



Health Literacy through Technology Online

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HEALTH LITERACY THROUGH TECHNOLOGY

Connect with Kids

Program Overview

INTRODUCTION

Health Literacy through Technology, provided to your school by Arkansas Children's Hospital in partnership with the Connect with Kids Education Network, is a compelling evidence-based digital and print curriculum addressing key health challenges and issues relevant to pre-teen and teenage students. Facilitators are provided the tools and background to conduct the program with fidelity.

Connect with Kids videos are designed to harness the power of storytelling as real kids share real stories about issues affecting teen health.

This Facilitator Guide provides guided instruction on the following health-related topics:

- Making Healthy Choices
- Managing Stress
- Depression and Anxiety
- Over-the-Counter and Prescription Drug Abuse
- Underage Drinking
- Tobacco
- Cyberbullying
- Managing Technology
- Dating and Relationships
- Pregnancy and Birth
- Nutrition
- Fitness

This guide enables facilitators to set the tone for each session's goals by defining expectations and asking for student feedback, participation and response. Each lesson features a reality-based video segment, discussion questions, vocabulary builders and an activity.





EVIDENCE-BASED RESULTS

The Health Literacy through Technology platform was piloted in 18 Arkansas middle and high schools from January through May, 2012, including the pre- and post-testing of control and experimental student groups. The survey evaluation was intended to demonstrate sustainable and significant changes in behavior and attitudes compared to the control group, the impact of visual media and that difficult-to-measure emotional quotient in reaching youth and affecting their decision-making process.

Study results demonstrated that the experimental group indicated:

- *A significant increase in understanding that choices made during the teen years have a continued life-long effect on health.*
- *A shift in preference for the availability of information through online media and videos, especially in combination with the use of classroom discussion groups.*
- *An increased awareness of cyberbullying and the impact on themselves and others.*
- *A statistically significant increase in confidence in the ability to positively deal with day-to-day stress.*
- *A statistically significant increase in awareness that parents and friends influence decisions and choices that affect healthy decisions.*
- *A decrease in the amount of time spent on social networks during the 10-week course by the experimental group.*
- *A decreased difficulty by the experimental group to find alternatives to drugs and alcohol, and some decrease in incidents of getting drunk.*
- *A significant increase in awareness of the long-term impact of exercise.*

COMMON CORE STANDARDS

The Health Literacy through Technology program meets the following general Common Core Standards:

- *Allowing students to gain, evaluate and present complex information and ideas through listening and speaking.*
- *Encouraging academic discussion, collaboration and problem-solving in one-on-one, small group and whole-class settings.*
- *Providing opportunities for vocabulary growth through a mix of conversation, direct instruction and reading.*
- *Integrating technology and media to enhance 21st century learning.*





ABOUT THE HEALTH LITERACY THROUGH TECHNOLOGY PROGRAM

The Arkansas Children's Hospital, in partnership with Connect with Kids, has developed the 12-lesson Health Literacy through Technology program, an instructional resource that is real and relevant to your students and respectful of the planning and time requirements of busy teachers in a busy school day.

What is health literacy... and why is it important?

Health literacy is commonly defined as the ability to understand health information and to use that information to make good decisions about one's health and medical care. This is an especially critical challenge during the adolescent years when, according to the Centers for Disease Control and Prevention, teens make more decisions that will ultimately impact their adult life — and death — than at any other time in life.

For today's youth, individual health status is determined more by one's personal behaviors than by advances in medicine, access to health care or other factors such as heredity or age. Because of these reasons, this curriculum was developed knowing that effective health education instruction should:

- *Actively involve students in the learning process in an interactive manner*
- *Focus on health-related behaviors, not just increasing student health knowledge*
- *Promote healthy peer and family interactions*
- *Have a positive, wellness-based approach for developing health behaviors*
- *Use teacher-tested and research-based lesson plans and support materials*
- *Be engaging and valuable for all students*
- *Be taught by teachers who are prepared and informed and can deliver the curriculum in a manner that ensures consistency, exemplify an adequate comfort level with the content and have the ability to handle difficult questions/topics that may arise.*





ABOUT THE APPROACH

The Health Literacy through Technology curriculum features twelve classroom lessons, using video and print resources to provide accurate and age-appropriate information. Each lesson includes documentary-style video footage, featuring real kids talking about real challenges and issues. Students see themselves in the stories shared. Discussion questions, vocabulary builders and an accompanying activity complete the instructional package.

However, as research indicates, data alone does not change behavior nor alter the influences of peer pressure. The curriculum is interactive using a multimedia format to engage students. At its core is the use of The Mutual Aid Model of counseling — to enhance the discussions and activities where peers can learn from each other under the guidance of an adult facilitator.

► The Mutual Aid Model: New Solutions to Old Problems

This theoretical approach emerged from the field of social work and was developed by William Schwartz and built upon by Lawrence Shulman and Alex Gitterman. It recognizes the power of one's peer group as a vehicle for solving common problems. The peer group provides a forum for trying out new behaviors; giving and receiving feedback; providing positive support; and, most important, learning to help and support others through the aid of a trusted adult. It takes advantage of the positive roles that peers can play in working together to find new solutions to old problems.

This Mutual Aid approach, through its emphasis on involving peers, takes advantage of peer support, a dynamic in adolescence that can prevent an individual's involvement with risky behaviors. This approach is true not only for adolescents but for adults as well and can be used in both clinical counseling sessions and educational programs.

► Key Concepts Essential to the Mutual Aid Model

Facilitator Preparation

At its core is the notion that the leader must understand the population he/she is teaching; referred to as "preparatory empathy." In order to conduct this curriculum with fidelity and effectively incorporate Mutual Aid, it is essential that the leader mentally prepares for the adolescent audience by considering:

- *What teens may be thinking and feeling about the choices and health challenges they face, be it tobacco, drugs, alcohol, exercise, time spent online, nutrition, and friendships and relationships including dating, bullying behaviors and cyberbullying.*
- *What it is like to be a teenager in today's world.*
- *What reaction will the facilitator have to what is expressed.*

The facilitator must objectively prepare for the curriculum by reviewing the material prior to the sessions.





The "All-in-the-Same-Boat" Phenomenon

A potent force in Mutual Aid is engaging students in the learning process and helping them to discover that one is not alone in his or her thoughts, feelings, and emotions. There is something special in hearing others articulate similar feelings and experiences. Such mutuality produces support that energizes learning. As students respond to key questions in the lesson, the facilitator can establish connections by acknowledging the adolescent experience (academic stress, social anxiety and peer pressure.) Demonstrated in the video segments, students learn ways to resist unhealthy choices and make healthy decision making and living a priority.

Setting Agenda for Lessons and Climate for Learning

In order to effectively involve students in the education program, the program facilitator should develop a working agreement with the students. The facilitator sets the tone by beginning each session by outlining the goals of each lesson, defining participant expectations and asking for feedback and responses from the students. All of the students should agree to work to respect and accept another person's point of view or personal opinion, and be open to learning from and with each other. It is especially important to remember and consider the feelings of others when discussing sensitive, health-related topics.

Information Sharing

Each student has his or her own unique life experiences. The discussion questions following each video segment are designed to assist students with sharing their experiences and beliefs about the topic at hand. By encouraging their participation in the learning process, the program facilitator can help students listen to each other while correcting any misinformation.

The Dialectical Process

Class discussion, led by the program facilitator, can be a vehicle for students to develop insight into their own behaviors as they share their thoughts and listen to the experiences of others. Hearing their peers articulate similar feelings and experiences produces support and encourages learning. The facilitator needs to be prepared for this process and be able to assist students with navigating different ideas, opinions and reactions. Within this process the leader has the opportunity to encourage an exchange of ideas while acknowledging and reinforcing the new pro-social behaviors that are learned during class discussions.





Mutual Challenge

While it is important for students to have support from their peer group and adults, it is not sufficient to create change in behavior or intention to change. Research shows behavior/attitude changes occur when students have information and learn new skills. Developing new attitudes and behaviors may first need old ideas and behaviors to be questioned and evaluated. The discussion questions and activities ask students to challenge their own views and those of their peers through guided role playing and requests for feedback. Adolescents are in a good position to confront and challenge each other's thoughts, assumptions and actions on how the choices that affect personal health.

Individual Problem Solving

As part of the lessons, students are often asked to identify their struggles and successes. The lessons offer the students the opportunity to raise specific problems and response to another's problems by asking questions, making suggestions and reflecting on the experience. The leader's role is to encourage many exchanges and to indicate how each student's individual responses relate to the class experience as a whole.

The "Strength-in-Numbers" Phenomenon

Adolescents often feel overwhelmed by everyday stress and the pressures they feel. Media, peers and communities often contribute to this. The pressure is less overwhelming and frightening when students are able to deal with these pressures as a large group. When students collectively address this in the classroom, they can learn from each other and garner the support needed to manage these pressures.





Getting Started

FACILITATOR INTRODUCTION:

Begin the program by describing to students the Health Literacy through Technology platform. You may say to students:

The topics may sound familiar: making healthy choices; managing stress; depression and anxiety; over-the-counter and prescription drug abuse; underage drinking; tobacco; cyberbullying; managing technology; dating and relationships; pregnancy and birth; nutrition; and fitness. Yet, our approach is a little bit different.

During our time together we will watch a video in class and complete an activity. Each video features real kids sharing their real stories and perspectives. Perhaps you might see yourself in a situation shared, or think of a different approach and solution to an old problem.

The goal is to provide you with an opportunity to learn new information, talk with your peers and self-reflect on your own attitudes, beliefs and behaviors related to a number of health-related topics.

Upon completion of this program, the goal is that you will have more options and strategies for making healthy decisions about all of those topics and strategies to respond to the many pressures and influences you experience during the teen years. We hope you are able to listen and support each other and to offer ideas and suggestions in order to learn from each other.

(NOTE TO FACILITATOR: This is a good time to check-in with students to assure that they understand the process — and repeat those expectations before each lesson. Ask: Does this make sense to you? Are there any questions?)





Lesson One: Making Health Choices

Today, we are going to start with a broader discussion of the importance and impact of making healthy choices — and the positives and negatives of taking risks.

While you watch the video, listen to the discussions and the true life stories to compare or contrast them to your own experiences. If there is one person — or maybe several people — in the documentary that you can relate to, think about why and what you would say or do in the same situation. I have a set of questions for us to discuss and an activity that will follow, but for now, let's watch the video. Are there any questions? (If no questions or comments, show video.)

WATCH VIDEO, LESSON 1: HEALTHY CHOICES AFTER VIEWING, THE FACILITATOR CONTINUES:

We're going to discuss this video, so I want to remind you to respect each other's opinions and listen to other people's points of view. Is there anything else we need to do so everyone feels comfortable to participate? (If no suggestions, move to discussion.)

Discussion Questions

1. The video showed that a person's decision-making process sometimes changes when he/she is with a group of friends. Are your decisions influenced when you are with your friends? Does risk-taking increase? Why does this sometimes happen?
2. Why do teens take risks? Is taking risks good or bad?
3. What is character? (Answer: *It is moral and ethical strength; also integrity. It is also what helps individuals gain self-respect*). Who can give us an example of a person with strong character who took personal risks to make this country or our world a better place for all people to live?
4. The video talked about the relationship between boredom and teens taking risks. Is it worth taking a risk because you are bored? Why or why not? What are other ways you have found helpful to cope with boredom?
5. If a friend of yours was trying to persuade you to do something that felt uncomfortable to you, what reasons could you give that illustrate setting limits for yourself?
6. Have your friends ever said to you, "But everyone's doing it!" or "C'mon, don't you want to be like us?" Has that kind of talk ever persuaded you? Who can name a few examples of the negative consequences of taking risks? Why do teenagers think "it will never happen to me?"





Lesson One: Making Health Choices

VOCABULARY BUILDERS

Use the vocabulary handout to teach the terms and definitions.

Term	Definition
Decision-making	A term used to describe the process of reaching a decision; the act of making up your mind or creating a plan of action.
Health risks	A term used to describe the potential consequences of certain behaviors (i.e., the health risks of smoking are cancer, heart attack and stroke).
Limit-setting	A term used to describe the act of creating boundaries, or setting a pre-determined level of expected behavior (i.e., curfews, number of hours allowed to watch TV, driving at the speed limit).
Self-responsibility	Accepting one's own role or responsibility (i.e., not blaming others) in a decision or an action.
Risk-taking	Undertaking a task associated with a risk. It could be a good risk — going for a desirable goal, meeting a challenge; it could simply be an action that you decide to do even if there is a risk of failing. Or it could describe an action or behavior that is likely to have a negative or unhealthy outcome; something that presents a dangerous risk.





Lesson One: Making Health Choices

TOP HEALTH CONCERNS FOR KIDS

University of Michigan C.S. Mott Children's Hospital 2012 National Poll on Children's Health

1. Not Enough Exercise
2. Childhood Obesity
3. Smoking and Tobacco Use
4. Drug Abuse
5. Bullying
6. Stress
7. Alcohol Abuse
8. Teen Pregnancy
9. Internet Safety
10. Child Abuse and Neglect

SOURCE: University of Michigan C.S. Mott Children's Hospital National Poll on Children's Health.





Lesson One: Making Health Choices

It's a Toss Up: Risks or Rewards

PROJECT AND PURPOSE

To help students understand health concerns for adolescents and teens and to consider the risk vs. rewards of some of their choices, actions and activities.

MATERIALS

Top Concerns Handout
Trash Can
Masking tape
Nerf ball

PROCEDURE:

1. Begin this activity by reviewing the top health concerns for kids according to a national poll on children's health conducted by the University of Michigan C.S. Mott Children's Hospital. In May 2012, the poll asked 2,130 adults to rate 20 different health concerns for children living in their communities. Review the concerns by distributing the Top Concerns Chart. Ask students, how many of these concerns do you feel you have control over?
2. Now, place a trash can at the front of the room, take three to five steps back from it, and put a piece of tape on the floor at that spot. You'll also need a soft (Nerf) ball for this activity. Put a trash can at the front of the room, take three to five steps back from it, and put a piece of tape on the floor at that spot. You'll also need a soft (Nerf) ball for this activity. Explain to your students, several students in the video mentioned that taking risks is a part of life. While that may be true, some risks that have life-changing consequences. Who can give us an example?
3. Request three volunteers for the next activity. Say: I've put a trash can at the front of the room. Each volunteer, standing behind the taped line on the floor, will have three chances to make a basket with this Nerf ball. (The basket should be close enough that it is easy for the students to make the majority of the shots).
4. Have the first two students shoot five shots each. Record the number of times they made a basket. With the rest of the class's help, convert the 10 shots into a percentage (i.e., 9 out of 10 would be 90%).
5. Now say to the third student: Based on the number of baskets the first two students made, YOUR chances of making a basket are 90%. Here's the ball. I'll give you \$10 if you get it in, but you'll need to give me \$10 if you miss. Before the student attempts a basket, ask him/her: Do you want to take my challenge? Why or why not? (If the student declined, ask: If I placed you one foot closer to the trash can, would you accept my offer? Why or why not? (If the student agreed, ask): If I placed you one foot further away, would you still accept my offer?
6. Now ask all students: Some of the health risks we've discussed have serious consequences — injury, unplanned pregnancy, contracting a dangerous sexually-transmitted disease, even death. Would you risk a chance on any of these consequences? Some people believe that everything involves risk. Do you think that is a good enough reason to take risks or to try something seriously risky?





Lesson Two: Managing Stress

Today, we are going to look into what's often called the "stress-filled world of teens" and how each of us tends to handling and manage stress differently. We know that we need to learn to deal with stress in a positive manner — no matter our age or time of life.

While you watch the video, listen to the discussions and the true life stories to compare or contrast them to your own experiences. If there is one person — or maybe several people — in the documentary that you can relate to, think about why and what you would say or do in the same situation. I have a set of questions for us to discuss and an activity that will follow, but for now, let's watch the video. Are there any questions? (If no questions or comments, show video.)

WATCH VIDEO, LESSON 2: MANAGING STRESS

Discussion Questions

1. In the video, the narrator explained that stress is a normal part of a teenager's life. What are some causes of stress (stressors) that were shown in the video?
2. Are there times when you feel that "everything is a competition?" Where is this pressure coming from?
3. Stress management is a person's ability to use certain strategies or activities to keep from getting "too stressed out." What are some ways that you have found helpful in managing stress?
4. There are four components of health: social, emotional, mental, physical. Let's review the handout to determine exactly what that means. How does stress affect each of the four components? You can use examples to help explain the vocabulary words, or ask the students to give examples. You might discuss:
 - In a typical teenager's day, there are ups and downs, and with every "up" or "down" there is a certain level of stress. Learning to cope with stress — both "good" and "bad" — is an important part of managing your life.
 - Stressors are things that cause stress. They can come from a variety of sources. They can be physical (i.e., having a cold, twisting an ankle), social (going to a party, talking with a boy/girlfriend), work-related (making decisions, working with customers), traffic-related (traffic jams, etc.), emotional (fears, worries about school or other anxieties) or chemical (i.e., drinking caffeine to stay up late studying, then not being able to sleep).
 - Some stress makes you react positively. For example, stress can give a runner the "edge" he needs to burst through the finish line, or it can help an actor perform better.
 - On the other hand, some stress can be harmful. It can increase the risk of developing health problems (i.e., high blood pressure, cardiovascular disease). For this reason, health educators usually divide stress into either good (eustress) or bad (distress) situations.





Lesson Two: Managing Stress

VOCABULARY BUILDERS

Term	Definition
Stress	A general term we use to describe what we feel when something (a stressor) disturbs the natural functioning and balance of our lives.
Stressors	Day-to-day occurrences, situations, changes, upheavals, etc. (i.e., making decisions, dealing with family members) that place new or different demands on us.
Eustress	Generally refers to “positive stress” or a “good stressor.” (i.e., winning a game of basketball, getting an “A” on a test, trying out for the lead in the school play.)
Distress	Generally refers to “negative stress” or a “bad stressor.” (i.e., failing a test, getting into an argument with a friend).
Stress Management	The strategies or activities a person uses to deal with stress, such as exercising, talking to a friend, relaxing or listening to music. Similar to the term “therapeutic.”





Lesson Two: Managing Stress

THE FOUR COMPONENTS OF HEALTH

Social Health

Deals with your ability to get along with friends and family members in a productive manner. It generally refers to the overall quality of your relationships.

Emotional Health

Deals with your ability to express your emotions appropriately. It also refers to your feelings of confidence and self-worth.

Mental Health

Deals with your ability to think clearly, to make important decisions using sound reasoning, and your ability to solve problems.

Physical Health

Deals with your physical well being. This refers to your levels of physical activity, adequate sleep, relaxation and nutritional habits.





Lesson Two: Managing Stress

Handling Stress: What's the Difference?

PROJECT AND PURPOSE

Students will explore the different ways people handle stress, and any particular approaches between the sexes.

MATERIALS

Venn Diagram Worksheet

PROCEDURE:

1. In one segment of the video, the “kids on the couch” talked about how boys and girls handle stress differently. To further a discussion on this topic, make copies of the Venn Diagram Chart and give one to each student. Divide the class into groups of two or three. Have each group list in the top circle the ways girls tend to handle stress, and in the bottom circle, the ways boys tend to handle stress. In the intersecting circle, have students list the things that both boys and girls do. For example:

Girls	Boys	Both
Tend to keep feelings inside, will dwell on a situation for a long time	May get angry, but get over things fairly quickly	May use reading, playing music or other hobbies to cope with stress.
Will talk things out with friends	May have a difficult time talking to others	Play sports, take a break (i.e., see a movie)

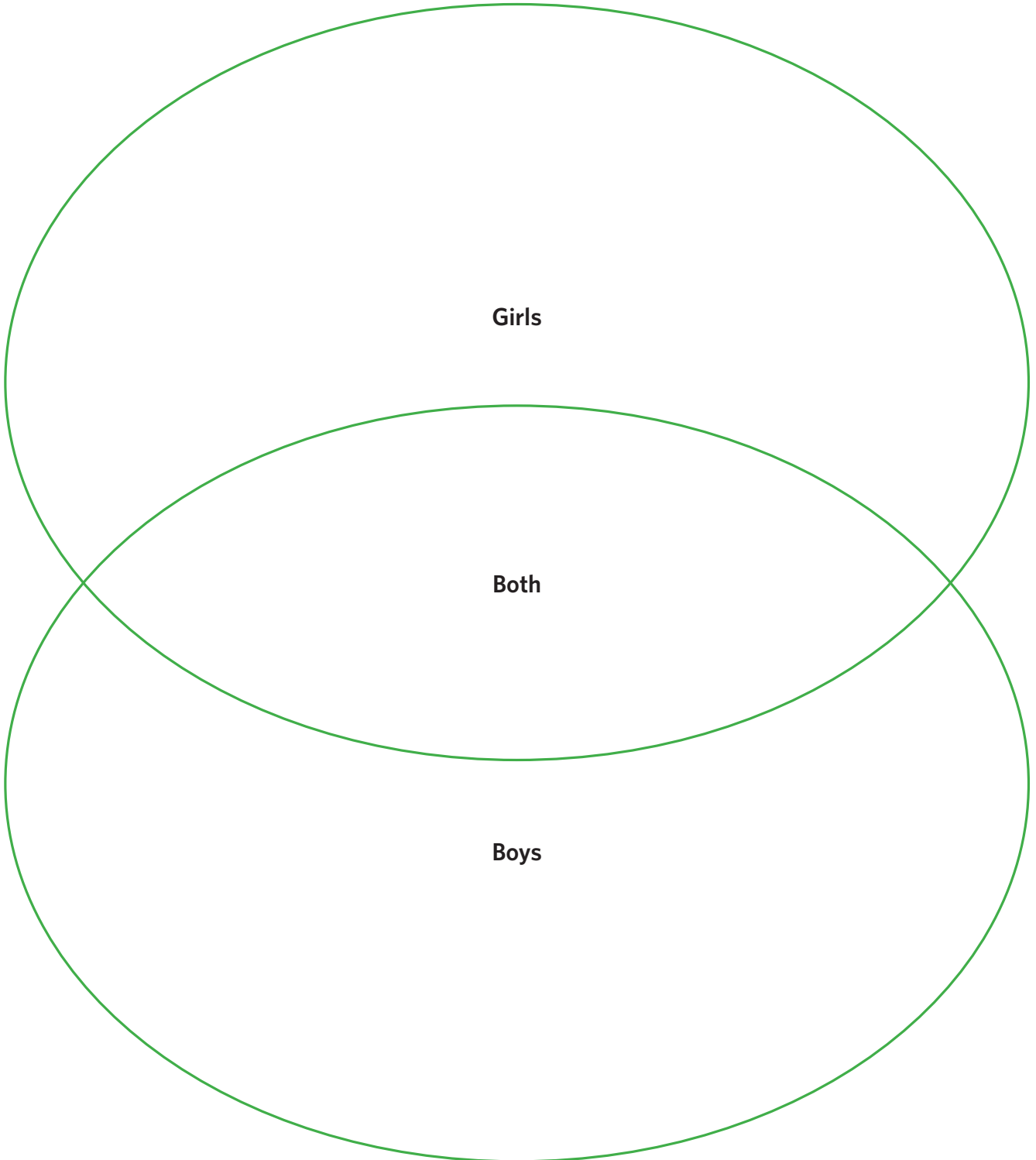
When students are finished, have them turn in their Venn Diagrams to you.





Lesson Two: Managing Stress

HOW DO THEY HANDLE STRESS?





Lesson Three: Depression and Anxiety

Most teens will agree that their lives are filled with moments of stress, living up to expectations, pressure and competition. These expectations, personal and parental, can prove to be somewhat overwhelming at times. Today we're going to focus on understanding the importance of and strategies for recognizing and managing depression and anxiety.

Again, while you watch the video, listen to the discussions and the true life stories to compare or contrast them to your own experiences. If there is one person — or maybe several people — in the documentary that you can relate to, think about why and what you would say or do in the same situation. I have a set of questions for us to discuss and an activity that will follow, but for now, let's watch the video. Are there any questions? (If no questions or comments, show video.)

WATCH VIDEO, LESSON 3: DEPRESSION AND ANXIETY

Discussion Questions

1. Who can share a few of the words or feelings associated with depression? What are some of the actions often associated with depression?
2. Who can give us a definition of depression in your own words? What causes depression?
3. Clinical depression is a term that is used when a person feels depressed for long periods of time. Clinical depression is very serious. Who can tell us why?
4. Being sad or disappointed when things seem to go wrong is a natural feeling to have. These feelings generally do not last for long periods of time. Not being selected for an athletic team or for a leading role in a school play would be very disappointing to most individuals. How do teens generally deal with these types of situations?
5. Why is it sometimes hard to tell if a person is clinically depressed? Keeping an image of being a fun loving, outgoing, and confident person may be masking a person's real feelings of depression. Who remembers, what are some of the "feelings of depression"? (see vocabulary terms)
6. Anger, resentment and feelings of hopelessness or helplessness are warning signs. Recognizing these feelings is an important first step to take. Who can name some of the staff at our school that has been trained to help students in crisis situations? Would you feel comfortable in asking one of these people for help if you needed it? Why or why not?
7. What are some of the common situations teens experience that cause higher than normal levels of anxiety or stress? Why?





Lesson Three: Depression and Anxiety

VOCABULARY BUILDERS

Term	Definition
Crisis	A term used to describe an unstable situation of extreme danger or difficulty.
Positive Outlets	A term used to describe positive ways to reduce the stress caused by a crisis. Examples include talking to a friend, taking a break from the stress (e.g., vacation), riding your bike, or doing something with a friend.
Negative Outlets	A term used to describe negative ways to reduce the stress caused by a crisis. Examples include using alcohol, ignoring your feelings or secluding yourself from friends.
Feelings of Depression	The general feeling of depression may include sadness, unhappiness, worthlessness, bitterness, hopelessness, helplessness, restlessness, or irritation and anger.





Lesson Three: Depression and Anxiety

Depression Reflections

PROJECT AND PURPOSE

To conduct an open discussion on depression and help students to reflect on times and situations in their lives that they have encountered those feelings.

MATERIALS

Depression Reflections Worksheet

PROCEDURE:

1. Sometimes it's helpful to use an analogy to get a point across. To open up a discussion on depression and anxiety, use the analogy of a "cold" to get across the prevalence of teen depression. Like the "common cold," teen depression is taken somewhat for granted. "You'll get over it, everyone does" is a common thought in regards to dealing with the usual forms of depression. However, colds can be very dangerous. They weaken your immune system and allow other infections to invade the body. Begin this lesson by saying to your students:
 - Depression is often called the "Common Cold" of mental and emotional health. Why do you think it's called that? (Answer: *Just like the cold, there are literally hundreds of different reasons why depression happens. And just like colds, it can last for several days, a week or even longer. Unfortunately, like a cold that may turn into sometime more serious, depression can lead to suicide.*)
 - Just like colds, there are varying degrees of depression. It can be mild, where you may feel "down" or a bit "blue," or it can be severe like clinical depression. Who can tell me the signs of clinical depression that were explained in today's video? (Answer: *Feelings of hopelessness, helplessness, anger, or hurt that last for weeks or months and do not go away. Being tired or drained or crying.*)
 - Who or what can help? (Answer: *Clinical depression can be helped through medication called anti-depressants that are prescribed by doctors. Counseling and engaging in positive outlets that relieve depression such as exercise also help.*)
 - Is it normal to get sad from time to time? (Answer: Yes)
 - According to the video, what percentage of teens has episodes of clinical depression? (Answer: *1 in 8, or about 12%.*)
 - Clinical depression is serious. If you or someone you know is exhibiting signs of clinical depression, what should that person do? (Answer: *Seek immediate medical attention.*)





2. Distribute copies of the Reflection Worksheet. Ask the students to reflect on a time in their lives when they felt depressed, anxious or under a great deal of stress. Ask them to write about this time on the worksheet. Tell the students that it is not the purpose of this activity to get them to reveal anything too personal or uncomfortable. Give the class about 5-10 minutes for this reflection piece.
3. Who feels comfortable in sharing a few of the words that describe how you felt when you were sad? (*List these words on the whiteboard or chart paper under a column headed "Feel."*) Did any of you act differently? What were some of the ways? (*List these words under a column headed "Act."*) Did any of you think differently? What were some of the ways? (*List these words under a column headed "Think."*)
4. Throughout this discussion of the above three questions, facilitators can expand the conversation and involve more students in this activity by asking the following questions:
 - How many of you have felt this way too? or "How many of you have acted this way too?" Or "How many of you have thought this too?"
 - What conclusions can we draw from our discussion? Do we all experience times when we are depressed? (Answer: Yes) When we are depressed we don't act in ways we usually do and we don't think the way we usually do.
 - Who can give an example?
 - How many of you are less optimistic when you are depressed? Are you less optimistic now? Why or why not?
 - Unless the event you were using was a recent one, the ways you were acting or thinking are probably gone. What did you do that helped you? How many of you talked with a person you trusted? How many of you remembered a word of advice that helped you feel better?





Lesson Three: Depression and Anxiety

Depression Reflections

DIRECTIONS

Think of a time in your life when you felt depressed, sad or blue. Take 5 to 10 minutes to answer the following reflection questions.

1. Generally, what was the situation?

2. Who was involved?

3. Where did it happen?

4. When did it happen?

5. Make a list of words that describe how you felt when you were sad.

6. Did you act differently during this time? Describe this:

7. Did you think differently during this time? Describe this:





Lesson Four: OTC and Prescription Drugs

Emergency rooms across the country are admitting more and more youth who are overdosing on non-prescription cough and cold medicines. Today, we are going to explore prescription and over-the-counter drug abuse, and why drugs that seem safe when prescribed by physicians can represent such a threat to teens.

While you watch the video, listen to the discussions and the true life stories to compare or contrast them to your own experiences. If there is one person — or maybe several people — in the documentary that you can relate to, think about why and what you would say or do in the same situation. I have a set of questions for us to discuss and an activity that will follow, but for now, let's watch the video. Are there any questions? (If no questions or comments, show video.)

WATCH VIDEO, LESSON 4: OTC AND PRESCRIPTION DRUGS

Discussion Questions

1. Other than marijuana and alcohol, what did the video say were drugs widely abused by children and teens? Who can name them for us?
2. Why do you think these drugs are becoming more of a problem with teens?
3. How many of you already knew about the problems with cold medicines such as Coricidin and Robitussin? Did you also know that Dextromethorphan (or DXM) overdose can cause death? Instances where girls didn't know their own names and were disoriented are commonplace.
4. How can a person who "just wanted to have fun" actually end up addicted to more serious drugs? Are teenagers "indestructible?" How many of you feel that nothing wrong or bad will happen to you if you try a drug just once? Why?
5. Most teenagers do think that "bad things" won't happen to them. Who can give me an example of one of the individuals in the video that felt that way?
6. Why are stores allowed to sell items that have Dextromethorphan (DXM) in them? Do you think they should be regulated like alcohol or other prescription drugs? Why or why not?





Lesson Four: OTC and Prescription Drugs

VOCABULARY BUILDERS

Term	Definition
Ritalin Abuser	Ritalin is a drug prescribed to treat individuals with Attention Deficit Disorders (ADD). Because this drug (along with other ADD drugs such as Dexedrine, Aderall, and Cylor) is widely used by so many teens, it is easily available and often abused.
Dextromethorphan Abuser	Dextromethorphan (or DXM) is found in Coricidin HBP, Robitussin, Vicks NyQuil, and over 100 common cough and cold medicines. By taking more than the recommended daily dose, many children and teens have overdosed on this drug.
Over-the-Counter Drugs	Another term used to describe drugs that can be obtained without a doctor's prescription. Also called non-prescription drugs.
Overdose	This is what happens when an individual takes more than the normal amount of a drug, alcohol, or other medication. The active ingredients in the drug cause a person to lose consciousness. This can lead to rape, possible brain damage and death.





Lesson Four: OTC and Prescription Drugs

COMMONLY ABUSED PRESCRIPTION OR OVER-THE-COUNTER MEDICINES	
Dextromethorphan (cough medicine)	Alka-seltzer Plus Cold & Cough Medicine, Coricidin HPB Cough and Cold, Dayquil LiquiCaps, Dimetapp DM, Robitussin cough products, Sudafed cough products, Triaminic cough syrups, Tylenol Cold products, Vicks 44 Cough Relief products and Vicks NyQuil LiquiCaps.
Opioids/Pain Relievers	Dilaudid, Lorcet, Lortab, OxyContin, Percocet, Percodan, Tylox, Vicodin
Depressants	Valium, Xanax, Zoloft
Stimulants	Adderall, Concerta, Ritalin





Lesson Four: OTC and Prescription Drugs

Drug Facts: Body of Evidence

PROJECT AND PURPOSE

To have students research and learn both the medicinal effects of prescription and over-the-counter drugs and potential hazards to the body.

MATERIALS

Commonly Abused Prescription or Over-the-Counter Medicines Handout

PROCEDURE:

1. Begin the discussion by asking, Why is it important for students to know the facts about drug abuse? Why do people abuse drugs? Why do people think that using prescription drugs or over-the-counter drugs for “recreational purposes” is better than abusing illegal drugs?
2. Distribute the list of commonly abused prescription and over-the-counter medicines that follows.

COMMONLY ABUSED PRESCRIPTION OR OVER-THE-COUNTER MEDICINES

- *Dextromethorphan (cough medicine), Alka-seltzer Plus Cold & Cough Medicine, Coricidin HPB Cough and Cold, Dayquil LiquiCaps, Dimetapp DM, Robitussin cough products, Sudafed cough products, Triaminic cough syrups, Tylenol Cold products, Vicks 44 Cough Relief products and Vicks NyQuil LiquiCaps.*
- *Opioids/pain relievers: Dilaudid, Lorcet, Lortab, OxyContin, Percocet, Percodan, Tylox, Vicodin*
- *Depressants: Valium, Xanax*
- *Stimulants: Adderall, Concerta, Ritalin*

Ask, has anyone ever taken any one of these medicines because a doctor, nurse, parent, or some other adult has instructed you to do so to get relief from some illness? Did it help? How?





3. Go through the list and have students check off the medicines that can be found in their family's medicine cabinet and discuss the intended use for each.
4. Break students into pairs (or, if necessary, groups no larger than three) and assign each group a specific medicine from the list. Their task is to take one of the medicines and research the following:
 - *Where it comes from*
 - *Its effect on the human body*
 - *The medicinal use or uses*
 - *How it is legally dispensed*
 - *Common non-medicinal uses*
 - *Illegal uses*
 - *Dangers to the human body*

Online Resources

www.teenoverthecounterdrugabuse.com
www.medicinenet.com
www.erowid.org
www.abovetheinfluence.com
www.dxmstories.com
www.drugfree.org
www.stopmedicineabuse.org

5. Provide students class time to complete their research, emphasizing that the most important fact to share is the medicine's danger to the human body. Depending upon remaining class time, have students create a poster to display in the classroom, present their findings or compile an OTC/Prescription Drug Fact Book.
6. As an additional exercise or homework assignment, ask students to complete the following questions:
 - *If you know a medicine can hurt your body in these ways, why would you take it?*
 - *How can we as a society influence teens and even adults to find totally drug-free alternatives for stress, relaxation and even concentration?*





Lesson Five: Underage Drinking

Today, we are going to focus on underage drinking — and the “trap” of thinking that using alcohol is only about having a good time without any serious consequences.

While you watch the video, listen to the discussions and the true life stories to compare or contrast them to your own experiences. If there is one person — or maybe several people — in the documentary that you can relate to, think about why and what you would say or do in the same situation. I have a set of questions for us to discuss and an activity that will follow, but for now, let’s watch the video. Are there any questions? (If no questions or comments, show video.)

WATCH VIDEO, LESSON 5: UNDERAGE DRINKING

Discussion Questions

1. The video states the viewpoint that when it comes to underage drinking, everyone is not doing it. Would you agree with this?
2. Why do experts say that alcohol is the worst drug of all?
3. Is it all that risky if you just drink once in a while?
4. Why do some adults collect the keys and allow underage drinking in their homes? Why is this just as dangerous?
5. According to the documentary, what does genetics have to do with drinking alcohol?
6. Why do you think so many teens choose to drink alcohol when they know it is illegal?
7. How do you deal with the stresses of the teen years?
8. According to the video, what are they two lies that people believe about drugs and alcohol? Explain.
9. What are negative health effects of drinking alcohol? Do any positive effects exist? Explain.





Lesson Five: Underage Drinking

VOCABULARY BUILDERS

Term	Definition
Alcoholism	a disease in which a person is physically or psychologically dependent on alcohol
Blood Alcohol Concentration (BAC)	the amount of alcohol in the bloodstream
Binge Drinking	the heavy consumption of alcohol over a short period of time, generally the consumption of five or more drinks in a row by men — or four or more drinks in a row by women
Hangover	the uncomfortable physical effects caused by alcohol use, including headache, dizziness, stomach upset, nausea, and vomiting
Inhibition	a mental or psychological process that restrains your actions, emotions, and thoughts





Lesson Five: Underage Drinking

Messages Everywhere

PROJECT AND PURPOSE

Students will first identify the messages they receive about drugs and alcohol from the media, then they will discuss the messages they get from families and peers in order to understand what influence their attitudes.

MATERIALS

Messages Everywhere Worksheet

NOTE TO FACILITATOR: Before the class begins you will need to research Internet sites and advertising to find appropriate, current materials to use in the class. If Internet service is available in the classroom and can be projected on a large screen for the class to see, pre-select at least one site with videos that show teen alcohol consumption. For examples of recent video and print media messages, visit the Center on Alcohol and Marketing to Youth website at the following link: <http://www.camy.org/gallery>.

PROCEDURE:

1. Begin the lesson by saying, in the video, we hear how a lot of kids feel about cigarettes and alcohol and how they deal with pressure from their friends. However, the messages teens get from the media, from their family, as well as the messages we give ourselves influence our decisions to smoke or drink. First we are going to analyze the messages directed at you every day on billboards, in newspapers and magazines, on television, in movies, on the Internet: anywhere there is media, you receive messages about drinking and smoking.
2. Give each student the Messages Everywhere worksheet. Explain that we are first going to focus on the media message. Ask them to write down messages they see or get from the media. (*NOTE: If possible, show the class an example of how one of the Internet sites presents teens involved in binge drinking. If this is not available, ask students how they have seen teen drinking presented on Internet sites such as YouTube or on television or in the movies.*)
3. Break students up in to five or six small groups have them select a recorder and a reporter, answering the following questions:
 - *What seems to be the message the media portrays about alcohol use?*
 - *What is the media trying to say with their message?*
 - *How is it trying to influence you?*
4. Come back together as group. Ask the group reporter to reveal its key findings about the alcohol-related messages conveyed by the media, by family members and by friends. Ask each student to write a response to this question: My personal message about underage drinking is:





Lesson Five: Underage Drinking

Messages Everywhere

The Media

Example: Beer Commercial on TV

The Messages

Example: College students have to drink beer to have fun. Men who drink are more likely to attract positive attention from attractive women.

Family

The Messages

Friends

The Messages





Lesson Six: Tobacco's Truths

Today we're going to discuss why teens start smoking — and some truths about nicotine and addiction. Research shows that thousands of teens start smoking each day, and many may not have all the facts. Movies, media and music often make smoking look cool and glamorous, and that often persuades teens to smoke in spite of the health hazards. Ninety percent of current adult smokers started before the age of 19.

While you watch the video, listen to the discussions and the true-life stories to compare or contrast them to your own experiences. If there is one person — or maybe several people — in the documentary that you can relate to, think about why and what you would say or do in the same situation. I have a set of questions for us to discuss and an activity that will follow, but for now, let's watch the video. Are there any questions? (If no questions or comments, show video.)

WATCH VIDEO, LESSON 6: TOBACCO'S TRUTHS

Discussion Questions

1. Who can tell me what is meant by "short-term effects?" (Answer: *A term used to describe the immediate effects of a certain action.*) What are some of the short-term effects of smoking? (*List these on the whiteboard.*) What are the long-term effects of smoking? (*List these, as well.*)
2. How many of you are bothered or "turned off" by the short-term effects of smoking, such as the smell of smoke, yellow teeth, "smoker's breath?" How about the long-term risks? What are your feelings about these?
3. At what age do you think most people start smoking? Why?
4. What do you think about the no-smoking policies we have at our school? Do they help to decrease or increase the numbers of students that smoke? Why or why not?
5. Why do you think teens and adults have a hard time quitting? Is it a lack of will power? Is it because they are not smart enough? Is it because they don't want to stop?
6. Each of you will make the decision to smoke or not to smoke. It should be an informed decision based on facts. What would be the most important reason for you not to start smoking? Why?





Lesson Six: Tobacco's Truths

VOCABULARY BUILDERS

Term	Definition
Addiction	A habit that is very difficult to stop. Typically, a habit is addictive when it replaces a negative feeling (e.g., feeling unwanted or sad) with a positive feeling (e.g., "getting high" or feeling in control). Addictions can also be physical, causing your body to crave or require a specific ingredient or drug.
Nicotine	The addictive ingredient in cigarettes and other tobacco products. It affects the body in a variety of ways: stimulates the adrenal glands, which produces a "rush" of adrenaline; increases blood pressure, respiration and heart rate. With the intake of nicotine, the brain also releases dopamine that causes a feeling of pleasure or of calm.
Withdrawal	This term describes what occurs when a person tries to stop an addictive behavior. In the case of tobacco, there are usually feelings of irritability, grumpiness, inability to concentrate, increased appetite, inability to get a good night's sleep, and constant cravings or desire to smoke. However, the withdrawal symptoms typically peak in 48 hours and are greatly reduced within two weeks.
Dependency	When a person feels he or she needs something to function or "feel right." In the case of cigarettes, the person is dependent on the nicotine to function or cope with life.





Lesson Six: Tobacco's Truths

Up in Smoke: Seven Deadly Facts

PROJECT AND PURPOSE

Students will explore critical facts about tobacco and explore how marketing, regulation and addiction impacts tobacco use.

MATERIALS

Seven Deadly Tobacco Facts handout

PROCEDURE:

1. Begin a class discussion by reviewing the Seven Deadly Tobacco Facts handout.
2. After reviewing the fact sheet, ask students the following questions:
 - *Why do parents and educators spend so much time trying to keep teens from smoking? What facts would support your reasons?*
 - *What facts support the reasons why we currently have a ban on television tobacco advertising? Why?*
 - *Of the seven deadly facts, which one impressed you the most? Why?*
 - *Why do you think most teens say they will stop smoking, but don't?*
 - *How many of you know what a pack of cigarettes costs in our state? How much money is profit for either the tobacco company, the government or the store selling the cigarettes?*





Lesson Six: Tobacco's Truths

Up in Smoke - Seven Deadly Facts

Seven Deadly Tobacco Facts	
1. 443,000	The number of Americans who will die from tobacco-related deaths this each year. An estimated 49,000 of these are the result of secondhand smoke exposure. Smoking increases your risk for heart attack, stroke, and cancer.
2. 6 million	The number of missed birthdays lost to smoking by premature death in the United States. Your life expectancy will be cut short by about 13.2 years if you are a male smoker and 14.5 years if you are a female smoker.
3. 5 million	The number of smokers worldwide that will die this year. Current trends show that tobacco use will cause more than 8 million deaths annually by 2030.
4. 90%:	The percentage of current adult smokers who started before the age of 19.
5. 90%:	The percentage of teen smokers who say they will stop smoking after high school.
6. 66%:	The number of teen smokers who are still smoking 5 years later.
7. \$.10	The approximate cost for the tobacco industry to make a pack of cigarettes. In early 2010, the average retail price of a pack of cigarettes in the United States was approximately \$4.80 (including federal, state, and municipal excise taxes), but prices vary widely across states.

Source: Centers for Disease Control and Prevention





Lesson Seven: Cyberbullying

Today's topic is cyberbullying. You might wonder what bullying has to do with health literacy. Yet, clearly, bullying is a pervasive issue in society today — not just in our schools — and, as we will watch in a moment, has a great impact on mental and often physical well-being. Experts agree, the methods of cyberbullying are limited only by the child's imagination and access to technology. And the cyberbully one moment may become the victim the next. The kids often change roles, going from victim to bully and back again.

While you watch the video, listen to the discussions and the true-life stories to compare or contrast them to your own experiences. If there is one person — or maybe several people — in the documentary that you can relate to, think about why and what you would say or do in the same situation. I have a set of questions for us to discuss and an activity that will follow, but for now, let's watch the video. Are there any questions? (If no questions or comments, show video.)

WATCH VIDEO, LESSON 7: CYBERBULLYING

Discussion Questions

1. In your opinion, how do most kids your age hurt each other?
2. Is bullying common in our school? Explain your answer.
3. Alison Goller says, "People at the school feel...everybody gets made fun of." Is that your experience? Explain.
4. Have you experienced cyberbullying? Describe the experience.
5. If you have experienced cyberbullying, did you tell your parents? Why or why not?
6. Do you think this is typical for kids your age? Why?
7. Mr. Halligan says, "The middle school environment...is very toxic." Think about your middle school years. Do you agree or disagree? Why?





Lesson Seven: Cyberbullying

VOCABULARY BUILDERS

Term	Definition
Bullying	A term used to describe the act of using threats or fear (e.g., physical harm) to get another person to do something against their will.
Cyberbullying	When a child, preteen or teen is tormented, threatened, harassed, humiliated, embarrassed or otherwise targeted by another child, preteen or teen using the Internet, interactive and digital technologies or mobile phones.
Bullycide	Refers to a suicide attributable to the victim having been bullied either in person or via social media.
Social Media	Refers to the use of web-based and mobile technologies to turn communication into an interactive dialogue.





Lesson Seven: Cyberbullying

Netiquette... Posts for the 21st Century

PROJECT AND PURPOSE

Students will compare and contrast etiquette protocols past, present and future and create guidelines for netiquette, to encourage more civil discourse online.

MATERIALS

White board
Quotation Handout

PROCEDURE:

1. Begin the activity by introducing students to Emily Post. You can share the following background, according to Wikipedia:

Emily Post was born as Emily Price in Baltimore, Maryland, into privilege as the only daughter of architect Bruce Price and his wife Josephine Lee Price of Wilkes-Barre, Pennsylvania. She was educated at home and attended Miss Graham's finishing school in New York, where her family had moved. She met a prominent banker named Edwin Main Post, her husband-to-be, at a ball in one of Fifth Avenue's elegant mansions. Following a fashionable wedding and a honeymoon tour of the Continent (1892), Mrs. Post's first home was in New York's Washington Square. The couple had two sons and divorced in 1905, because of her husband's affairs with chorus girls and fledgling actresses, which had made him the target of blackmail.

*When her two sons were old enough to attend boarding school, she turned her attention to writing. She produced newspaper articles on architecture and interior design, as well as stories and serials for such magazines as Harper's, Scribner's and The Century, as well as light novels. She wrote in various styles, including humorous travel books, early in her career. In 1922 her book, **Etiquette in Society, in Business, in Politics, and at Home** (frequently referenced as *Etiquette*) became a best seller, and updated versions continued to be popular for decades. After 1931, Post spoke on radio programs and wrote a column on good taste for the Bell Syndicate; it appeared daily in some 200 newspapers after 1932. In 1946, she founded The Emily Post Institute, which continues her work. She died in 1960 in her New York City apartment at the age of 87.*

*In fact, the 18th edition of Emily Post's **Etiquette** has just been published in October of 2011, tackling issues from texting to tweeting to iPhones to Facebook.*

2. Ask students to list the etiquette or basic manners that they have heard from parents, teachers and adults throughout their life. (i.e., don't talk with your mouth full, put your napkin in your lap, send thank you notes for gifts, please and thank you.) List their responses on the board.
3. Either individually, as a group exercise or in smaller teams, ask students to become Emily Post, and create a list of at least five "Posts to Live By" when it comes to online communication — a modern day manners manual. Share their responses with the class.





Lesson Eight: Managing Technology

We have discussed cyberbullying — and today will continue to explore technology — and the social networking sites that have become the *de facto* way many of us connect with one another. According to research data from the 2010 Pew Internet and American Life Project, 73% of wired American teens now use social networking websites, a significant increase from previous surveys. It is especially important to address self-control and sensitivity, as the Internet can foster antisocial behavior, including the viewing of online pornography, at a time when kids are just beginning to learn socially accepted mores.

While you watch the video, listen to the discussions and the true-life stories to compare or contrast them to your own experiences. If there is one person — or maybe several people — in the documentary that you can relate to, think about why and what you would say or do in the same situation. I have a set of questions for us to discuss and an activity that will follow, but for now, let's watch the video. Are there any questions? (If no questions or comments, show video.)

WATCH VIDEO, LESSON 8: MANAGING TECHNOLOGY

Discussion Questions

1. How is the Internet "one of the most powerful tools on the planet?" How do you think online communication has changed education? How has the Internet changed age-old adolescent challenges like making friends and dating?
2. Some people call kids your age "The Internet Generation." Do you believe that is an accurate phrase? What term might you use to describe your generation?
3. What are some of the kinds of potentially dangerous websites that can be found on the web? Why do kids know about them and not parents?
4. Do you think it is okay for parents to keep track of where their kids go online? Why or why not?
5. What is cyberporn? Why is it unhealthy?
6. Do you agree with Joshua Kloyda's analogy that finding cyberporn is like having first contact with an addictive drug? Why or why not?





Lesson Eight: Managing Technology

VOCABULARY BUILDERS

Term	Definition
Blog	A word that was created from two words: web log. Blogs are usually maintained by an individual with regular entries of commentary, descriptions of events, or other material such as graphics or video. "Blog" can also be used as a verb, meaning to maintain or add content to a blog.
Chat	Any kind of communication over the Internet, but traditionally refers to one-to-one communication through a text-based chat application commonly referred to as instant messaging applications.
Cyberporn	Pornography accessible online.
Hashtag	Used on the social network Twitter as a way to annotate a message. A hashtag is a word or phrase preceded by a "#". Example: #yourhashtag. Hashtags are commonly used to show that a tweet, a Twitter message, is related to an event or conference.
Instant Messaging	A form of real-time direct text-based communication between two or more people. More advanced instant messaging software clients also allow enhanced modes of communication, such as live voice or video calling.
"Like"	An action that can be made by a Facebook user. By clicking the like button, a user shows quick approval and share the message.
Pornography	The depiction of erotic behavior (as in pictures or writing) intended to cause sexual excitement.





Lesson Eight: Managing Technology

Online Safety: You're Never Too Young

PROJECT AND PURPOSE

Students will create puppet shows for younger students about Internet safety, listing online safety practices young children should know.

MATERIALS

Paper and pens
Coin rolls or toilet paper rolls
Various art supplies (glue, colored paper, yarn, scissors, etc.)

PROCEDURE:

1. After viewing this segment, ask the students, what were the most important messages. Why? Do you think kids your age will listen? Why or why not?
2. Tell the class, it is recommended younger children not view this video. Why do you think this is so? Do you think the messages are important for them? What would be a different, more age appropriate way to deliver the messages?
3. Divide the class into groups no larger than four. Explain that they are to come up with brief lessons on Internet safety that would be appropriate for kids younger than they are, and then develop a puppet show to deliver the message. They will not only write the script, but they will make the puppets.
4. To create a simple finger puppet, use a coin roll or toilet paper roll as the character's body and glue shapes and objects to represent a head, arms, hair, etc. to the coin roll. Give them time to experiment with making puppets for their show as well as time to create the script and rehearse their program. While groups are at work, be sure to circulate amongst them ensuring that they are on topic and everyone is participating.
5. On the due date, have students present their puppet shows to the class for critique (a critique offers constructive comments, not criticism), and allow them time to rework their shows.
6. Videotape the presentations for a younger group to watch, or arrange to students present their puppet shows to a younger class.





Lesson Nine: Dating and Relationships

Today, we are going to explore information about developing healthy relationships, setting dating guidelines, and the emotional “ups and downs” that adolescents experience in relationships.

While you watch the video, listen to the discussions and the true-life stories to compare or contrast them to your own experiences. If there is one person — or maybe several people — in the documentary that you can relate to, think about why and what you would say or do in the same situation. I have a set of questions for us to discuss and an activity that will follow, but for now, let’s watch the video. Are there any questions? (If no questions or comments, show video.)

WATCH VIDEO, LESSON 9: DATING RELATIONSHIPS

Discussion Questions

1. What is the “pressure of intimacy?” What can you lose — besides your virginity — by being sexually intimate as a teenager?
2. Describe the emotional “ups and downs” associated with dating. Do you believe most teenagers are ready for a serious dating relationship? Why or why not?
3. What did you learn from the segment on married teenagers? Did anything surprise you?





Lesson Nine: Dating and Relationships

VOCABULARY BUILDERS

Term	Definition
Abstinence	The decision to NOT do something (i.e., abstaining from sex means choosing NOT to have sex; abstaining from drugs means choosing NOT to do drugs).
STIs	Stands for sexually-transmitted infections. There are a variety of STIs that people can contract through oral, vaginal and anal sex; some can cause health risks such as infertility, and there are even some that can cause death.
HIV/AIDS	Stands for Human Immunodeficiency Virus (HIV), an infectious agent that causes Acquired Immunodeficiency Syndrome (AIDS) — a sexually-transmitted disease.
Emotional Ups and Downs	The variety of “up” feelings (i.e., elation, confidence, joy, happiness) and “down” feelings (i.e., sadness, regret, doubt, depression) people feel. Also called “mood swings.”
Self-Reflection	The process of self-examination; can also include the process of reconsidering a certain situation or decision and trying to understand your deeper thoughts or feelings about it, how it affected you, and how you might have grown or changed because of it. Self-reflection often helps a person gain perspective and/or a feeling of gratitude.





Lesson Nine: Dating and Relationships

Self-Respect

PROJECT AND PURPOSE

Students will develop a Self-Respect Checklist — a series of statements they can use to see if their friends or boyfriends/girlfriends meet the criteria for healthy, positive relationships.

MATERIALS

Self-Respect Checklist

PROCEDURE:

1. Begin the discussion by explaining that today the class is going to work together to design a Self-Respect Checklist — a series of statements that will help you determine if your friends meet your criteria for being a good friend.
2. Review the sample Self-Respect Checklist. There are two columns — one contains statements describing the way a friend should act and show respect. The other column contains statements on the flip side — describing the way a person shows little or no respect to a friend.
3. Divide the class into smaller groups, and give each group a blank “Self-Respect Check” worksheet. Each group is responsible for coming up with its own list of positive behaviors in one column, and a list of the related negative behaviors in the other column. After each group is finished, have them share their list with the class and explain why they selected the statements they did. There should be enough space for each group to list eight positive and negative characteristics.
4. If time permits, ask each group these questions after their presentation:
 - *Are there other statements you can think of now that you would like to include in your chart? If so, what are they?*
 - *How did the people in your group decide on these characteristics? Did anyone have a statement that was “rejected” by the group? Why?*
 - *Does anyone have comments about this group’s Self-Respect Checklist?*





Lesson Ten: Pregnancy and Birth

Today, we are going to discuss general information about heredity/genetics, pregnancy, and essential parenting skills, and explore the many responsibilities of being a parent.

While you watch the video, listen to the discussions and the true-life stories to compare or contrast them to your own experiences. If there is one person — or maybe several people — in the documentary that you can relate to, think about why and what you would say or do in the same situation. I have a set of questions for us to discuss and an activity that will follow, but for now, let's watch the video. Are there any questions? (If no questions or comments, show video.)

WATCH VIDEO, LESSON 10: PREGNANCY AND BIRTH

Discussion Questions

1. What do expecting moms need to do to take care of themselves during pregnancy? Why is it important to have the help of a partner/husband during this time? What additional responsibilities would a husband typically have? Why?
2. In addition to not drinking alcohol — including beer and wine — what are some other recommendations for keeping a growing baby healthy?
3. What about smoking? What effect does it have on the baby? (Answer: *low birth weight, possible congenital defects/disorders, increased risk of premature birth and Sudden Infant Death, possible future obesity and diabetes.*)
4. Why do alcohol and tobacco affect the development of a baby? (Answer: *Alcohol and chemicals in tobacco — most notably nicotine and carbon monoxide — are absorbed into the mother's bloodstream and pass into the placenta where the developing embryo is. Sometimes the levels of chemicals are higher in the baby's bloodstream than in the mother's! This affects the development of the baby's brain, the amount of oxygen the baby receives, and interferes in other ways with normal growth.*)
5. Is fetal alcohol syndrome treatable? (Answer: *No, unfortunately the effects are permanent and irreversible. The most common cause of mental disability in babies is fetal alcohol syndrome.*)
6. What can happen if the mother does not get enough folic acid? (Answer: *Increased risk for the child to have spina bifida and low IQ.*)
What foods contain folic acid? (Answer: *Leafy green vegetables, orange juice, fortified bread, cereal, multivitamins.*)





Lesson Ten: Pregnancy and Birth

VOCABULARY BUILDERS

Term	Definition
Prenatal Care	A term used to describe the important health care an expectant mother needs during pregnancy to help ensure a healthy fetus, birth and baby.
Folic Acid	An essential B-vitamin that is important to the health of the fetus because it helps build healthy cells. Folic acid is found in leafy green vegetables (i.e., broccoli, spinach), some fruits and juices (i.e., orange juice), fortified bread, cereal, and multivitamins.
First Trimester	A term used to describe the first three months of a pregnancy (or the fetus' development.) This is a critical time in the development of the growing baby, which is why expectant moms need to see a health practitioner regularly. This is typically a time of extreme tiredness, nausea and vomiting ("morning sickness"), frequent urination, and other physical symptoms.
Fetal Alcohol Syndrome	This refers to the condition of babies born to mothers who drank alcohol during their pregnancy. Congenital disorders related to this syndrome include poor coordination, smaller head size, deformed facial features, abnormal joints and limbs, and mental retardation. It is strongly recommended that expectant mothers abstain from alcohol throughout their pregnancy.





Lesson Ten: Pregnancy and Birth

Oh, Baby... Time or Money?

PROJECT AND PURPOSE

To help students imagine a day in their life as a parent responsible for the safety, care and feeding of a baby.

MATERIALS

Time or Money worksheet

PROCEDURE:

1. Show students the “Time or Money” workbook worksheet. Explain to students: Think about the many responsibilities mothers and fathers have. For example: In the morning, parents are responsible for changing the baby’s diaper and feeding the baby. This involves both time and money (diapers/food, getting up early). Parents also have to bathe and clothe a baby — also requiring time and money (gas/electricity to heat the water, shopping for clothes that babies outgrow quickly.)
2. To complete this worksheet, imagine a day in the life of a baby, and write down all the daily activities in a baby’s life. Indicate whether the activity involves time or money by placing a check in the appropriate column (put a check in both columns if appropriate). Remember, the average newborn baby eats every two to four hours — about eight to twelve times a day! And every feeding has an associated diaper change!

After the students have completed the worksheet, say:

- *How many of you had a busy day?*
- *What were some of the responsibilities you had with your newborn baby?*
- *How will these responsibilities change as the baby grows older?*
- *When did your day start?*
- *When did your day end?*
- *A newborn baby generally wakes up several times between the hours of 8:00 PM and 6:00 AM, needing to be fed, burped and/or changed. Then there’s the time it takes to put the baby back to bed!*
- *How many of you would like this work schedule?*
- *What would the workload look like with a second child? A third? Twins?!*





Lesson Ten: Pregnancy and Birth

Oh, Baby... Time or Money?

Time:	Responsibility:	Time?	Money?
6:00 AM	Feed and change the baby		
7:00 AM			
8:00 AM			
9:00 AM			
10:00 AM			
11:00 AM			
12:00 PM			
1:00 PM			
2:00 PM			
3:00 PM			
4:00 PM			
5:00 PM			
6:00 PM			
7:00 PM			
8:00 PM	Put the baby to bed		





Lesson Eleven: Nutrition... We Are What We Eat

Today's topic is nutrition, taking a look at healthy eating habits, the origins of our nation's current obesity crisis, and how small changes in our diet can make a dramatic impact on our risk of cardiovascular disease, including heart attack and stroke.

While you watch the video, listen to the discussions and the true-life stories to compare or contrast them to your own experiences. If there is one person — or maybe several people — in the documentary that you can relate to, think about why and what you would say or do in the same situation. I have a set of questions for us to discuss and an activity that will follow, but for now, let's watch the video. Are there any questions? (If no questions or comments, show video.)

WATCH VIDEO, LESSON 11: NUTRITION

Discussion Questions

1. According to the video, what are some of the reasons that people in the United States are overweight? What are some of the serious effects of eating too many calories?
2. How many calories equal a pound of fat? (Answer: *3,500 calories*). Consider this: walking 30 minutes a day uses about 150 to 200 calories. If you walk about 30 minutes a day for a month, you will lose 1.25 to 1.75 pounds a month. Likewise, if you substitute high-calorie foods with more moderate calorie choices, you could easily reduce several more pounds a month. Why is that?
3. Each year, people in the United States spend millions of dollars on diets. Research estimates that more than 90 percent of these diets do not produce long-term results. Why do you think this is?
4. If you wanted to lose weight and keep it off for the rest of your life, what would be the best way to do that? (Answer: *Develop a weight management plan that combines physical activity you enjoy, with a healthy meal plan you can live with.*) Why is this so hard for most people to do?
5. In addition to helping you to lose weight, what are other benefits of physical exercise? (Answer examples: *It helps you feel better, reduces stress, reduces cholesterol, and helps prevent osteoporosis by increasing bone density. It can also be a great way to connect with friend and family.*)
6. Most fitness and nutrition experts recommend making a series of small changes to increase a person's amount of physical activity or to encourage better nutrition each day. What are some of these small changes? (Answer: *Take the stairs instead of the elevator, keep the television off during mealtimes, never "super-size" unless it is to share food with others, drink water in place of high-sugar drinks*). By doing these simple things, researchers have found that individuals can lose 10-15 additional pounds a year!





Lesson Eleven: Nutrition... We Are What We Eat

VOCABULARY BUILDERS

Term	Definition
Healthy meal plan	The process of selecting foods so to create an overall healthy diet. With this approach, foods are not seen as "good" or "bad."
Portion size	A recommended amount of food. For example, a portion of meat is about the size of your palm or a deck of cards. A portion size of pretzels is about the size of a cupped handful.
Calories	The units of energy contained in food and drinks. Calories are used by the body to create energy and to sustain the organs of your body. Excess calories are stored in the body as fat to be used later.
Weight management	A term used to describe the process of combining physical activity with a healthy meal plan to lose, gain or maintain an appropriate weight.





Lesson Eleven: Nutrition... We Are What We Eat

Good or Bad Foods?

PROJECT AND PURPOSE

To help students recognize the difference between healthy eating habits and eating healthy foods.

MATERIALS

Good Food or Bad Food Quiz Handout
There Are No Good or Bad Foods Handout

PROCEDURE:

1. Ask the class to complete the Good Food or Bad Food Quiz and classify each of the following food items as **good or bad for you**.

Catfish	Ice cream
Filet Mignon Steak	Chicken
Olive Oil	Broccoli
Margarine	Carrots
Potato Chips	Pecan Pie

2. After everyone has completed the quiz, you can ask:
 - How many of you think you have identified all of the 10 foods correctly?
 - How many of you feel you identified the majority of the foods correctly?
 - How many of you think the majority of the foods are “bad?”
 - How many of you think most of the foods are good?
 - If you marked all of the foods either good or bad, ... (pause for effect), you failed the quiz!
 - If you didn't classify any of the 10 food items as good or bad, you get an A. Why? Repeat after me: “There are no good foods or bad foods — there are only good or bad nutritional habits.” In other words, no food is “good” or “bad” as long as you maintain a healthy diet.
3. Now use the information on the **There Are No Good or Bad Foods** handout to cite the reasons why even “bad” foods can benefit the body. As you discuss this information with the class, reinforce the theme, “there are no good or bad foods, only good or bad habits.”
4. After reviewing the information with the class, you can say:
 - By labeling foods as either good or bad, we create a set of dietary rules that often make people frustrated and discouraged.
 - The truth is that foods are neither good or bad, black or white. Once in a while, eating a small portion of a high fat or high salt food — such as potato chips — is okay. People shouldn't feel guilty because they eat ice cream, chocolate cake, or a slice of pecan pie every now and then.
 - The challenge is to learn how to balance high fat and high calorie foods with lower-fat, lower-calorie choices to create a well-balanced, healthy diet.
 - For those of you who like the crunch and salt of potato chips, you might try pretzels instead. Have a sweet tooth? Try eating frozen yogurt instead of ice cream.
 - Need a good source of calcium? Try drinking skim milk rather than whole milk. Each of these choices has fewer calories per portion size.
 - All foods can have a place in a healthy diet; it's a balancing act.
 - Remember, there are no good or bad foods, only good and bad diets!





Lesson Eleven: Nutrition... We Are What We Eat

Good or Bad Foods?

GOOD FOOD OR BAD FOOD QUIZ

Food	Good	Bad
1. Catfish		
2. Filet Mignon Steak		
3. Olive Oil		
4. Margarine		
5. Potato Chips		
6. Ice cream		
7. Chicken		
8. Broccoli		
9. Carrots		
10. Pecan Pie		





Lesson Eleven: Nutrition... We Are What We Eat

Good or Bad Foods?

THERE ARE NO GOOD FOODS OR BAD FOODS

Food	Nutritional Value
1. Catfish	A healthy, low fat choice if not fried.
2. Filet Mignon Steak	A well-trimmed filet is rich in iron, zinc, and protein.
3. Olive Oil	This is a healthy monounsaturated fat, but it also has as many calories as butter or margarine.
4. Margarine	Less saturated than butter, but still high in calories.
5. Potato Chips	While high in fat and salt, it does provide vitamin C.
6. Ice cream	Ice cream, while high in fat and sugar, does provide calcium.
7. Chicken	Like catfish, chicken is a healthy, low fat selection if not fried.
8. Broccoli	Filled with fiber and vitamins!
9. Carrots	Another rich source of fiber and vitamins.
10. Pecan Pie	While it has about 450 calories a slice, nuts contain monounsaturated fat and some fiber.





Lesson Twelve: Fitness... Fit for Life

Recently, leading medical experts issued a special report stating that the number of deaths in the United States due to lack of physical activity would soon surpass those attributed to tobacco use. Today, we are going to conclude our Health Literacy program with a look at fitness — and how even moderate exercise can lead to better health.

As always, while you watch the video, listen to the discussions and the true-life stories to compare or contrast them to your own experiences. If there is one person — or maybe several people — in the documentary that you can relate to, think about why and what you would say or do in the same situation. I have a set of questions for us to discuss and an activity that will follow, but for now, let's watch the video. Are there any questions? (If no questions or comments, show video.)

WATCH VIDEO, LESSON 12: FITNESS

Discussion Questions

1. Regular physical exercise has been described by many doctors as the “silver bullet” or the everyday “cure” for many of the diseases that lead to early death. Why is that? What are the long-term benefits of physical activity?
2. What were some of the reasons the teens in the video said they were “too busy” to exercise? If exercise can help reduce your risk of cancer, heart attacks and stress, why don't more teens exercise regularly?
3. Daily physical education requirements for students vary based upon grade level and state. Do you think students should be required to take physical education each year? Why or why not?
4. Across the United States, more physical education programs are moving toward health-related fitness and the “new” physical education. What would make the physical education program at our school more attractive to you? What suggestions do you have to increase the number of students who participate in and value physical education?
5. What about outside of school? How many of you participate in physical activities outside of school? What are some of the things you do? What physical activities would you like our community to offer?
6. At the end of the video, the Kids on the Couch shared their feelings and thoughts. What did you think about their discussion? Do you agree or disagree with what they said? Why?





Lesson Twelve: Fitness... Fit for Life

VOCABULARY BUILDERS

Term	Definition
Health-related fitness	A term used to describe fitness measures that can predict longevity and quality of life. These assessments include aerobic capacity, lower back flexibility, body composition, and abdominal fitness.
"New" physical education	A term used to describe the change from a traditional sports-centered physical education program to one that also highlights nutrition and obesity prevention. This type of program is more individualized and has a wellness and personal fitness emphasis.
P.A.N.T.	It stands for: Physical Activity, Nutrition, and Tobacco. Medical experts and health educators recommend that individuals participate in daily physical activity, practice good nutritional habits, and avoid smoking or using other tobacco products.





Lesson Twelve: Fitness... Fit for Life

Chart Your Course... One Step at a Time

PROJECT AND PURPOSE

Students will chart their exercise habits for one week in order to analyze their current behaviors and set goals for their future.

MATERIALS

Exercise Journal
Paper and pens

PROCEDURE:

1. Ask: What did you do to exercise yesterday after school? How long did you exercise, if at all? Have you exercised today? Describe what you did.
2. Explain that sometimes people are not even aware of what they do to exercise each day. Experts have found that children need to exercise at least 60 minutes each day.
3. Next distribute the Exercise Journal and explain that they will record their time and activity of all exercising. Remind them that certain chores are considered exercise and review what those activities might be. They will record their active exercise times for one week, as well as their eating habits.
4. Be sure to give them a due date for the completion of their charts. On the due date, ask students to answer the following questions:
 - *Did you exercise the recommended 60 minutes per day every day?*
 - *What sorts of activities did you participate in?*
 - *If you did not meet the recommended time, why not? If you did, what factors in your life contributed to being able to do so?*
5. Have each student write a personal goal for changing or maintaining their exercise habits.





About Arkansas Children's Hospital

Arkansas Children's Hospital, a private, nonprofit institution, is the only pediatric medical center in the state and is one of largest in the nation. With 370 staffed beds, Arkansas Children's Hospital is a tertiary care, regional referral center treating children from birth to age 21, who come from every county in Arkansas and many nearby states.

Community and educational outreach programs are just another way that Arkansas Children's Hospital is striving to make a positive impact on children throughout the state of Arkansas. As Arkansas's only pediatric medical center, ACH has taken a proactive leadership role in reaching children and families with informative, relevant and robust health education.

www.archildrens.org

About Connect with Kids Education Network

Founded in 1998, Connect with Kids Education Network (CWK) is a multimedia education company that produces non-fiction, evidence-based resources focused on student behavior, health and wellness, and building life skills. Additionally, CWK uses its research-based multimedia resources to provide staff development and parent education and outreach. CWK programming is relevant and research-proven, and is used in schools and communities nationwide.

Connect with Kids has been designated as an "Effective Producer" of programs by the U.S. Department of Education and appears on its What Works Clearinghouse List.

www.connectwithkids.com



pre-vent \přī-věnt'\

v. to keep from occurring, to avert, to hinder or stop from doing something.

health li-te-ra-cy \hě-lth li- tě -rě-sē\

n. an individual's ability to read, understand and use healthcare information to make decisions.

Resources Stream Online at ach.connectwithkids.com



HEALTH LITERACY  THROUGH TECHNOLOGY
Connect with Kids