people who access their services. It's important for all young people to understand confidentiality, especially you all, because you will be referring your peers to SBHC services. Most things a young person says about sexuality, drugs, and feelings stay confidential in a SBHC. The exceptions are if a young person was or is being physically or sexually abused, or is going to hurt themselves or someone else."
3. Using the handout *H.E.L.P. for SUDs*, go over each of the H.E.L.P. for SUDs steps and assist participants in identifying local resources for youth. Have participants complete the "your turn" boxes individually or in pairs.
Facilitator's Note: It's important to say during this activity that when a peer is under the influence, students should never leave them alone. If they want to leave, find someone they trust to watch out for the person or bring the person with them. If they are worried about their physical or mental health, they should let a trusted adult know or call 911.
4. Divide participants into pairs and assign scenarios to each group, using *Facilitator Handout: Assessing Situations Role Play Scenarios*.
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. What would you want someone to say to you in these situations?
 - d. What can be easy or difficult about helping someone access SUD services?
 - e. What might be some barriers for someone to access SUD services at a SBHC?
6. Say: "There are a variety of treatments out there for people with SUDs. These treatments can range from behavioral approaches, such as individual counseling, to medication for SUDs involving alcohol, nicotine, and opioids. It is important to let them know that there is support available and the best way to start that process is through their SBHC."
7. Copy and cut the handout *Additional Resources* and give to students.
8. For additional curricula and resources on SUDs, see *Facilitator Handout: Additional Curricula & Resources*.

HANDOUT: H.E.L.P. for SUDs

***Never leave someone under the influence of substances alone. If you want to leave, find someone you trust to watch out for the person or bring the person with you. If you are worried about their physical or mental safety, tell a trusted adult or call 911.**



Have SUD specific resources ready.



Evaluate your ability to help someone with a SUD.



Listen actively and use “I” statements when talking.
i.e. Say how it effects you.



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: **Assessing Situations Role Play Scenarios**

A friend comes up to you between classes and says they brought some of their parent's vodka to school in a water bottle. They've had about half of it and are feeling sick.

A friend just had another awful day: they tell you the only way they feel like they can relieve stress right now is to smoke some weed. In fact, they have started smoking every day just to make it through class.

A friend tells you that they blacked out this weekend at a party and don't remember how they got home.

A friend tells you that they feel like they can't relax at parties unless they are vaping, it's not fun and they say they have too much social anxiety.

Last spring, your friend on the basketball team tore their ACL. They were prescribed painkillers and ever since then, they haven't been the same person you knew. Recently, they have stopped coming to school and you're worried it may be because they are misusing their painkillers.

A friend tells you that they started taking their mom's painkillers because they twisted their ankle. They are running low and are starting to feel anxious about not having any more.

HANDOUT: Additional Resources

We know that additional questions about substance use may come up. Below are some good resources:

- **Just Think Twice** – <https://www.justthinktwice.gov/>
- **National Institute on Drug Abuse for Teens** – <https://teens.drugabuse.gov/>
- **PA Opioid Prevention Project** - <https://www.paopioidprevention.org/>
- **Dance Safe** – <https://dancesafe.org/top-10-safety-tips-from-dancesafe/>
- **Truth Campaign** – <https://www.thetruth.com/>

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FACILITATOR HANDOUT: Additional Curricula & Resources

We know that many additional questions may come up during this module, and there are many great curricula and resources available for reference. Check out the free or low cost resources below for additional lesson plans and information on substance use disorders.

Curriculum & Lesson Plans:

- **HIFY SKILL Program** – Training and lesson plans on a variety of youth development topics related to SUD: <https://hi4youth.org/programs/skill-program/>
- **National Institute on Drug Abuse** – Lesson plans on SUDs: <https://teens.drugabuse.gov/teachers>
- **Operation Prevention** – Lesson plans for elementary, middle, and high school students on opioid use disorders: <https://www.operationprevention.com/classroom>
- **Project ALERT** – Lesson plans for middle school students on SUDs: <https://www.projectalert.com/>
- **Project TND** – Lesson plans for high school students on SUDs: <https://tnd.usc.edu/>
- **Stanford Tobacco Prevention Toolkit** – Lesson plans on tobacco prevention for high school students: <http://med.stanford.edu/tobaccopreventiontoolkit.html>

Resources:

- **Just Think Twice** – Information on SUDs for teens: <https://www.justthinktwice.gov/>
- **National Institute on Drug Abuse** – Information on the opioid crisis for teens: <https://www.drugabuse.gov/publications/opioid-facts-teens/letter-to-teens>
- **Dance Safe** – Top Ten Safety Tips for harm reduction and partying safely: <https://dancesafe.org/top-10-safety-tips-from-dancesafe/>
- **Truth Campaign** – Tobacco prevention information and activities: <https://www.thetruth.com/>

MODULE 5

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)

(10 min) Check-In and Icebreaker

(30 min) **Cultural Humility**

- *Cultural Humility Story Worksheet*

(40 min) **Non-Defensive Communication**

- *Dealing with Conflict*
- *A Guideline to Giving and Receiving Feedback*
- *A Checklist for Communication*
- *Non-defensive Communication*

(10 min) Check-Out & Closing

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

(10 min) Check-In and Icebreaker

(15 min) **Health Coaching Framework**

- *An Introduction to the Health Coaching Framework*
- *Stages of Change*

(15 min) **An Introduction to Health Assessments**

- *The HEEADSS Assessment*

(40 min) **Motivational Interviewing & The Chocolate Bar Activity**

- *Motivational Interviewing At-A-Glance*

(5 min) Close-out Evaluation

(5 min) Check-Out & Closing

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

Word Bank

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

Additional 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)

30 MINUTE ACTIVITY

Cultural Humility

In this activity, participants will:

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

You will need: Flipchart paper, markers

Handouts:

- *Cultural Humility Story Worksheet*

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 in the handout *Cultural Humility Story Worksheet* 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 *Cultural Humility Story Worksheet*.
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: 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.

40 MINUTE ACTIVITY

Non-Defensive Communication

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: Flipchart paper, markers

Handouts:

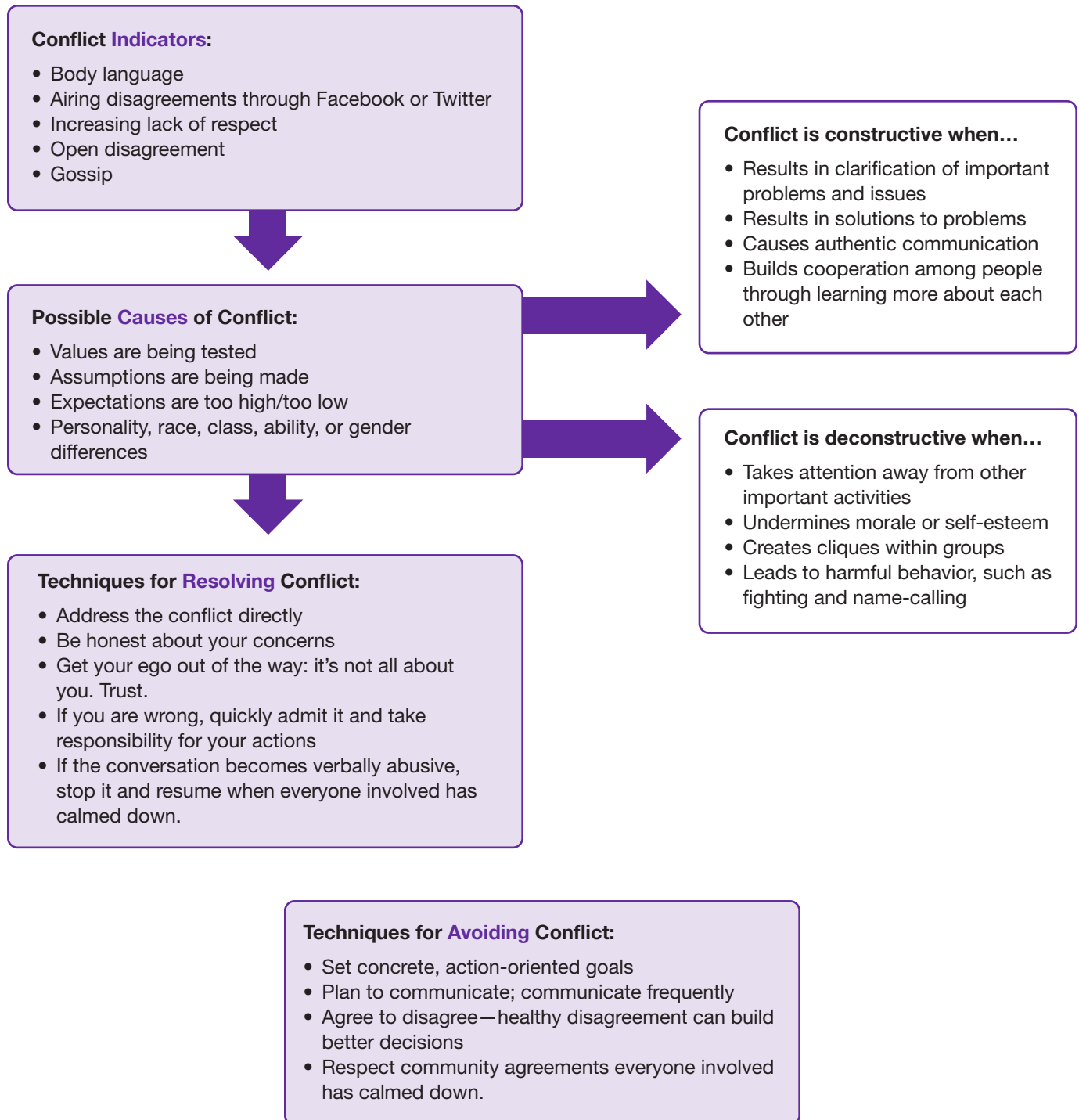
- *Dealing with Conflict*
- *A Guideline to Giving and Receiving Feedback*
- *A Checklist for Communication*
- *Non-defensive Communication*

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 the handouts *Dealing with Conflict* and *A Guideline to Giving and Receiving Feedback* 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 the handout *Non-defensive Communication*.
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 the handout *A Checklist for Communication* 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: 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: 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

Pick Good Timing

- Give feedback in private so the person doesn't feel like they're being "ganged up" on
- Give criticism soon after the event

Be Tactful

- Try not to sound threatening
- Keep the criticism balanced—include appreciation and acknowledgement when you can
- Use "I" statements

Identify the Problem

- Focus on the problem, not on the person's personality
- Be as specific as possible
- Don't overstate the problem by using words such as "always," "never," or "worst"

Offer a Solution

- Suggest concrete ways to correct the problem
- Reflect on how you can modify your own behavior to alleviate the situation
- Acknowledge and celebrate

RECEIVING FEEDBACK

Keep an Open Mind

- Welcome feedback as a process for learning and improving
- Maintain eye contact and open body language as you listen

Actively Listen

- Ask for clarifications, if necessary
- Restate the feedback to make sure you understand it

Try not to take it personally

- View the criticism as a genuine attempt to fix a problem, not a personal attack
- Focus on possible solutions to each criticism
- Be honest about how you feel, but view the process as productive dialogue

HANDOUT: 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.

[illegible]

HANDOUT: 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”.

When to Use:

- When we feel others are not treating us right
- When we feel defensive or angry
- When others are angry with us

Listen

- What I’m hearing is ...
- I understand that ...
- So you say that ...

Pinpoint the Behavior

- When I’m shouted at I ...
- When I’m sworn at I ...
- When I’m pushed around I ...

Use “I Sentences”

- I think that I ...
- I feel that I ...
- My concern is ...

Share Your Feelings

- I feel unappreciated when ...
- My concern is that ...
- I feel hurt when ...

Offer A Solution

- I would like ...
- What I’d like to see happen is ...
- It would be nice if ...

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

Three to Glow: _____

One to Grow: _____

15 MINUTE ACTIVITY

Health Coaching Framework

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:

- *An Introduction to the Health Coaching Framework*
- *Stages of Change*

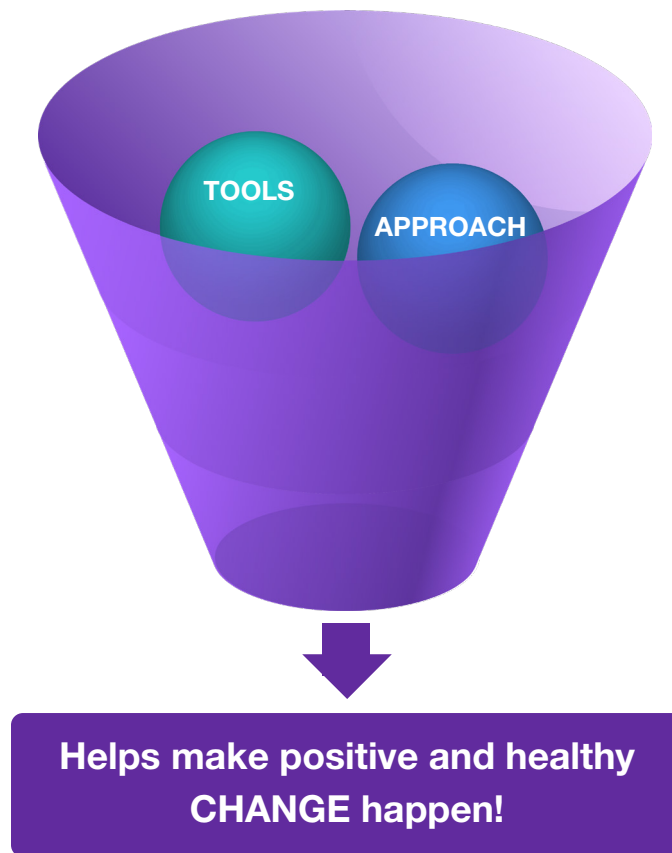
Instructions:

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 the handout *An Introduction to the Health Coaching Framework*, 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 the handout *Stages of Change*.
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 the handout *Stages of Change* and share back if any reflections.

HANDOUT: 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.

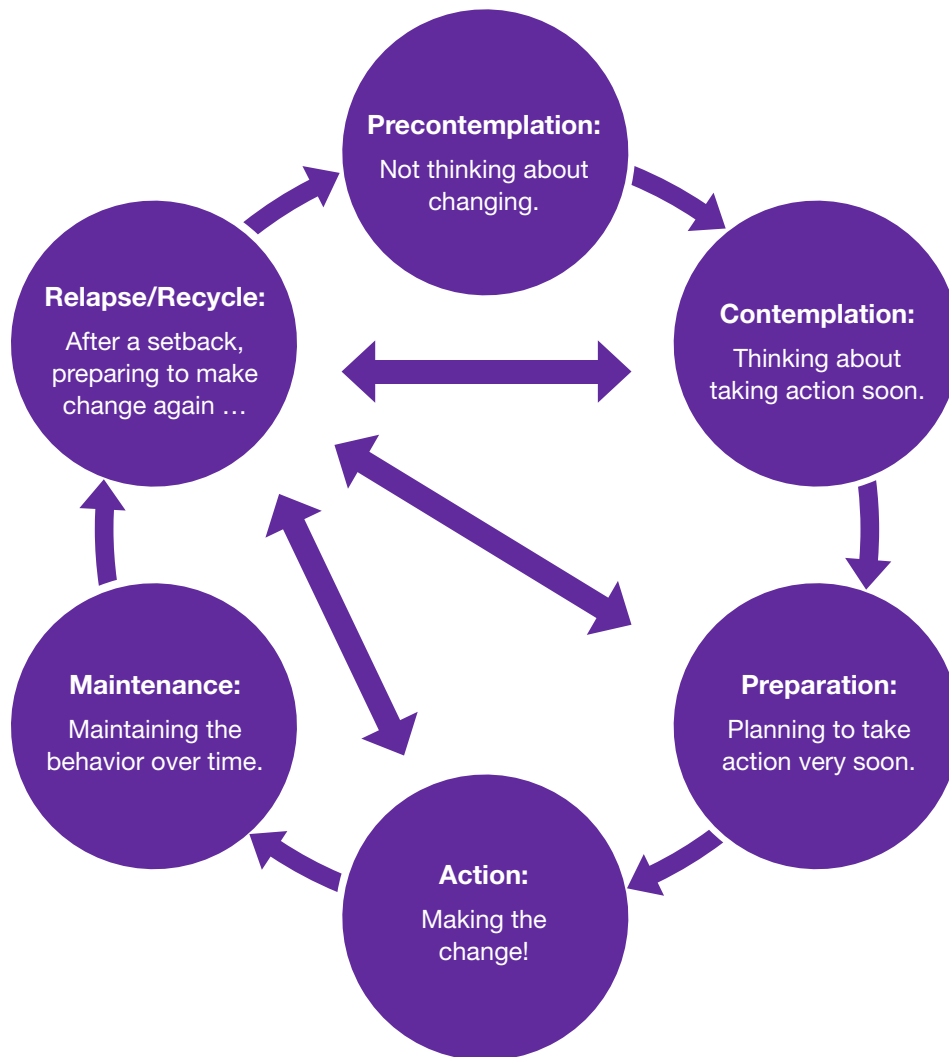
1. Communication: an important set of skills that build trusting relationships between you and your peers.
2. Motivational Interviewing: Motivational Interviewing offers a method for helping people identify behaviors they want to change and serves as a foundation for building trusting relationships.
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: 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*.

15 MINUTE ACTIVITY

An Introduction to Health Assessments

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

Handouts:

- *The HEEADSS Assessment*

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 **G**ather information – screen for problems, **A**ssess further – if a problem is identified then someone decides how risky it is, **P**roblem identification – working with a young person to identify the problem and make change, and **S**pecific 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 the handout *The HEEADSS Assessment* 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: The HEEADSS 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.

40 MINUTE ACTIVITY

Motivational Interviewing - The Chocolate Bar Exercise⁴

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

Handouts:

- *Motivational Interviewing At-A-Glance*

Instructions:

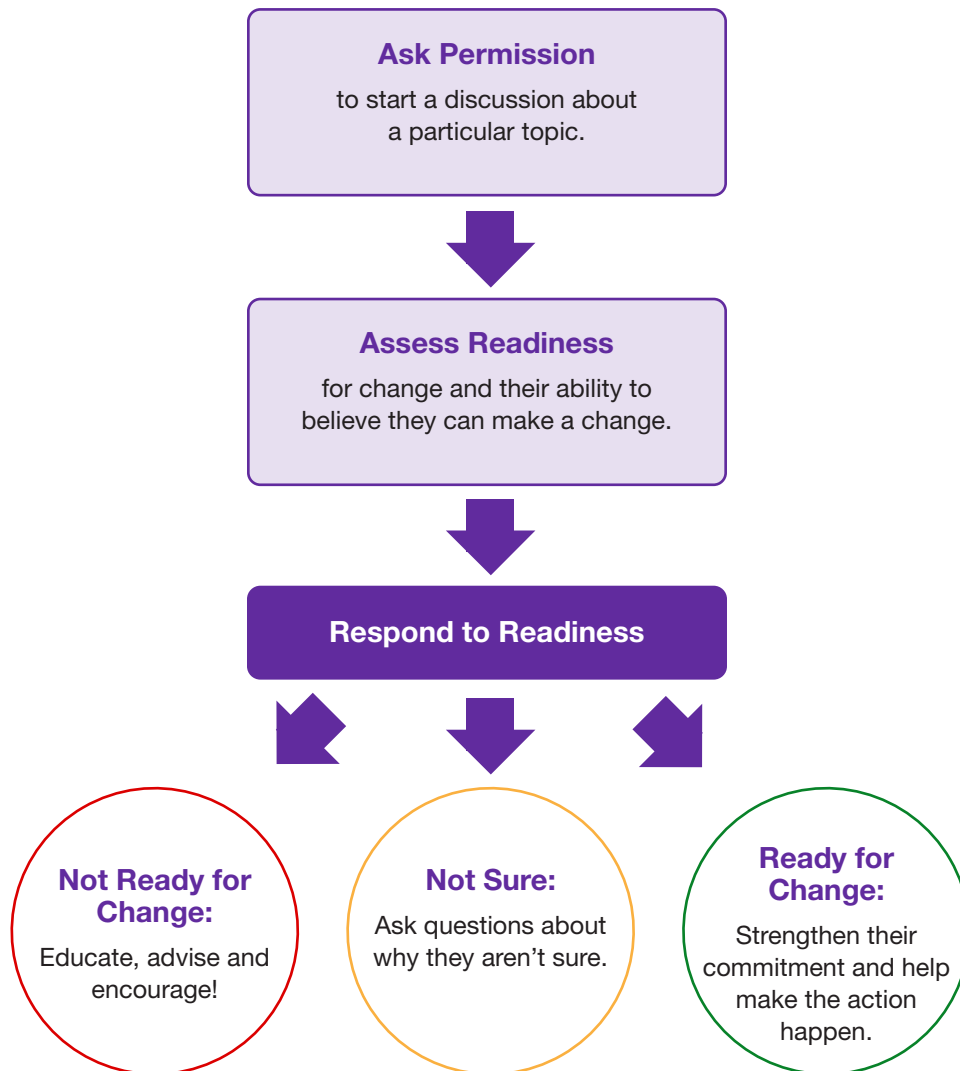
1. Divide participants into groups of 3-4.
2. Give each group a piece of poster paper and ask them to divide the chart paper in half.
3. Ask them to record all of the things that they have learned from their peers (fashion, phrases, habits, new tech, etc.) on the left side of the chart paper and how 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.
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)

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

- 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 the handout *Motivational Interviewing At-A-Glance* 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: 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.

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

[illegible]

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 6A

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)

(5 min) Check-In and Icebreaker

(15 min) **Influencing Public Policy** • *Influencing Public Policy*

(15 min) **Crafting Y(Our) Message** • *An Issue I Care About Part 2*

(30 min) **Tailoring Your Message to Different Audiences** • *General Tips for Advocacy*

(30 min) **Getting Y(Our) Message Out**

(5 min) Close-out Evaluation

(5 min) Check-Out & Closing

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

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

15 MINUTE ACTIVITY

Influencing Public Policy

In this activity, participants will:

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

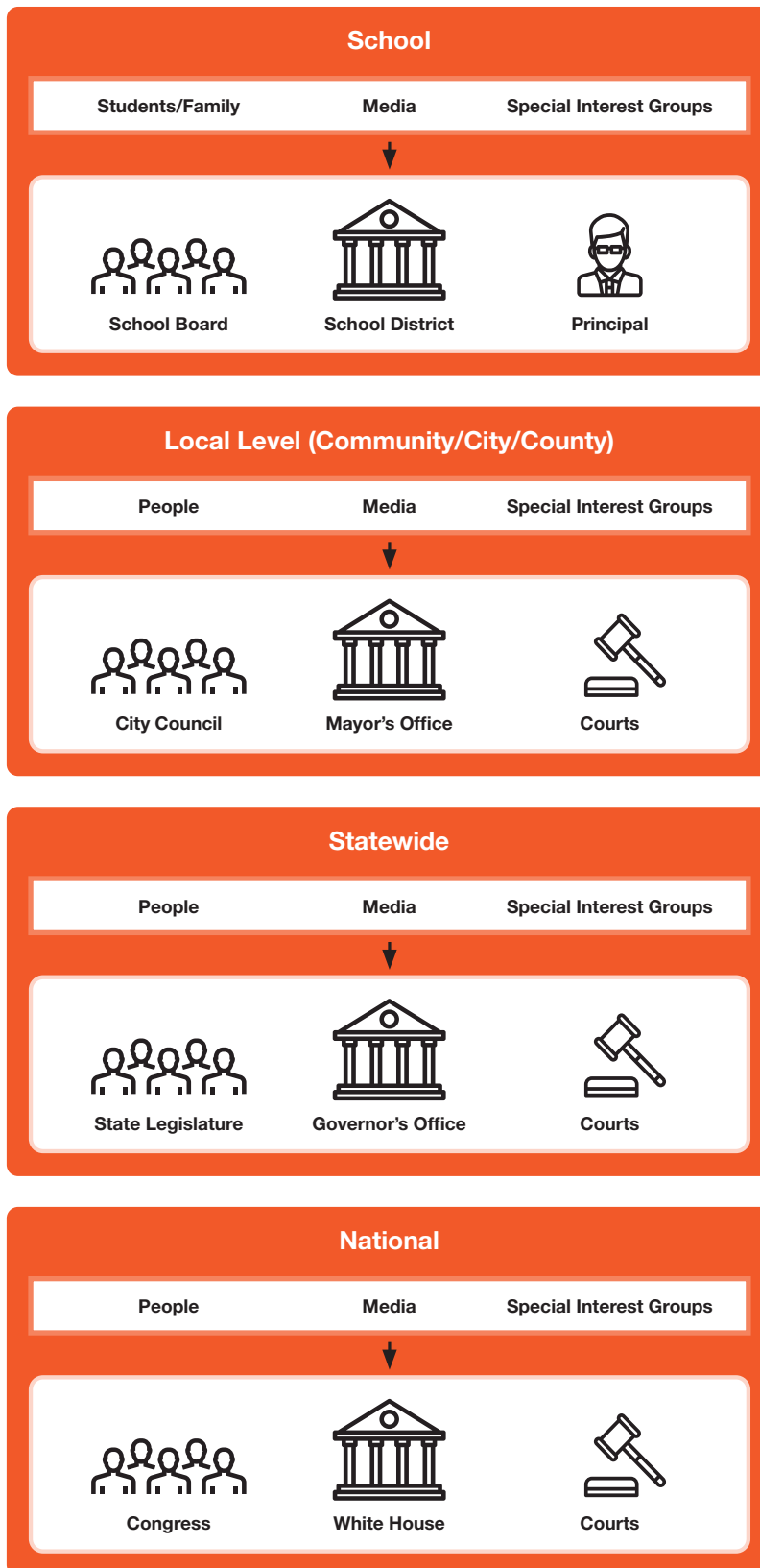
You will need: Chart paper, markers

Handout:

- *Influencing Public Policy*

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 the handout *Influencing Public Policy* 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: **Influencing Public Policy**¹

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.

15 MINUTE ACTIVITY

Crafting Y(Our) Message

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:

- *Influencing Public Policy*

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 the handout *Influencing Public Policy*.
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: **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 _____ **(neighborhood/town), and I go to**
 _____ Balboa High School _____ **(school).**

When I see/hear _____ students who lack health services _____ **in my community,**
I feel _____ concerned _____ **because** _____ they deserve access to health resources _____.

In my community, we have/need _____ more health services _____.

Will you _____ help make this possible _____ **?**

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

30 MINUTE **ACTIVITY****Tailoring Your Message to Different Audiences****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:

- *General Tips for Advocacy*

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 the handout *General Tips for Advocacy* 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: **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.

² Adapted from: Advocates for Youth. (2007). Advocacy Kit. Washington, D.C.

30 MINUTE **ACTIVITY**

Getting Y(Our) Message Out

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?

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.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 6B

SUPPORTING
UNDOCUMENTED
STUDENTS

SUPPORTING UNDOCUMENTED STUDENTS

Overview

In this section participants will learn about the importance of creating a preparedness plan to help reduce the stress of encounters with immigration officials occur, and how students can have a voice in creating safe spaces for their peers on their school campuses and in their school-based health centers.

Objectives

After this section, participants will be able to:

- Identify resources for undocumented students.
- Discuss cultural humility and the immigrant experience.
- Define safe spaces.
- Practice creating safe spaces on school campuses and within SBHCs.

Agenda (90 minutes)

| | | |
|----------|---|---|
| (5 min) | Check-In and Icebreaker | |
| (30 min) | Getting Comfortable with Uncomfortable Conversations | <ul style="list-style-type: none"> • <i>Creating Safe Spaces for Undocumented Students</i> |
| (15 min) | Defining a Safe Space | <ul style="list-style-type: none"> • <i>Creating Your Safe Space Poster</i> |
| (30 min) | Creating a Safe Space Poster | |
| (5 min) | Close-out Evaluation | |
| (5 min) | Check-Out & Closing | |

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

Word Bank

Ally
Immigrant
Undocumented
Cultural Humility
Sanctuary
Safe Space

Food for Thought

“Whenever you find yourself doubting how far you can go, just remember how far you have come. Remember everything you have faced, all the battles you have won, and all of the fears you have overcome.”

—Unknown

30 MINUTE ACTIVITY

Getting Comfortable with Uncomfortable Conversations

In this activity, participants will:

- Identify resources for undocumented students and allies.
- Brainstorm a list of uncomfortable feelings associated with immigration enforcement officials.
- Discuss how personal narratives and interpersonal relationships help us understand the immigrant experience and the world around us.

You will need: Chart paper, markers, post-its, highlighters

Handout:

- *Creating Safe Spaces for Undocumented Students*

Instructions:

1. Create a list of community agreements or re-visit your groups current community agreements.
2. Say: *"Before continuing, we want to ensure that everyone still agrees to the community agreements because today we are going to discuss a particularly sensitive topic that some of you may be personally connected to, does anyone have any to add (wait for responses and record them accordingly)?"*
3. Facilitators Note: Participants may intentionally or unintentionally "out" themselves or loved ones as undocumented during this activity, in which case, it is incredibly important to 1) validate their feelings, and 2) make them feel safe by ensuring you know and state the SBHC policies about protecting the confidentiality of all students.
4. Prepare a piece of chart paper with the title "uncomfortable feelings."
5. Pass out post-its and the handout *Creating Safe Spaces for Undocumented Students* to participants.
6. Ask students to read the handout *Creating Safe Spaces for Undocumented Students* in pairs or alone and highlight any statements or words that stand out.
7. Ask students to brainstorm and write down (1 per post-it) feelings that came up as they were reading the handout.
8. Ask students to put their post-its up on the chart paper.
9. Read post-its aloud and ask students to respond.
10. Discussion:
 - a. What came up for you when we read everyone's feelings?
 - b. What does this mean to you? What does it mean for a person to be undocumented?
 - c. How would you react if your friend opened up to you about being undocumented?
 - d. What does it mean to be an ally?
 - e. Why should anyone advocate for the well-being of undocumented people?
 - f. In what ways can we best support undocumented young people?
 - g. Do you consider your school or school-based health center a safe space? Why or why not?

HANDOUT: Creating Safe Spaces for Undocumented Students

What Do I Need to Know to Protect My Rights?

Everyone- both documented and undocumented persons – have rights in this country.

While it is our hope that you never have to encounter immigration officials (ICE) in your school or in your school-based health center, it is important to have a plan in place to help reduce the stress of the unexpected; most importantly, to know what steps to take in which case you do.

This document can help you create a plan, regardless of your immigration status, so that a trusted adult can take action if you, your fellow peers, and or family members encounter ICE on school premises.

Documents Undocumented Students Should Carry:

- Know Your Rights card
- If you have one, carry your valid state ID or driver's license at all times.
- Carry your green card or copy of immigration papers with you if you have them.
- Do not carry false documents.
- Do not carry any documentation from your country of origin, such as a "matricula".

Know Your Rights Red Card (in Spanish):

Usted tiene derechos constitucionales.

• NO ABRALA PUERTA SI UN AGENTE DEL SERVICIO DE INMIGRACION ESTA TOCANDO A LA PUERTA.

• NO CONTESTE NINGUNA PREGUNTA DEL AGENTE DEL SERVICIO DE INMIGRACION SI EL TRATA DE HABLAR CON USTED. Usted tiene derecho a mantenerse callado. No tiene que dar su nombre al agente. Si está en el trabajo, pregunte al agente si está libre para salir y si el agente dice que sí, váyase. Usted tiene derecho de hablar con un abogado.

• ENTREGUE ESTA TARJETA AL AGENTE. NO ABRALA PUERTA

I do not wish to speak with you, answer your questions, or sign or hand you any documents based on my 5th Amendment rights under the United States Constitution.

I do not give you permission to enter my home based on my 4th Amendment rights under the United States Constitution unless you have a warrant to enter, signed by a judge or magistrate with my name on it that you slide under the door. I do not give you permission to search any of my belongings based on my 4th Amendment rights.

I choose to exercise my constitutional rights.

These cards are available to citizens and noncitizens alike.

Know Your Rights:

- **Remain calm and do not try to run away. If you do, ICE or the police can use that against you.**
- You have the right to remain silent and can refuse to answer ICE's questions.
- You have the right to refuse to sign anything before you talk to your lawyer.
- You have the right to speak to a lawyer and the right to make a phone call.

Have a Plan if You Are Detained:

- Make sure your family has your immigration number (if you have one).
- You will find this number on your work permit or residency card. The number begins with an "A".
- Make sure your family knows how to contact you if you are detained.
- Family members should contact the local office of Immigration and Customs Enforcement's Detention and Removal Branch if they do not know where you are detained. Ask to speak with the supervisory deportation officer, and give the full name and #4 of the detainee.
- Make a list of the names and contact information of any lawyer who has ever represented you.
- If there are none, find an attorney who specializes in deportation defense who may be able to represent you.

There are a lot of resources to teach you about the rights of undocumented students and persons. Below are just a few places to start looking if you want to learn more about immigration laws:

- Immigrant Legal Resource Center (ILRC): <https://www.ilrc.org/community-resources>
- National Immigration Law Center (NILC): <https://www.nilc.org/>
- Centro de Ayuda Legal Para Inmigrantes: <http://cali-immigrations.yolasite.com/contact-us.php>

15 MINUTE **ACTIVITY****Defining Safe Spaces****In this activity, participants will:**

- Define what a safe space means to them.
- Create a poster/flyer to promote a safe spaces on their school campus.
- Have fun!

You will need: Markers, art supplies (glitter, glue, paint, etc), paper (poster or 8.5 by 11)

Handout:

- *Creating Your Safe Space Poster*

Instructions:

1. Prepare three pieces of chart paper with the titled “A safe space looks like...”, “A safe space feels like...”, and “A safe space sounds like...”
2. Ask participants brainstorm at least three things for each piece of chart paper.
3. Ask participants to choose a least one item brainstormed to focus on and inspire the creation of their poster/flyer on the handout *Creating Your Safe Space Poster*.
4. Ask students to look over the example box on the handout *Creating Your Safe Space Poster* and create their own poster/flyer in the Your Turn box, on a separate piece of paper, or on larger poster paper.
5. After 15 minutes, ask everyone to share their sample flyers/posters with the group.
6. Discussion:
 - a. Where are places we can post these on campus?
 - b. Are there places where we can’t post them? Why/why not?
 - c. What are other ways we can promote safe spaces on campus?
7. Post the flyers/posters in your SBHC or on your school campus! Facilitators note: be sure to check guidelines for posting flyers/posters on campus. Please contact CSHA if you need assistance having conversations with your school administration and/or see Module 6A for advocacy tips.

HANDOUT: Creating Your Safe Space Poster

Example: A safe space LOOKS beautiful and welcoming.



YOUR TURN: Create your own Safe Space Poster

A Safe Space _____

| | |
|--------------------------|--|
| Ally | Someone who shows solidarity with another community, and rises up to meet the need of a community. |
| 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. |
| Immigrant | A person who lives permanently in a foreign country without legal status. |
| Safe Space | A place in which a person can feel confident to be their whole selves without fear discrimination, harassment, or any other emotional or physical harm. |
| Sanctuary | A place for refuge and safety. |

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 advocate for undocumented peers?

2. What are ways that you can continue to create safe spaces for all students at your school?

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

MODULE 7

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, participants will be able to:

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

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

Agenda (90 minutes)

(10 min) Check-In and Icebreaker

(20 min) **Risk Your Pennies!**

(30 min) **“Why Care?” Making the Case For Health Insurance**

- *A Brief History of Health Insurance*
- *Benefits of Health Insurance*

(20 min) **How Health Insurance Works**

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

(10 min) Check-Out & Closing

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

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.

20 MINUTE **ACTIVITY****Risk Your Pennies****In this activity, participants 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 3pennies (s/he can't afford insurance), and the other "uninsured" friend has 12 pennies (s/he's got so much moneys/he THINKS s/he doesn't need insurance). I am the hospital. This basket is the health insurance company. Everytime 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 healthcare 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 Module

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.

30 MINUTE ACTIVITY

Why Care? Making the Case for Health Insurance

In this activity, participants will:

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

You will need: Poster paper, markers.

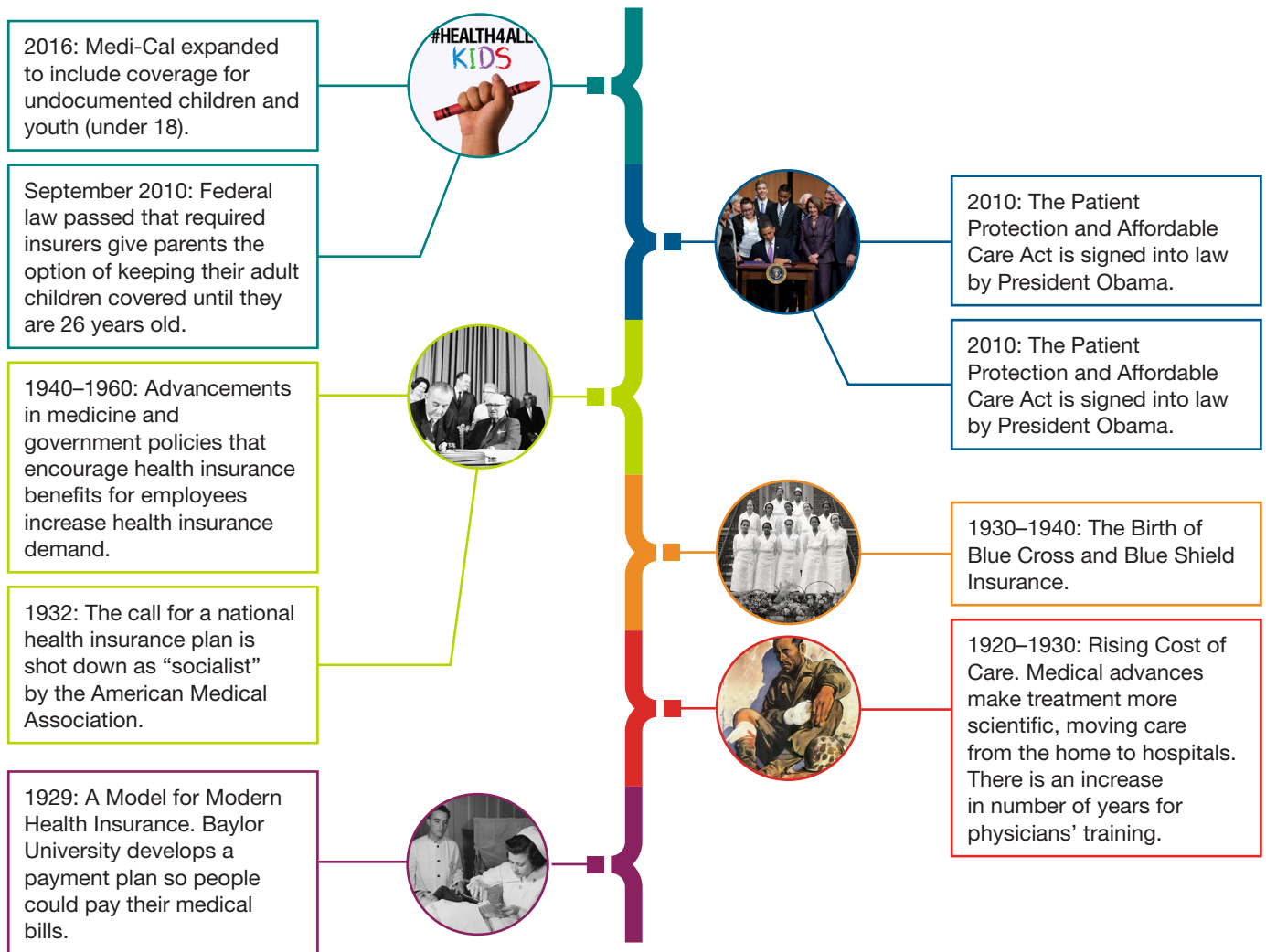
Handout:

- *A Brief History of Health Insurance*
- *Benefits of Health Insurance*

Instructions:

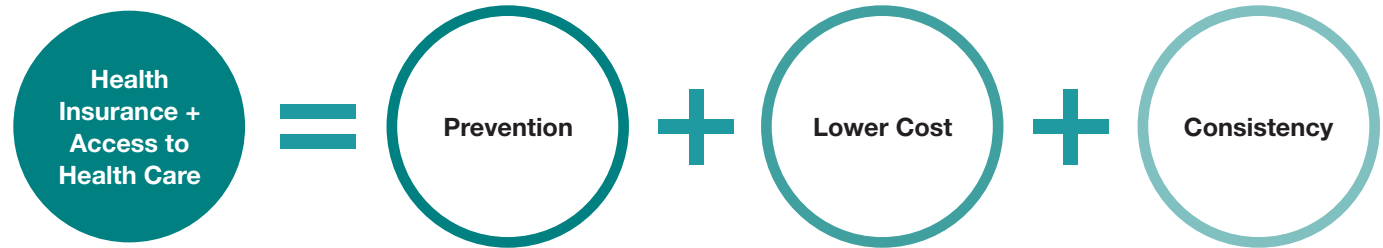
1. As an introduction, use the handout *A Brief History of Health Insurance* to go through the history of health insurance.
2. Using the handout *Benefits of Health Insurance*, go over the elements that make health insurance important.
3. Ask participants to star or highlight items that surprised them about having health insurance.
4. Write on the board or on a piece of poster paper: “Why Care?” Using the handout *A Brief History of Health Insurance*, 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: A Brief History of Health Insurance



YOUR TURN: Answer the following questions by circling the correct answers or writing in your own...

- In the beginning of the 20th century, health care costs were very:
 - High
 - Low
- Health care costs have increased due to advances in
 - Medicine and technology
 - Communication and ambulances
 - SBHCs and health educators
- 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.
- True or False? The idea of universal health care was continuously shot down because it was thought to be a “socialist” government program.

HANDOUT: **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.

20 MINUTE ACTIVITY

How Health Insurance Works

In this activity, participants will:

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

You will need: Case Study, poster paper, markers.

Handouts:

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

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 the handouts *How Health Insurance Works* and *Comparing Private and Public Health Insurance: What's the Difference?*, go through process of how health insurance works and describe the difference between private and public insurance.
4. Next, ask participants to look over the handout *Getting Coverage and How to Apply*. 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...

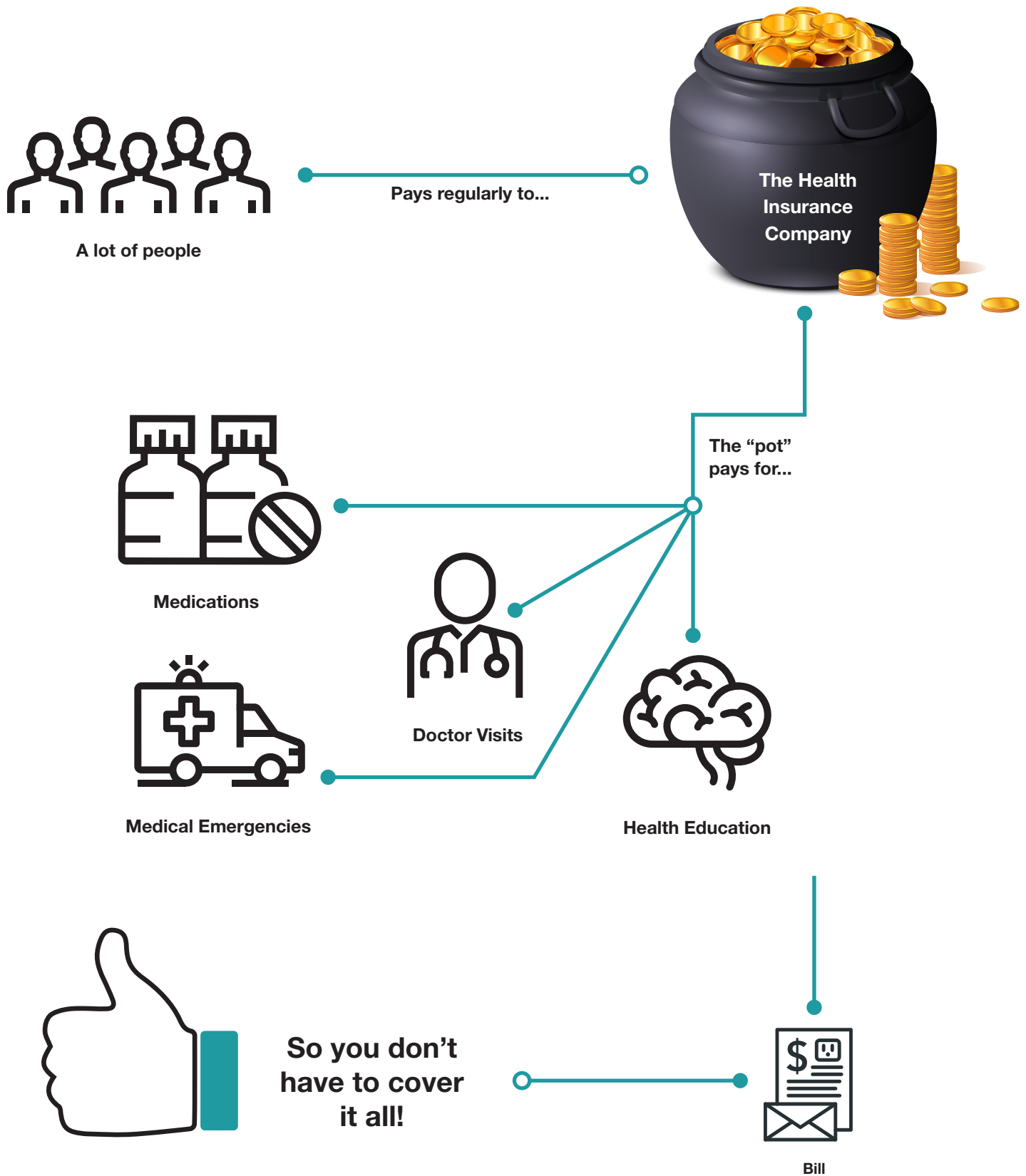
The real problem, [Wendell Potter, former head of communications at Cigna] says, lies in the fact that the United States “has entrusted one of the most important societal functions, providing health care, to private health insurance companies.” Therefore, the top executives of these companies become 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: How Health Insurance Works

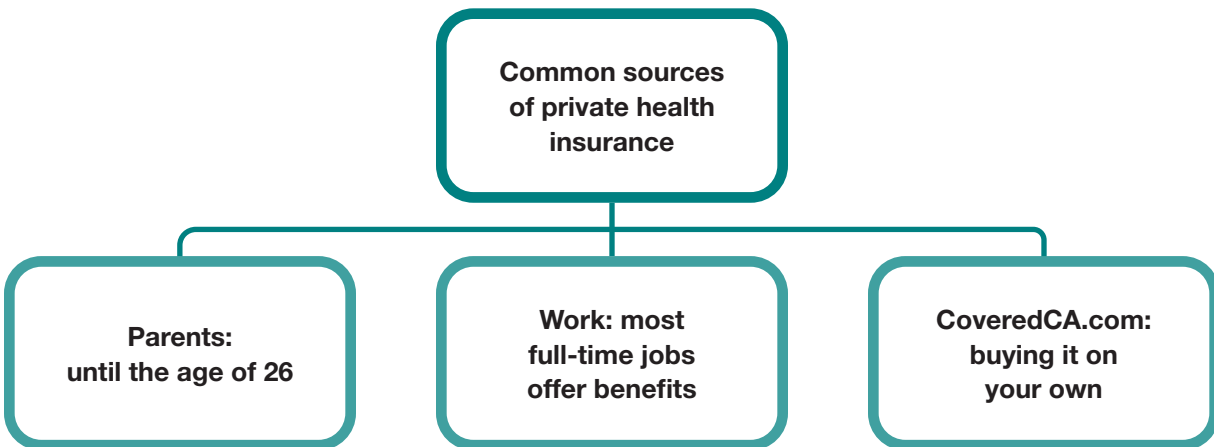


HANDOUT: Comparing Private and Public Health Insurance: What's the Difference?

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

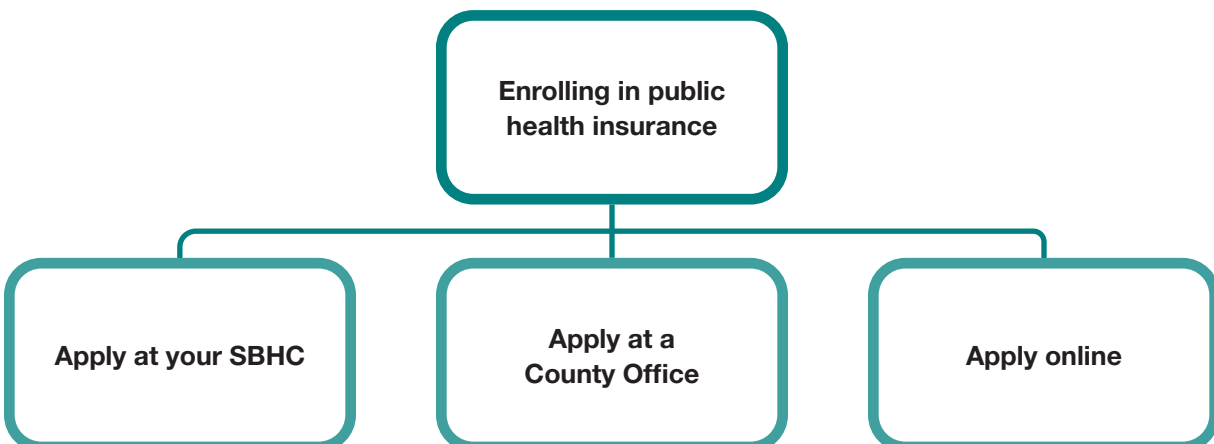
Private Health Insurance:

- 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 publicly-funded health insurance programs include:
 - Medi-Cal
 - Medicare (for 65+)



HANDOUT: **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/medi-cal/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/medi-cal/eligibility/Pages/SingleStreamApps.aspx>

Mail application and documents to:
 Covered California
 P.O. Box 989725
 West Sacramento, CA 95798-9725

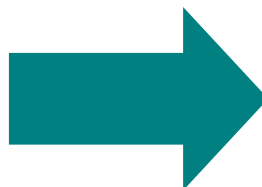
OR

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.



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

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.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



**LEARN,
MEET,
PRACTICE**

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

After 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.

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

Agenda (90 minutes)

(10 min) Check-In and Icebreaker

(10 min) **Why Care? The Need for Health Professionals**

(15 min) **Health Professions List**

- *Health Professions List*
- *A Beginner's Model for Gaining Career-Related Experience (CRE)*

(40 min) **Mapping Your Career Path**

- *Your Career Path Map*

(10 min) Check-Out and Closing

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

10 MINUTE **ACTIVITY****Why Care? The Need for Health Professionals****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.”

15 MINUTE **ACTIVITY**

Health Professions List

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

Handouts:

- *Health Professions List*
- *A Beginner's Model for Gaining Career-Related Experience (CRE)*

Instructions:

1. Ask participants to look over the the handout *Health Professions List* and fill out the “Your Turn” box, identifying 2-3 health careers they are interested in.
2. Ask participants to share back at least 1 career they are interested in and why.
3. Go over the handout *A Beginner's Model for Gaining Career-Related Experience (CRE)* and invite participants to ask questions.
4. Discussion:
 - a. What is one thing you learned about health careers?
 - b. What interests you most about health careers?
5. 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: 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. |
| 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. |

| Profession | Minimum Degree Required | Years in College | Description |
|------------------------------------|---|------------------|--|
| 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. |
| 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. |

| Profession | Minimum Degree Required | Years in College | Description |
|--|---|------------------|--|
| 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. |
| 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. |

| Profession | Minimum Degree Required | Years in College | Description |
|--|---|------------------|---|
| 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. |
| 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. |

| Profession | Minimum Degree Required | Years in College | Description |
|--------------------------------|---|------------------|---|
| 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. |
| 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)?

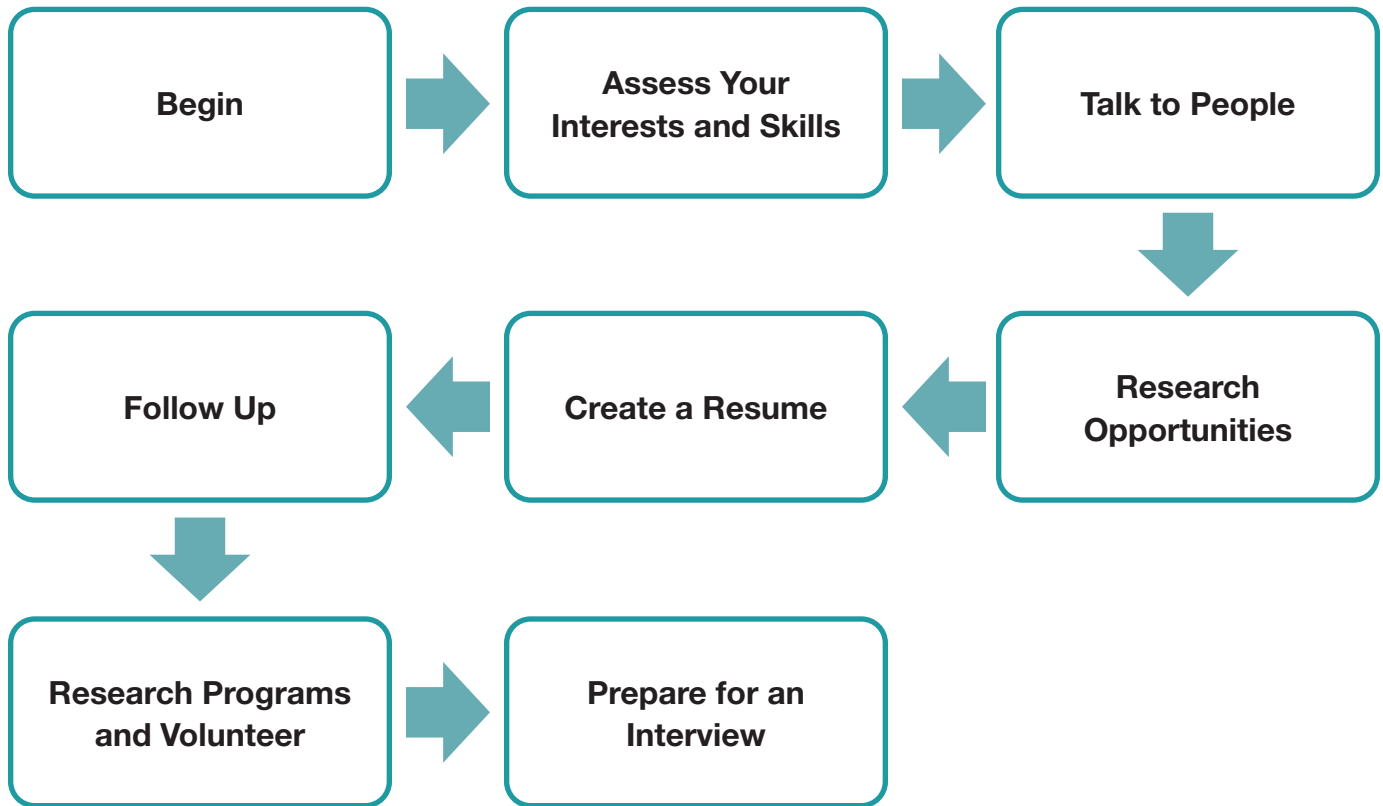
Health Career:

Why?

Health Career:

Why?

HANDOUT: 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

40 MINUTE **ACTIVITY**

Mapping Your Career Path

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

Handouts:

- FACILITATOR HANDOUT: *Additional Resources*
- *Your Career Path Map*

Instructions:

1. Ask participants to use the handout *Your Career Path Map* 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: Additional Resources* to share additional resources with participants.

HANDOUT: Your Career Path Map

```
graph TD; A[What health career(s) are you interested in?] --> B[What skills do you have? (good at listening, problem solving, etc.)]; B --> C[Who are 1-2 adults you can talk to about your health career interests?]; C --> D[What are 1-2 websites you can visit to find out more about the health career(s)?]; D --> E[Do you have a resume? Who can help you make one?]; E --> F[What local programs/ organizations provide internships/volunteer opportunities? Who is the contact person?]; F --> A;
```

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: **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 8

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

After this section, participants will be able to:

- 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.

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

Agenda 1: Learn (90 minutes)

(5 min) Check-In and Icebreaker

(15 min) **An Introduction to Mental Health Providers** • *Mental Health Conditions At-A-Glance*

(15 min) **Mental Health Provider Professions and Crafting Interview Questions** • *Mental Health Professions List*
• *Mental Health Provider Interview Questions*

(5 min) Check-Out & Closing

Agenda 2: Meet & Practice (90 minutes)

(5 min) Check-In and Icebreaker

MEET

(45 min) **Mental Health Provider Role Play** • *Creating Your Character Worksheet*
• *Supportive Interviewing Techniques*
• *Mental Health Screening Tool*

(5 min) Check-Out & Closing

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

15 MINUTE ACTIVITY

An Introduction to Mental Health Providers

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

Handouts:

- FACILITATOR HANDOUT: *Mental Health Agree/Disagree Statements*
- *Mental Health Conditions At-A-Glance*

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: Mental Health Agree/Disagree Statements* 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 *Mental Health Conditions At-A-Glance*. 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: 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.

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 feels 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: **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

15 MINUTE ACTIVITY

Mental Health Provider Professions and Crafting Interview Questions

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

Handouts:

- *Mental Health Professions List*
- *Mental Health Provider Interview Questions*

Instructions:

1. Ask participants to look over the handout *Mental Health Professions List* 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 *Mental Health Provider Interview Questions*.
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: 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:

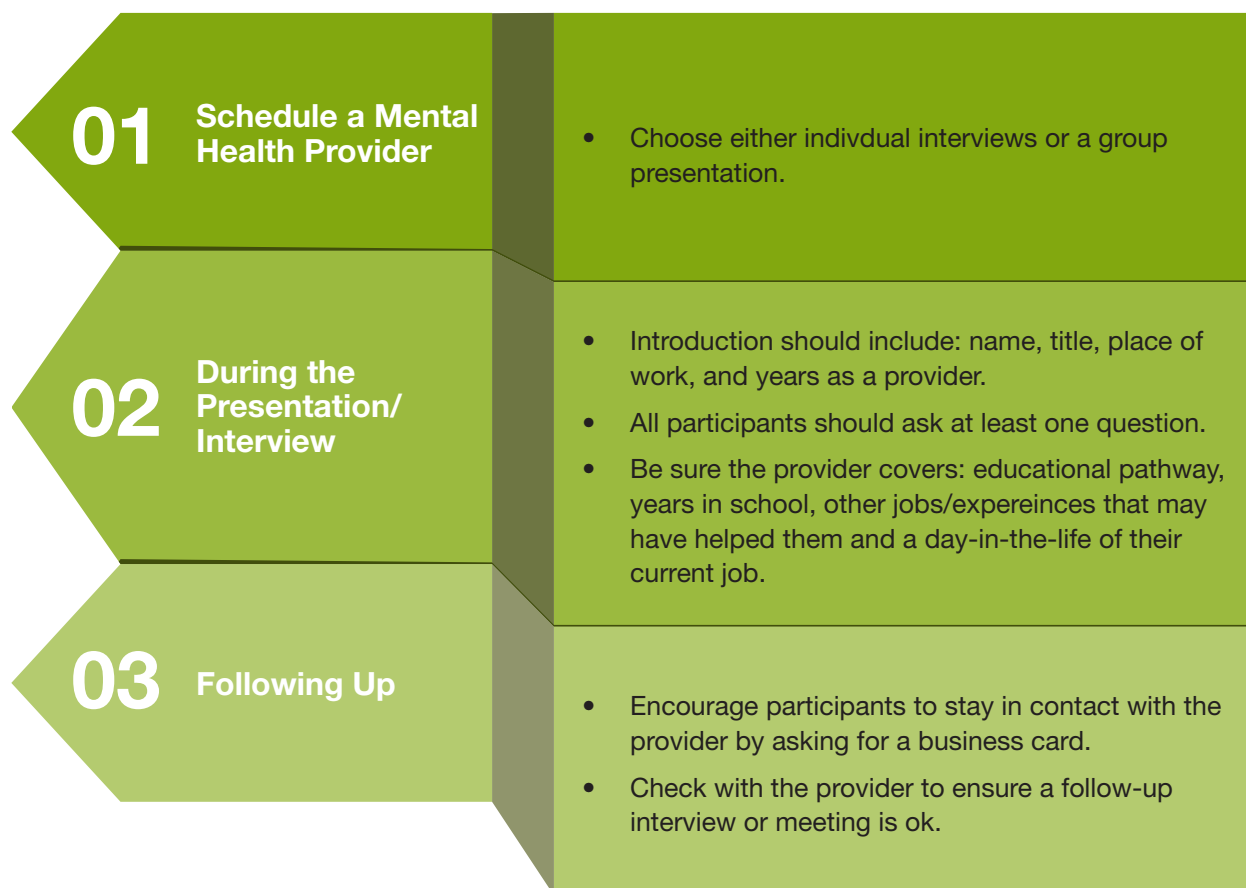
Mental Health Career:

Why?

HANDOUT: 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.

FACILITATOR'S NEXT STEPS: **MEET**

45 MINUTE **ACTIVITY****Mental Health Provider Role Play****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

Handouts:

- *Creating Your Character Worksheet*
- *Supportive Interviewing Techniques*
- *Mental Health Screening Tool*

Instructions:

1. Using the handout *Creating Your Character Worksheet*, 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 *Mental Health Screening Tool*).
2. After about 5-10 minutes, go over the handout *Supportive Interviewing Techniques* 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 *Mental Health Screening Tool*. 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: **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: **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. |

² 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: 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? 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?

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:

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 appeals to you about being a mental health provider?

2. What are some challenges associated with being a mental health provider?

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

MODULE 9

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

After this section, participants will be able to:

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

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

Agenda 1: Learn (90 minutes)

(10 min) Check-In and Icebreaker

(50 min) **An Introduction to Substance Use & Abuse** • *Principles for Treatment of Dependence*

(20 min) **Substance Abuse Counselors** • *Mental Health Professions List*
• *Substance Use Counselor Interview Questions*

(10 min) Check-Out & Closing

Agenda 2: Meet & Practice (90 minutes)

(10 min) Check-In and Icebreaker

MEET

(40 min) **Mock CRAFFT Screening Interview** • *Mock CRAFFT Screening*

(10 min) Check-Out & Closing

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.

50 MINUTE ACTIVITY

An Introduction to Substance Abuse Counselors

In this activity, participants will:

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

You will need: Chart paper, markers

Handouts:

- FACILITATOR HANDOUT: *Use/Abuse/Dependence Statements*
- *Principles for Treatment of Dependence*

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:
 - i. Physical dependence: the need to use a drug to prevent withdrawal symptoms. Often accompanied by tolerance (need more to feel the effects).
 - ii. 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 Handout: Use/Abuse/Dependence Statements*. 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 *Principles for Treatment of Dependence*. 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 HANDOUT: 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. 28

HANDOUT: 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

20 MINUTE ACTIVITY

Substance Abuse Counselors

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

Handouts:

- *Substance Abuse Counselor Profession Description*
- *Substance Use Counselor Interview Questions*

Instructions:

1. Ask participants to look over the handout *Substance Abuse Counselor Profession Description* 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 the handout *Substance Use Counselor Interview Questions*.
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? 30

HANDOUT: 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 |
|----------------------------------|---|------------------|---|
| 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. |

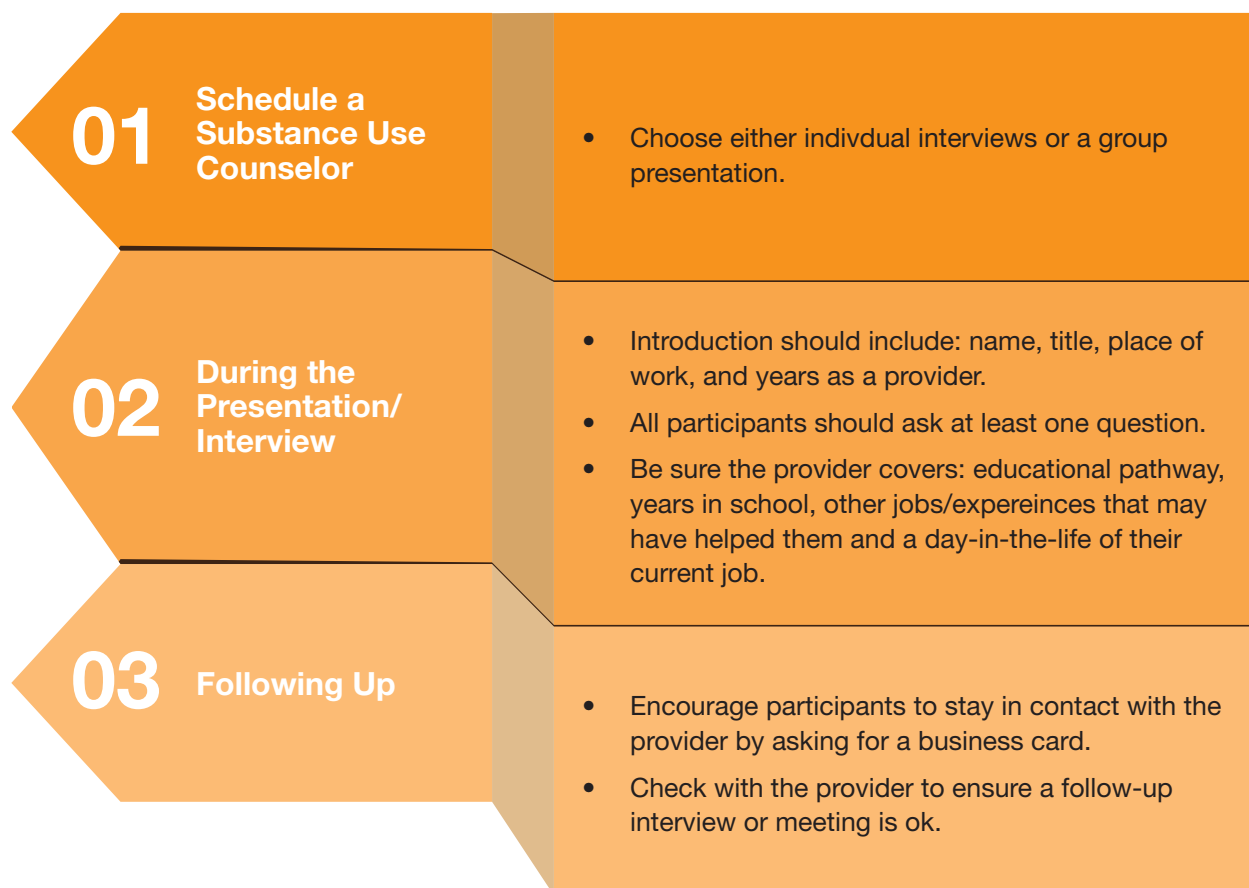
Your Turn:

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

HANDOUT: 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.

FACILITATOR'S NEXT STEPS: **MEET**

40 MINUTE **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

Handouts:

- *Mock CRAFFT Screening*

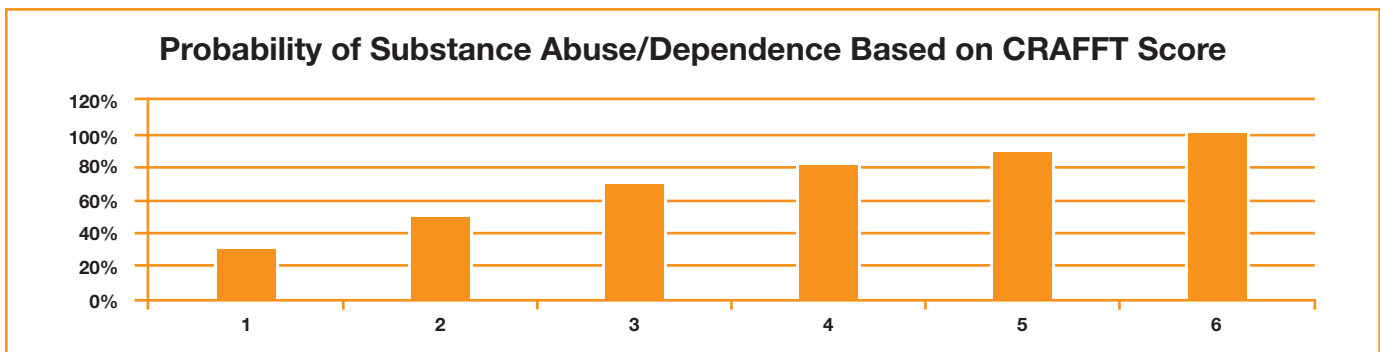
Instructions:

1. Using the handout *Mock CRAFFT Screening*, 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 *Mock CRAFFT Screening*. 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: **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... | Yes | No |
| 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.



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 appeals to you about the role of substance abuse counselors?

2. What is the difference between use, abuse and dependence?

3. What did you find most interesting about motivational interviewing?

MODULE 10

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

After this section, participants will be able to:

- 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.

Agenda 1: Learn (90 minutes)

(15 min) Check-In and Icebreaker

(50 min) **Gallery Tour, An Introduction to Primary Care**

(20 min) **Primary Care Professions and Crafting Interview Questions**

- *Primary Care Professions List*
- *Primary Care Provider Interview Questions*

(15 min) Check-Out & Closing

Agenda 2: Meet & Practice (90 minutes)

(5 min) Check-In and Icebreaker

(40 min) **MEET**

(30 min) **A Mock Primary Care Visit**

- *Sample Patient History*
- *Overview of Vital Signs*

(5 min) Check-Out & Closing

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.

50 MINUTE ACTIVITY

Gallery Tour, An Introduction to Primary Care

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:
 - a. **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.
 - b. **Environmental Wellness:** How your environment, living situation, etc. affects your health
 - c. **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.
 - d. **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.
 - e. **Social Wellness:** The social component encourages participation in ones community, school, and environment.
 - f. **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.

- g. **Occupational Wellness:** The career component measures the satisfaction gained from working and the level one is interested in the work.
 - h. **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?

20 MINUTE ACTIVITY

Primary Care Professions and Crafting Interview Questions

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

Handouts:

- *Primary Care Professions List*
- *Primary Care Provider Interview Questions*

Instructions:

1. Ask participants to look over the handout *Primary Care Professions List* 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 the handout *Primary Care Provider Interview Questions*.
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: 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:

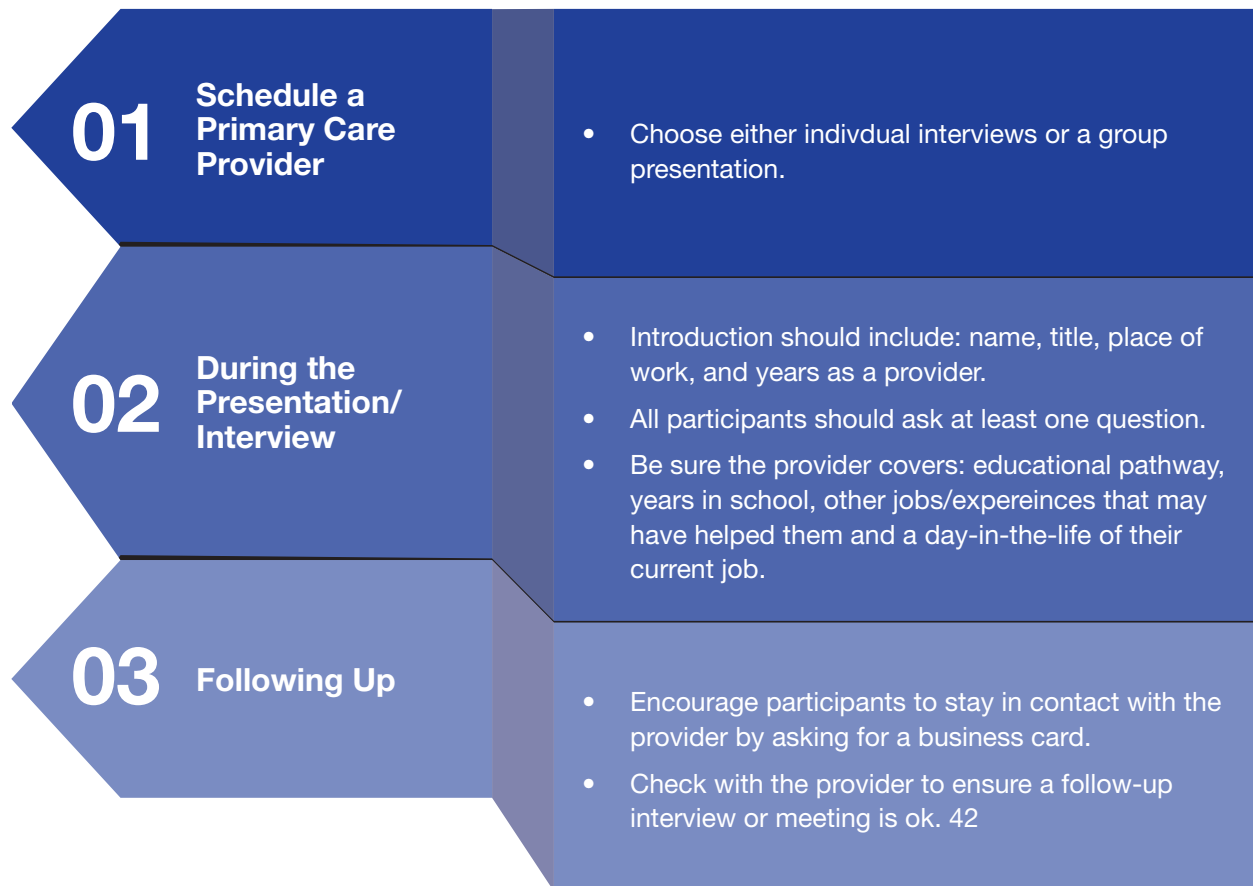
Primary Care Career:

Why?

HANDOUT: 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.

FACILITATOR'S NEXT STEPS: **MEET**

30 MINUTE **ACTIVITY****A Mock Primary Care Visit****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

Handouts:

- *Sample Patient History*
- *Overview of Vital Signs*

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 the handout *Sample Patient History* 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 the handout *Overview of Vital Signs*.
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: 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: 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.

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 appeals to you about being a primary care provider?**

- 2. What are some challenges associated with being a primary care provider?**

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

MODULE 11

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 career pathways in which trauma-informed care is practiced.

Objectives

After this section, participants will be able to:

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

Agenda 1: Learn (90 minutes)

(10 min) Check-In and Icebreaker

(15 min) **An Introduction to Trauma Informed Care**

- *Defining Trauma & Case Study*
- *Principles of Trauma-Informed Care*

(15 min) **Crafting Interview Questions for a Trauma Informed Practitioner**

- *Trauma-Informed Professions List*
- *Trauma Informed Practitioner Interview Questions*

(10 min) Check-Out & Closing

Agenda 2: Meet & Practice (90 minutes)

(10 min) Check-In and Icebreaker

(40 min) **MEET**

(30 min) **ACEs Case Study and Mock Case Conference**

- *ACEs Sample Survey*

(10 min) Check-Out & Closing

(15 min) **Guided Meditation Script (optional)**

Word Bank

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

Additional Resources:

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

15 MINUTE ACTIVITY

An Introduction to Trauma Informed Care

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

Handouts:

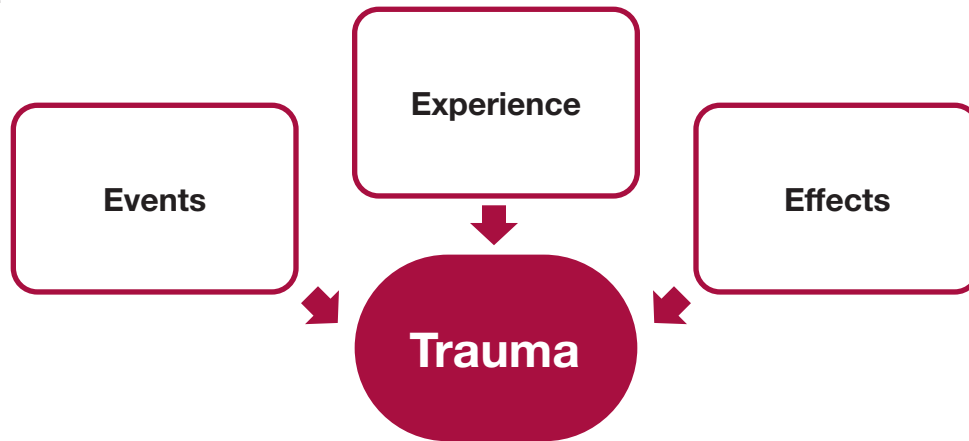
- *Defining Trauma & Case Study*
- *Principles of Trauma-Informed Care*

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 the handout *Defining Trauma & Case Study* 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 the handout *Principles of Trauma-Informed Care*.
7. Close-out: What is one thing that you learned that you will share with someone else?

HANDOUT: 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)?

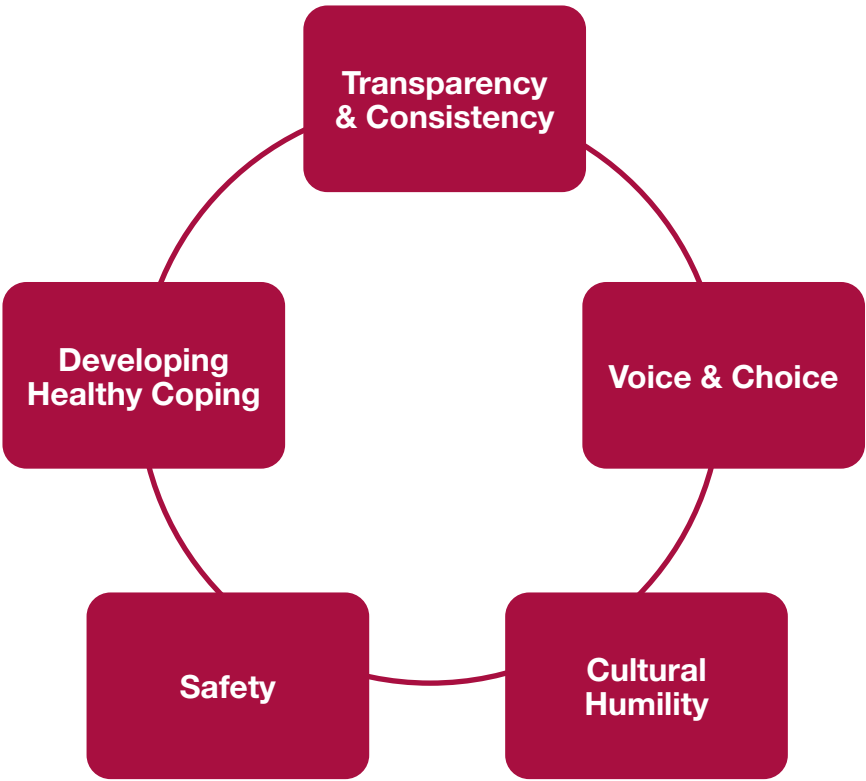
What was the experience?

What were the effects?

What should Jaime do next? 48

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

HANDOUT: **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. |

15 MINUTE ACTIVITY

Crafting Interview Questions for a Trauma Informed Practitioner

In this activity, participants will:

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

You will need: Chart paper, markers

Handouts:

- *Trauma-Informed Professions List*
- *Trauma Informed Practitioner Interview Questions*

Instructions:

1. Ask participants to look over the handout *Trauma-Informed Professions List* 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 *Trauma Informed Practitioner Interview Questions*.
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: 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:

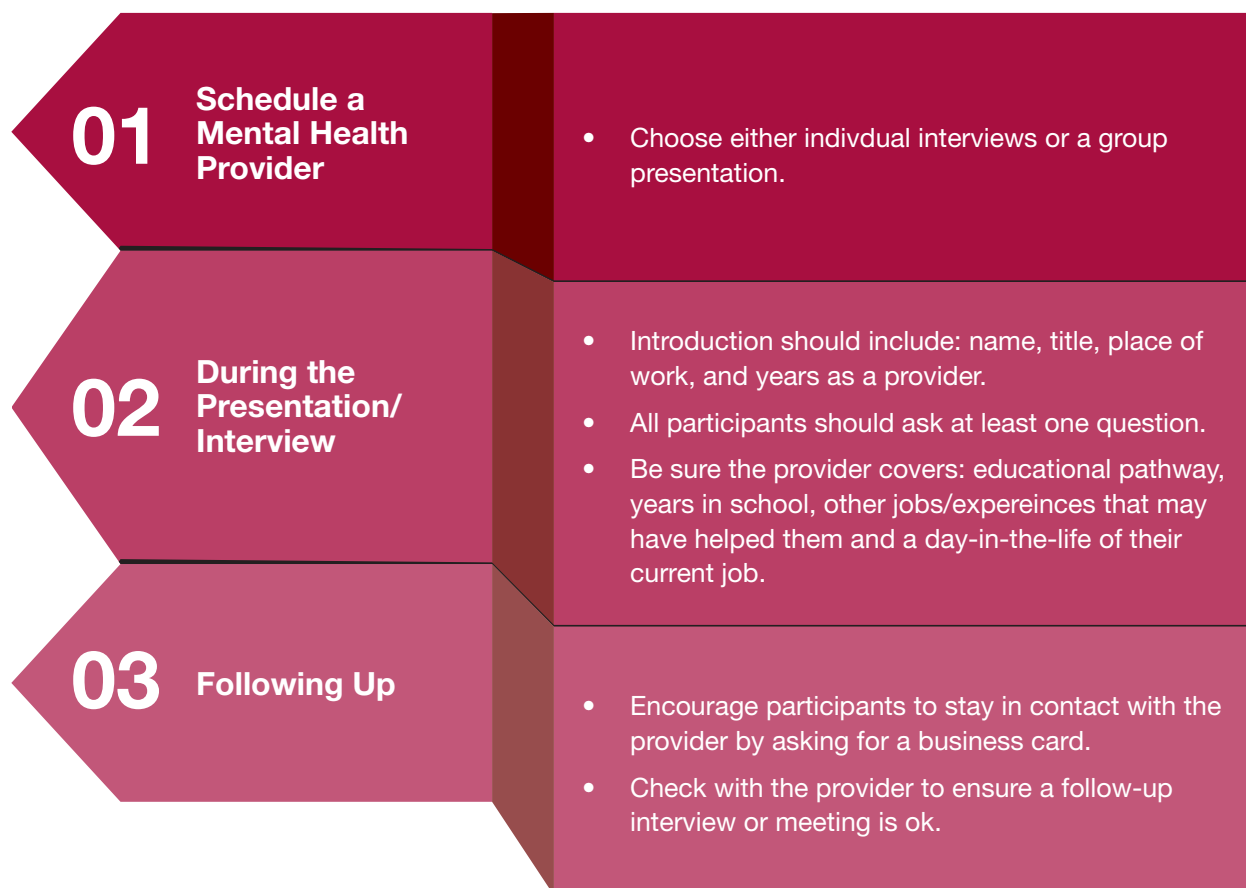
Mental Health Career:

Why?

HANDOUT: 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.

FACILITATOR'S NEXT STEPS: **MEET**

30 MINUTE ACTIVITY

ACEs Case Study and Mock Case Conference

In this activity, participants will:

- Define ACEs
- Practice a mock case conference.

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

Handouts:

- *ACEs Sample Survey*

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 the handout *Defining Trauma & Case Study* and fill out the *ACEs Sample Survey* 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: **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 15 MINUTE ACTIVITY

Guided Meditation Script

In this activity, participants will:

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

You will need: A quiet space

Handouts:

- FACILITATOR HANDOUT: *Guided Meditation Script*

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

FACILITATOR HANDOUT: 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.

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

1. What is interesting to you about trauma-informed career pathways?

2. Why is trauma-informed care important?

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

MODULE 12

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

After this section, participants will be able to:

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

Agenda 1: Learn (90 minutes)

(5 min) Check-In and Icebreaker

(40 min) **An Introduction to Telehealth**

- *Telehealth Case Studies*

(40 min) **Crafting Interview Questions for a Telehealth Practitioner**

- *Telehealth Provider Brainstorm*
- *Telehealth Practitioner Interview Questions*

(5 min) Check-Out & Closing

Agenda 2: Meet & Practice (90 minutes)

(5 min) Check-In and Icebreaker

(30 min) **MEET**

(60 min) **Telehealth Mock Appointment**

- *Mock Telehealth Picture Diagnosis*

(5 min) Check-Out & Closing

Word Bank

Access
Barrier
Telehealth
Telemedicine

Additional 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>

40 MINUTE **ACTIVITY**

An Introduction to Telehealth

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

Handouts:

- *Telehealth Case Studies*

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 the handout *Telehealth Case Studies*. 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: **Telehealth Case Studies****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?

40 MINUTE **ACTIVITY****Crafting Interview Questions for a Telehealth Practitioner****In this activity, participants will:**

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

You will need: Chart paper, markers

Handouts:

- *Telehealth Provider Brainstorm*
- *Telehealth Practitioner Interview Questions*

Instructions:

1. Divide participants into pairs or groups of 3 people.
2. Using the handout *Telehealth Provider Brainstorm*, 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 the handout *Telehealth Practitioner Interview Questions*, 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: **Telehealth Provider Brainstorm**

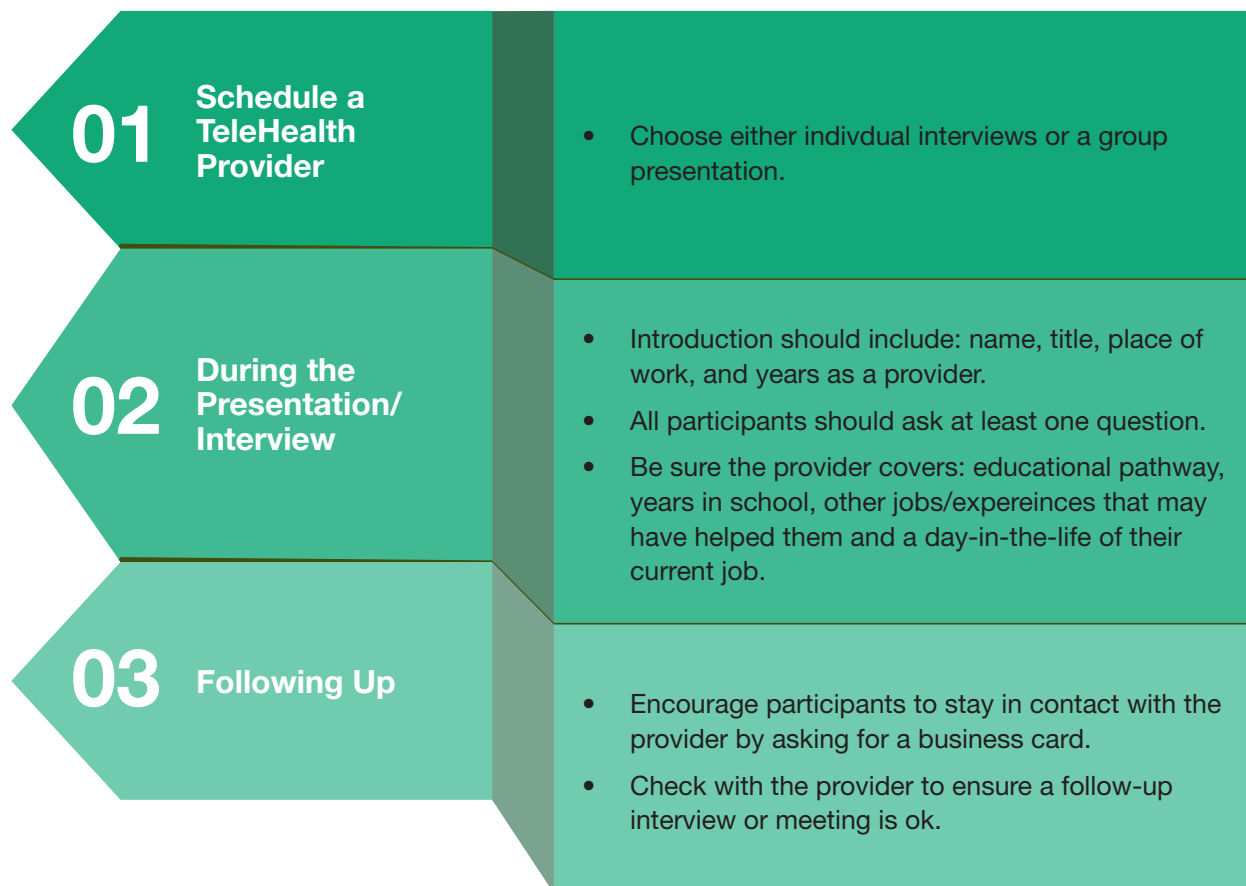
Use the following table to brainstorm types of health providers and the barriers and benefits they may experience using Telehealth to communicate with, diagnose, and treat their patients.

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

HANDOUT: 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.

FACILITATOR'S NEXT STEPS: **MEET**

60 MINUTE **ACTIVITY****Telehealth Mock Appointment****In this activity, participants will:**

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

You will need: Chart paper, markers

Handouts:

- *Mock Telehealth Picture Diagnosis*

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 the handout *Mock Telehealth Picture Diagnosis*, 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: Mock Telehealth Picture Diagnosis

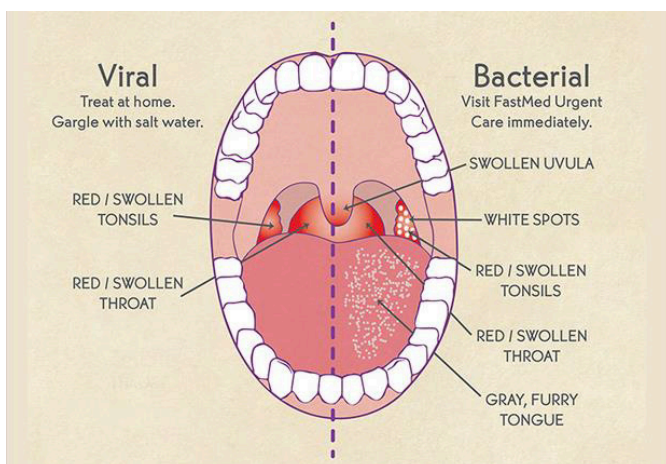
Use the following picture and diagrams to brainstorm ways in which you, acting as a Telehealth doctor, would diagnose a patient and what next steps they should take.

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.**



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 interests you most about Telehealth?

2. In what ways can Telehealth bring medical care to the people who need it the most?

3. What do you think Telehealth will look like in 5, 10 or even 20 years?

| 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 |

| TERM | DEFINITION |
|--------------------------------------|---|
| 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 life 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. |