

Health Careers Teacher Manual

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Health Styles

Presenter's Name: David White, Ph. D.

Content Area: Preparatory

Session Number: 2

"Healthful Living" Objectives Met:

Preparatory:

- 1.1: Define and compare the terms: health wellness, happiness, fitness and vitality.
- 1.2: Define each dimension of health.
- 1.3 Estimate a person's health status on each dimension of health.
- 2.1 Describe the major determinants of health.
- 2.2 Justify "individual choice" as the health determinant that has the most influence on Americans.
- 2.3 Explain why all people are at least partly interdependent in regard to health.

Materials/Resources Needed:

Handouts: "You Hear It All Time"
"Dimensions of Health Inventory"

Lesson Plan

FOCUS and/or REVIEW

"My first question to you today is: how do you take care of your car? (Student Response) I've observed that people take care of their cars in different ways. Some folks "drive 'em till they drop." What's an example of this? (SR) Others practice "preventive maintenance" like having the oil checked regularly, tires rotated, etc. And then there are those few from whom the car is much more than transportation. These folks cherish their cars. Any examples? (SR)"

STATEMENT OF OBJECTIVES

"Today we will talk about how the way people view their health can be compared to these ways people take care of their cars."

TEACHER INPUT

Relate the three car care styles to the three approaches to health: Traditional, Preventive and High Level Wellness.

TRADITIONAL Approach = "Drive it 'till it breaks"

- Concerned only when signs and symptoms of illness or disease exist.
- Relies on physician for cure or treatment
- Evolved from communicable disease era
- Does not work well in dealing with current major determinants of health.

PREVENTIVE Approach = "Maintenance"

- Focuses on disease to determine risk factors.
- Works to reduce risk factors to eliminate or minimize potential for disease
- Focus is more negative or disease-oriented, with many "do nots" and "should nots" to avoid negative consequences.

HIGH-LEVEL WELLNESS Approach = "True Car-Lover"

- Attempts to move the person from a neutral to a higher level of health.
- Focuses on signs of health rather than on signs of illness or disease.
- Indicates that the key to wellness is responsible individual choice regarding behaviors associated with the major determinants of health including: smoking, activity, diet, alcohol and other drug use, stress, weight management, accident prevention, sexuality, disease management, and environmental risks
- Stresses a balance in all the dimensions of health. (physical, social, mental, emotional and spiritual)
- Establishes a positive approach to health and life.

GUIDED PRACTICE

Distribute "Your Hear It All the Time" handout. While answering the first two items with the students, explain directions for completing the handout. Allow students several minutes to complete the remaining items and then discuss each item in class.

TEACHER INPUT (con't)

Compare the leading causes of death in 1900 with the leading causes of death today. Discuss how the traditional concept of health is not appropriate for today's problems.

Identify health-related behaviors that are known to increase risk of death and disease. Ask students to identify which of these behaviors are generally related to personal choice. Emphasize the role of individual responsibility.

Discuss how our health is related to the decisions others make about their health-related behaviors. Have students give examples (injured in a car crash caused by a drunk driver, passive smoking)

INDEPENDENT PRACTICE

For homework, have students complete "How is Your Health--A Self Survey" handout. Discuss student results as the focus activity for the next focus group session.

CLOSURE

"Today we have seen that there are different approaches to health and that High Level Wellness approach is the most effective approach in dealing with the health problems that face us today. We have discussed the role of individual responsibility, and how our health status is, to some extent, dependent upon others."

“You Hear It All the Time”

Directions: Determine if the following statements reflect traditional (T), preventative (P), or wellness (W) health lifestyles.

- ____ 1. Seatbelts? No thanks, I'll just take my chances. The doctors can always patch you up.”
- ____ 2. “I pace myself and try to balance fun and responsibility
- ____ 3. “You can avoid death or serious injury in an accident by wearing seat belts.”
- ____ 4. “If you don't slow down, you're liable to 'crack up'.”
- ____ 5. “Not everyone has problems from smoking, and if you do you're so old when it happens that it won't make much difference.”
- ____ 6. “I'm going to 'burn the candle at both ends', as long as I can. My body will let me know when it can't hack it anymore.”
- ____ 7. “All this running and sweating is for fanatics. If I start to get fat, I'll just go on a diet.”
- ____ 8. “Nobody's died of junk food that I know of. I'll worry about eating right when the time comes.
- ____ 9. “I want to plan to have children at a time in my life when I can give the best possible family situation and start in life.”
- ____ 10. “Why worry about contraception? If a pregnancy occurs, they can always get an abortion.”
- ____ 11. “If you don't 'take care' of your relationships, you'll end up busting them up.”
- ____ 12. “I try to avoid junk food because of the high calories, salt, and additives.

HOW IS YOUR HEALTH? A Self Survey

Physical Health

- | | | | |
|-----|---|---|---|
| 1. | Do you exercise or play a sport for at least 30 minutes 3 or more times a week? | Y | N |
| 2. | Are you the appropriate weight for someone your height and gender? | Y | N |
| 3. | Are you satisfied with your current level of energy? | Y | N |
| 4. | Do you get 7-9 hours of sleep most nights? | Y | N |
| 5. | Do you practice good dental hygiene? | Y | N |
| 6. | Do you use sunscreens regularly and limit sun exposure? | Y | N |
| 7. | Do you have basic first aid skills? | Y | N |
| 8. | Do you try fad weight loss diets? | Y | N |
| 9. | Do you minimize your intake of sweets and high-fat foods? | Y | N |
| 10. | Do you eat at least 5 servings of fruits and vegetables per day? | Y | N |
| 11. | Do you drink enough fluids so that your urine is a pale yellow color? | Y | N |

NUMBER IN EACH COLUMN

Social Health

- | | | | |
|----|--|---|---|
| 1. | Do you have one or more persons with whom you can discuss personal concerns, problems, or worries? | Y | N |
| 2. | Do you enjoy a variety of activities? | Y | N |
| 3. | Do you have several friends that you enjoy spending time with? | Y | N |
| 4. | Do you have a "best friend?" | Y | N |
| 5. | Do you have trouble asking for help from adults? | Y | N |
| 6. | Are you satisfied with your balance between work/school and leisure time? | Y | N |
| 7. | Are you satisfied with your romantic life? | Y | N |

NUMBER IN EACH COLUMN

Mental Health

- | | | | |
|----|---|---|---|
| 1. | Are you interested in, do you keep up to date on social and political issues? | Y | N |
| 2. | Do you engage in creative and stimulating activities as much as you would like? | Y | N |
| 3. | Are you bored in your classes at school? | Y | N |
| 4. | Does school seem "just too hard" for you? | Y | N |

NUMBER IN EACH COLUMN

HOW IS YOUR HEALTH? A Self Survey

- 1. What area (dimension of health) do you consider to be your “healthiest”?**
- 2. Why did you choose that area/dimension as your “healthiest”?**
- 3. What are three things you could do to maintain this area/dimension as your “healthiest”?**
 - 1.**
 - 2.**
 - 3.**
- 4. What area/dimension of health do you consider to be in need of improvement?**
- 5. Why did you choose that area/dimension as one in need of improvement?**
- 6. What are three things you could do to improve your health in this area/dimension?**
 - 1.**
 - 2.**
 - 3.**

Health Risks and Personal Responsibility

Presenter's Name: David White
Content Area: Preparatory and Self-Protection
Session Number: 3

“Healthful Living” Objectives Met:

Preparatory:

- 3.1 Identify who has control of the major health risks for the U.S. population as a whole, for persons at different life cycle stages, for pregnant women and their fetuses, and for high school age persons and young adults.
- 3.2 Identify the most important factors to consider when making a decision involving risk (e.g., needs, goals, values, standards, obligations, costs, probabilities, alterations).
- 3.3 Recognize the roles of control and chance in health risk situations.
- 4.1 Distinguish between the roles of health as an instrumental value and as a terminal value.
- 4.2 Predict effects on one's quality of life resulting from changes in health status.

Self-Protection:

- 7.1 Describe the major components of an effective behavior self-management plan.

Materials/Resources Needed:

Handouts: Behavior Self-Management Plan

Lesson Plan

Focus and/or Review

“The last time I was with you, we talked about different approaches to health and how the high level wellness approach is the most effective approach in dealing with the health problems that face us today. You were asked to complete the “Dimensions of Health Inventory.” Let’s take a look at what you discovered about yourself. Hopefully, this activity helped you to stop and think about your lifestyle and, perhaps, made you think about some things that you might want to consider changing.”

Statement of Objectives

“Today we will talk about the major health risks for the general population as well as the risks for your specific age group. We will talk about whether these risks are controllable or are chance, and then we will begin thinking about an effective behavior self-management plan.”

Teacher Input

Compare the number of casualties in war with the number of people who are dying each year due to the leading causes of death

Then, discuss differences between those dying in wars and those and those dying from the leading causes of death (chance vs. control).

Identify risk factors, numbers of death per year attributed to each risk factor and the diseases/conditions that can result from each risk factor. Emphasize that many of these diseases/conditions occur prematurely because the person has made poor health behavior choices (e.g., choosing to be inactive). Also, these may occur outside of an individual’s control (e.g., living in a neighborhood that experiences a great deal of violence).

Guided Practice

Have students identify their levels of chance vs. control for each of the risk factors listed. Have them give examples of how each can be controlled (e.g., smoking can be controlled by choosing not to smoke, while it may be a matter of chance if you visit a restaurant where people are smoking).

Teacher Input

Go over the Behavior Self-Management Plan with the students. Discuss setting realistic goals. Emphasize the importance of not “biting off more than you can chew.” Discuss the importance of having a plan for reaching that goal that includes the “who,” “what,” “when,” “where,” and “how” describing the way they plan to reach their goal. Discuss the need to identify roadblocks to their progress and to plan to overcome those blocks. Finally, emphasize the importance of keeping track of their progress (and rewarding themselves for achieving their goals!).

Independent Practice

For homework (over the next two weeks), have students complete “Behavior Self-Management Plan.” Discuss student results at the focus activity for the session to be held in two weeks.

Closure

“Today, we discussed major health risks and identified those that can be attributed to chance and those that can be controlled. Many of our health risks can be controlled. Your job is now to work on your own behavior self-management plan for the next two weeks.

My Behavior Self-Management Project

1. Set a realistic goal for yourself.

My Goal:

2. Describe how you intend to accomplish that goal.

My Intention:

3. List the possible blocks that might keep you from accomplishing your goal.
(BLOCKS)

4. List ways of dealing with the things that might block you from accomplishing your goal.
(REMOVING BLOCKS)

Progress Chart for _____

- keep a record of what you do for two weeks
- Be sure to fill in the date in each block below

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

ASSESSMENT

Presenter's Name: Carol Cox
Content Area: Preparatory and Self-Protection
Session Number: 4

“Healthful Living” Objectives Met:

Preparatory

- 1.4 Assess own health status according to results of a variety of measures of physical, social, emotional, and mental health.

Self-Protection

- 1.1 Identify standards against which the consequences of the most serious health risk behaviors of adolescents can be measured.
- 1.2 Apply a variety of standards to selected serious health risks for adolescents.
- 2.1 Recognize common sources of influence on health risk perceptions.
- 2.2 For selected health risks, provide examples of how perception of risk can be altered in various, diverse circumstances.
- 2.3 Characterize own perceptions of a major health risk.
- 3.1 Name the major health risks for own age group.
- 3.2 Rank own health risks according to own standards.

Materials/Resources Needed:

Handouts for Notebook:

Health Continuum
NC 1995 Youth Health Risk Behavior Survey (6-8 grades)
Risk and Consequences Worksheet
Sample Genogram Sheet

Handouts for Homework:

Health History pages 1,2 & 3
“Risk Experience” paragraph & ranking assignment

Handouts for Classroom

Envelopes with negative health risk behaviors
Envelopes with positive health behaviors

Lesson Plan

Focus and/or Review

How Healthy are you? How well do you take care of your body - or “car” - as Dr. White discussed?

Statement of Objectives

We will begin to look at how healthy you really are, since health changes continuously. You will examine health risk behaviors of adolescents and the consequences, as well as ways to protect yourself from risks.

Teacher Input

Let’s put your “car” on the Health Continuum and select where you see yourself between optimal health , as healthy as one can be, and the opposite extreme, poor health. Place the “car” sticker on the continuum.

Now a few of you can explain how close you are to optimal or poor health. “What could move you closer to optimal health?”.

Ask what are some reasons for taking risks? List these as they are given. Usual ones are - thrill, unaware of consequences, loyalty, to save time, show off, make or save money, to show not afraid, show ability, addiction, lack of information.

What are risks? Give some examples of risks and why someone would take that particular risk. There can be positive and negative reasons for taking a risk (e.g. speaking out for a cause; taking steroids for sports).

Define “risk” : The Hazard that comes with an opportunity.

In eighth grade you filled out a Youth Risk Behavior Survey. There is a copy in your handouts. This shows some of the positive and negative behaviors of your classmates in North Carolina. Each of you has a small envelope with an example of a negative risk behavior. Open your envelope and stand when your risk is called. This will show you examples of how many eighth graders responded to that behavior.

75% do not wear a helmet when bike riding or rollerblading (3)

50 % have used cigarettes, chew, or snuff (2)

58% have used alcohol (2)

66% have been in a physical fight (2)

75% have thought of suicide or tried to, kill themselves (3)

23% rode with someone under the influence of alcohol (1)

67% ate french fries or potato chips one or more times yesterday (3)

Each of you has a large envelope with an example of a positive health example. Open your envelope and stand when yours is called.

- 78% ate fruit or fruit juice 1 or more times yesterday (3)
- 61% have talked about AIDS with a family adult (2)
- 83% exercised three or more times a week (3)
- 54% live with natural parents most of the time (2)
- 25% believe they are best in their class (1)
- 57% ate green salad/vegetables one or more times yesterday (2)
- 23% did not eat candy, cake, doughnuts, cookies yesterday (1)
- 44% do physical activity other than sport teams (dance, swim) (2)

Let's look at consequences of risks. What do these have in common?

Look at your worksheet:

Risk	Reason for taking risk	Possible Consequence	Precautions to reduce consequences	Others who might be affected
Swimming				
Trying out for a team				
Smoking cigarettes				
Telling a friend you are concerned about his/her alcohol use				

There can be risks. What are reasons for each (1-4)? Answers might be:

“It won’t happen to me”, “My uncle smoked all his life and never got cancer”.

What are possible consequences of each? What are precautions to prevent the consequence of each? Who are the others that might be affected. (Students can work in groups or together, as instructor fills in the blanks with responses).

Summarize: There are different risks people take, for different reasons, and with different consequences. There may be negative consequences in taking any risk, so it is important to consider the long-term and short-term consequences, and precautions before deciding to act.

High Risk Behaviors of Adolescents There are 9 listed on the slide:

- Involvement in violent acts
- Consuming excessive fat, calories, sodium, insufficient fiber and a variety of foods
- Using tobacco
- Engaging in sexual intercourse which could lead to pregnancy and disease
- Insufficient exercise
- Attempting suicide
- Driving while under the influence of alcohol and other drugs, traveling as a passenger with a driver who is under the influence, driving too fast, not using passenger restraints
- Injecting drugs
- Engaging in water-related recreation without appropriate flotation devices or supervision, or without skill in swimming and staying afloat, or while using alcohol or other drugs

You have a homework assignment to look at these risks and rank them from 1 to 9 (9 being the highest risk) according to how you perceive your individual susceptibility to the risks. Then write a brief paragraph that describes a reason(s) you took a particular risk and the negative consequences you experienced as a result of this behavior. Describe precautions you could have taken and people who were affected.

Your second homework assignment is to begin your own Health History. The first three pages are to fill in confidential information about yourself, your home, your health information and your family. You may need to ask a parent about family and health information.

Let's look at how to do a Genetic Tree or a Genogram. This will help you to identify health risks. Do your best to draw a family tree, filling in the family members, circles for females, squares for males, shaded ones for deceased.

Enter names and ages, and any illnesses of parents, siblings, and grandparents.

We will continue to work on this next week.

Guided Practice

Health Continuum

Youth Risk Behavior Activity (negative and positive behaviors)

Risk and Consequences Worksheet

Independent Practice

Risk Ranking and Paragraph Assignment

Health History (including Genetic Tree) Part I

Closure

Today we've talked about how health, and risk factors are related. As well as risk behaviors, precautions that can be taken to prevent consequences. We will continue to look at family and health risk factors through homework assignments and class next week.

How Healthy Are You

Because the status of one's health is constantly changing, health can be placed on a continuum. At any moment, health may be somewhere between optimal health and poor health.

Where do you "ride" on the Continuum of Health?

Optimal Health



Absence of symptoms



Poor Health

North Carolina Middle School Risk-Behavior: 1995 Youth Risk-Behavior Survey Results

published by the Division of Innovation and Development Services
Accountability Services Area

North Carolina Department of Public Instruction
1996

participants were 2,227 students
(grades 6-8)

Intentional and Unintentional Injury: Of North Carolina 6th - 8th graders,

10.8% reported having never or rarely worn a seat belt when riding in a car.

75.6% reported having never or rarely worn a helmet when riding a bicycle.

41.5% reported having never or rarely worn a helmet when rollerblading or riding a skateboard.

23.5% reported having ridden in a car by someone who had been drinking alcohol.

18.8% reported having carried a gun.

43.9% reported having carried any other type of weapon, such as a knife or club.

66.4% reported having been in a physical fight.

5.5% reported having been in a physical fight in which they were hurt and had to be treated by a doctor or nurse.

26.9% reported having thoughts about killing themselves.

15.5% reported having ever made a plan to kill themselves.

10.6% reported having tried to kill themselves.

Tobacco Use: Of North Carolina 6th - 8th graders,

53.4% reported having tried cigarette smoking.

16.8% reported having smoked a whole cigarette for the first time before age 11.

22.8% reported having smoked cigarettes in one or more of the past 30 days.

12.5% reported having smoked two or more cigarettes per day on the days they smoked.

3.8% reported having usually gotten their own cigarettes by buying them in a store during the past 30 days.

8.7% reported having not been asked to show proof of age when they bought cigarettes in a store during the past 30 days.

22.2% reported having ever used chewing tobacco or snuff.

Alcohol and Other Drug Use: Of North Carolina 6th - 8th graders,

58.5% reported having had a drink of alcohol for other than religious reasons.

33.5% reported having their first drink of alcohol before the age of 11.

16.5% reported having used marijuana.

3.6% reported having used marijuana for the first time before the age of 11.

3.1% reported having used any form of cocaine.

1.4% reported having tried any form of cocaine for the first time before the age of 11.

1.8% reported having used the crack or freebase forms of cocaine.

18.9% reported having sniffed glue, breathed the contents of spray cans, or inhaled any paints or sprays to get high.

2.8% reported having used steroids.

1.2% reported having used a needle to inject any illegal drug into their body.

HIV/AIDS Prevention Education: Of North Carolina 6th - 8th graders,

79.4% reported having been taught about AIDS or HIV infection in school.

61% reported having talked about AIDS or HIV infection with their parents or other adults in their family.

Dietary Behaviors and Physical Activity: Of North Carolina 6th - 8th graders,

23.8% described themselves as slightly or very overweight.

40.4% reported having tried to lose weight.

34.5% reported having dieted to lose weight or to keep from gaining weight.

59.4% reported having exercised to lose weight or to keep from gaining weight.

6.8% reported having vomited or taken laxatives to lose weight or to keep from gaining weight.

6.8% reported having taken diet pills to lose weight or to keep from gaining weight.

67.7% reported having eaten French fries or potato chips one or more time yesterday.

56.7% reported having eaten green salad, or raw or cooked vegetables one or more times yesterday.

58.8% reported having eaten hamburgers, hot dogs, bacon, or barbecue one or more times yesterday.

77.4% reported having eaten candy, cookies, doughnuts, pie or cake one or more times yesterday.

82.6% reported having exercised on 3 or more of the past 7 days.

84.4% reported having attended physical education (PE) class one or more days in an average school week.

55.7% reported having played on any sports teams run by their school or by other organizations outside their school.

43.7% reported that they do other organized physical activity besides sports teams, such as dance, gymnastics, or swimming.

Weapons on School Property: Of North Carolina 6th - 8th graders,

3% reported having carried a gun on school property during school hours.

14.1% reported having carried any other weapon (such as a knife or club) on school property during school hours.

10.1% reported having been threatened or injured with a weapon such as a gun, knife, or club on school property.

Miscellaneous: Of North Carolina 6th - 8th graders,

53.6% reported that they live with both natural parents most or all of the time.

25.2% reported that they believe they are one of the best in their class.

RISK AND CONSEQUENCES WORKSHEET

RISK	REASON FOR TAKING RISK	POSSIBLE CONSEQUENCES	PRECAUTIONS TO REDUCE CONSEQUENCES	OTHERS WHO MIGHT BE AFFECTED
SWIMMING				
TRYING OUT FOR A TEAM				
SMOKING CIGARETTES				
TELLING A FRIEND YOU ARE WORRIED ABOUT HIS/HER ALCOHOL USE				

Part 1 Teen Health History - Self-Administered

This information is CONFIDENTIAL. The purpose is to help you and your nurse learn about your health status. We request that you fill out the form completely (there will be three Parts over three weeks). You may skip any question that you do not want to answer. A nurse instructor will review the history and a confidential interview with a nurse will be arranged.

Name _____ Date _____
 First Middle Last

DOB ___/___/___ Age ___ Grade ___ Name you like to be called: _____
 mo day year

Address _____
 Street/Box Town State Zip

Phone Number (____) _____ Another Number (____) _____

HomeRoom Teacher _____ Rm # ___ When are you in homeroom ___

HOME INFORMATION

Who do you live with? (Check all that apply)

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Both natural parents | <input type="checkbox"/> Stepmother | <input type="checkbox"/> Brother(s)/ages _____ |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Sister(s)/ages _____ |
| <input type="checkbox"/> Father | <input type="checkbox"/> Guardian(s) | <input type="checkbox"/> Other (Describe) _____ |
| <input type="checkbox"/> Adoptive family | <input type="checkbox"/> Alone | _____ |

Describe the setting where you live (location, type residence, rooms etc.)

HEALTH INFORMATION

Do you have a physician? Yes No Unsure Name _____

When was the last time you saw a medical doctor and why? _____

Do you have a Dentist Yes No Unsure Name _____

When was the last time you saw a Dentist and why? _____

Do you have an eye Doctor? Yes No Unsure Name _____

Do you wear glasses or contacts? Yes No When was last eye examination? _____

Do you have any other health care providers you see? Yes No (If yes, why?) _____

How do you rate your health status? Check the area on the scale that best describes your health.

Excellent	Very Good	Good	Fair	Poor
-----------	-----------	------	------	------

You may need assistance from a parent to complete some of this information

1. Are you allergic to any substances (Circle any that apply)

food bee stings medications animals other

2. Are you taking any medications now? Yes No

If yes, provide name of medicine and reason _____

3. Do you have any chronic health conditions? Yes No Unsure

If yes, please describe _____

4. Do you miss many days of school because of sickness? Yes No

5. Date of your last tetanus Td booster) _____ Unknown

6. Have you had the Hepatitis B Vaccine? Yes No Unsure

7. Have you ever broken any bones? Yes No If Yes, please describe _____

8. Have you ever been a patient in a hospital? Yes No If Yes, please describe _____

9. Do your parents, grandparents, aunts, uncles, or siblings have any health problems? Yes No

Describe who and what _____

10. Family Genetic Tree or **Genogram** to be completed on following page.

The Family Genogram of _____

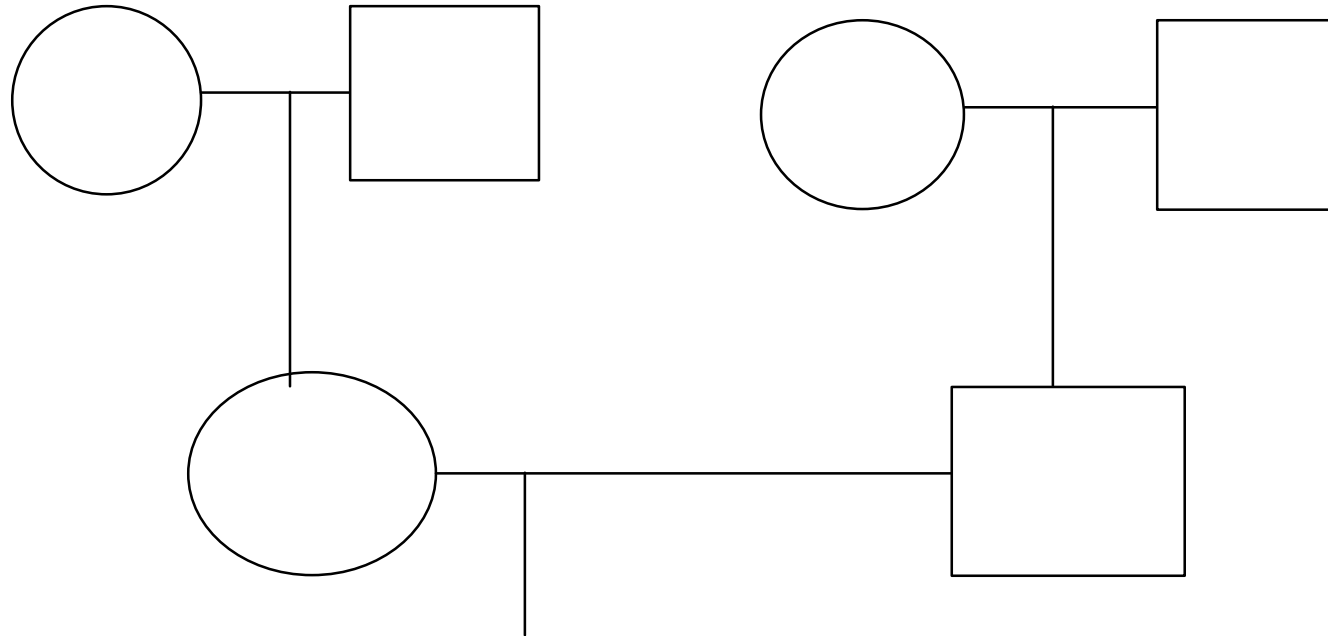
○ Female

□ Male

— Married

- - - Unwed

≡ Divorce



Put in:
Ages
Names
Siblings
Illnesses
Other

TeleHealth Session 4 Homework Assignment

NAME _____ DATE Assigned _____ DATE Due _____

This is a confidential assignment for student and instructor

Look at the list of risk behaviors and rank them from 1 to 9 (9 being the highest risk) according to how you perceive your individual susceptibility to the risks.

High Risk Behaviors of Adolescents

- _____ Involvement in violent acts
- _____ Consuming excessive fat, calories, sodium, insufficient fiber and a variety of foods
- _____ Using tobacco
- _____ Engaging in sexual intercourse which could lead to pregnancy and disease
- _____ Insufficient exercise
- _____ Attempting suicide
- _____ Driving while under the influence of alcohol and other drugs, traveling as a passenger with a driver who is under the influence, driving too fast, not using passenger restraints
- _____ Injecting drugs
- _____ Engaging in water-related recreation without appropriate flotation devices or supervision, or without skill in swimming and staying afloat, or while using alcohol or other drugs

.....
.....

Write a brief paragraph that describes a reason(s) you took a particular risk and the negative consequences you experienced as a result of this behavior. Describe precautions you could have taken and people who were affected.

ASSESSMENT

Presenter's Name: Carol Cox
Content Area: Self-Protection
Session Number: 5

“Healthful Living” Objectives Met:

Self-Protection

- 4.1 Identify the major health risk behaviors of own age group.
- 4.2 Project potential short and long-term consequences (in all dimensions of health) of own age group's health risk behaviors.
- 4.3 Hypothesize chains of specific behaviors, in a variety of situations, that could result in either positive or negative health consequences.
- 5.1 Identify the most critical events and times in and before pregnancy for the prevention of birth defects.
- 5.2 Describe the causes, importance, and prevention of low birth weight.
- 5.3 Propose alternative methods of accessing appropriate health care for young pregnant women, taking into account various economic, transportation, and service availability difficulties.
- 5.4 Utilize the principle of a decision/behavior chain to evaluate specific pregnancy related behaviors.
- 6.1 Identify the types of behaviors that are suitable for self-management.
- 6.2 Outline the factors to be considered when selecting a health risk behavior to be actively managed.

Materials/Resources Needed:

Handouts for Notebook:

Danny's Ride
TRE(E) of Injury
When Do Birth Defects Occur?
Healthy Beginnings

Handouts for Homework:

TRE(E) of Injury Assignment
Health History Part 2

Lesson Plan

Focus and/or Review

Today we will continue to look at health risks and protective factors, even those before you were born. There were critical times when you were an egg, embryo and a fetus.

The assignment from last week should be turned in today and mailed to me. We will review that assignment next week.

Statement of Objectives

We will talk about short and long term consequences of risk behaviors; preventing consequences; and, decision-making. You will continue your own Health History Assessment Project.

Teacher Input

How did you do with the Health History? What was the most difficult part? When you meet with your nurse again they will help you to work on the Genogram. Would anyone like to share a Genogram? (I have a sample ready in case no one volunteers).

On the Genogram were there any chronic illnesses? Examples?

Were there any injuries? Example? What might of prevented that injury?

What causes injuries? Let's brainstorm a list of injuries and prevention strategies. Have an overhead with two columns; one labeled Injury, one labeled Preventative Measures and ask for injuries first - then go back and ask for preventative measures. Instructor may need to remind students to focus on factors contributing to injury (Not on fault or blame).

A common fallacy is: If you get hurt you have no one but yourself to blame. Have you heard that? We call it "Blaming the Victim".

Look at factors that contribute to injury: (slides for each)

1. Person injured or who inflicted injury. Emotions people feel and actions they take that can expose themselves or others to injury, (Examples: feeling angry, carrying a weapon, speeding, swimming alone).
2. Product involved. The object that transfers the energy that causes the injury. (Examples: car, knife, bicycle)
3. Physical environment. Elements which are in the environment. (Examples: housing or road conditions, surfacing materials on playground).
4. Social and Economic Factors. The laws, attitudes, or situations. (Examples: seat belt laws, being out of work).

Case Scenario: Danny's Ride. Each student has a copy in their notebook. Ask one student to read it aloud.

Danny called Joe and sounded very angry. It must have been something Susan said ; maybe she had finally broken up with him. Danny was restless; he had taken the keys to his brothers old car, took some beer out of the refrigerator, and wanted Joe to go for a ride with him. He picked Joe up and said his mother had been yelling at him about staying out late the night before. Didn't she know he was upset about breaking up with Susan. Danny said he just couldn't take any more. They drove around for a while- see if they'd run into any girls from school. Instead they ran into Rudy who joined them. They sped off and headed toward out of town and drank beer. They were going 70 mph when the road took a sharp turn. There was no warning sign. Danny lost control of the car and it rolled off the road and flipped over into a ditch. None of the boys was wearing a seat belt; the care had no air bags. Rudy was crushed by the car as it rolled over; he was killed. Danny's spinal cord was injured and he ended up losing use of both his legs. Joe was hospitalized for two weeks and was left with deep scars on his face.

Look at the factors that contributed to the injury. Work together (pairs) for a minute to fill in the four columns. Let the class have 2 minutes to work on this. Then fill in responses on an overhead.

Factors that Contributed to Injury			
Person injured or Person Who Inflicted Injury	Product Involved	Physical Environment	Social and Economic Factors
Danny was angry All three were drinking beer which is illegal since they were under 21 Danny was speeding All three were not wearing seat belts	The car did not have air bags. The car did not have seat belts. The car was 10 years old and may have been in poor condition.	The road had a sharp turn in it. There was a ditch close to the side of the road. No warning sign posted. It was dark outside.	Beer was available in the family home. Danny's brother may not have had enough money to by a new car with seat belts and air bags. Danny had access to car.

Injury researchers collect data to prevent injuries. The TRE(E) of Injury Prevention in your packet shows the three areas of approaching this.

Ask for definitions for the three:

Technology

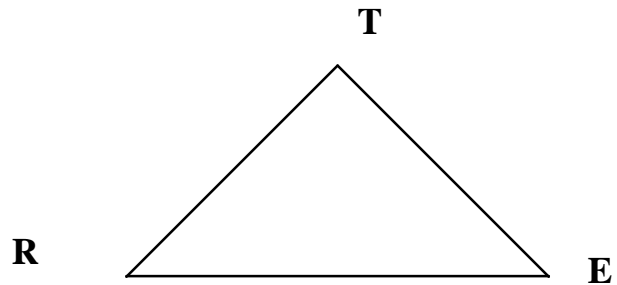
Inventing better/safer products

Regulation

Laws for manufacture

Education

Teaching about dangers and proper use



An example would be a child swallowing a parent's medicines.

T = Pill bottle manufacturer's making safer containers

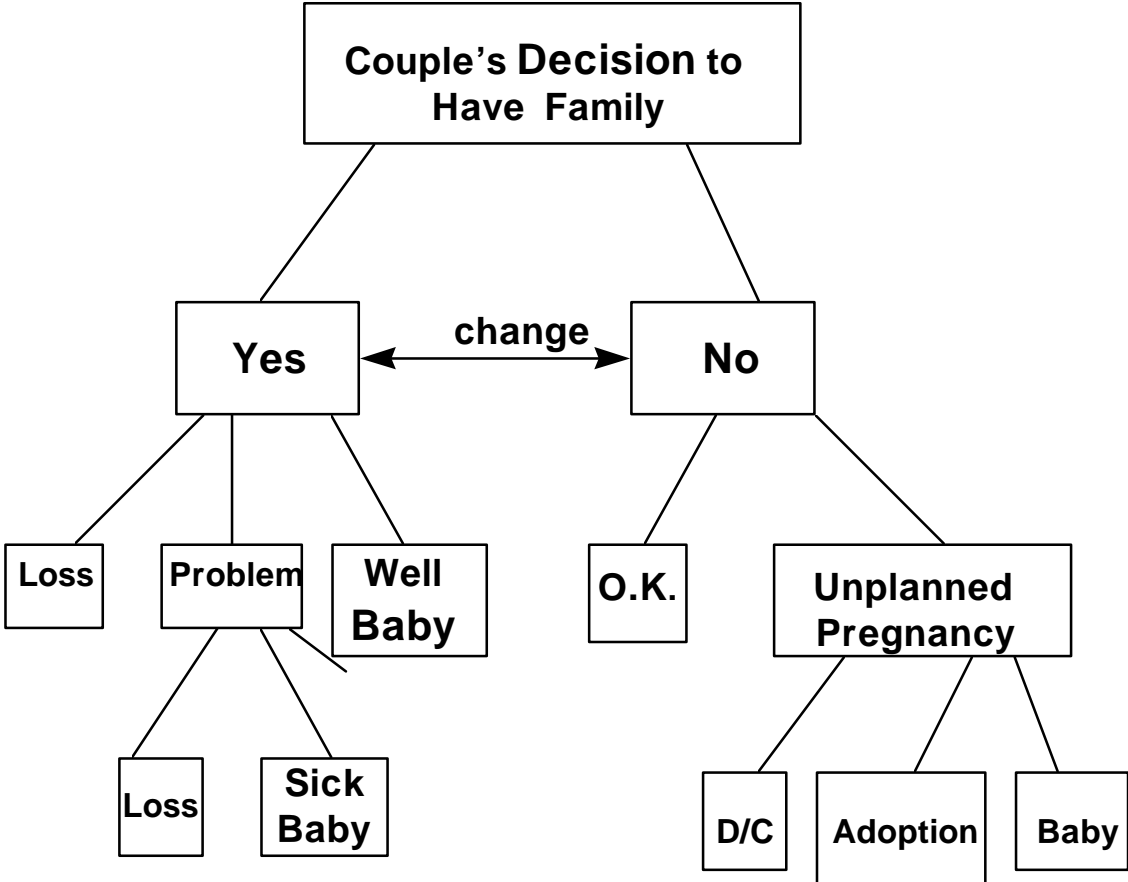
R = Laws for safety caps

E = Teaching parent's/ media campaigns

A Homework assignment is to fill in responses on the tree of how Danny's Ride could be prevented using the Injury TRE(E). We will review it next Session.

The situation with Danny and his friends involved decisions each of the three boys made. Decision-making is something we are confronted with everyday. Some are made slowly and some quickly - as with Danny and his friends. If your parents seem like they take time to make some decisions it's probably because they learned to think about them longer. Perhaps because they made some too quickly. Can you think of an example you made too quickly? (If time permits)

A decision you will all make in the future will be about having children. Many couples take this decision seriously. Do we want to have children? When? How many? Let's take a look at decision-making with this example. Use overhead Decision Tree and ask students to give responses.



What makes healthy babies? Let's brainstorm for a few minutes some things you think help a baby before the mother becomes pregnant? during the pregnancy? at the birth of the baby? (below are a few examples)
Use an overhead to list these.

Positive Factors	Harmful Factors
preconceptual care folic acid nutrition early & regular prenatal care genes vitamins prenatal classes avoiding harmful substances	substance abuse (male or female) HIV, STD's X-rays smoking alcohol over or underweight 1 caffeine during/day weight gain > 35 pounds

When Do Birth Defects Occur?

Most are between 2 - 8 weeks after conception when organs and body parts are first developing. Many women do not know they are pregnant at this time. The things we talked about can have already harmed the baby. And if the behaviors (smoking, drugs, poor nutrition) continue during pregnancy, they can make the situation worse. It is important a woman thinking about pregnancy, or who is pregnant, be aware of the risks and seek assistance on health-related behaviors.

Now we will look at your other homework assignment: Part 2 of the Health History.

This relates to your past health and begins with you as a fetus. Your mothers pregnancy, labor and delivery, and birth. Then you'll look at Developmental Milestones, right up to puberty. Include any illnesses, injuries, and hospitalizations.

Next we'll look at your Current Health Status. Check any health concerns you have about your health. Since you have had your height and weight done we will calculate your BMI or Body Mass Index. You have a handout on this and can calculate this based on the Formula $BMI = HF \times Wt (lb.)$. Then compare your BMI to the percentile chart for your sex and age. This is not something to be real concerned about since you are all different! These are averages. An athlete may be in a high percentile due to the muscle mass.

Now let's look at your Vision Test results. The nurses will help you fill these in when they meet with you over the next two weeks. Did anyone need a vision referral? Does any one have corrective lenses? Are these for near (myopia) or far (hyperopia) problems?

Guided Practice

- Danny's Ride
- TRE(E) of Injury Prevention
- Decision-Making

Independent Practice

TRE(E) of Injury Prevention - apply Danny's Ride
Health History Part 2

Closure

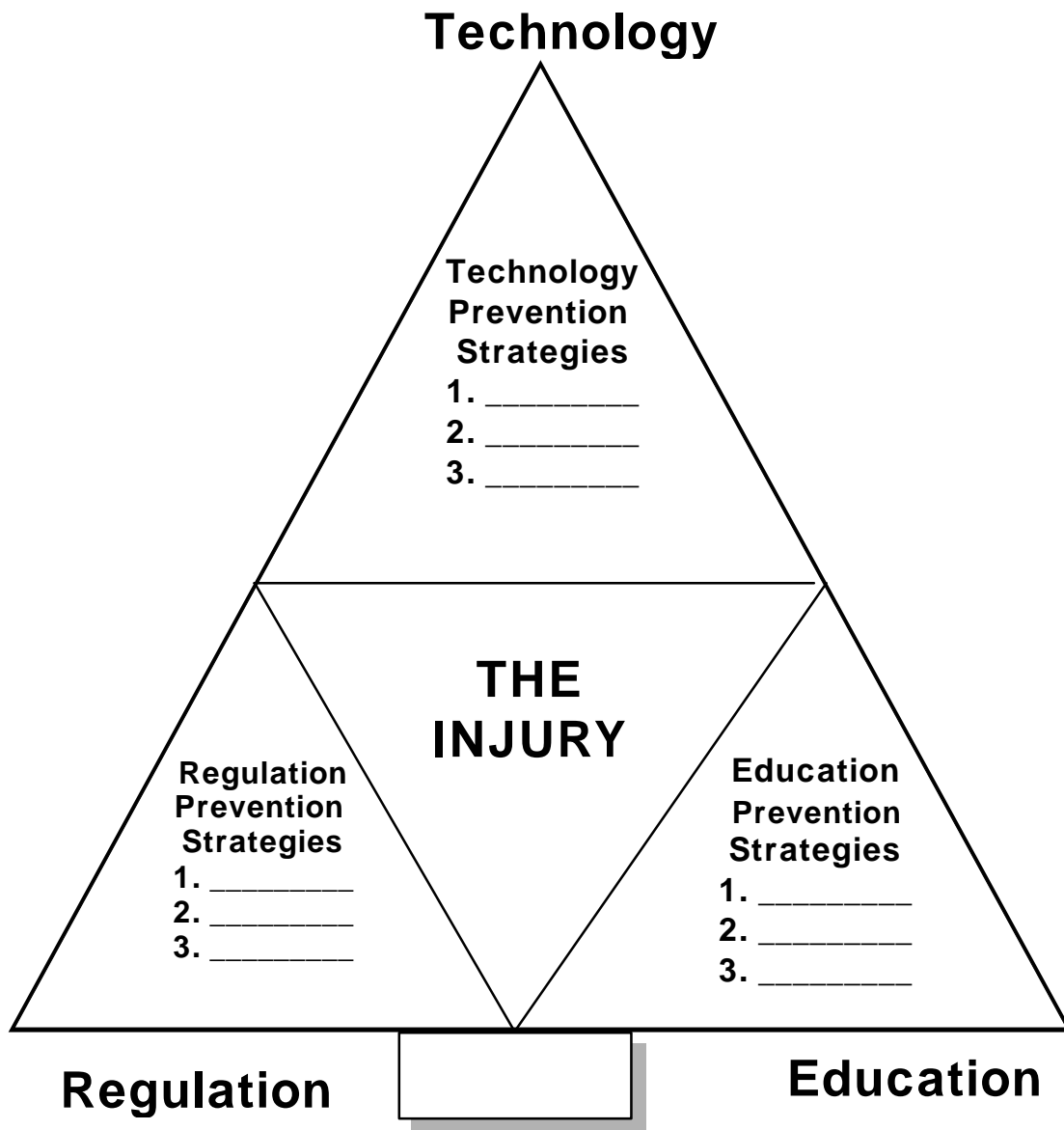
We covered a lot of content today. The nurses will assist you with any areas of the Health History you have questions. Your parents will help with this also. See you next week!

Danny's Ride

Danny called Joe and sounded very angry. It must have been something Susan said ; maybe she had finally broken up with him. Danny was restless. He had taken the keys to his brothers old car, took some beer out of the refrigerator, and wanted Joe to go for a ride with him. He picked Joe up and said his mother had been yelling at him about staying out late the night before. Didn't she know he was upset about breaking up with Susan. Danny said he just couldn't take any more. They drove around for a while - see if they'd run into any girls from school. Instead they ran into Rudy who joined them. They sped off and headed out of town drinking beer and yelling out the windows. They were going 70 mph when the road took a sharp turn. There was no warning sign. Danny lost control of the car and it rolled off the road and flipped over into a ditch. None of the boys was wearing a seat belt; the car had no air bags. Rudy was crushed by the car as it rolled over; he was killed. Danny's spinal cord was injured and he ended up losing use of both his legs. Joe was hospitalized for two weeks and was left with deep scars on his face.



Factors that Contributed to Injury			
Person injured or Person Who Inflicted Injury	Product Involved	Physical Environment	Social and Economic Factors



The TRE(E) of Injury Prevention

Teen Health History

Part 2 Page 1

Past Health - Infant, Toddler, Preschool & School Age Years

1. When my mother was pregnant with me she had health concerns:
(check all that apply)

nausea fainting high blood pressure
 swollen feet headaches urinary frequency
 insomnia dizziness food cravings
 none of these other (describe) _____

2. My mother was ___ years of age when I was born.
3. My father was ___ years of age when I was born.
4. I was a ___ premature baby or ___ full term baby.
5. My birth was on a _____ (day of week) at _____ (time of day)
6. I was born at: _____ Hospital, or ___ home, or ___ Other
(describe) _____
7. My mothers labor lasted for _____ hours.
8. My delivery was : ___ Normal Vaginal Delivery ___ Cesarean Section - if
C-S describe reason _____
9. My birth weight was _____ pounds, and _____ ounces. I was ___ in. long.
10. My parents comments about my birth _____
11. I was ___ breast fed, ___ bottle fed, ___ both.
12. As a baby my health was: ___ Excellent ___ Good ___ Fair ___ Poor
Describe why you selected the response _____



12. Developmental Milestones.... I was age when I had my **first**

___ smile	___ tooth	___ word (it was _____)
___ baby food	___ cup	___ table food (it was _____)
___ crawl	___ cruise	___ song (it was _____)
___ walk alone	___ tricycle	___ toy (it was _____)
___ walk up stairs		___ game (it was _____)
___ bathroom by self		___ permanent tooth
___ friend (name) _____		___ teacher (name) _____

13. What I remember most about my first day at school...

14. What I remember most about being 6 years old is ...

15. What I remember most about being 10 years old is...

16. The changes of puberty I noticed most were...

Current Health

Do you have any questions or concerns about any of the following?
(Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Height/Weight | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Blood pressure | <input type="checkbox"/> Skin | <input type="checkbox"/> Acne |
| <input type="checkbox"/> Head/Headaches | <input type="checkbox"/> Arm/leg pain | <input type="checkbox"/> Dizziness/passing out |
| <input type="checkbox"/> Eyes/vision | <input type="checkbox"/> Joint pain | <input type="checkbox"/> Diet/food/appetite |
| <input type="checkbox"/> Ears/hearing | <input type="checkbox"/> Mouth/teeth | <input type="checkbox"/> Swallowing |
| <input type="checkbox"/> Nose/frequent colds | <input type="checkbox"/> Stomach pain | <input type="checkbox"/> Eating disorders |
| <input type="checkbox"/> Neck/back | <input type="checkbox"/> Tiredness | <input type="checkbox"/> Trouble sleeping |
| <input type="checkbox"/> Chest/breathing/cough | <input type="checkbox"/> Nausea/vomiting | <input type="checkbox"/> Frequent or painful urination |
| <input type="checkbox"/> Heart/circulation | <input type="checkbox"/> Muscles/bones | <input type="checkbox"/> Bowels/constipation |
| <input type="checkbox"/> Menstruation | <input type="checkbox"/> Other _____ | |

Anthropometrics

13. My current weight is _____ lb. which is in the _____ %
14. My current height is _____ ft. _____ in., which is in the _____ %
15. My Body Mass Index (BMI) is _____ Which is in the _____ %

BMI calculation: This is used to calculate your range of body weight by comparing your BMI with other teens of the same age and sex.

My BMI Score and Percentile
My Height Factor HF = _____
My weight = _____
My BMI = HF ___ X Wt ___ = ___
My BMI is in the _____ % ranking

16. My Vision Screening:

Near Vision		Far Vision	
Left Eye	Right Eye	Left Eye	Right Eye
20/____	20/____	20/____	20/____
____ with ____ without lenses		____ with ____ without lenses	

17. My Blood Pressure is _____/_____ Pulse is _____ bpm

18. I have _____ teeth _____ fillings _____ cavities
 I brush my teeth _____ times a day. I floss my teeth _____.

BODY MASS INDEX (BMI)

The Body Mass Index (BMI) is defined as one's body weight in kilograms divided by the square of one's height in meters ($BMI = \text{kg}/\text{m}^2$). This mathematical formula is based on body weight and height which is then compared to age-based and sex-specific corresponding percentile rankings. These standards were derived from the research by Must, et al on obesity and BMI. Since many still do not use this metric system, we are going to use pounds and inches in our calculation and multiply by a conversion factor to give us the correct units.

To calculate a person's BMI we only need to know two things: 1) weight in pounds (lbs.) and 2) height factor (HF) the conversion factor which corresponds to one's height in feet and inches.

Let's use this worksheet to calculate BMI and interpret the findings.

EXAMPLE 1. 15 ½ year old male, weight - 169 lbs., height = 5'7 ½
BMI = Weight x HF

STEP 1. Calculate BMI

a. Find the corresponding Height Factor (HF) for our example in the HF Table below

b. $HF = \frac{\text{Weight (lbs)}}{\text{kg}/\text{m}^2} \times \frac{\text{HF (kg}/\text{m}^2\text{lb)}}{\text{HF (kg}/\text{m}^2\text{lb)}} = \frac{\text{Weight (lbs)}}{\text{kg}/\text{m}^2} \times \text{HF (kg}/\text{m}^2\text{lb)}$

HEIGHT FACTORS (HF)

Height	HF	Height	HF	Height	HF	Height	HF
4'4"	.260	4'11"	.202	5'6"	.161	6'1"	.132
¼	.258	¼	.200	¼	.160	¼	.131
½	.255	½	.199	½	.159	½	.130
¾	.253	¾	.197	¾	.158	¾	.129
4'5"	.250	5'0"	.195	5'7"	.157	6'2"	.128
¼	.248	¼	.194	¼	.155	¼	.128
½	.246	½	.192	½	.154	½	.127
¾	.243	¾	.191	¾	.153	¾	.126
4'6"	.241	5'1"	.189	5'8"	.152	6'3"	.125
¼	.239	¼	.188	¼	.151	¼	.124
½	.237	½	.186	½	.150	½	.123
¾	.235	¾	.184	¾	.149	¾	.123
4'7"	.232	5'2"	.183	5'9"	.148	6'4"	.122
¼	.230	¼	.181	¼	.147	¼	.121
½	.228	½	.180	½	.146	½	.120
¾	.226	¾	.179	¾	.145	¾	.119
4'8"	.224	5'3"	.177	5'10"	.143	6'5"	.119
¼	.222	¼	.176	¼	.142	¼	.118
½	.220	½	.174	½	.141	½	.117
¾	.218	¾	.173	¾	.140	¾	.116
4'9"	.216	5'4"	.172	5'11"	.139	6'6"	.116
¼	.215	¼	.170	¼	.138	¼	.115
½	.212	½	.169	½	.138	½	.114
¾	.211	¾	.168	¾	.137	¾	.113
4'10"	.209	5'5"	.166	6'0"	.136	6'7"	.113
¼	.207	¼	.165	¼	.135	¼	
½	.205	½	.164	½	.134	½	
¾	.204	¾	.163	¾	.133	¾	

Growth and Development

Presenter's Name: Carol Cox
Content Area: Stress Management
Session Number: 6

“Healthful Living” Objectives Met:

Stress Management

- 1.1 Analyze potentially stressful situations to determine the degree of control an individual has over own behaviors.
- 1.2 Clarify the degree of control she/he has over own behaviors in actual life situations.
- 2.1 Provide an example of each of the following types of potentially negative, distorted thinking:
 - selective perception
 - over-generalization
 - personalization
 - self-labeling
 - unexamined self-expectations
 - polarized thinking
 - catastrophizing
 - emotional reasoning
 - helplessness
- 2.2 Convert a series of negative self-messages to positive ones.
- 2.3 Develop a behavior change plan that includes rehearsal as a means to promote frequency of replacement of negative thoughts with positive ones.
- 3.1 Relate universal values to specific behaviors.
- 3.2 Identify practical methods that can be used to judge consistency between behaviors and values.
- 3.3 Project stress consequences of actions which
 - (a) confirm, and (b) deny own values.

Materials/Resources Needed:

Handouts for Notebook:

Puberty Pictures

Feelings Chart

Handouts for Homework:

Health History (Part #3) Friends, Family & Community

Lesson Plan

Focus and/or Review

Today we will look at friends, family and community. What are the stressors in our lives? How do we manage stress?

Statement of Objectives

To look at stressful situations, describe them, how we manage them, think about them in both negative and positive ways. We will relate how we think to situations we are confronted with and how we can reduce stressors by changing behaviors.

Teacher Input

At the completion of last session you received Part 2 of your health History. This included your growth and development from prenatal to the present time. Were you able to get the information about your infancy and childhood?? Does anyone have information about their birth to share?? (If no response ask about C-S birth etc.)

The final question was about the beginning of puberty. What do you remember? How did you know you were entering puberty? (Allow time for responses) . Becoming a teenager can be puzzling and raise concerns about “how normal am I?” Look in today’s packet - the girls have a pink sheet; the boys a blue sheet. You can fill in the ages you remember these pubertal changes. (Again this is optional, and some may want to ask questions and share information).

Were these changes stressful? Describe some after allowing them opportunities to give examples. Change of body, situation with family, friends and community can be stressful. This 4 minute video will give you a look at how rapid change can be.

(Show Video on how rapid change has been during this century)

What did you find interesting in the video? About families? Society? Etc. Discuss whatever they are interested in describing/questioning. Then ask - How did you feel as you watched? Some will say confused.

Use overhead on CHANGE IS: (ask them to list answers) the responses should incorporate scary, fast, slow, different, good, painful - (they may not say growth- this is a descriptor to emphasize) ask for examples.

Talk about Relationships at home 1) stressors at home - use overhead and record responses. 2)

Positives at home - use overhead and record responses.

Students will be working on Part 3 of Health History - family, friends and community. A questions is: How are things at home on a scale of 1-10 and “What I can do to improve relationships at home?”. Use overhead to list some things they suggest that could help relationships among family members in any home (depersonalize from own home).

You may not have thought about sharing of responsibilities - chores/jobs at home. Look at slide example of “Job Search” Who is doing the most in this family situation? (Discuss)

Ask where do most teens like to spend time - (with friends usually!). This brings up issue of telephone time. Is this a problem ever? Slide on phone time negotiation-how would you negotiate this?

Let's look at school related issues - grades, illnesses, absences, sports, friends - these all bring about a variety of feelings at different times. You have a handout of faces with descriptions of feelings. Let's look at some situations on slides and you say how the people are feeling. (There are 6 slides depicting fear, anger, pressure, sadness, confusion, fear). Ask about situations where they have had these or other feelings and how they handle them.

How do you manage stress? Do you have control over the situation? How do you think about a problem? (Slide) Negative thinking examples:

Good or Bad = polarized thinking

He always... = over-generalization

Quiz grades of 88, 90, 66, 96 - only see the 66 = selective thinking

What if.... = catastrophizing

I feel stupid... I must be stupid = emotional reasoning

I can't..... = helplessness

Remember Danny's ride? How was Danny thinking when he took the car?

Possible emotional reasoning and polarized thinking. (Students may have examples)

Let's look at examples of Positive Thinking- (slide) Give some responses to these beginning statements.

And add some of your own.

I feel good when I ...

Perhaps he had a

Maybe we could ask

The majority of the quiz grades.....

Lastly, let's look at the Community. Your relationships and responsibilities within the community have a bearing on your stress and thinking.

Look at the Eco-Map - it has examples of interactions you have outside the home. You can add in the empty circle - and fill in names of friends etc. in the circles.

A significant part of this is whether these relationships/activities are strong, tenuous, stressful etc. Look at slide example of Ted whose parents are separated. Look at his relationships and describe them,

Next look at the energy he gives and receives. Is more energy going out than in?

It is important to look at this for yourselves - you can choose to change the energy flow if you are being drained and not receiving energy, If it is all going out what can happen (e.g. illness, burn out, unhappy, suicide).

Select activities that provide energy and make you feel positive about yourself!

Guided Practice

Change is..

Relationships at home - Stressors

Relationships at home - Positives

What can be done to improve relationships at home?

Feelings examples

Negative Thinking

Positive Thinking

Eco-Map

Independent Practice

Health History PART # 3

Closure

Summarize activities and accomplishment of objectives in looking at stressors in life and management of these and feelings.

Self Esteem & Psycho-Social Health

Presenter's Name: Carol Cox
Content Area: Stress Management
Session Number: 7

“Healthful Living” Objectives Met:

Stress Management

- 1.1 Analyze potentially stressful situations to determine the degree of control an individual has over own behaviors.
- 1.2 Clarify the degree of control she/he has over own behaviors in actual life situations.
- 2.1 Provide an example of each of the following types of potentially negative, distorted thinking:
 - selective perception
 - over-generalization
 - personalization
 - self-labeling
 - unexamined self-expectations
 - polarized thinking
 - catastrophizing
 - emotional reasoning
 - helplessness
- 2.2 Convert a series of negative self-messages to positive ones.
- 2.3 Develop a behavior change plan that includes rehearsal as a means to promote frequency of replacement of negative thoughts with positive.
- 3.1 Relate universal values to specific behaviors.
- 3.2 Identify practical methods that can be used to judge consistency between behaviors and values.
- 3.3 Project stress consequences of actions which
(a) confirm, and (b) deny own values.

Materials/Resources Needed:

Maslow's Hierarchy of Needs
“ I “ Statements Worksheet
Listening Skills Worksheet
Coping with Losses
Stress Management Techniques
Health Behavior Information Survey
The Finish Line

Maslow's Hierarchy of Needs

Self-fulfillment

Self Control, Helpful to
Others, Chooses Own Goals,
Forms Lasting Relationships,
Sense of Purpose in Life

Esteem Needs

Self-respect, Sense of Achievement,
Attention, Recognition, Dignity,
Positive self-concept, Self-confidence

Belongingness and Love Needs

Love, Affection, Belonging to Family, Friends,
Group, Community

Safety Needs

security, Protection, Order, Predictability, Freedom from fear

Biological Needs

Food, Water, Air, Shelter, Sleep, and other biological requirements

“I” Statements

Directions: An “I” statement is a statement of your feelings that does NOT blame or judge the other person. The statement begins with “I feel....,” “I want....,” “I’m upset because....,”

Change the “You” statements below into “I” statements.

“You” Statements	“I” Statements
You never call me when I ask you to!	I wish we could talk on the phone more often.
Will you turn down your stereo? I can’t hear myself think!	
Will you clean your room? I’ve asked you to do it five times.	
You are so annoying when you tease me!	
Will you stop interrupting me?	
You’re such a loud mouth!	
You can’t play basketball, you stink. Go play on another team.	
It’s your fault I got into trouble! Why did you have to tell on me?	
You never listen when I give you directions!	
You always ignore me when your other friends are around!	
You never let me do anything!	
Why don’t you do your own homework and stop copying mine?	
You are so moody sometimes!	
You never told us the assignment was due today! That’s not fair!	

Listening Skills

Method	Definition	What to Do or Say	Observed (Ö)
Body Language	Movements of the body that show the other person you are interested	<ul style="list-style-type: none"> · Let the expression on your face reflect what the person is saying · Look at the person when he or she is speaking. Make eye contact. · Nod your head to show you understand. 	<p>_____</p> <p>_____</p> <p>_____</p>
Encouraging Words	Short phrases that let the person know you hear what he or she is saying and would like to hear more	<ul style="list-style-type: none"> · Use phrases that come naturally to you and show you're involved. "I see." "Really?" "That's great." "I know what you mean." "That's awful." "What happened then?" "Tell me more." "Uh huh." "Right." 	<p>_____</p>
Getting the message straight	Ways to make sure you understand without judgment what is being said; ways to help the other person be open about feelings	<ul style="list-style-type: none"> · Restate the other person's ideas in your own words: "Do you mean...?" · Give an example: "Was it sort of like when...?" · Ask for more information: "Tell me about..." · Listen for the feelings behind what the speaker is saying and restate them. "I guess that made you feel..." 	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Coping with Losses

	Denial	Anger	Bargaining	Depression	Acceptance
Death of a loved one	1	2	3	4	5
Changing schools	6	7	8	9	10
Moving to a new neighborhood	11	12	13	14	15
Parents divorce or separate	16	17	18	19	20
Break-up of a romance	21	22	23	24	25
Death of a pet	26	27	28	29	30
Be rejected by a close friend or group of friends	31	32	33	34	35

Teen Health History Part 3 Family, Friends, School and Community

Family

1. Have there been any changes in your family such as: (Check all that apply)

- | | | |
|-------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Marriage | <input type="checkbox"/> Serious illness | <input type="checkbox"/> Births |
| <input type="checkbox"/> Separation | <input type="checkbox"/> Loss of job | <input type="checkbox"/> Deaths |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Move to new house | <input type="checkbox"/> Other _____ |

If any checked please explain _____

2. Father's/Stepfathers occupation or job: _____

3. Mother's/Stepmother's occupation or job: _____

4. Are you worried about your parents? Yes No If yes explain: _____

5. How **do you get along** at home: (place a mark nearest to your response)

1	2	3	4	5	6	7	8	9	10
Terrible									Great

6. How would you **like** to get along at home?: (place a mark nearest to your response)

1	2	3	4	5	6	7	8	9	10
Terrible									Great

7. If there is a difference between # 5 and #6 how do you think this could change?

8. Have you ever run away from home overnight? Yes No

9. Have you ever lived in a foster home or institution? Yes No

School

10. What grade do you usually make in English? _____

11. What grade do you usually make in Math? _____

12. How many days have you been absent since August? _____

13. How many days were you absent due to illness? ____ Give examples _____

14. How **do you get along** at school?

1	2	3	4	5	6	7	8	9	10
Terrible									Great

15. How would you **like** get along at school?

1	2	3	4	5	6	7	8	9	10
Terrible									Great

16. If there is a difference between # 5 and #6 how do you think this could change?

17. Have you ever been suspended? Yes No

18. Have you ever dropped out of school? Yes No

19. Do you plan to graduate from high school? Yes No

Job/Career Information

20. Are you working? No Yes if yes; what is your job? _____

21. How many hours do you work each week? _____

22. What are your future career goals? _____

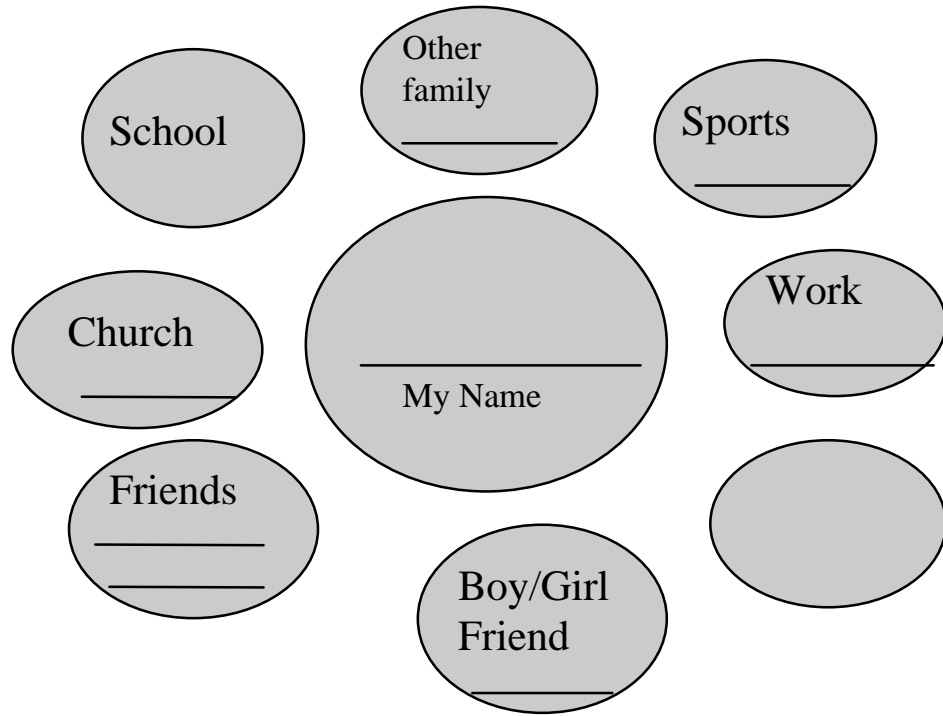
30. If there is a difference between # 28 and # 29 describe how this might be changed

- | | | |
|--|-----|----|
| 31. Do you feel you have some friends you can count on? | YES | NO |
| 32. Have you ever felt really sad or depressed more than three days in a row? | YES | NO |
| 33. Have you ever thought of suicide as a solution to your problems? | YES | NO |
| 34. Have you ever gotten into any trouble because of your anger/temper? | YES | NO |
| 35. Have you been in a pushing/shoving fight in the last two years? | YES | NO |
| 36. Have you ever threatened or been threatened with a knife/gun/or
other weapon? | YES | NO |
| 37. Have you ever been physically or sexually abused? | YES | NO |
| 38. Have you been involved in any violence in the past twelve months? | YES | NO |
| If Yes Were you injured? _____ How badly _____ | | |
| Was the other person injured? _____ | | |
| How did the fight start? _____ | | |
| 39. Have you injured yourself, property or others while angry? | YES | NO |
| 40. What do you do when you feel angry? _____ | | |

Anger is a normal emotion - it is O.K to have feelings. Look at the feeling chart and identify feelings you have had. There is a place to add a feeling you do not see.

Community:

There are a lot of different people and places in my life. This Eco-Map Diagram shows how many of them there are, and the type of relationship I have with each one.



___ strong relationship
- - - tenuous relationship
___ stressful relationship
- - - energy

Stress Management Techniques

Muscle Group Tension-Relaxation

Make a fist and pull elbows tightly into side

Wrinkle brow; squint eyes; wrinkle nose;
place teeth together and force a smile

Pull chin to chest

Take a deep breath and push shoulder blades towards each other

Pull in stomach and squeeze tight and hold

Push feet down on floor and hold

Push feet down on floor and hold

Perform each for 5 seconds and then relax

Relaxation in a Special Place

Close your eyes

Take several deep breaths

Think of a particular place you enjoy
(a room, beach, woods)

Recall a pleasant feeling you have there
(music, sand in your toes, a breeze)

Perhaps there are several colors you see
or a special person who is comfortable to be with

Think of comforting words they share

Slowly move away, take a deep breath,
and open your eyes slowly

Benefits:

lower blood pressure and decrease anxiety

The Health Connection Finish Line

Goals for _____

Goal

Date

1. I will learn to _____ by _____

2. I will change _____ by _____

3. I plan to _____ by _____

4. I will _____ by _____

5. I will _____ by _____

CONFLICT RESOLUTION; DEALING WITH ANGER

Presenter's Name: Linner Ward Griffin

Content Area: Relationships

Session Number: 8

"Healthful Living" Objectives Met:

Relationships:

- 1:1 Name and describe health-related problems that stem from relationships between people and explain their consequences.
- 1:2 Summarize the types of relationships associated with important health related outcomes.
- 3:1 Deduce typical conflict resolving methods.
- 3:2 Select a preferred conflict resolving style (one that would feel comfortable and offer success.)
- 3:3 Formulate a set of "rules" (a sequential list of actions necessary to implement the strategy) to follow in resolving conflicts.
- 3:4 Describe principles of negotiation.
- 3:5 In a role-play situation, implement a conflict resolution strategy of own choosing.

Materials/Resources Needed:

- Handouts: "Gracie and Janice"
"Questions for You!!!"
"Three Principal Levels of Conflict"
"Four Basic Outcomes of Conflict"

Lesson Plan

FOCUS and/or REVIEW

How do you handle your anger and your frustrations. Everybody struggles with anger at one time or another. How we handle anger is our focus today. I want you to help me by problem-solving with a real-life situation that occurred this Fall in a Nash County High School. A situation arose between two students who are enrolled there: Gracie, a 15 year old 9th grader and Janice, her 16 year old classmate.

STATEMENT OF OBJECTIVES

Have any of you ever had a sore on your arm or leg, that seemed to just get worse, or what some folks would say “just festered.” Well, today we will talk about how some frustrations can “fester” and become health problems, about types of conflict, and finally about outcomes of conflict.

TEACHER INPUT

Relate the three principal levels of conflict: Value conflict, emotional conflict, and need conflict.

Value Conflict

1. True value conflicts are particularly difficult to resolve.
2. A useful strategy may be to agree to disagree and work around differences.
3. Many apparent value conflicts actually may be rooted in semantics or meanings of terms.

Open discussion aimed at clarification can help resolve differences.

Emotional Conflict

1. This type of conflict generates physiologic responses (heart rate increases, increased blood sugar, blood flow to extremities increases) not conducive to rational problem-solving.
2. Emotional conflicts are best addressed by slowing down, focusing on issues and emphasizing mutual respect.

Need Conflict

1. Most successful resolution because there is more than one way to meet needs.
2. Requires problem-solving skills.

Discuss the four basic outcomes of conflict

1. Passivity and domination: sublimation of difference: a clear winner and a clear loser; undesirable
2. Avoidance: simply removing oneself from the presence of the other person; a clear winner and a clear loser: undesirable
3. Compromise: both disputants “give up something”; works in some situations, both may resent the losses; not totally desirable.
4. Collaborative Problem-solving: Cooperative examination of both positions, often with a mediator or counselor. Determination of a mutually acceptable solution, one that may address the cause of the original disagreement: most lasting and most desirable.

GUIDED PRACTICE

Have students form 3 groups. Distribute the case example. Have students generate answers for the 4 questions presented to them. Discuss their responses.

INDEPENDENT PRACTICE

Remark about students’ responses and compliment their problem-solving skills. Encourage them to become part of a conflict/anger-reducing school group.

CLOSURE

Today we have seen how health can be affected by conflict and anger. We have also problem-solved an actual student situation that is still being resolved. Your answer, that they seek to discuss and use skilled counselors to resolve their problem, shows your wisdom. It is hoped that you will use the skills discussed today when you are next faced with a frustrating and angry situation.

November, 1996:

- Gracie, 15 yr. old BF 9th grader, is having problems in her Family Living class.
- B+ student, the only college prep student in the class; is considered studious and responsible; no record of problems or violence in school.
- just beginning to date; not sexually active.
- Gracie's mother (divorced) is employed as an office mgr. at a physicians office, sees father 2/mo.
- Gracie has been continually berated by one student in the class (name calling, whispering, group laughter, dropped item, etc.) since she gave a class report before Thanksgiving during which she spoke of her disapproval of unwed teens keeping their babies and stated a preference for adoption.

December, 1996:

- Janice, 16 yr. old classmate, is mother to a 1.5 yr. old son, whom she is raising on AFDC.
- Boy's father does not pay support and is not Janice's current boyfriend.
- Janice's mother, an unemployed mother of 5, voiced her displeasure to a neighbor about Gracie's support.
- School knows of the tension, has taken no action.
- Stories around school suggest Janice and her mother have a history of fighting/brawling.
- Gracie is intimidated by Janice's behavior.
- Yesterday, Janice "called out" Gracie for "dissing her". She threatened her and wants to fight Gracie.

Questions for you!!!

1. Assume you are Gracie, what would you be concerned about? What would you do?
2. Assume you are Janice, what would you do?
3. What family concerns are evident here for both girls?
4. What are the school's concerns?

THREE PRINCIPAL LEVELS OF CONFLICT

- Value Conflict
 1. True value conflicts are particularly difficult to resolve.
 2. A useful strategy may be to agree to disagree and work around differences.
 3. Many apparent value conflict actually may be rooted in semantics or meanings of terms. Open discussion aimed at clarification can help resolve differences.

- Emotional Conflict
 1. This type of conflict generates physiologic responses (heart rate increases, increased blood sugar, blood flow to extremities increases) not conducive to rational problem-solving.
 2. Emotional conflicts are best addressed by slowing down, focusing on issues and emphasizing mutual respect.

- Need Conflict
 1. Most successful resolution because there is more than one way to meet needs.
 2. Requires problem-solving skills.

FOUR BASIC OUTCOMES OF CONFLICT

- Passivity and domination
- Avoidance
- Compromise
- Collaborative Problem-solving

Dating Relationships

Presenter's Name: Mr. Campbell
Content Area: Dating Relationships
Session: 9

“Healthful Living” Objectives Met:

Relationships:

- 4:1 Critique a list of dating principles, indicating and justifying own agreement or disagreement with each one.
- 4:2 Prepare a personal list of dating principles that would always be fair and caring to both participants.
- 4:3 Describe specific behaviors that would (a) confirm, or (b) deny caring and fair principles of dating relationships.
- 6:2 Define “assault” and recognize the right that all people have to contact police about any type of assault.

Materials/Resources Needed:

- Overhead Slides:
- “Mutual Respect”
 - “Honest Communication”
 - “Group Exercise: Positive Behavior”
 - “Group Exercise: Negative Behavior”
 - “Some Myths to Think About”
 - “Assault: What is it? What Can I do?”

Lesson Plan

FOCUS

“So far in the *Relationships* section of this class, you have been exposed to some ideas and exercises related to getting along with others, resolving conflicts, and improving communication. Today we’re talking about *dating*. The term has lots of different meanings to lots of different folks and it isn’t even called *dating* much anymore. What are some other words for it? (SR) What is a date? (SR)”

STATEMENT OF OBJECTIVES

“Today we’re going to look at some basic principles concerning dating ... some positive and negative aspects of dating ... and start to think about what makes a good date experience for everyone concerned. We’re also going to talk some about what to do when dating isn’t a good experience and, hopefully, get you to start thinking about your own beliefs about dating.”

TEACHER INPUT

Discuss two primary guiding principles of dating. Allow students to discuss some aspects of each prior to presenting overheads. Present some common myths related to dating.

MUTUAL RESPECT and HONEST COMMUNICATION

- Have students define each of these terms and give examples of each.

OVERHEAD: “MUTUAL RESPECT”

(Have students discuss beliefs about these principles)

- Appreciating Others (Acceptance vs. Approval)
- Dependability (accompanying, being on time, not canceling out)
- Planning (knowing what to expect)
- Asking Permission
- Controlling Anger
- Introducing Others
- Saying Thank-you
- Good Grooming
- Complementing

OVERHEAD: “HONEST COMMUNICATION”

(Have students discuss beliefs about these principles)

- Listening to content
- Listening for feelings
- Showing empathy
- Negotiating
- Compromising
- Expressing Mutual Affection

OVERHEAD: "Some Myths to Think About"

(Ask students to react to these concepts and beliefs)

- Males are in charge
- Females never pay
- If you don't have a car, you can't date
- It doesn't matter what parents think
- Couples always go out alone
- Kissing and touching **MUST** happen on a date
- If you meet someone better ... dump your date
- Coming home a little late is OK

OVERHEAD: "ASSAULT: WHAT IS IT AND WHAT CAN I DO?"

(Have students discuss assault and who to contact)

GUIDED PRACTICE

Have students divide into four small groups and present overheads listed below.

OVERHEAD: "EXAMPLES OF POSITIVE BEHAVIOR"

Allow 2-3 minutes for group discussion of this assignment.

Have each group report on a behavior or statement that exemplifies each of the two principles assigned to their group.

OVERHEAD: "EXAMPLES OF NEGATIVE BEHAVIOR"

Allow 2-3 minutes for small group discussion of this assignment.

Have each group report on a behavior or statement that does not exemplify each of the two principles assigned to their group.

INDEPENDENT PRACTICE

For Homework, have each student prepare a list of dating principles that would always be fair and caring to both parties.

CLOSURE

Today we have looked at some ways to think about dating. We have discussed some common principles to promote positive relationships and thought about some myths and behaviors that can lead to negative experiences.

MUTUAL RESPECT

- **Appreciating Others**
- **Dependability**
- **Planning**
- **Asking Permission**
- **Controlling Anger**
- **Introducing Others**
- **Saying Thank-you**
- **Good Grooming**
- **Complimenting**

HONEST COMMUNICATION

- **Listening to Content**
- **Listening for Feelings**
- **Showing Empathy**
- **Negotiating**
- **Compromising**
- **Expressing Mutual Affection**

SOME MYTHS TO THINK ABOUT

- **Males are in charge**
- **Females never pay**
- **If you don't have a car, you can't date**
- **It doesn't matter what parents think**
- **Couples always go out alone**
- **Kissing and Touching MUST happen**
- **Flirting with others is OK**
- **Coming home late is no problem**

ASSAULT

An unlawful attempt (or offer) to do bodily harm to another.

How many kinds of Assault are there?

- Physical**
- Sexual**
- Verbal**

WHAT DO YOU DO??

EXAMPLES OF POSITIVE BEHAVIOR

Each group should give one example of a statement or behavior that shows a positive response:

Group One:

- Controlling Anger**
- Complimenting**

Group Two:

- Introducing Others**
- Showing Empathy**

Group Three:

- Dependability**
- Negotiating**

Group Four:

- Asking Permission**
- Listening**

EXAMPLES OF NEGATIVE BEHAVIOR

Each group should give one example of a statement or behavior that shows a negative response.

Group One:

- Asking Permission**
- Listening**

Group Two:

- Negotiating**
- Dependability**

Group Three:

- Showing Empathy**
- Introducing Others**
- Controlling Anger**

Relationships, Substance Abuse and Depression

Presenter's Name: Glenn E. Rohrer
Content Area: Relationships, Substance Abuse and Depression
Session Number: 10

“Healthful Living” Objectives Met:

- 1:1 Describe the nature of the experience of transient depression.
- 1:2 Identify potential harmful effects of depression.
- 1:3 Summarize the drug/depression cycle.
- 1:4 Assess the effectiveness of various activities as means of combating transient depression.
- 1:5 Describe the conditions under which one should seek help for depression.
- 1:6 Identify sources of help for dealing with depression.
- 6:1 Summarize sources of, and means of accessing, crisis help for such problems as depression and substance abuse.
- 2:1 Identify the major skills and practices essential to a successful helping relationship.
- 2:2 Explain the meaning of “acceptance” of self and others, and provide examples of accepting and nonaccepting behaviors. Differentiate between accepting a person and a accepting a person’s behavior.
- 2:3 Explain characteristics of a trusting relationship.
- 2:4 Model the skill of emphatic listening.
- 2:5 Describe the characteristics of a situation in which confrontation is a useful helping skill.

Materials/Resources Needed:

Handouts: “Alcohol and Drug Use Scale”
“Depression Rating Scale”

Lesson Plan

FOCUS and/or REVIEW

Today we are going to talk about helping relationships and some issues related to depression and substance abuse. We are going to learn about these things by having you do some interviews.

STATEMENT OF OBJECTIVES

Our goal today is to have you gain some insight into helping relationships and to learn some things about substance abuse and depression at the same time.

TEACHER INPUT

Learn about helping relationships by looking at the problems of depression and substance abuse.

Helping Relationships

1. What are they?
2. How are they established?
3. Acceptance does not mean condoning bad behavior!

Depression

1. What is it, who gets it, how can I tell if I or someone I care about has it?
2. What can I do about it, who can help?

Substance Abuse

1. How much is too much, I only smoke a little “Pot” and besides everyone does it.
2. What if I think I have a problem, where do I go, what do I do?

GUIDED PRACTICE

Students will divide into pairs. One student will be the helping person, the other will be the client (students playing the client role will be told to play a role and not to answer the questions as themselves). One student will administer the depression rating scale, the scales will be scored and the class will discuss issues related to depression. Students will then reverse roles and the former clients will then administer and score the alcohol and drug use scale (again students will be told to role play and not answer for themselves). The class will then discuss issues related to substance abuse.

INDEPENDENT PRACTICE

Students will be told to honestly take each of the assessment scales on their own and to seek someone to talk to if they feel the need.

CLOSURE

Today we have seen how helping relationships are formed and we have looked at issues related to depression and substance abuse.

Alcohol and Drug Use Scale

1. ___ Do you ever feel bad or guilty about your drinking or drug use?
2. ___ Has your family or friends worried or complained about your drinking or drug use?
3. ___ Have you ever failed to do what is expected of you because of your drinking or drug use?
4. ___ Have you ever said or done embarrassing things while drinking or using drugs?
5. ___ Have you ever gotten in trouble because of drinking or using drugs?
6. ___ Have you ever gotten into a physical fight while drinking or using drugs?
7. ___ Do you ever think that you are drinking or using drugs too often and that you should cut down on your use?
8. ___ Do you ever drink or use drugs before noon?
9. ___ Does it take more alcohol or drugs to get you high now than it did in the past?
10. ___ Has your drinking or drug use damaged a friendship or close relationship?

SCORE-EVERY YES ANSWER GETS ONE POINT. THREE OR MORE YES ANSWERS INDICATES THE PERSON SHOULD TALK TO SOMEONE ABOUT THESE PROBLEMS.

Depression Rating Scale

1. ____ Do you feel sad, hopeless, gloomy and worthless much of the time?
2. ____ Have you lost interest in the things you like to do such as hobbies, social activities and recreation activities?
3. ____ Have you lost weight (like 10 pounds) recently without going on a diet or trying to lose weight?
4. ____ Do you feel tired or exhausted, like you don't have enough energy?
5. ____ Do you have trouble sleeping, either going to sleep, or waking up early in the morning and not being able to go back to sleep?
6. ____ Do you feel guilty a lot, feeling like you are a bad person or that everything that goes wrong is your fault?
7. ____ Do you feel like you have slowed down, like your thoughts come to you slower or you talk slower than you used to or that you just move slower than you used to?
8. ____ Have you lost your appetite or do you eat a lot less than you used to?
9. ____ Do you have trouble thinking or concentrating on things like your school work?
10. ____ Do you often think about death or that life isn't worth living?

SCORE – EVERY YES ANSWER GETS ONE POINT. THREE OR MORE YES ANSWERS INDICATES THE PERSON SHOULD TALK TO SOMEONE ABOUT THESE FEELINGS.

Addiction

Presenter's Name: David White
Content Area: Substance Abuse
Session Number 11

“Healthful Living “ Objectives Met:

Substance Abuse:

- 2.1 Dramatize a direct and indirect social harm resulting from individual substance abuse.
- 2.2 Illustrate direct harm to oneself resulting in substance abuse by others.

Materials/Resources Needed:

Handout: “Alcoholism: Assessment and Resources”

Lesson Plan

FOCUS and REVIEW

“When I say the word “addict”, what pictures come to mind. Let’s all draw our own concept of an addict.” (Allow students to complete drawings and then ask them to share some of the “outside characteristics” of their drawings.) Now on the same drawing, I’d like you to indicate what you think an addict might be feeling on the inside.” (Allow students to complete drawings and then ask them to share some of the “inside characteristics” of their drawings.)

STATEMENT OF OBJECTIVES

“Today we will talk about addiction and how it affects the individual and those around him or her.

TEACHER INPUT

Define Addiction: “An unhealthy, continued involvement with a mood-altering substance or activity in spite of harmful consequences.”

Characteristics of Addiction:

1. compulsion to use substance
2. loss of control over use
3. negative consequences from use
4. denial

Indicators of a Alcohol Abuse Problem

1. Denying any problem with alcohol
2. Depression and paranoia
3. Dramatic mood swings, from anger to laughter to anxiety
4. Forgetting what happened during a drinking episode
5. Needing a drink to start the day
6. Doing things while intoxicated that are regretted afterward
7. Sleep Problems
8. Changing brands or “going on the wagon” to control drinking
9. Drinking everyday
10. Experiencing some of the following physical symptoms after drinking: frequent headaches, nausea, stomach pain, heartburn, gas, fatigue, weakness, muscle cramps, or irregular or rapid heart beat.

Alcoholism is a FAMILY DISEASE

-All members of the family are affected because of the home environment created by addiction.
-Strong evidence suggests that alcoholism and other drug addiction runs in families and may be genetically linked.

Studies reveal that at least 76 million Americans (43% of population) have been exposed to alcohol and other drug addiction in their families.

The drug dependent family is often subjected to innumerable social, psychological, physical, and economic problems as a consequence of parent drug dependency problem.

Alcoholics and their codependent spouses create a family structure that tends to be unstable, empathetically depriving, exploitative, neglectful and in many cases, abusive.

Children of Alcoholics CANNOT

- Control of stop their parents' drug use
- Control either parents' behavior
- Improve their parents' relationship with each other (and thus decrease family conflict, aggression, or violence and increase family stability)
- Make the alcoholic a better parent
- Remove themselves from the family situation (because they are children)

GUIDED PRACTICE

“Suppose you have a friend who has a alcoholic parent. What might you do to help your friend?
(Discuss student responses.)

INDEPENDENT PRACTICE

Ask student to complete the “Alcoholism: Assessment and Resources” handout for homework.

CLOSURE

“Today we have discussed addiction and how it affects the addict and those in relationship with the addict.”

Alcoholism: Assessment and Resources

Directions: The following is an assessment instrument used to identify problem drinkers. Think of someone you know that you think might have a drinking problem. With that person in mind, answer the following questions. (Let's keep that person anonymous.)

- ___ 1. Does the person feel they are a normal drinker. (No = 2 pts.)
- ___ 2. Does the person's family ever worry or complain about their drinking (Yes = 1 pt.)
- ___ 3. Does the person ever feel bad about their drinking (Yes = 1 pt.)
- ___ 4. Do friends or relatives think this person is a normal drinker (No = 2 pts.)
- ___ 5. Is the person always able to stop drinking when they want to (No = 2 pts.)
- ___ 6. Has the person ever attended an Alcoholics Anonymous? (Yes = 5 pts.)
- ___ 7. Has drinking ever created a problem with this person and a girlfriend or boyfriend (or husband or wife)? (Yes = 2 pts.)
- ___ 8. Has the person ever gotten into trouble at work because of drinking? (Yes = 2)
- ___ 9. Has the person ever neglected obligations, his/her family, school and/or his/her work because of drinking? (Yes = 2)
- ___ 10. Has the person ever gone to anyone for help about his/her drinking? (Yes = 5)
- ___ 11. Has the person ever been in a hospital because of his/her drinking? (Yes = 5)
- ___ 12. Has the person ever been arrested, even for a few hours, because of behavior associated with drinking? (Yes = 2)
- ___ 13. Has the person ever been arrested for drunk driving or driving after drinking. (Yes = 2)

___ **TOTAL POINTS**

SCORING: Add -up the points for each item. A score of three points or less is considered **nonalcoholic**, four points is **suggestive** of alcoholism, a score of five points or more indicates **alcoholism**.

Thinking Ahead to Next Week...

Do a little research then answer the following questions:

What resources are available in your community for the following groups:

1. Alcoholics: _____ (agency name)
_____ (service[s] provided)
_____ (phone)

2. Drug Abusers: _____ (agency name)
_____ (service[s] provided)
_____ (phone)

3. Children of Alcoholics _____ (agency name)
_____ (service[s] provided)
_____ (phone)

Steroids and Substance Abuse Treatment

Presenter's Name: David White
Content Area: Substance Abuse
Session Number 12

“Healthful Living “Objectives Met:

Substance Abuse:

- 3.1 Identify a direct or indirect social harm resulting from individual substance abuse.
- 3.2 Identify a direct harm to oneself resulting from substance abuse by others.
- 4.1 Name and describe local services available to high school students for the treatment of substance abuse problems
- 4.2 Identify barriers to use of substance abuse treatment services and suggest means of overcoming them.
- 5.1-2 Explain at least two behavior change strategies for the treatment of substance abuse problems.

Materials/Resources Needed:

Handout: “Steroids”

Lesson Plan

FOCUS and REVIEW

“I know you have all heard accounts of athletes using steroids to enhance performance. How often do you think that really goes on? Do you think it is a significant problem in high school, college, and professional sports? (SR) Why do you think athletes use steroids? What do steroids actually do and how do they work? Well, today we have with us a guest speaker who can answer all these questions.” (Introduce Jeff Connors, ECU Strength Coach.)

STATEMENT OF OBJECTIVES

“Today we will discuss anabolic steroid abuse. We will also identify and discuss resources that are available to help those with any substance abuse problems.”

TEACHER INPUT

STEROIDS

What are Anabolic Steroids? Various synthetic derivatives of testosterone, the male hormone.

Why are steroids used? The drug has been used among athletes in almost every sport to stimulate a build up of the body by synthesizing protein for muscle growth and tissue repair. Steroids are used as legal prescription drugs for those recovering from major surgery or those with chronic debilitating disease. However, their illegal use among athletes has become a major problem. Some National Football League players estimate that about 90% of their peers use steroids!

High school students and young adults are at highest risk of steroid abuse.

How do steroids work? Steroids upset the hormonal balance, causing the body to produce excess testosterone (male hormones).

Do steroid use pose a health risk?

Steroid use can be dangerous because they are usually taken without medical supervision and often in megadoses. They are especially dangerous for teens whose bodies are still developing.

The body compensates to the hormonal imbalance caused by steroid use by:

1. Reducing the amount of naturally produced testosterone and perhaps other hormones during the period of steroid use.
2. Regulating hormonal levels by overworking the liver to remove the excess testosterone from the body. Other complications include: stunting natural growth, possible cancer, increase in blood pressure, testicular atrophy, prostate blockage, gastrointestinal bleeding, nausea, headaches, and low sperm count.
3. Females are susceptible to increased male hormone level and changes in body characteristics from use of the drug: increased body hair, lowered voice, menstrual irregularities and abnormalities in genital areas.

In addition to direct health consequences, the use of steroids has created an ethical issue for all who compete in athletics. Because steroids may provide an unfair competitive advantage, the International Olympic Committee has tested for steroids since 1976 and several winners have been stripped of their medals after testing positive.

SUBSTANCE ABUSE TREATMENT

What are the steps to substance abuse treatment?

1. Admitting that a problem exists. The most difficult step for a substance abuser is to admit that he or she is in fact an addict.
2. Detoxification (controlled and supervised withdrawal within a medical or psychiatric hospital). This step is necessary if the individual has not been able to stop using the drug on their own or if withdrawal is deemed medically risky because of a long or complicated drug history or addiction to multiple substances. Medications are used in detoxification to alleviate withdrawal symptoms and prevent medical and/or psychiatric complications.
3. Intensive Dependency Treatment. The aim of treatment is to help individuals establish and maintain their recovery from alcohol or other drugs. Treatment may take place in an outpatient setting, a residential facility, or a hospital. Whatever their setting, most treatment programs follow what is known as the Minnesota Model. Its key principles include a focus on drug use as the primary problem, not as a symptom of underlying emotional problems a multidisciplinary approach that addresses the physical, emotional, spiritual, family and social aspects of the individual, a supportive community, and a goal of abstinence and health.
4. After Care. Following intensive treatment, recovering addicts are encouraged to seek services that will allow them to deal with the stress of their daily lives while remaining abstinent. After care can include individual and family psychotherapy, group counseling, support groups and 12-Step programs like Alcoholics Anonymous.

What is Alcoholics Anonymous (AA)?

Founded in 1935, AA is the oldest, largest and most successful self-help program in the world. It is free and available in most communities across the world. AA meetings are peer-lead. Like the approximately 200 other recovery programs spawned by AA, it is based on the spiritual 12-step model. The only requirement for membership in any of these groups is the desire to stop an addictive practice.

GUIDED PRACTICE

Using the “Steroids” handout, students will summarize the key points of the presentation, and develop two questions to ask the guest lecturer.

INDEPENDENT PRACTICE

Using the “Steroids” handout, students will develop a prevention plan for preventing steroid abuse in your school.

CLOSURE

“Today we have discussed steroid abuse and substance abuse treatment.”

Personal Fitness Assessment

Presenter's Name: Matt Mahar, PhD
Content Area: Physical Fitness
Session Number: 14

“Healthful Living” Objectives Met:

Physical Fitness

- 5.1 Using a health-related fitness assessment, evaluate fitness level
- 5.2 Explain the positive benefits of exercise to the circulatory and respiratory systems
- 5.4 Explain the benefit of flexibility
- 5.5 Using FIT Principle (proper FREQUENCY of a training program, progressive INTENSITY of strength development, and the appropriate amount of TIME for each session), identify the principles of cardiovascular and strength development

Materials/Resources Needed:

FITNESSGRAM Assessment of each student to be conducted at least 2 weeks prior to the session.

Lesson Plan

FOCUS and /or REVIEW

Ask students their opinion of taking the FITNESSGRAM Assessment. Distribute FITNESSGRAM results and explain to the students that the purpose of today's session is to interpret their results.

STATEMENT OF OBJECTIVES

Today we will review the results of the FITNESSGRAM Assessment and discuss how your results relate to your fitness level.

TEACHER INPUT

Aerobic Capacity: the ability to persist in physical activity that requires oxygen. Activities like walking, jogging, cycling, step aerobics, and roller balding are considered aerobic.

Body Composition: Percent body fat is an important indicator of body composition. A broad range of body composition values are normal. The optimal range for males is between 10-20% and 17-27% for females.

Muscular Strength and Endurance: the maximal force that can be generated by a muscle group and the ability of a muscle group to contract repeatedly.

Flexibility: the ability to move parts of the body through their complete range of motion.

GUIDED PRACTICE

With the assistance of the instructor, students will examine their own FITNESSGRAM Assessments to determine the following:

Is the student's aerobic capacity in the Healthy Fitness Zone (HFZ)

Is the student's body composition in the HFZ

Is the student's measures of muscular strength and endurance in the HFZ

INDEPENDENT PRACTICE

Ask the students to develop a personal exercise plan

CLOSURE

Today we have learned about the components of fitness and have seen if you score in the Healthy Fitness Zone for each of these components. I encourage you to personally strive to reach the HFZ for aerobic capacity, body composition, muscular strength, endurance, and flexibility.