

BEHIND HAPPY FACES

Facilitation Tips for Behind Happy Faces

HISTORY OF CURRICULUM

Behind Happy Faces Mental Health Curriculum was created in 2013. The curriculum uses a public health approach to teach students about mental health. We felt it was important to move past mental health awareness and begin teaching students skills to help them address mental health challenges. This curriculum follows the model of many public health approaches before it. When alcohol/drugs, smoking, teenage pregnancy and other issues became a problem for young people we started to teach them about those issues in a classroom environment. Behind Happy Faces is one of the first curricula in the country to take this same approach with mental health.

KEY COMPONENTS OF TEACHING EACH LESSON

- Each lesson has a lesson plan and PowerPoint presentation. You should read the lesson plan and review the PowerPoint presentation before each lesson in order to prepare for your class. Each lesson plan includes the purpose of the lesson, tips for you as a facilitator and detailed instructions on how to teach the lesson.
- Every lesson involves multiple activities that require you to:
 1. Introduce an activity.
 2. Give students time to do the activity.
 3. Use the PPT to reinforce the main learning objectives of the activity.
- Students will work in small groups or on their own for each lesson. One of the most critical ways to end stereotypes and discrimination about mental health is to have conversations about this topic.

OVERALL TIPS FOR FACILITATORS

- This is a public health approach to mental health and not a therapeutic approach. It's important for you to provide information to students and help them understand how to apply the skills in their lives. It's helpful to comment on if a student is applying a skill correctly, but don't delve deeper into issues that could be therapeutic in nature.
- These lessons can have a larger impact if you are able to model the behavior you want to see from the students. Sharing your own story is a powerful tool in the classroom. If you have friends, family members or you have experienced mental health issues in the past, it is good to share those experiences as a way to focus on the importance of these lessons.
- When you share your own experiences, make sure you are sharing something that you have processed and feel you are in a strong position to share. For example, if you share that you want to focus on this lesson, because you lost someone to suicide, it is helpful to be vulnerable, but it crosses a line if you are emotional and the students feel like they need to comfort you. Again, the public health approach for these lessons is showing that these medical issues impact our society and we are learning how to apply skills.
- Students do respond more seriously to stories that are real, honest and impact their lives. If you can't share your own stories, then it is helpful to share stories of other people or relevant stories in the news to reinforce the importance of the lessons. Don't share stories as a scare tactic. Share authentic stories to reinforce how common these issues are and what impact mental health has on everyone.
- Not all of the stories you share need to be negative. It is as helpful for students to hear how you learned to cope with issues in your life. The steps you took to help someone who was struggling with a mental health issue. The successes and failures you have had as you learned these skills throughout your life.

- Each lesson is designed to be completed in 45 minutes. If you find that you are taking longer with your class, then it is ok to explore more about the topic. You can work at your own pace, but if you are doing this with a team of people make sure to connect with them about how far they went into the lesson.
- We use they, them and theirs pronouns throughout the lesson instead of he, him, his or she, her, hers. This is intentional and is not a grammatical mistake. Due to the stereotypes that students can have about gender and emotions, we chose to use gender neutral pronouns.
- The PPT presentations have a lot of text on each page. This text is there to make sure that you are able to teach the lesson. We understand that not everyone who facilitates this has background training in mental health. If you do feel comfortable with the content, then you don't need to read each slide word for word. You can summarize or make it your own language to keep it more engaging.

BEHIND HAPPY FACES

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BEHIND HAPPY FACES

Facilitator Key



LEARNING OBJECTIVES:

The main points are included in PowerPoint presentations. In the event you do not have access to a computer/projector, write examples and instructions on flip chart paper in the front of the room.



HANDOUT:

It is time to distribute a handout/materials to participants. These can be found at the end of each lesson if it includes a handout. Make copies in advance!



WRITE ON FLIP CHART:

The main points are included in PowerPoint presentations. In the event you do not have access to a computer/projector, write examples and instructions on flip chart paper in the front of the room.



GROUP DISCUSSION:

It is time to prompt participants with questions or dialogue for group discussion.



INTERACTIVE ACTIVITY:

It is time for an activity, like scenarios or a game. These activities help participants feel more connected to the information.



INSTRUCTIONS:

Read information or directions aloud to the groups.



WATCH THE VIDEO:

Some lessons include videos to help introduce the topic and engage viewers to take part in the lessons. It is important to make sure you test them in advance to make sure the video and audio work on your technology.

Lesson 1: Understanding Mental Health

This lesson provides a definition of mental health and discusses the reasons students do not seek help for mental health challenges. The goal is to allow students to explore their current thoughts and feelings about mental health, while offering a clear definition for them to build a positive foundation of understanding. The first step in getting someone to access help or to accept treatment is learning why they may be resistant. Every mental health challenge is different for each person.

TIME NEEDED:

45 minutes



OBJECTIVES:

- State a correct definition of mental health.
- Identify personal barriers seeking help, explore the sources of those, and work on how to address them.

SETTING:

- Choose a room that offers a lot of open space for small groups to be able to spread out and not be distracted by others. Students will need to be able to either sit in small groups at their desks or move chairs around into small groups.
- You will play a PowerPoint presentation during the lesson, so connect a laptop to a projector and screen.

GROUP SIZE:

- Groups should be no larger than 5 to make sure connections and conversations remain personal.
- Before the lesson decide how you want to break your classroom into groups. You can have them count off or if you know your students well, you can decide who will work well together.

MATERIALS NEEDED:

- For each group: One piece of paper and pens
- Projector and screen
- "Understanding Mental Health" PowerPoint
- "Understanding Mental Health" Video

What to Know About This Lesson

PURPOSE OF LESSON:

The purpose of this first lesson is to give students a clear definition of mental health and have them discuss ways to break down the reasons people don't talk about mental health. You will start this lesson by giving them some facts about adolescent brain development and statistics about mental health disorders.

When most students hear the words, "mental health," they tend to think of negative associations. They think of mental health disorders, difficult events or celebrity breakdowns. However, the actual definition of mental health is not a person who has a problem. Mental health is how we address the challenges in our lives. The key components of mental health are communication, relationships and coping skills. Students need a clear definition of what mental health is as a starting point to be able to understand how to grow their mental health. When mental health isn't clearly defined, then students do not think they need to work on aspects of it and they continue to equate mental health solely with people who have a mental health disorder.

As you teach this lesson you should reinforce that mental health is as important as physical health. Both of these concepts have a lot of similarities in how we have to work hard to create what we need. Physical and mental health are greatly impacted by our biological predispositions, life experiences, socio-economic status and access to resources.

The first exercise asks students to write down all of the things they think of when they hear the words mental health. They do this activity in order to help them engage with the people, things and scenarios that they think about mental health. After students write down everything they think of when they hear the words, "mental health," they will write down everything they think of when they hear the words, "physical health."

Next, students will look at their lists and determine how many of the words in both lists have a positive connotation, negative connotation or are neutral. Students count how many associations they have for each category and discuss why they had more in one category than another category. It's extremely common for students to have a high amount of negative associations for mental health and positive associations for physical health. This exercise engages students and allows them to see that the media and other examples have incorrectly shaped their view of mental health. When you provide the correct definition of mental health in the lesson, it offers an opportunity for students to see the correct definition in a more memorable manner.

The second exercise asks students to write down all of the reasons that people don't seek help or talk about their mental health. It's common for their lists to include embarrassment, shame, denial, not knowing who to talk to, not having time, not having money, lack of trust and talking about emotion is a sign of weakness. The reason you are having them write down these reasons is because moving past these barriers is the first step to getting help. Some people think that the first step is diagnosing a problem or getting treatment. However, if a person has access to treatment and feels like their problems should just go away, or they are too embarrassed or ashamed to talk about what is happening, then they won't be compliant with their treatment. The first step is breaking down the reasons people don't want to talk about mental health in order to help everyone feel more comfortable.

This first lesson lays the foundation for students to learn more about their mental health. It provides them with an accurate definition, as well as a chance to think about how to start conversations about mental health.

FACILITATOR :

To facilitate this lesson effectively it is helpful to:

1. Connect to students early about why mental health is important to you and why it should be important to them. If you have a personal story about why you care about mental health, then share it. Let students know they should take this seriously. The more that you can make yourself vulnerable and relatable the more effective you will be as a facilitator.
2. Make yourself vulnerable with a boundary. If you are going to share part of your personal story, make sure you share something that you are comfortable with and have processed. For example, if you share that you care about this issue, because you have been diagnosed with a mental health disorder and it affected part of your life, then the students see you presenting from a place of strength. If you share something that you are still processing and become emotional, then the students may think they need to take care of you. It's helpful if you can be real about why you care and reinforce what you learned from your experiences.
3. Keep the exercises concise. If you give students too much time they can devolve into many other unnecessary conversations. Keep students focused.
4. Allow the exercises to be tools for students to identify how to work on mental health, but not become therapy. There's a difference between students identifying what they can work on and voicing all of their experiences or pain. Stress that you want this to start conversations, but that they can do the work outside of the lessons. This is a public health approach to mental health and not a therapeutic approach.
5. Focus on connecting students to their emotions and each other. Have fun when you can. Be positive. Make it a team building exercise that strengthens communication and connection.
6. It is important to let students know that lessons about mental health require everyone to be open, honest and non-judgmental. Students who share their stories need to feel safe and that the values of your school are being upheld. Reinforce that the main goal is to start conversations about mental health in a way that can bring everyone together.
7. If a student is sharing their story extensively and continues to provide more details about their life than the lesson is asking for, it is ok to let them know that you hear their story and also want to hear from other students. Remind all students that these lessons are a start to this topic and provide ways to open conversations that can be continued after the lessons are over.
8. The recommended time for each lesson is 45 minutes. This gives you enough time to do each exercise, however you might find that the group you are teaching wants to spend more time on certain exercises. It is ok to do this when you feel that the group is having a discussion that will help everyone address mental health in a meaningful manner.
9. Show the slide that sets the ground rules for the conversation at the beginning of the lesson and make sure everyone agrees the ground rules.



VIDEO (5 MINUTES)

To start, let's watch a video that explains the purpose of the lesson..

Play the "Understanding Mental Health Video" for the group.

INTRODUCTION:

- We're going to do a lesson about mental health. This is a serious topic that affects all of us and can be really sensitive for students. If at any time you are triggered by the content in this lesson you can choose to not participate in the activities or leave the room to talk to someone who can help you.
- Being honest, open and non-judgmental of each other during these exercises will help us learn more about mental health and each other. **CHANGE PPT SLIDE**
- There are three main changes that occur in the adolescent brain starting around age 12 and continuing until the brain fully matures between the ages of 22-25.
- The first change is that your brain starts to prune memories it doesn't need in order to make space for new information. Memories that aren't as important from your childhood become harder to remember or you can't remember them at all. **CHANGE PPT SLIDE**
- The second change is that your brain goes through it's second largest period of growth in your life. You form new types of connections, coping skills and beliefs about yourself. This time period of growth is the one that most people can remember the easiest for the rest of their lives. **CHANGE PPT SLIDE**
- The third change is that your brain starts receiving high levels of the neurotransmitter dopamine. This means that your brain's reward centers are lighting up in major ways. This impacts risk-taking, dating, drug/alcohol use, gaming, eating and pretty much anything that feels good. **CHANGE PPT SLIDE**
- Other types of mental health challenges can occur as the adolescent brain is developing. **CHANGE PPT SLIDE**
- 20-25% of students experience a mental health disorder each year. **CHANGE PPT SLIDE**
- Suicide is the 2nd leading cause of death for people ages 15-24. **CHANGE PPT SLIDE**
- Outside of mental health disorders students are dealing with lack of sleep, stress, substance abuse, body image issues, social pressure, academic pressure, identity development and other challenges. **CHANGE PPT SLIDE**
- 50% of students don't seek help for their mental health. **CHANGE PPT SLIDE**
- The purpose of these next exercises is to help us better understand a definition of mental health and our own personal barriers to achieving effective ways of addressing challenges in our lives. **CHANGE PPT SLIDE**

FACILITATOR NOTES:

This part of the lesson is vital to helping students understand the purpose of the activities they will be doing. Stress the introductory points to help everyone understand the goals of the workshop.

EXERCISE 1 (25 MINUTES)



PART 1 INSTRUCTIONS:

You will have three minutes to do this activity. In your groups, answer this question: What words, ideas, people, movies, songs, books, celebrities and scenarios do you think of when you hear the words mental health?

On one piece of paper, each group should make a list of everything they think of when they hear the words mental health. Remember, the categories to discuss are words, ideas, people, movies, songs, books, celebrities and scenarios. **CHANGE PPT SLIDE**

Give the groups three (or so) minutes to discuss. Make sure each group has written at least 7 words and move them on to the next instructions.

PART 2 INSTRUCTIONS:

You will have three minutes to do this activity again. In your groups, answer this question: What words, ideas, people, movies, songs, books, celebrities and scenarios do you think of when you hear the words physical health?

On one piece of paper, each group should make a list of everything they think of when they hear the words physical health. Remember, the categories to discuss are words, ideas, people, movies, songs, books, celebrities and scenarios. **CHANGE PPT SLIDE**

Give the groups three (or so) minutes to discuss. Make sure each group has written at least 7 words and move them on to the next instructions.

PART 3 INSTRUCTIONS:

You will have five minutes for this next part of the exercise. On the list you just made:

- How many of the words your group wrote down have a negative connotation, how many have a positive connotation and how many are neutral? Count the totals for the words you wrote down for mental health and physical health separately. For example, you should be able to say, "For mental health we had 6 negative, 4 positive and 1 neutral. For physical health we had 9 positive and 0 negative."
- Why do you think your group had more negative or positive answers? **CHANGE PPT SLIDE**
- *Give the groups three minutes or so to categorize and discuss.*



SHARE:

*Ask each group to choose a representative to report how many negative, positive and neutral associations their group has. Each representative should also state why their group feels they had more negative or positive associations. **CHANGE PPT SLIDE***

SUMMARIZE:

- We did this exercise to identify what people think of when they hear the words mental health. It's important to know your thoughts in order to have an honest conversation about the topic.
- Often people associate the words mental health with negative ideas. Some people only think of worst-case scenarios, suicide, or diagnoses of mental health disorders.
- Mental health is not when a person has a problem. Mental health is how all of us manage our emotions. You can build your mental health like you do your physical health. **CHANGE PPT SLIDE**
- The World Health Organization's definition of mental health-Mental health is a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.
- By realizing that mental health is really more in connection to overall wellness, we can decrease the stigma. **CHANGE PPT SLIDE**

EXERCISE 2 (15 MINUTES)



INSTRUCTIONS:

- Your generation has the lowest rate of stereotypes regarding mental health, but there is still an interesting barrier to people seeking help.
- For example, when people in your generation are asked if you would be ok with a friend seeking help for their mental health almost 100% of people in your generation say yes. However, when people in your generation are asked if you would be ok seeking help for your mental health, a lot of people answer that they don't need help. **CHANGE PPT SLIDE**

- In your small groups, write down all of the reasons that people don't talk about mental health or seek help for their mental health. **CHANGE PPT SLIDE**
- Give the groups 3 minutes (or so) to complete the activity.



SHARE:

- Let's have one group share all of the reasons they wrote down?
- Does anyone have any reasons that this group didn't mention? **CHANGE PPT SLIDE**
- Let's look at each of these reasons separately and discuss how we can change each one of these reasons people don't seek help or talk about their mental health? **CHANGE PPT SLIDE**

SUMMARIZE:

- Step 1 in addressing your mental health is knowing the reasons you may not want to talk about it and finding a way to get past those barriers.
- Even people who have mental health disorders and are in treatment may not be compliant with their treatment, because they feel embarrassed, ashamed, weak or scared to be honest about their emotions. **CHANGE PPT SLIDE**
- If you want to open conversations with your friends, families or in your relationships you need to ask why a person doesn't want to talk about their emotions and then help break down that barrier.
- The stereotypes surrounding mental health has multiple layers and affects all of us. **CHANGE PPT SLIDE**

WRAP-UP:

- Remember mental health is not having a mental health disorder. It is a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. **CHANGE PPT SLIDE**
- Understanding that mental health is as important as physical health. Having a connection to the emotions of other people helps us form stronger friendships and care about each other more. **CHANGE PPT SLIDE**

Lesson 2: Connecting Mental Health

This lesson provides an opportunity for students to do an activity that allows them to learn more about themselves and their classmates. The goal of the activity is to be able to share in a safe and anonymous manner. The history of this activity comes from a program called Council and is centered on feeling empowered from connection to others.

TIME NEEDED:

45 minutes



OBJECTIVES:

- Connect to the experiences of other students.
- Identify the aspects that adolescents have in common with each other.

SETTING:

- Choose a room that offers a lot of open space for small groups to be able to spread out and not be distracted by others. Students will need to be able to sit in one large circle for this lesson..
- You will play a PowerPoint presentation during the lesson, so connect a laptop to a projector and screen.

GROUP SIZE:

- This will be a full class lesson.

MATERIALS NEEDED:

- For each person: One notecard
- Projector and screen
- "Connecting Mental Health" PowerPoint

What to Know About This Lesson

PURPOSE OF LESSON:

The purpose of this second lesson is to give students an opportunity to share more about their experiences in a safe and anonymous manner.

The exercise in this lesson asks students to write down one thing that they wish people knew about them and if people did know this piece of information it would help them better understand them. This should be a meaningful experience, something that happened to them, a diagnosis they have, a way they were treated, something that shaped their lives, doubts they have about themselves or fears they have for the future.

Students will write what they wish someone knew about them on a notecard and not sign their name. The purpose of the activity is for all of the cards to be anonymous. You will write something on a notecard that is age level appropriate and take part in the activity. After everyone has finished writing on their notecards you will collect the notecards, shuffle them and pass them back out to all of the students. You and the students will read the notecard that they have out loud to the group. Next, everyone will go back around the group and say one theme that stuck out to them.

You should use this exercise as an opportunity for students to see that they are not alone, that other people go through difficult events and often stay silent and that they can become empowered with this connection. It is extremely important for you to focus on the fact that students have worked hard and are not defined by what they wrote on the cards. Most of them are the people they have become in spite of what they wrote on the cards.

You will have time left in your class after all of the cards are read out loud and each person has discussed a theme. Use this time to dig deeper into what was shared. You can ask if anyone wants to respond to a card that they heard read out loud. No one needs to identify who wrote the card. For example, someone could say, "I'd like to respond to the person who said that they're parents got divorced and they feel like it's their fault. My parents got divorced too and it really hurts. If you ever want to talk about it, then I'm here for you."

After students have a chance to respond to the cards, it's helpful to dig deeper into what type of connections that they felt. You can ask the following:

Why do you think people shared so many deep secrets about themselves on these cards?

What would it take for people to share these things openly when we're not in this class?

How can we support people more to help them share these part of themselves?

What kind of work do you think people have had to do to cope with the things they wrote on these cards?

It's helpful if you can sense how the class feels and guide them with more appropriate conversations to unpack the lesson.

FACILITATOR :

To facilitate this lesson effectively it is helpful to:

1. Connect to students early about why mental health is important to you and why it should be important to them. If you have a personal story about why you care about mental health, then share it. Let students know they should take this seriously. The more that you can make yourself vulnerable and relatable the more effective you will be as a facilitator.
2. Make yourself vulnerable with a boundary. If you are going to share part of your personal story, make sure you share something that you are comfortable with and have processed. For example, if you share that you care about this issue, because you have been diagnosed with a mental health disorder and it affected part of your life, then the students see you presenting from a place of strength. If you share something that you are still processing and become emotional, then the students may think they need to take care of you. It's helpful if you can be real about why you care and reinforce what you learned from your experiences.
3. Keep the exercises concise. If you give students too much time they can devolve into so many other unnecessary conversations. Keep students focused.
4. Allow the exercises to be tools for students to identify how to work on mental health, but not become therapy. There's a difference between students identifying what they can work on and voicing all of their experiences or pain. Stress that you want this to start conversations, but that they can do the work outside of the lessons. This is a public health approach to mental health and not a therapeutic approach.
5. Focus on connecting students to their emotions and each other. Have fun when you can. Be positive. Make it a team building exercise that strengthens communication and connection.
6. It is important to let students know that lessons about mental health require everyone to be open, honest and non-judgmental. Students who share their stories need to feel safe and that the values of your school are being upheld. Reinforce that the main goal is to start conversations about mental health in a way that can bring everyone together.
7. If a student is sharing their story extensively and continues to provide more details about their life than the lesson is asking for, it is ok to let them know that you hear their story and also want to hear from other students. Remind all students that these lessons are a start to this topic and provide ways to open conversations that can be continued after the lessons are over.
8. The recommended time for each lesson is 20-25 minutes. This gives you enough time to do each exercise, however you might find that the group you are teaching wants to spend more time on certain exercises. It is ok to do this when you feel that the group is having a discussion that will help everyone address mental health in a meaningful manner.
9. Show the slide that sets the ground rules for the conversation at the beginning of the lesson and make sure everyone agrees the ground rules.

INTRODUCTION:

- We're going to do a lesson about mental health. This is a serious topic that affects all of us and can be really sensitive for students. If at any time you are triggered by the content in this lesson you can choose to not participate in the activities or leave the room to talk to someone who can help you.
- Being honest, open and non-judgmental of each other during these exercises will help us learn more about mental health and each other. **CHANGE PPT SLIDE**

FACILITATOR NOTES:

This part of the lesson is vital to helping students understand the purpose of the activities they will be doing. Stress the introductory points to help everyone understand the goals of the workshop.

EXERCISE 1 (45 MINUTES)

- The goal of this next exercise is to learn more about the mental health challenges we are all trying to address.
- Sometimes we aren't aware other people are going through the same difficulty we have experienced.
- This exercise will be completely anonymous.
- It requires trust and a willingness to share.
- The work in this exercise should be confidential to the group. **CHANGE PPT SLIDE**

FACILITATOR NOTES:

It's important for you to write down your own experience on a notecard. You can share about something current as long as it is vague enough that they can't identify you. For example, you could share, "I worry about the amount of work I have and if I can get it done." Or, "I don't always cope with stress in the ways I need to." You can't share an example like, "I'm having problems with my spouse." It's helpful for you to be an active participant in this exercise in order to facilitate it effectively.



INSTRUCTIONS:

- Each person in your group has a notecard.
- On the notecard write down one thing that you wish people knew about you. If others knew this piece of information they would better understand you.
- This should be about a meaningful experience, how you deal with emotional challenges, something that has happened to you/your family or something that affects you. **CHANGE PPT SLIDE**
- After everyone has finished writing, your teacher will collect all of the cards and shuffle them. Then pass the notecards to each student in the class. It's OK if you get your own notecard. If you do get your own notecard don't announce it to the class. Just read the notecard as if it is anyone's card in the class.
- Each student reads the notecard aloud. No one should identify who wrote which card.
- After all notecards have been read aloud, each student will say one word or thought that stayed with them from what was shared. **CHANGE PPT SLIDE**
- Give the groups 15-20 minutes (or so) to complete the activity.



SHARE:

- What did you learn from this exercise?
- What did you find you have things in common with other people that you didn't realize?
- How do you feel more connected to others after hearing what they wrote down? **CHANGE PPT SLIDE**

SUMMARIZE:

- Each person's experience with mental health is different. This exercise showed you that you aren't alone. It's important to have conversations to feel connected to each other.
- None of you are defined by what you wrote down on the cards. Most of you are who you are because you have worked on the issues that have happened to you.
- Building a foundation of how to address mental health requires us to communicate honestly and openly.
- The stigma surrounding mental health has multiple layers and affects all of us. **CHANGE PPT SLIDE**

QUESTIONS FOR DEEPER CONVERSATION:

- Why do you think people shared so many deep secrets about themselves on these cards? **CHANGE PPT SLIDE**
- What would it take for people to share these things openly when we're not in this class? **CHANGE PPT SLIDE**
- How can we support people more to help them share these part of themselves? **CHANGE PPT SLIDE**
- What kind of work do you think people have had to do to cope with the things they wrote on these cards? **CHANGE PPT SLIDE**

WRAP-UP:

- Remember mental health is not having a mental illness. It is a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. **CHANGE PPT SLIDE**
- Understanding mental health is an important. Having a connection to the emotions of our other people helps us form stronger friendships and care about each other more. **CHANGE PPT SLIDE**

Lesson 3: Your Mental Health

The Your Mental Health lesson helps students better understand the mental health challenges in their lives, and learn about a spectrum to identify how they are addressing those challenges. Students are often overwhelmed by the amount of mental health challenges that impact them. Knowing how to categorize those challenges helps a person recognize how severe the issues are. When someone is more aware of what is affecting them, then they can begin to determine how to work towards having a balanced life.

TIME NEEDED:

45 minutes



OBJECTIVES:

- Classify mental health challenges into five categories.
- Identify where they are on the mental health spectrum.
- Connect how mental health challenges impact where a person is on the mental health spectrum.

SETTING:

- Choose a room that offers a lot of open space for small groups to be able to spread out and not be distracted by others. Students will need to be able to either sit in small groups at their desks or move chairs around into small groups.
- You will play a PowerPoint presentation during the lesson, so connect a laptop to a projector and screen.

GROUP SIZE:

- Groups should be no larger than 5 to make sure connections and conversations remain personal.
- Before the lesson decide how you want to break your classroom into groups. You can have them count off or if you know your students well, you can decide who will work well together.



MATERIALS NEEDED:

- Projector and Screen
- “Your Mental Health” PowerPoint
- “Your Mental Health” Video
- FOR EACH SMALL GROUP:
 - One piece of paper and markers.
 - One set of 24 notecards—copy and cut from the Your Mental Health handout.
- FOR EACH PERSON: One notecard

What to Know About This Lesson

PURPOSE OF LESSON:

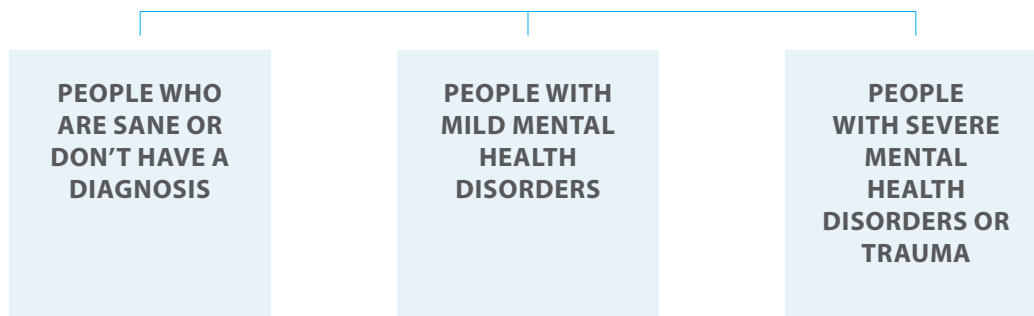
The purpose of the third lesson is to help students develop clarity on different mental health challenges and expand their vocabulary in order to talk about their mental health in a more expansive manner. Most students believe that all of the mental health challenges they face fall under one umbrella. This creates a lot of confusion, because a student who has some level of stress may think it is the same as having an anxiety disorder.

Another student may go through a breakup and think it is the same as having clinical depression. Both of these examples can be dismissive of people who are experiencing mental health disorders. The student who is stressed out, may tell the student with an anxiety disorder to just calm down. Likewise, the student who went through a breakup, may tell the student with clinical depression to get happy. Students need more of an education on the different types of mental health challenges they are trying to address.

The first exercise educates students about five categories for mental health challenges. The categories are Everyday Challenges, Environmental Factors, Significant Events, Mental Health Disorders and Developmental Disabilities. The definitions of these categories is in the lesson plan. Students will be given 24 terms and asked to separate them into the five categories.

Depending on how they look at the duration of each term will greatly impact which category they want to place a term. For example, bullying could be an everyday challenge if it is happening every day. It could be an environmental factor if a sibling is bullying someone at home. It could be a significant event if it happened once and isn't happening anymore. The learning opportunity for students in this exercise is to debate about which category the more common mental health challenges fit into, which allows them to remember that Everyday Challenges, Environmental Factors and Significant Events are separate. The exercise simultaneously reinforces what constitutes a mental health disorder and developmental disability. Both of these actions further clarify that mental health disorders and developmental disabilities are not the same as other challenges.

The second exercise introduces students to a different type of mental health spectrum. The spectrum that most students are familiar with is one that ranges from people being sane or not having a mental health disorder to people having severe mental health disorders.



This spectrum is problematic for two reasons. First, it promotes the concept that people with mental health disorders can't be on the same side of the spectrum as people who are sane, which we know is not true. Second, it furthers the stereotype that only people with a mental health disorder need to seek help for their mental health.

The mental health spectrum in this lesson has five places on it and is focused on balance. The five places on the spectrum are able to balance, difficult to balance, need help to balance, need constant assistance to balance and unable to balance. The definitions for these places on the spectrum are in the lesson. The key differences between this spectrum and the one mentioned above is that everyone is on this spectrum and their place on it can change quickly depending on what is occurring in their lives. This spectrum also normalizes mental health by placing needing help in the middle of the spectrum. When teaching this spectrum it's important to remind students that the spectrum isn't about judgment or functionality. Someone can be unable to balance their mental health due to grief, trauma or a significant event for months, but still be functioning as they typically do. There are more details about how to teach this exercise in the lesson plan.

As students do the exercise to figure out where they are on the spectrum, it is helpful for you to share where you are on the spectrum. Most people who facilitate this lesson will be in the need help to balance your mental health place on the spectrum. We need to exercise, listen to music, talk to someone, write, read or do something proactive to manage our mental health. Sharing this information with the class can help normalize the concept for the students.

If you need constant assistance to balance or are unable to balance when you teach this lesson, it is ok to share that, as long as it is appropriate and won't lead the students to feel they need to take care of you. For example, my dad unexpectedly died at the start of a school year. I was unable to balance my mental health for months. I shared my place on the spectrum a few months after he died, when I could share it without crying.

Creating a new vocabulary to talk about mental health is a critical element of mental health literacy. Students have a lengthy list of words to describe their physical health. It's time to give them the same ability to describe their mental health.

FACILITATOR :

To facilitate this lesson effectively it is helpful to:

1. Connect to students early about why mental health is important to you and why it should be important to them. If you have a personal story about why you care about mental health, then share it. Let students know they should take this seriously. The more that you can make yourself vulnerable and relatable the more effective you will be as a facilitator. Sharing where you are on the mental health spectrum will help the class be more open about their experiences.
2. Make yourself vulnerable with a boundary. If you are going to share part of your personal story, make sure you share something that you are comfortable with and have processed. For example, if you share that you care about this issue, because you have been diagnosed with a mental health disorder and it affected part of your life, then the students see you presenting from a place of strength. If you share something that you are still processing and become emotional, then the students may think they need to take care of you. It's helpful if you can be real about why you care and reinforce what you learned from your experiences.
3. Keep the exercises concise. If you give students too much time they can devolve into so many other unnecessary conversations. Keep students focused.
4. Allow the exercises to be tools for students to identify how to work on mental health, but not become therapy. There's a difference between students identifying what they can work on and voicing all of their experiences or pain. Stress that you want this to start conversations, but that they can do the work outside of the lessons. This is a public health approach to mental health and not a therapeutic approach.
5. Focus on connecting students to their emotions and each other. Have fun when you can. Be positive. Make it a team building exercise that strengthens communication and connection.
6. It is important to let students know that lessons about mental health require everyone to be open, honest and non-judgmental. Students who share their stories need to feel safe and that the values of your school are being upheld. Reinforce that the main goal is to start conversations about mental health in a way that can bring everyone together.
7. If a student is sharing their story extensively and continues to provide more details about their life than the lesson is asking for, it is ok to let them know that you hear their story and also want to hear from other students. Remind all students that these lessons are a start to this topic and provide ways to open conversations that can be continued after the lessons are over.
8. The recommended time for each lesson is 20-25 minutes. This gives you enough time to do each exercise, however you might find that the group you are teaching wants to spend more time on certain exercises. It is ok to do this when you feel that the group is having a discussion that will help everyone address mental health in a meaningful manner.
9. Show the slide that sets the ground rules for the conversation at the beginning of the lesson and make sure everyone agrees the ground rules.

FACILITATOR NOTES:

As students enter the room, assign them to small groups and hand out the 24 notecards and piece of flip chart paper to each group.



YOUR MENTAL HEALTH VIDEO (2 MINUTES:)

- We're going to watch a video that introduces this lesson.
- *Play the "Your Mental Health Video" for the large group.* **CHANGE PPT SLIDE**

EXERCISE 1 (20 MINUTES)

INTRODUCTION:

- We're going to do a lesson about mental health. This is a serious topic that affects all of us and can be really sensitive for students. If at any time you are triggered by the content in this lesson you can choose to not participate in the activities or leave the room to talk to someone who can help you.
- Being honest, open and non-judgmental of each other during these exercises will help us learn more about mental health and each other. **CHANGE PPT SLIDE**
- We don't have a vocabulary to describe mental health. When people are asked how their mental health is they often say it's good, bad or fine. Many people confuse everyday scenarios with mental health disorders. This confusion dismisses people experiences with mental health disorders. **CHANGE PPT SLIDE**
- Oftentimes students want to work on how to balance their lives—their mental health—but don't know where to begin. We need more clarity on the differences between mental health challenges in our lives.
- This lesson gives us a map to better determine what is happening to us and how to talk about our challenges. **CHANGE PPT SLIDE**



INSTRUCTIONS:

- This exercise is to help us better understand the range of mental health challenges students can experience in life.
- Oftentimes a person can be dealing with stress, a breakup and depression. Each of these challenges is in different categories. It's helpful to know how to separate the challenges. **CHANGE PPT SLIDE**
- Each group should determine how they will separate these cards into different categories.
- Write these headings across the top of the page from left to right: Everyday Challenges, Environmental Factors, Significant Events, Mental Health Disorders, and Developmental Disabilities. **CHANGE PPT SLIDE**

Everyday Challenges	Environmental Factors	Significant Events	Mental Health Disorders	Developmental Disabilities
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FACILITATOR NOTES:

Each group should already have the 24 Your Mental Health notecards you copied and cut out before this lesson. Each card has one mental health challenge written on it. You will ask the groups to put each card into the categories. Some of these challenges like bipolar disorder should only fit in one category. Other challenges like bullying can be debated to fit under multiple categories.

THESE ARE THE DESCRIPTIONS FOR THE 5 DIFFERENT CATEGORIES:

- Everyday Challenge: Issues all of us try to balance on an everyday basis.
- Environmental Factor: Refers to how the home you grew up in, the school you attended and the way you were raised affects your mental health.
- Significant Event: Experiences with loss, change or rejection that have a major impact on a person's life.
- Mental Health Disorder: Any disorder that can be diagnosed by a mental health professional.
- Developmental Disability: A disability that manifests before a person reaches 22 years of age and can cause significant impairment in a person's life. **CHANGE PPT SLIDE**



INSTRUCTIONS:

- You have ten minutes to discuss each of these 24 cards and decide in which category each card belongs.
- Some of the cards could be placed in more than one category. It's OK for you to keep those cards separate and identify the categories in which the card could fit.
- For the purpose of this lesson mental health disorders and developmental disabilities should only go in their specific category. It's possible for a mental health disorder to feel like an everyday challenge, but let's keep it separate for this activity in order to show you can identify the disorders and disabilities. **CHANGE PPT SLIDE**
- Give the groups five minutes (or so) to complete the activity.

SUMMARIZE:

- Let's look at this table to see where the cards could fit.
- Depending on how you look at the duration of each card it could fit in multiple categories. For example bullying could be an everyday challenge if it is happening everyday. It could be an environmental factor because it could happen at school or at home. It could also be a significant event if it happens one time. **CHANGE PPT SLIDE**
- The goal of this exercise is for you to see the different categories where a card could fit. The only answers that have definite places in the categories are mental health disorders and developmental disabilities.
- Mental Health Disorders: The National Institute of Mental Health estimates 25 percent of the adult population in the United States experiences a mental health disorder in a given year.
- Developmental Disabilities: Estimates show that 1 to 3 percent of the U.S. population has an intellectual disability, 1 percent of people have autism/Asperger's Syndrome and 5 percent of people have ADHD. **CHANGE PPT SLIDE**

Everyday Challenges	Environmental Factors	Significant Events	Mental Health Disorders	Developmental Disabilities
Stress	Sexual Abuse	Death	Anxiety Disorders	Autism
Lack of Sleep	Physical Abuse	Parents' Divorce	Depression	Intellectual Disabilities
Low Self-Esteem	Bullying	Break-ups	Eating Disorders	ADHD
Body Image Issues	Parents with drug/alcohol addiction	Identifying Sexual Orientation	Drug/Alcohol Addiction	
		Rejection	Bipolar Disorder	
		Applying to College	Schizophrenia	
			Borderline Personality Disorder	

EXERCISE 2 (20 MINUTES)



INSTRUCTIONS:

- We are all trying to address different challenges in our lives. Yet, sometimes we aren't talking about them with those who can help.
- Opening up in these lessons allows us to support each other and know how to be there when it matters most. **CHANGE PPT SLIDE**

Able to Balance	Difficult to Balance	Needs Assistance to Balance	Needs Constant Assistance to Balance	Not Able to Balance
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*Explain each part of the spectrum to everyone. **CHANGE PPT SLIDE***

- **Able to Balance:** A person who manages harmful stress, is aware of triggers and has effective coping mechanisms. This person is able to balance their life without often thinking about their mental health.
- **Difficult to Balance:** A person who is aware of stress, triggers and ineffective coping, but struggles to find a way to address challenges effectively. This person is aware that they have issues, but is not actively seeking help.
- **Needs Assistance to Balance:** A person who is triggered by stress, feels hopeful to change how they cope and may need therapy, meds, exercise, yoga, or set structure to specifically address her or his mental health. You don't need to have a mental health disorder to need help balancing your mental health.
- **Needs Constant Care to Balance:** A person who needs a structured life that includes, supportive, nurturing people around him/her constantly. She may need to be part of a program or treatment center.
- **Not Able to Balance:** A person who has a mental health challenge so severe that even with help she or he is unable to engage with those around her. This could be someone who went through a breakup, parents' divorce, death or has a mental health disorder. **CHANGE PPT SLIDE**



FURTHER INSTRUCTIONS:

- On a notecard each person in the small group will write down where you feel you are on this spectrum.
- You can only choose one place. It is ok for you to choose a place between two locations on the spectrum. You could be between able to balance and difficult to balance etc. Your answer will be anonymous to the larger group.
- The goal is to get an accurate assessment of where you are, so you can become more aware of what you need to add balance to your life. **GO BACK TO SLIDE WITH DESCRIPTIONS THEN GO TO SLIDE FOR**
- Give the groups ten (or so) minutes to discuss. **CHANGE PPT SLIDE**



SHARE

*Ask a representative from each group to count the total numbers for each place on the spectrum and report it to the larger group. Keep track of the counts for each piece of the spectrum as the small groups report. **CHANGE PPT SLIDE***

- If anyone is comfortable, tell us why you identified with each category on the spectrum.
- Can someone who feels they are in the Able to Balance category share why?
- Someone who feels they are in the Difficult to Balance share why you feel that way?
- Someone in the Needs Assistance to Balance?
- Someone in the Needs Constant Assistance to Balance?
- Someone in the Not Able to Balance category?

FACILITATOR NOTES:

If there is a category or categories no one identified with, it is OK. Tell the group it is OK that no one is in a category. Review the definition of the category, give an example of someone who could be in that category and reassure students that if they are in that category at some point in their lives, they can find a way to balance whatever challenge they are facing.

SUMMARIZE:

- The goal of this activity is to help you identify how you are addressing your mental health.
- Where you are on this spectrum today may not be where you are on it next week or in a month.
- As our situations change our ability to address what is happening can also change. **CHANGE PPT SLIDE**

WRAP-UP:

- Knowing where we are on the mental health spectrum and what challenges impact our mental health better prepares us for the future and improves our ability to live in balance.
- It's important for you to have a vocabulary to talk to others about mental health. By letting each other know where you are on this spectrum you will be able to support each other with what you need to find balance.
- If you need to talk to someone about your mental health, the counseling center on campus is a great place to start. **CHANGE PPT SLIDE**

BIPOLAR DISORDER

DEATH

BREAK UP

LACK OF SLEEP

ADHD

LOW SELF ESTEEM

PHYSICAL ABUSE

ANXIETY DISORDERS

AUTISM	DRUG/ALCOHOL ADDICTION
SCHIZOPHRENIA	PARENTS with DRUG/ALCOHOL ADDICTION
SEXUAL ABUSE	DEPRESSION
EATING DISORDERS	UNHEALTHY STRESS

BODY IMAGE ISSUES	BORDERLINE PERSONALITY DISORDER
PARENTS' DIVORCE	REJECTION
INTELLECTUAL DISABILITIES	APPLYING/ADJUSTING TO COLLEGE
BULLYING	IDENTIFYING SEXUAL ORIENTATION

Lesson 4: Understanding Mental Health Disorders

In the fourth lesson, students learn about the most significant symptoms for the most common mental health disorders and developmental disabilities. This lesson is an important follow up to the Your Mental Health lesson, because it dives deeper into explaining the differences between everyday challenges, significant events and diagnosable disorders. Students are extremely confused about the types of mental health disorders and developmental disabilities that people experience. They often confuse feeling sad with having clinical depression or feeling stress with having an anxiety disorder. This lesson helps to briefly explain the severity of mental health disorders and developmental disabilities.

TIME NEEDED:

45 minutes



OBJECTIVES:

- State the main symptoms of mental health disorders and developmental disabilities.
- Determine the difference between everyday challenges and mental health disorders/developmental disabilities.

SETTING:

- Choose a classroom where students can feel comfortable.

GROUP SIZE:

- You will be facilitating this lesson for your whole class

MATERIALS NEEDED:

- Projector and screen
- Understanding Mental Health Disorders PPT

What to Know About This Lesson

PURPOSE OF LESSON:

The purpose of the fourth lesson is to dive deeper into understanding the most significant symptoms of mental health disorders and developmental disabilities. It's important for students to have basic information on these disorders in order to know what people experience and to help them students understand what can constitute a diagnosis. Students are extremely confused about what is a typical emotion and what is a mental health disorder or developmental disability.

It's important to note that as you teach this lesson, your goal is not to go in depth into every possible symptom and the diagnostic criteria for all of the disorders that are covered. Symptoms like, "high energy," can resonate with young students and make them feel like they may have one of these disorders. You need to be extremely careful as you teach this lesson to stress how difficult it can be to receive a diagnosis and that symptoms must be present for weeks or months at a time. The symptoms also must be stopping a person from how they typically function.

You will start this lesson by asking students if they can name the five categories of mental health challenges. The categories are everyday challenges, environmental factors, significant events, mental health disorders and developmental disabilities. Let students know that you are going to be diving deeper into the last two categories.

The categories of mental health disorders that you will be discussing are:

- Anxiety disorders: obsessive-compulsive disorder, generalized anxiety disorder, post-traumatic stress disorder, phobias,
- Mood disorders- clinical depression, bipolar disorder, borderline personality disorder
- Eating disorders- bulimia, anorexia, binge-eating disorder
- Psychotic disorders- schizophrenia
- Developmental disabilities- ADHD and autism

You start this lesson by letting students know that a person can only be diagnosed with a mental health disorder by a psychiatrist, psychologist, counselor or social worker. That is it. You will show them a slide that discusses who can't diagnose them. That list includes the internet, friends, parents, family members, WebMD, YouTube, social media, a meme, a BuzzFeed survey, a song, a documentary, a commercial or anyone that wasn't on the previous slide. While there are jokes on this slide, it's important to remember that this is how a lot of people self-diagnose these disorders. You will also let students know that only psychiatrists, pediatricians and family care doctors can prescribe medication.

In order for a person to be diagnosed by a psychiatrist, psychologist, counselor or social worker they need to have a clear set of symptoms. The symptoms must last for weeks or months and fit the criteria for a specific mental health disorder. A professional uses techniques to determine if the symptoms are accurate. The symptoms cause a person the inability to function the way they typically do.

As you discuss anxiety disorders it is important for students to know that there is a difference between feeling nervous and having an anxiety disorder. Feeling nervous is the butterflies you get in your stomach before you're about to take a test or when you post the best picture ever on social media and no one likes it. The opposite of feeling nervous is being calm. When you have an anxiety disorder it's often a physical reaction. You feel like the walls are caving in, you're having a heart attack, you can't breathe and the panic attack lasts minutes or hours. The opposite of having an anxiety disorder is being able to see reality.

Next, you will go over the major symptoms for the most common types of anxiety disorders. If students ask questions, remind them that you can only give the most major symptoms, that these symptoms have to last for a long time and stop a person from doing things they typically do. You're not a mental health expert. You are just going over the major symptoms to give them basic information.

When you introduce mood disorders you will talk about there being a difference between feeling sad or depressed and having clinical depression. When a person feels sad or depressed, they often have a cause, something happened to them like a break-up, parents' divorce, death. The opposite of feeling depressed is happiness. When someone has clinical depression they don't often have a cause. Everything hurts, everything sucks. They lose interest in what they enjoy, they stop taking care of themselves, they have no energy, they may have thoughts of suicide or death and they often don't know why they feel that way. The opposite of having clinical depression is vitality, it's having energy and the will to live.

Next, you will go over the major symptoms for the most common types of mood disorders. If students ask questions, remind them that you can only give the most major symptoms, that these symptoms have to last for a long time and stop a person from doing things they typically do. You're not a mental health expert. You are just going over the major symptoms to give them basic information.

When you introduce eating disorders, you will explain that there is a difference between people having poor body image and people having eating disorders. Poor body image is when people may not like something about themselves, they may wish they had anything different with their bodies and think about that thing being different on a regular basis. When someone has an eating disorder they are often acting in an extreme manner by either starving themselves, thinking they are overweight even when they are dangerously thin or doing extreme bingeing and purging of food.

Next, you will go over the major symptoms for the most common types of eating disorders. If students ask questions, remind them that you can only give the most major symptoms, that these symptoms have to last for a long time and stop a person from doing things they typically do. You're not a mental health expert. You are just going over the major symptoms to give them basic information.

It's really important that students have the basic major symptoms of all of these disorders. It can help clear up the confusion that currently exists. However, it's also important for you to continue to reinforce that you're not a mental health expert and you can't go into the details of these disorders. This is a public health approach to mental health disorders. You are giving them basic information to help them have a baseline understanding, so that they can stop thinking that some stress is the same as having an anxiety disorder or that being sad is having clinical depression.

FACILITATOR TIPS:

To facilitate this lesson effectively it is helpful to:

1. Connect to students early about why mental health is important to you and why it should be important to them. If you have a personal story about why you care about mental health, then share it. Let students know they should take this seriously. The more that you can make yourself vulnerable and relatable the more effective you will be as a facilitator. For this lesson it would be helpful to share about the damage that can be done when someone dismisses severe disorders like clinical depression by saying they were sad one time.
2. Make yourself vulnerable with a boundary. If you are going to share part of your personal story, make sure you share something that you are comfortable with and have processed. For example, if you share that you care about this issue, because you have been diagnosed with a mental health disorder and it affected part of your life, then the students see you presenting from a place of strength. If you share something that you are still processing and become emotional, then the students may think they need to take care of you. It's helpful if you can be real about why you care and reinforce what you learned from your experiences.
3. Keep the exercises concise. If you give students too much time they can devolve into so many other unnecessary conversations. Keep students focused.
4. Allow the exercises to be tools for students to identify how to work on mental health, but not become therapy. There's a difference between students identifying what they can work on and voicing all of their experiences or pain. Stress that you want this to start conversations, but that they can do the work outside of the lessons. This is a public health approach to mental health and not a therapeutic approach.
5. Focus on connecting students to their emotions and each other. Have fun when you can. Be positive. Make it a team building exercise that strengthens communication and connection.
6. It is important to let students know that lessons about mental health require everyone to be open, honest and non-judgmental. Students who share their stories need to feel safe and that the values of your school are being upheld. Reinforce that the main goal is to start conversations about mental health in a way that can bring everyone together.
7. If a student is sharing their story extensively and continues to provide more details about their life than the lesson is asking for, it is ok to let them know that you hear their story and also want to hear from other students. Remind all students that these lessons are a start to this topic and provide ways to open conversations that can be continued after the lessons are over.
8. The recommended time for each lesson is 20-25 minutes. This gives you enough time to do each exercise, however you might find that the group you are teaching wants to spend more time on certain exercises. It is ok to do this when you feel that the group is having a discussion that will help everyone address mental health in a meaningful manner.
9. Show the slide that sets the ground rules for the conversation at the beginning of the lesson and make sure everyone agrees the ground rules.

MENTAL HEALTH DISORDERS

- We're going to do a lesson about mental health. This is a serious topic that affects all of us and can be really sensitive for students. If at any time you are triggered by the content in this lesson you can choose to not participate in the activities or leave the room to talk to someone who can help you.
- Being honest, open and non-judgmental of each other during these exercises will help us learn more about mental health and each other. **CHANGE PPT SLIDE**
- There tends to be a lot of confusion about how a person can get diagnosed with a mental health disorder, the types of mental health disorders and what the difference is between a mental health disorder and a typical emotion. **CHANGE PPT SLIDE**
- We discussed some of this in lesson 3. Can anyone name the 5 categories of mental health challenges? **CHANGE PPT SLIDE**
- They are everyday challenges, environmental factors, significant events, mental health disorders and developmental disabilities. **CHANGE PPT SLIDE**
- Can anyone name the 5 places on the mental health spectrum? **CHANGE PPT SLIDE**
- They are able to balance, difficult to balance, needs assistance to balance, needs constant assistance to balance and unable to balance. Does anyone want to say where they are on the spectrum today? **CHANGE PPT SLIDE**
- Today, we are going to go deeper into how someone gets diagnosed with a mental health disorder, who can diagnose them and we're going to talk about different types of mental health disorders. **CHANGE PPT SLIDE**
- There are 4 categories of mental health disorders and one category for developmental disabilities. The categories of mental health disorders are anxiety disorders, mood disorders, eating disorders and psychotic disorders. **CHANGE PPT SLIDE**
- Who is qualified to diagnose people with a mental health disorder? **CHANGE PPT SLIDE**
- Psychiatrists, psychologists, counselors and social workers are the only people capable of diagnosing someone with a mental health disorder. **CHANGE PPT SLIDE**
- Sometimes people feel like they can diagnose themselves. It's important to know what things can't diagnose you. Here's a brief list. **CHANGE PPT SLIDE**
- The internet, your friend, your parents, your family members, WebMD, Youtube, social media, a meme, a Buzzfeed or other online survey, a song, a documentary or a commercial cannot diagnose you. Only the people mentioned on the previous screen can provide a diagnosis. **CHANGE PPT SLIDE**
- Who can prescribe psychiatric medication? **CHANGE PPT SLIDE**
- Psychiatrists, pediatricians, family care doctors **CHANGE PPT SLIDE**
- What is required for a person to receive a diagnosis of a mental health disorder? **CHANGE PPT SLIDE**
- Weeks or months of behaviors that fit a diagnosis, a professional determining that the symptoms are accurate and the symptoms leading a person not being able to function the way that they typically function. Let's keep all of this in mind as we discuss some common mental health disorders. **CHANGE PPT SLIDE**

ANXIETY DISORDERS

- The most common type of mental health disorders are anxiety disorders. That includes obsessive-compulsive disorder, generalized anxiety disorder, post-traumatic stress disorder and social anxiety disorder. **CHANGE PPT SLIDE**
- When we talk about anxiety disorders, it's important to know that there is a big difference between feeling nervous and having an anxiety disorder. **CHANGE PPT SLIDE**
- Feeling nervous is the butterflies you get in your stomach before you're about to take a test or when you post the best picture ever on social media and no one likes it. The opposite of feeling nervous is being calm.

- When you have an anxiety disorder it's often a physical reaction. You feel like the walls are caving in, you're having a heart attack, you can't breathe and the panic attack lasts minutes or hours. The opposite of having an anxiety disorder is being able to see reality. **CHANGE PPT SLIDE**

Obsessive Compulsive Disorder

- Uncontrollable, recurring thoughts (obsessions)
- Uncontrollable behaviors (compulsions) that they feel the urge to repeat over and over
- These obsessions and compulsions make it difficult for them to do things that they need to do or enjoy doing in their daily lives **CHANGE PPT SLIDE**

Generalized Anxiety Disorder

- Persistent and excessive worry about numerous things in a person's life
- Consistently anticipating disaster in their everyday life
- Difficult or unable to control their worries **CHANGE PPT SLIDE**

Post-Traumatic Stress Disorder

- Triggered by witnessing or experiencing a traumatic event
- Flashbacks, nightmares and extreme anxiety about the traumatic event
- Uncontrollable thoughts, memories and reliving the traumatic event **CHANGE PPT SLIDE**

Social Anxiety Disorder

- Intense fear of being judged, negatively evaluated or rejected in a social setting
- It is not being shy
- Physical reaction like rapid heartbeat, muscle tension, difficulty breathing **CHANGE PPT SLIDE**

MOOD DISORDERS:

- The most common types of mood disorders are clinical depression, bipolar disorder and borderline personality disorder. **CHANGE PPT SLIDE**
- When we talk about clinical depression it's important to know that there's a huge difference between feeling depressed and having clinical depression. **CHANGE PPT SLIDE**
- When a person feels sad or depressed, they often have a cause, something happened to them like a break-up, parents' divorce, death. The opposite of feeling depressed is happiness. **CHANGE PPT SLIDE**
- When someone has clinical depression they don't often have a cause. Everything hurts, everything sucks. They lose interest in what they enjoy, they stop taking care of themselves, they have no energy, they may have thoughts of suicide or death and they often don't know why they feel that way. The opposite of having clinical depression is vitality, it's having energy and the will to live. **CHANGE PPT SLIDE**

Clinical Depression

- Loss of pleasure or interest in things you typically enjoy
- Difficulty concentrating, remembering or making decisions
- Extreme feelings of hopelessness or pessimism
- Decreased energy or fatigue
- Thoughts of death or suicide, or suicide attempts **CHANGE PPT SLIDE**

Bipolar Disorder

- Swinging from two very extreme emotions of mania and depression

- It is not being sad and happy
- **Mania has unrealistic, grandiose beliefs about one's abilities**
 - Talking so rapidly that others can't keep up
 - Extreme mind-racing thoughts
 - Acting recklessly
- **Depression has the symptoms we mentioned for Clinical Depression**
 - Loss of pleasure or interest in things you typically enjoy
 - Difficulty concentrating, remembering or making decisions
 - Extreme feelings of hopelessness or pessimism
 - Decreased energy or fatigue
 - Thoughts of death or suicide, or suicide attempts **CHANGE PPT SLIDE**

BORDERLINE PERSONALITY DISORDER

- Explosive anger
- Extreme, uncontrollable emotional swings
- Major fear of abandonment
- Impulsive, self-destructive behaviors **CHANGE PPT SLIDE**

EATING DISORDERS:

- The most common types of eating disorders are anorexia, bulimia and binge-eating disorder. **CHANGE PPT SLIDE**
- There is a big difference between people having poor body image and people having eating disorders.
- Poor body image is when people may not like something about themselves, they may wish they had something different with their bodies and think about that thing being different on a regular basis.
- When someone has an eating disorder they are often acting in an extreme manner by either starving themselves, thinking they are overweight even when they are dangerously thin or doing extreme bingeing and purging of food. **CHANGE PPT SLIDE**

Anorexia

- Extreme weight loss
- Hair that thins, breaks or falls out
- Avoiding food as much as possible
- Exercising excessively
- Firmly believing they are overweight no matter how thin they get **CHANGE PPT SLIDE**

Bulimia

- Recurrent episodes of binge-eating
- Recurrent purging of food by vomiting or misuse of laxatives
- These behaviors occur at least once a week for 3 months **CHANGE PPT SLIDE**

Binge-Eating Disorder

- Eating, in a discrete period of time an amount of food that is definitely larger than what most people would eat in a similar period of time in similar circumstances.
- A sense of lack of control over eating during the episode

- Distress regarding binge eating
- Occurs at least once a week for 3 months **CHANGE PPT SLIDE**

SUMMARIZE:

- We did this lesson to give you the main symptoms of common mental health disorders. This is not a list of all mental health disorders. **CHANGE PPT SLIDE**
- It's important to remember that in order for a person to receive a diagnosis of a mental health disorder a person needs to meet the following requirements:
- Weeks or months of behaviors that fit a diagnosis, a professional determining that the symptoms are accurate and the symptoms leading a person not being able to function the way that they typically function. Let's keep all of this in mind as we discuss some common mental health disorders. **CHANGE PPT SLIDE**
- As we discussed in lesson 1, you do not need to have a mental health disorder to work on your mental health. Mental health is not having a problem. Mental health is how you address any issue in your life and how you build effective coping skills. **CHANGE PPT SLIDE**
- In the next lesson we will discuss psychotic disorders and developmental disabilities. **CHANGE PPT SLIDE**

Lesson 5: Mental Health Disorders & Developmental Disabilities

In the fifth lesson, students continue to learn about the most significant symptoms for the most common psychotic disorders and developmental disabilities. This lesson is an important continuation of the fourth lesson. Students are extremely confused about the types of mental health disorders and developmental disabilities that people experience. This lesson continues the conversation about the major defining symptoms and offers an optional quiz to determine if students have learned the definitions.

TIME NEEDED:

45 minutes



OBJECTIVES:

- State the main symptoms of mental health disorders and developmental disabilities.
- Determine the difference between everyday challenges and mental health disorders/developmental disabilities.

SETTING:

- Choose a classroom where students can feel comfortable.

GROUP SIZE:

- You will be facilitating this lesson for your whole class

MATERIALS NEEDED:

- Projector and screen
- Mental Health Disorders and Developmental Disabilities PPT

What to Know About This Lesson

PURPOSE OF LESSON:

The purpose of the fifth lesson is to continue to dive deeper into understanding the most significant symptoms of mental health disorders and developmental disabilities. It's important for students to have basic information on these disorders in order to know what people experience and to help them students understand what can constitute a diagnosis. Students are extremely confused about what is a typical emotion and what is a mental health disorder or developmental disability.

It's important to note that as you teach this lesson, your goal is not to go in depth into every possible symptom and the diagnostic criteria for all of the disorders that are covered. Symptoms like, "high energy," can resonate with young students and make them feel like they may have one of these disorders. You need to be extremely careful as you teach this lesson to stress how difficult it can be to receive a diagnosis and that symptoms must be present for weeks or months at a time. The symptoms also must be stopping a person from how they typically function.

You will start this lesson by covering the symptoms for psychotic disorders and developmental disabilities.

The categories of mental health disorders and developmental disabilities that you will be discussing are:

- Psychotic disorders- schizophrenia
- Developmental disabilities- ADHD and autism

It's helpful to start this lesson by reminding students that a person can only be diagnosed with a mental health disorder by a psychiatrist, psychologist, counselor or social worker. That is it. You will show them a slide that discusses who can't diagnose them. That list includes the internet, friends, parents, family members, WebMD, YouTube, social media, a meme, a BuzzFeed survey, a song, a documentary, a commercial or anyone that wasn't on the previous slide. While there are jokes on this slide, it's important to remember that this is how a lot of people self-diagnose these disorders. You will also let students know that only psychiatrists, pediatricians and family care doctors can prescribe medication.

In order for a person to be diagnosed by a psychiatrist, psychologist, counselor or social worker they need to have a clear set of symptoms. The symptoms must last for weeks or months and fit the criteria for a specific mental health disorder. A professional uses techniques to determine if the symptoms are accurate. The symptoms cause a person the inability to function the way they typically do.

You will discuss the symptoms of schizophrenia and ADHD. It's important to note that ADHD is considered a developmental disability by the National Institute of Mental Health and not a mental health disorder, because of ADHD's impact on students' ability to learn in a classroom.

Next, you will go over the major symptoms for autism and the types of autism that people can have. People with autism are impacted in two main ways. They experience difficulty with social communication/interaction behaviors and restrictive/repetitive behaviors.

Lastly, you have the option of giving your students a quiz that asks them to match diagnoses with their major symptoms. The quiz is designed for them to succeed with clear distinctions for the matching pairs. The quiz also asks them to list the five categories of mental health challenges and five places on the mental health spectrum. It typically takes 10-15 minutes for students to complete the quiz. The quiz is a good reminder of these two lessons.

FACILITATOR TIPS:

To facilitate this lesson effectively it is helpful to:

1. Connect to students early about why mental health is important to you and why it should be important to them. If you have a personal story about why you care about mental health, then share it. Let students know they should take this seriously. The more that you can make yourself vulnerable and relatable the more effective you will be as a facilitator. For this lesson it would be helpful to share about the damage that can be done when someone makes fun of a student with autism or ADHD.
2. Make yourself vulnerable with a boundary. If you are going to share part of your personal story, make sure you share something that you are comfortable with and have processed. For example, if you share that you care about this issue, because you have been diagnosed with a mental health disorder and it affected part of your life, then the students see you presenting from a place of strength. If you share something that you are still processing and become emotional, then the students may think they need to take care of you. It's helpful if you can be real about why you care and reinforce what you learned from your experiences.
3. Keep the exercises concise. If you give students too much time they can devolve into so many other unnecessary conversations. Keep students focused.
4. Allow the exercises to be tools for students to identify how to work on mental health, but not become therapy. There's a difference between students identifying what they can work on and voicing all of their experiences or pain. Stress that you want this to start conversations, but that they can do the work outside of the lessons. This is a public health approach to mental health and not a therapeutic approach.
5. Focus on connecting students to their emotions and each other. Have fun when you can. Be positive. Make it a team building exercise that strengthens communication and connection.
6. It is important to let students know that lessons about mental health require everyone to be open, honest and non-judgmental. Students who share their stories need to feel safe and that the values of your school are being upheld. Reinforce that the main goal is to start conversations about mental health in a way that can bring everyone together.
7. If a student is sharing their story extensively and continues to provide more details about their life than the lesson is asking for, it is ok to let them know that you hear their story and also want to hear from other students. Remind all students that these lessons are a start to this topic and provide ways to open conversations that can be continued after the lessons are over.
8. The recommended time for each lesson is 20-25 minutes. This gives you enough time to do each exercise, however you might find that the group you are teaching wants to spend more time on certain exercises. It is ok to do this when you feel that the group is having a discussion that will help everyone address mental health in a meaningful manner.
9. Show the slide that sets the ground rules for the conversation at the beginning of the lesson and make sure everyone agrees the ground rules.

INTRODUCTION:

MENTAL HEALTH DISORDERS:

- We're going to do a lesson about mental health. This is a serious topic that affects all of us and can be really sensitive for students. If at any time you are triggered by the content in this lesson you can choose to not participate in the activities or leave the room to talk to someone who can help you.
- Being honest, open and non-judgmental of each other during these exercises will help us learn more about mental health and each other. **CHANGE PPT SLIDE**
- We're going to do a recap of the last lesson.
- There are 4 categories of mental health disorders and one category for developmental disabilities. The categories of mental health disorders are anxiety disorders, mood disorders, eating disorders and psychotic disorders. **CHANGE PPT SLIDE**
- Who is qualified to diagnose people with a mental health disorder? **CHANGE PPT SLIDE**
- Psychiatrists, psychologists, counselors and social workers are the only people capable of diagnosing someone with a mental health disorder. **CHANGE PPT SLIDE**
- Sometimes people feel like they can diagnose themselves. It's important to know what things can't diagnose you. Here's a brief list. **CHANGE PPT SLIDE**
- The internet, your friend, your parents, your family members, WebMD, Youtube, social media, a meme, a Buzzfeed or other online survey, a song, a documentary or a commercial cannot diagnose you. Only the people mentioned on the previous screen can provide a diagnosis. **CHANGE PPT SLIDE**
- Who can prescribe psychiatric medication? **CHANGE PPT SLIDE**
- Psychiatrists, pediatricians, family care doctors **CHANGE PPT SLIDE**
- What is required for a person to receive a diagnosis of a mental health disorder? **CHANGE PPT SLIDE**
- Weeks or months of behaviors that fit a diagnosis, a professional determining that the symptoms are accurate and the symptoms leading a person not being able to function the way that they typically function. Let's keep all of this in mind as we discuss some common mental health disorders. **CHANGE PPT SLIDE**

PSYCHOTIC DISORDERS:

- The most common type of psychotic disorders is schizophrenia. **CHANGE PPT SLIDE**

Schizophrenia

- Hallucinations (seeing people or hearing words that aren't real)
- Delusions (a strong belief that something is happening that isn't real, like someone is after you or chasing you or spying on you)
- Reduced expression of emotions
- Reduced feelings of pleasure **CHANGE PPT SLIDE**

DEVELOPMENTAL DISABILITIES:

- The two most common types of developmental disabilities are Attention Deficit Hyperactivity Disorder and Autism Spectrum Disorder. **CHANGE PPT SLIDE**
- The difference between developmental disabilities and mental health disorders is that developmental disabilities typically develop before age 2 and cause specific difficulty in a person's ability to learn in a classroom. **CHANGE PPT SLIDE**

Attention Deficit Hyperactivity Disorder

- Persistent restlessness, not being able to sit down, sit still or constantly being active
- Trouble paying staying focused, easily distracted
- Talks excessively
- Acts without thinking
- Intrudes on other people's conversations or games, interrupts others **CHANGE PPT SLIDE**

Autism Spectrum Disorder

- **Social communication/interaction behaviors**
 - Making little or inconsistent eye contact
 - Tending not to look at or listen to people
 - Failing to, or being slow to, respond to someone calling their name or to other verbal attempts to gain attention
 - Having difficulties with the back and forth of conversation
 - Having an unusual tone of voice that may sound sing-song or flat and robot-like
 - Having trouble understanding another person's point of view or being unable to predict or understand other people's actions. **CHANGE PPT SLIDE**
- **Restrictive/Repetitive behaviors**
 - Repeating certain behaviors or having unusual behaviors. For example, repeating words or phrases
 - Having a lasting intense interest in certain topics, such as numbers, details, or facts
 - Having overly focused interests, such as with moving objects or parts of objects
 - Getting extremely upset by slight changes in a routine
 - Being more or less sensitive than other people to sensory input, such as light, noise, clothing, or temperature **CHANGE PPT SLIDE**

SUMMARIZE:

We did this lesson to give you the main symptoms of schizophrenia, ADHD and autism spectrum disorder. This is not a list of all mental health disorders. **CHANGE PPT SLIDE**

It's important to remember that in order for a person to receive a diagnosis of a mental health disorder a person needs to meet the following requirements:

Weeks or months of behaviors that fit a diagnosis, a professional determining that the symptoms are accurate and the symptoms leading a person not being able to function the way that they typically function. Let's keep all of this in mind as we discuss some common mental health disorders. **CHANGE PPT SLIDE**

As we discussed in lesson 1, you do not need to have a mental health disorder to work on your mental health. Mental health is not having a problem. Mental health is how you address any issue in your life and how you build effective coping skills. **CHANGE PPT SLIDE**

We are now going to take a quiz to see if you remember the 5 categories of mental health challenges, the mental health spectrum and if you can match the most common mental health disorders/developmental disabilities to their definitions. **CHANGE PPT SLIDE**

Wellness Quiz

Match the mental health disorder or developmental disability with the description:

1. Obsessive Compulsive Disorder
2. Post-Traumatic Stress Disorder
3. Generalized Anxiety Disorder
4. Clinical Depression
5. Bipolar Disorder
6. Anorexia
7. Bulimia
8. Binge-Eating Disorder
9. Schizophrenia
10. Autism
11. ADHD

- A. Hearing voices and seeing things that aren't real. Hallucination/delusions
- B. No energy, can't do things you typically do, possible thoughts of death or suicide
- C. After traumatic event, experiencing flashbacks, nightmares, triggers
- D. Having extreme obsessions & compulsions that a person feels compelled to complete
- E. Not able to read social cues, maintain eye contact, requires extra support
- F. Person has mood swings between mania and depression
- G. Always thinking you're overweight, starving oneself, avoiding food, intense fear of gaining weight
- H. Persistent state of anxiety, difficulty controlling how much you worry, restlessness
- I. Eat unusually large amounts of food followed by vomiting, excessive exercise or some way to get rid of food
- J. Inability to pay attention and extreme impulse/hyperactivity, unable to sit down or stop talking
- K. Uncontrollably eating unusually large amounts of food, eating fast, eating alone or in secret to avoid embarrassment

Name the 5 categories of mental health challenges:

- 1.
- 2.
- 3.
- 4.
- 5.

Name the 5 places on the mental health spectrum:

- 1.
- 2.
- 3.
- 4.
- 5.

ANSWER KEY

MENTAL HEALTH DISORDERS

1. Obsessive-Compulsive Disorder- D
2. Post-Traumatic Stress Disorder- C
3. Generalized Anxiety Disorder- H
4. Clinical Depression- B
5. Bipolar Disorder- F
6. Anorexia- G
7. Bulimia- I
8. Binge-Eating Disorder- K
9. Schizophrenia- A
10. Autism- E
11. ADHD- J

5 CATEGORIES OF MENTAL HEALTH CHALLENGES

1. Everyday Challenges
2. Environmental Factors
3. Significant Events
4. Mental Health Disorders
5. Developmental Disabilities

5 PLACES ON MENTAL HEALTH SPECTRUM

1. Able to Balance
2. Difficult to balance
3. Needs Assistance to Balance
4. Needs Constant Assistance to Balance
5. Unable to Balance

Lesson 6 & 7: Mental Health Advocacy

In the sixth lesson, students have an opportunity to do their own research about a person or organization that focuses on mental health advocacy. They get to choose a person who does something that they are interested in. They can choose sports, actors/actresses, on-line gamers, musicians, historical figures etc. or an organization that they like. They will create a presentation that addresses who the person /organization is, why they chose the person/organization and what they do to promote mental health

The seventh lesson is a full class period for students to present their reports.

TIME NEEDED:

45 minutes



OBJECTIVES:

- Research a person/organization promoting positive mental health.
- Create a presentation about this person/organization of interest.
- Present about person/organization to the class.

SETTING:

- Choose a classroom where students can feel comfortable.

GROUP SIZE:

- Students will be working individually for this lesson.

MATERIALS NEEDED:

- For each person: laptop and an application that allows them to create a presentation
- Projector and screen
- Mental Health Advocacy PowerPoint

What to Know About This Lesson

PURPOSE OF LESSON:

The purpose of the sixth lesson is to help students see how pervasive mental health advocacy has become. They will do a report on a person who does something that they are interested in and how that person is positively promoting mental health. This report helps normalize mental health in multiple ways. The report allows individual students to connect to someone who has a mental health issue in a positive manner. As each individual student presents this report to the class, the other students get to know about what the student likes to do and learn about different people who are promoting mental health from different perspectives. If a student doesn't want to research a person, they can research a mental health advocacy group like the Born This Way Foundation, Mental Health America, the National Alliance on Mental Illness etc.

You will give students a full class period to conduct their research and create their presentations. They can use PowerPoint, Google slides or any type of presentation that allows them to discuss the following aspects about the person they are researching:

- Who the person/organization is
- What the person/organization is known for and why that student likes them
- How the person/organization promotes positive mental health

Walk around the classroom as students are doing this research to help them choose people who are meeting the needs of the project.

The seventh lesson will be a full class period for students to present their research projects.

FACILITATOR TIPS:

To facilitate this lesson effectively it is helpful to:

1. Connect to students early about why mental health is important to you and why it should be important to them. If you have a personal story about why you care about mental health, then share it. Let students know they should take this seriously. The more that you can make yourself vulnerable and relatable the more effective you will be as a facilitator. Feel free to share about a person or organization that you admire for promoting positive mental health.
2. Make yourself vulnerable with a boundary. If you are going to share part of your personal story, make sure you share something that you are comfortable with and have processed. For example, if you share that you care about this issue, because you have been diagnosed with a mental health disorder and it affected part of your life, then the students see you presenting from a place of strength. If you share something that you are still processing and become emotional, then the students may think they need to take care of you. It's helpful if you can be real about why you care and reinforce what you learned from your experiences.
3. Keep the exercises concise. If you give students too much time they can devolve into so many other unnecessary conversations. Keep students focused.
4. Allow the exercises to be tools for students to identify how to work on mental health, but not become therapy. There's a difference between students identifying what they can work on and voicing all of their experiences or pain. Stress that you want this to start conversations, but that they can do the work outside of the lessons. This is a public health approach to mental health and not a therapeutic approach.

5. Focus on connecting students to their emotions and each other. Have fun when you can. Be positive. Make it a team building exercise that strengthens communication and connection.
6. It is important to let students know that lessons about mental health require everyone to be open, honest and non-judgmental. Students who share their stories need to feel safe and that the values of your school are being upheld. Reinforce that the main goal is to start conversations about mental health in a way that can bring everyone together.
7. If a student is sharing their story extensively and continues to provide more details about their life than the lesson is asking for, it is ok to let them know that you hear their story and also want to hear from other students. Remind all students that these lessons are a start to this topic and provide ways to open conversations that can be continued after the lessons are over.
8. The recommended time for each lesson is 20-25 minutes. This gives you enough time to do each exercise, however you might find that the group you are teaching wants to spend more time on certain exercises. It is ok to do this when you feel that the group is having a discussion that will help everyone address mental health in a meaningful manner.
9. Show the slide that sets the ground rules for the conversation at the beginning of the lesson and make sure everyone agrees the ground rules.

EXERCISE 1 (45 MINUTES):



INSTRUCTIONS:

- You will have a full class period to research a person or organization that you are interested in that is promoting positive mental health and create a presentation that you will give to the class about this person or organization. **CHANGE PPT SLIDE**
- For example if you like skateboarding, sports, art, music, drama, gaming, dancing, cooking, reality tv or any activity, you will find a person or organization that does something you like and present to the class on how that person or organization is promoting mental health. You can also choose historical figures who are no longer living and discuss how they promoted mental health. **CHANGE PPT SLIDE**
- **Your presentation needs to include**
 - Who the person or organization is
 - Why you like this person or organization
 - How this person or organization promotes mental health. **CHANGE PPT SLIDE**

SUMMARIZE:

- Thank you for your presentations. We did these to show you that there are a lot of people from many different facets of life who are promoting mental health.
- Sometimes it can help to have someone to look up to who has gone through something similar to you. Their words or example can provide hope for the changes that you can make in your own life and continue to motivate or inspire you to do more. **CHANGE PPT SLIDE**

Lesson 8: Sympathy, Empathy & Compassion

The eighth lesson focuses on the differences between sympathy, empathy and compassion. Recent studies from the University of Michigan have shown that empathy scores in college students have decreased 40% in the last decade. There have been a lot of educational programs started to help young people develop more empathy in their lives. This lesson provides clear definitions for the differences between sympathy, empathy and compassion. It also includes some intense personal story telling to help students practice empathy.

TIME NEEDED:

45 minutes



OBJECTIVES:

- Explain the differences between sympathy, empathy and compassion.
- Interact with another person's story in order to better experience what it is like to live in someone else's perspective.
- Implement skills for sympathy, empathy and compassion.

SETTING:

Choose a room that offers a lot of open space for students to feel comfortable.

You will play a PowerPoint presentation and videos during the lesson, so connect a laptop to a projector and screen.

GROUP SIZE:

This lesson will be facilitated as a full class.

MATERIALS NEEDED:

- Projector and screen
- Sympathy, Empathy and Compassion PowerPoint

What to Know About This Lesson

PURPOSE OF LESSON:

The purpose of the eighth lesson is to help students understand the difference between sympathy, empathy and compassion as well as how to use these skills in different situations in their lives.

The University of Michigan has found that empathy scores on a standardized scale have decreased by over 40% in the last ten years. One of the main factors in this decrease has been our evolution into the digital age of communication. On average people aren't deep reading to better understand someone's perspective or the full history of an issue. Our communication has become much faster and we're taking less time to appreciate larger concepts.

As our society pushes for more empathy, people have begun to somewhat shame sympathy and there is confusion on what the role of compassion is in being able to respond to a friend in need. This lesson gives clear definitions for all three of these terms. Sympathy is letting someone know you are aware of their distress and you feel for them. Sympathy is validating that someone has feelings. Empathy is showing you care about someone by entering into their experience and seeing a problem from their perspective. Empathy is sharing feelings. Compassion is when you have strong feelings for others or a cause, have a desire to help and take action. Compassion is taking action. To make this easier in most emotional situations your choices for a response are sympathy, empathy and/or compassion. Validate, feel and/or act.

For this lesson you have two options for the exercise you can do with the class. The first option is to set some strong ground rules for how students should treat each other in the lesson. You will want to stress that we're going to try an activity that requires respect, confidentiality and care for each other. The activity will be for one student to stand up and talk about a painful situation in their life for two minutes. You will keep a timer for exactly two minutes. Another student will be chosen as a listener. That student will listen to the other student's story and then stand up and repeat the story using first person language. For example, if the first person stands up and says, "One of the hardest days of my life was when my parents got divorced. I felt like it was my fault. Everything changed. I went from a normal life to missing my dad and not feeling connected..." The next student will stand up and say the same story using the words me and I in order to feel the story as if it were their own. They will have two minutes to tell the story in first person.

After, the person summarizes the story, you will ask the class a series of questions about how they felt and what emotions they heard. Then you will ask the person who told the story how it felt to tell their story. Lastly, you will ask the person who summarized the story how it felt to tell it in first person language instead of third person. This exercise can be extremely effective in a classroom environment. It can elicit a lot of emotions and connection. If you feel that you can do this exercise, then it can be a powerful way to communicate. It's also helpful if you model the first story and have someone tell your story as the first listener. It sets the tone and shows the class it is ok to do this.

If you don't think your students are ready for this type of activity, then you can do an activity that asks them to think about difficult scenarios that their friends have experienced. They can provide examples of how to express sympathy, how to express empathy and how to take action to show compassion. This exercise can be as effective in accomplishing the goals of the lesson, and is not as intensive as the first exercise option.

FACILITATOR TIPS:

To facilitate this lesson effectively it is helpful to:

1. Connect to students early about why mental health is important to you and why it should be important to them. If you have a personal story about why you care about mental health, then share it. Let students know they should take this seriously. The more that you can make yourself vulnerable and relatable the more effective you will be as a facilitator. You have the opportunity to share a difficult story from your life. Choose something relevant to their age.
2. Make yourself vulnerable with a boundary. If you are going to share part of your personal story, make sure you share something that you are comfortable with and have processed. For example, if you share that you care about this issue, because you have been diagnosed with a mental health disorder and it affected part of your life, then the students see you presenting from a place of strength. If you share something that you are still processing and become emotional, then the students may think they need to take care of you. It's helpful if you can be real about why you care and reinforce what you learned from your experiences.
3. Keep the exercises concise. If you give students too much time they can devolve into so many other unnecessary conversations. Keep students focused.
4. Allow the exercises to be tools for students to identify how to work on mental health, but not become therapy. There's a difference between students identifying what they can work on and voicing all of their experiences or pain. Stress that you want this to start conversations, but that they can do the work outside of the lessons. This is a public health approach to mental health and not a therapeutic approach.
5. Focus on connecting students to their emotions and each other. Have fun when you can. Be positive. Make it a team building exercise that strengthens communication and connection.
6. It is important to let students know that lessons about mental health require everyone to be open, honest and non-judgmental. Students who share their stories need to feel safe and that the values of your school are being upheld. Reinforce that the main goal is to start conversations about mental health in a way that can bring everyone together.
7. If a student is sharing their story extensively and continues to provide more details about their life than the lesson is asking for, it is ok to let them know that you hear their story and also want to hear from other students. Remind all students that these lessons are a start to this topic and provide ways to open conversations that can be continued after the lessons are over.
8. The recommended time for each lesson is 20-25 minutes. This gives you enough time to do each exercise, however you might find that the group you are teaching wants to spend more time on certain exercises. It is ok to do this when you feel that the group is having a discussion that will help everyone address mental health in a meaningful manner.
9. Show the slide that sets the ground rules for the conversation at the beginning of the lesson and make sure everyone agrees the ground rules.

INTRODUCTION



VIDEO:

Watch this video about the differences between sympathy and empathy from Brene Brown. <https://www.youtube.com/watch?v=1Ewgu369Jw>

SYMPATHY, EMPATHY AND COMPASSION:

- We're going to do a lesson about mental health. This is a serious topic that affects all of us and can be really sensitive for students. If at any time you are triggered by the content in this lesson you can choose to not participate in the activities or leave the room to talk to someone who can help you.
- Being honest, open and non-judgmental of each other during these exercises will help us learn more about mental health and each other. **CHANGE PPT SLIDE**
- What are some of your thoughts about this video? **CHANGE PPT SLIDE**
- How would any of you define the difference between sympathy and empathy? **CHANGE PPT SLIDE**
- This video makes sympathy look like the worst thing in the world, but it isn't. Sometimes sympathy is all you want to express to someone. This video is showing the major difference between sympathy and empathy. Sympathy is letting someone know you are aware of their distress and you feel for them. Sympathy is validating that someone has feelings. **CHANGE PPT SLIDE**
- Empathy is showing you care about someone by entering into their experience and seeing a problem from their perspective. Empathy is sharing feelings. **CHANGE PPT SLIDE**
- Compassion is when you have strong feelings for others or a cause, have a desire to help and take action. Compassion is taking action. **CHANGE PPT SLIDE**
- To make this easier in most emotional situations your choices for a response are sympathy, empathy and/or compassion. Validate, feel and/or act. **CHANGE PPT SLIDE**
- Some examples of sympathy are:
 - I'm sorry about your loss.
 - How awful. Poor you.
 - I feel so sad for you. **CHANGE PPT SLIDE**
- Some examples of empathy are:
 - I feel your grief.
 - I understand this has been a great loss for you.
 - I have been in your situation and know what that pain is like. **CHANGE PPT SLIDE**
- Some examples of compassion are:
 - Cooking your friend a meal to make sure they eat
 - Hugging someone
 - Volunteering **CHANGE PPT SLIDE EXERCISE 1 (20 MINUTES)**

FACILITATOR NOTES:

If you are going to do the activity where students share their own personal pain. Take some time to set the expectations in the room to make sure it is a safe environment. It's helpful if you share the first story. Choose something real from your past when you were in school that the students can understand. Remember, to choose something you have processed, so that you can be vulnerable with a boundary.

EXERCISE 1 (35 MINUTES)



INSTRUCTIONS:

- This next activity is going to require all of us to be respectful of each other. Those of us who are willing are going to share some stories about what has been painful in our lives. It's vital for us to keep these stories confidential in this classroom, to not use these stories against someone else outside of the classroom and to work hard to connect to each other. **CHANGE PPT SLIDE**
- During this activity we may have some nervous laughter, because we're uncomfortable or not sure how to react. It is ok to laugh with someone, but it is not ok to laugh at someone or their story. **CHANGE PPT SLIDE**
- The activity is for one student to share a story about a painful moment in their life for two minutes. This story could be about something that happened to them, their family, their friends or just something they went through that hurt them. Some common examples that people share are being left out, made fun of, bullied, going through a parents' divorce, a breakup, a death, a loss of a friend or a time they were embarrassed. All of these events are things that everyone has gone through at some age in their life. **CHANGE PPT SLIDE**
- The student is going to share what happened to them, how it made them feel and what they did for two minutes. **CHANGE PPT SLIDE**
- Another student is going to be chosen to be a listener. That student is going to listen to the student's story and pay attention to all of the details. When the first student is finished, the second student is going to stand up and tell the first student's story using first person language by saying words I and me. That student will tell the person's story as best as they can remember it. **CHANGE PPT SLIDE**
- We will do this with as many students who would like to share. **CHANGE PPT SLIDE**



SHARE: (ASK THESE QUESTIONS AFTER EACH PAIR OF STUDENTS TELLS THE STORY)

- What were some of the emotions you heard in this story?
- For the student who told their story, how did it feel to have someone else tell your story?
- For the listener, how did it feel to tell this student's story?
- What are some acts of compassion that someone could do to help a student in this situation? **CHANGE PPT SLIDE**

SUMMARIZE:

- This exercise is meant to help you better understand a person's experience and the emotions that occur when they go through a difficult event.
- Empathy scores for your generation have decreased over 40% in the last decade. It's the lowest the empathy scores have been in over 30 years. **CHANGE PPT SLIDE**
- It's important to be able to listen to someone's experience, try to understand their perspective and make a compassionate action if you want to support them.
- Empathy is a really helpful skill, and it cannot be where our understanding of another person ends. If it was then we'd all be sitting around feeling the same way and that may not lead to anyone taking action. **CHANGE PPT SLIDE**
- All of us are different in our approaches to every emotional situation. This lesson wasn't meant to make sympathy, empathy or compassion seem better than the other. It was meant to help you understand the differences and how each one can make someone else feel. **OPTIONAL EXERCISE 1 (20 MINUTES)**

FACILITATOR NOTES:

If you don't have students willing to do this exercise. You can have them do the other exercise.

OPTIONAL EXERCISE:



INSTRUCTIONS:

- This next activity will help us better identify the differences between sympathy, empathy and compassion. You will read a couple of people's stories and write down responses that could reflect sympathy, empathy or compassion. **CHANGE PPT SLIDE**
- Sydney is a junior. Her parents had been fighting since she was in middle school. Right before the holidays her mom calls her to tell her that they're getting a divorce. Sydney calls her boyfriend who decides now is the time to tell her he is breaking up with her. Sydney comes texts you to tell you about everything that is happening. **CHANGE PPT SLIDE**
- What can you say to show sympathy, what you say to show empathy, what can you do to show compassion?) **CHANGE PPT SLIDE**
- If you want to show her sympathy you could say:
 - I feel so bad for you.
 - It's really terrible to have this happen. **CHANGE PPT SLIDE**
- If you want to show her empathy you could say:
 - My parents got divorced and while I don't know what you're going through I do know how much this hurts.
 - This really hurts and I'm here for you as you go through this. **CHANGE PPT SLIDE**
- If you want to show her compassion you could:
 - Offer to take her out to do something she might enjoy.
 - Comfort her.
 - Offer to help her with something she needs. **CHANGE PPT SLIDE**
- Steven is a senior. His dad got cancer during the start of his senior year and unfortunately doctors were not able to treat it. In November of his senior year his dad passed away. Steven and his dad were best friends. He doesn't want to come to school anymore and doesn't care about his future. He can't stop crying and misses his dad a lot. Steven and you are friends. He texts you about how he feels. **CHANGE PPT SLIDE**
- What can you say to show sympathy, what you say to show empathy, what can you do to show compassion?) **CHANGE PPT SLIDE**
- If you want to show him sympathy you could say:
 - This really sucks.
 - I'm sorry that this happened to you.
 - I can't imagine what you're going through **CHANGE PPT SLIDE**
- If you want to show him empathy you could say:
 - This is such a devastating loss and I'm here for you if you need me.
 - I don't know what it's like to lose a parent. I have lost someone close to me, but never someone this close. **CHANGE PPT SLIDE**
- If you want to show him compassion you could:
 - Do something to get him out of his house.
 - Go over to his house and watch a movie or play games.
 - Ask him if he needs to go anywhere. **CHANGE PPT SLIDE**

- Jordan is a freshman. She started a new school and made friends with a group of other students. Two months into school one of the students got jealous that people liked her, so they decided to share her secrets with the group and tell other people that she was talking trash about them. The other students in the group of friends knew this person longer than Jordan, so they believed her. Jordan lost all of her friends and felt completely alone. You're friends with Jordan from her old school. She calls you to tell you what happened. **CHANGE PPT SLIDE**
- What can you say to show sympathy, what you say to show empathy, what can you do to show compassion?) **CHANGE PPT SLIDE**
- If you want to show her sympathy you could say:
 - That's a really messed up thing for that person to do.
 - At least you still have friends at your old school. **CHANGE PPT SLIDE**
- If you want to show her empathy you could say:
 - I've had friends break my trust and it's awful. I'm here for you.
 - When someone tells your secrets it's so violating. **CHANGE PPT SLIDE**
- If you want to show her compassion you could:
 - Write a card letting her know how much you appreciate her.
 - Spend time with her to make sure she's ok.
 - Give her a hug and comfort her. **CHANGE PPT SLIDE**

SUMMARIZE:

- This exercise is meant to help you better understand a person's experience and the emotions that occur when they go through a difficult event.
- Empathy scores for your generation have decreased over 40% in the last decade. It's the lowest the empathy scores have been in over 30 years. **CHANGE PPT SLIDE**
- It's important to be able to listen to someone's experience, try to understand their perspective and make a compassionate action if you want to support them.
- Empathy is a really helpful skill, and it cannot be where our understanding of another person ends. If it was then we'd all be sitting around feeling the same way and that may not lead to anyone taking action. **CHANGE PPT SLIDE**

Lesson 9: Changing Ineffective Coping

The ninth lesson explains the differences between effective and ineffective coping and allows students to further examine how they are addressing issues in their lives. Changing coping mechanisms can be a long process that requires awareness and effort. The process of changing coping requires one to build new pathways in the brain to break old behaviors/habits. Changing coping can help a person gain positive emotional growth.

TIME NEEDED:

45 minutes



OBJECTIVES:

- State a definition for coping.
- Differentiate between effective and ineffective coping.
- Describe the role that self-compassion plays in a person's ability to change a coping mechanism.

SETTING:

- Choose a room that offers a lot of open space for small groups to be able to spread out and not be distracted by others. Students will need to be able to either sit in small groups at their desks or move chairs around into small groups.
- You will play a PowerPoint presentation during the lesson, so connect a laptop to a projector and screen.

GROUP SIZE:

- Groups should be no larger than 5 to make sure connections and conversations remain personal.
- Before the lesson decide how you want to break your classroom into groups. You can have them count off or if you know your students well, you can decide who will work well together.



MATERIALS NEEDED:

- For each person: One copy of the Changing Ineffective Coping handout and a pen
- Projector and Screen
- Changing Ineffective Coping" PowerPoint
- Changing Ineffective Coping" Video

What to Know About This Lesson

PURPOSE OF LESSON:

The purpose of the ninth lesson is to help students explore their coping mechanisms. They will do three exercises to help them understand the separation of causes of stress, feelings they have and how they cope, they will learn to distinguish the difference between effective and ineffective coping and learn about self-compassion.

The first exercise offers students the opportunity to write down three causes of stress, three feelings from those causes and three coping mechanisms they use for those feelings or causes. The goal of this exercise is to help students begin to identify what impacts their lives and how they deal with it. You will find that some students are more familiar with one category over the others. Give them an opportunity to write down answers for each category.

The main reason you are having them separate causes, feelings and coping mechanisms, is because students are often coping with a feeling from stress, while confusing it for the cause. For example, a cause of stress for one student may be their family. They cope with that cause of stress by avoiding their family or fighting with them. However, they may not just be coping with the stress from their family. They may feel frustrated, angry, sad, overwhelmed, annoyed or any other emotion when they talk to their family. If they can become more aware of those emotions and how they can cope with the emotions, then they may be able to develop a deeper relationship with their family. There are many students who benefit from identifying how their emotions impact their coping mechanisms.

The second exercise has students look at their list of coping mechanisms and determine which of them are effective and which are ineffective. The definitions for effective and ineffective are in the lesson. The short definitions are that effective coping builds an individual, their mental health, their physical health and their relationships. Ineffective coping takes away from those elements. After students identify their ineffective coping skills they should write down how that coping skill could become more effective. For example, if someone's ineffective coping skill is eating jars of Nutella, that could be more effective if they put Nutella on fruit. Your role in facilitating this exercise is not to argue and judge coping skills, it's for students to become more familiar with developing this skill.

After discussing the differences between effective and ineffective coping they will learn the steps to change ineffective coping. It's important to focus on the neuroscience of habit formation when talking about how to change coping skills. The longer we use neural pathways the more automatic our behaviors become. If someone starts hiding their emotions in middle school, then it can be difficult to know how to talk openly when they get to high school or college. It can take months or years to develop new coping skills. There are many setbacks along the way. Having a supportive team of people that allows a person to fail and celebrates their small victories is critical to their success.

The third exercise is about self-compassion. Many people are familiar with the term self-esteem, which can often be a judgment or determined to be high or low. Self-compassion is how we treat ourselves. It's the internal voice we use inside our heads. We will talk to ourselves more than we will ever talk to another person. Our internal voice is often louder and more important than any external voice. The exercise the students do will have them write down a difficult event at the top of a page. On the left side they will write down what they said to themselves during the difficult event. On the right side they will write down what they would say to a friend in the same situation. Many students will realize that they treat themselves harsher than they treat a friend. It's important to have a conversation with the students about why this happens and how they can change it.

This lesson helps students begin to see the coping skills they use and what they need to do to change them. If a student has really low self-compassion then their chance of changing their coping mechanisms is extremely low. Becoming aware of the importance of using all of these skills can help a student learn how to cope more effectively.

FACILITATOR :

To facilitate this lesson effectively it is helpful to:

1. Connect to students early about why mental health is important to you and why it should be important to them. If you have a personal story about why you care about mental health, then share it. Let students know they should take this seriously. The more that you can make yourself vulnerable and relatable the more effective you will be as a facilitator. This lesson is about coping, so feel free to share an example of how you learned to cope more effectively.
2. Make yourself vulnerable with a boundary. If you are going to share part of your personal story, make sure you share something that you are comfortable with and have processed. For example, if you share that you care about this issue, because you have been diagnosed with a mental health disorder and it affected part of your life, then the students see you presenting from a place of strength. If you share something that you are still processing and become emotional, then the students may think they need to take care of you. It's helpful if you can be real about why you care and reinforce what you learned from your experiences.
3. Keep the exercises concise. If you give students too much time they can devolve into so many other unnecessary conversations. Keep students focused.
4. Allow the exercises to be tools for students to identify how to work on mental health, but not become therapy. There's a difference between students identifying what they can work on and voicing all of their experiences or pain. Stress that you want this to start conversations, but that they can do the work outside of the lessons. This is a public health approach to mental health and not a therapeutic approach.
5. Focus on connecting students to their emotions and each other. Have fun when you can. Be positive. Make it a team building exercise that strengthens communication and connection.
6. It is important to let students know that lessons about mental health require everyone to be open, honest and non-judgmental. Students who share their stories need to feel safe and that the values of your school are being upheld. Reinforce that the main goal is to start conversations about mental health in a way that can bring everyone together.
7. If a student is sharing their story extensively and continues to provide more details about their life than the lesson is asking for, it is ok to let them know that you hear their story and also want to hear from other students. Remind all students that these lessons are a start to this topic and provide ways to open conversations that can be continued after the lessons are over.
8. The recommended time for each lesson is 20-25 minutes. This gives you enough time to do each exercise, however you might find that the group you are teaching wants to spend more time on certain exercises. It is ok to do this when you feel that the group is having a discussion that will help everyone address mental health in a meaningful manner.
9. Show the slide that sets the ground rules for the conversation at the beginning of the lesson and make sure everyone agrees the ground rules.

FACILITATOR NOTES:

As students enter the room, give each student the Changing Ineffective Coping handout.



COPING VIDEO (2 MINUTES)

This video features an introduction about coping mechanisms and what you will learn in this lesson.

Play "Changing Ineffective Coping Video" for the larger group. **CHANGE PPT SLIDE**

EXERCISE 1 (18 MINUTES)

INTRODUCTION:

- We're going to do a lesson about mental health. This is a serious topic that affects all of us and can be really sensitive for students. If at any time you are triggered by the content in this lesson you can choose to not participate in the activities or leave the room to talk to someone who can help you.
- Being honest, open and non-judgmental of each other during these exercises will help us learn more about mental health and each other. **CHANGE PPT SLIDE**
- Coping is one of the most important elements of exploring mental health. The goal of this lesson is to help us determine what our coping mechanisms are and how to change ineffective ones.
- Think about it this way: A lot of us use exercise to strengthen our bodies. Learning about coping mechanisms is a way to strengthen our minds. **CHANGE PPT SLIDE**
- If you want to change your ineffective coping mechanisms you need to become aware of the behavior you are using, then practice effective behaviors.
- It takes a unique amount of time for different people to change coping mechanisms. Mental health disorders can also complicate this process.
- When trying to adapt or change a coping mechanism, stay patient and don't give up. **CHANGE PPT SLIDE**

FACILITATOR NOTES:

This part of the lesson is vital to helping students understand the purpose of the activities they will be doing. Stress the introductory points to help everyone understand the goals of the workshop.



INSTRUCTIONS:

Coping is the way we deal with stress from adversity, disadvantage and other problems in our lives. Some examples of coping mechanisms are drinking alcohol, self harm, flipping out or talking about your feelings with a friend. **CHANGE PPT SLIDE**

- For the next exercise, you are going to be working in pairs, so once I finish giving the instructions, choose a partner. If there is an uneven number it is okay to work in groups of three. **CHANGE PPT SLIDE**
- You and your partner(s) will have five minutes to write down 3 causes of stress, 3 feelings from those causes and 3 ways you cope with those causes/feelings.
- For example someone gets stressed out when she thinks about the future. It makes her feel nervous. She copes with that by talking about the future with her friends, sometimes she copes by drinking alcohol. **CHANGE PPT SLIDE**
- *Give them 5 minutes to write down the 3 causes, feelings and coping mechanisms. Then come back together as a large group to discuss.*



SHARE:

- I want to hear from several groups. First name some causes of stress. **CHANGE PPT SLIDE**
- Next, name some feelings. **CHANGE PPT SLIDE**
- Lastly, let's name some coping mechanisms. **CHANGE PPT SLIDE**
- *Have at least three groups share their answers for each category.*

SUMMARIZE:

It's important to separate the causes from the feelings, because sometimes you are coping with how a cause of stress makes you feel. For example school may be a huge cause of stress, but it could be the feeling of being overwhelmed or afraid that leads you to cope a certain way.

We need to be able to identify what a coping mechanism is in order for us to be able to change it.

We don't need to change all of our coping mechanisms. The next exercise will help us determine which ones we may want to work on making more effective. **CHANGE PPT SLIDE**

EXERCISE 2 (10 MINUTES)

Effective coping reduces stress, lessens the intensity of your triggers, allows you to face more challenges, helps you become more productive and allows you to be more engaged with the people in your life.

Ineffective coping reduces your ability to address stress, prevents you from developing your mental health, and can be harmful to your overall physical/mental health. **CHANGE PPT SLIDE**

FACILITATOR NOTES:

This exercise is meant for students to identify their own coping mechanisms as a guide for themselves. You do not need to engage with students to help them see that a coping mechanism they feel is effective may be ineffective. The goal is for them to begin to identify these differences on their own.



INSTRUCTIONS:

- This exercise is meant to help you identify a coping mechanism that you might want to change.
- You now have three minutes to separate your list into the categories of effective or ineffective coping.
- Discuss with your partner(s): Could any of the ineffective coping be made more effective? **CHANGE PPT SLIDE**
- For example if someone over eats as a way to cope she could learn to eat less or eat healthy foods.
- Give the partner(s) three (or so) minutes to separate their lists and discuss.



SHARE:

- I want to hear from several groups about how an ineffective coping mechanism could be more effective.
- How can you commit to making those changes?
- For example someone gets stressed out when she thinks about the future. It makes her feel nervous. She copes with that by talking about the future with her friends, sometimes she copes by drinking alcohol. **CHANGE PPT SLIDE**
- Give them 5 minutes to write down the 3 causes, feelings and coping mechanisms. Then come back together as a large group to discuss.

SUMMARIZE:

- The longer we use a coping mechanism the harder it can be to change it.
- Our brains create pathways for our actions. The longer we repeat actions the more automatic they become. There are a lot of actions we've been doing for so long, like tying a shoe or driving, we don't even think about them anymore. We just do them. **CHANGE PPT SLIDE**
- The steps to changing a coping mechanism are important:
 1. You have to want to change your coping mechanisms. No one can do it for you.
 2. You have to be able to identify when you're using an ineffective coping mechanism.
 3. You have to replace the ineffective coping mechanism with an effective one.
 4. You have to practice the effective coping mechanism until that skill becomes more natural.
 5. You have to create a supporting environment with sisters, friends and family that allows you to maintain the new coping mechanism.

EXERCISE 3 (15 MINUTES)

HOW WE TREAT OURSELVES (2 MINUTES)

As we discuss ineffective coping mechanisms, it's good to think about how we treat ourselves. All of us have an inner voice that can play a large role in our confidence, understanding and what we think of ourselves. **CHANGE PPT SLIDE**

- Self-compassion is the way a person treats oneself. While self-esteem can be a judgment that is high or low. Self-compassion is about the way you talk to yourself or how you manage emotions during difficult circumstances.
- All of us have an inner voice that can play a large role in our confidence, understanding and what we think of ourselves.
- We use that inner voice to talk to ourselves more than we talk to anyone else in our lives. **CHANGE PPT SLIDE**
- When that inner voice is positive it can motivate us and support us to be our best. When that inner voice is negative we can beat ourselves up and that can really harm our ability to work on our coping mechanisms.
- In this next exercise we will learn more about how our inner voice impacts how we treat ourselves. **CHANGE PPT SLIDE**

FACILITATOR NOTES:

This exercise can cause some students to realize how they talk to and treat themselves for the first time. It may lead to them having a lot of emotions. It's important to keep this exercise focused on the positives that can come from understanding self-compassion. If you feel your class needs to do this exercise anonymously with notecards please feel free to do so.



INSTRUCTIONS:

- Think about a time that you faced rejection or loss. It could be a breakup, parents' divorce, loss of a friend or death of a pet or someone close to you. It could also be a time when you were mistreated for the way you look or something else that isn't your fault. Write the experience you had on the top of the paper.
- Draw a line in the middle of the page. On the left side write down all of the things you said to yourself as you went through this situation.
- On the right side write down all of the things you would say to a friend who was going through the same situation. **CHANGE PPT SLIDE**



SHARE:

- Let's have a few people share some of their answers.
- Please remember to be respectful of others during this exercise. Some of us may be coming to a realization for the first time and that will lead to sensitivity. **CHANGE PPT SLIDE**
- Let's have a few people share why they think they might treat a friend differently than they treat themselves. **CHANGE PPT SLIDE**

SUMMARIZE:

- We did this exercise to help show you that the way you treat yourself is sometimes harsher than the way you treat a friend.
- This is extremely common and you shouldn't feel bad if you are doing this to yourself.
- The purpose of this exercise was to show you how you can improve the way you talk to yourself. Changing the way you talk to yourself will help you tremendously in being able to change ineffective coping mechanisms. **CHANGE PPT SLIDE**

WRAP-UP:

- The longer we use a coping mechanism the harder it can be to change it.
- Our brains create pathways for our behaviors. The longer we use them the more automatic they become.
- There are a lot of behaviors we've been doing for so long we don't even think about them anymore. We just do them. **CHANGE PPT SLIDE**
- Knowing how you cope and how your friends cope is a great way to be able to support each other.
- Some of your friends may have triggers or have had difficulties in their past that leads them to ineffective coping mechanisms. Try to be supportive to help them change. A healthy environment can truly make a difference in someone's life. **CHANGE PPT SLIDE**

CHANGING INEFFECTIVE COPING

Exercise 1

DIFFERENCES IN STRESS

List 3 Causes of Stress

List 3 Feelings From Those Causes

List 3 Coping Mechanisms

_____	_____	_____
_____	_____	_____
_____	_____	_____

Exercise 2

EFFECTIVE VS. INEFFECTIVE COPING

Look at your list of 3 coping mechanisms. Separate the list into two categories: effective or ineffective coping mechanisms.

Effective coping reduces stress, lessens the intensity of your triggers, allows you to face more challenges, helps you become more productive and allows you to be more engaged with the people in your life.

Ineffective coping reduces your ability to address stress, prevents you from developing your mental health, and can be harmful to your overall physical/mental health.

Exercise 3

SELF-COMPASSION

On the back of this page draw a line down the middle of the page. At the top of the page write down a difficult event you experienced like a bad grade, parents' divorce, death or some kind of rejection. On the left side write down all of the things you said to yourself when you went through this. On the right side write down all of the things you would say to a friend in the same situation.

Lesson 10: Changing Behavior

The tenth lesson helps students understand the steps they need to take in order to create a new coping mechanism. Pop psychology loves to say that it only takes 30 days to create a habit. This gives a false promise for behavior change. When creating a new coping mechanism, a person needs to account for biological predispositions, past behavior, the environment they live in and the amount of time they've been using an existing coping mechanism. It's rare for someone to change all of that in 30 days. Students will do one activity in this lesson to help make behavior change more relatable.

TIME NEEDED:

45 minutes



OBJECTIVES:

- List the steps it takes to learn to do an activity that they enjoy or an activity they do well.
- Explore the steps it takes for someone to learn a new behavior.

SETTING:

- Choose a classroom where students can feel comfortable.

GROUP SIZE:

- Students will be working individually for this lesson.

MATERIALS NEEDED:

- For each person: pen and paper
- Projector and screen
- Changing Behavior PowerPoint

What to Know About This Lesson

PURPOSE OF LESSON:

The purpose of the tenth lesson is to help students understand the steps it takes to create a new behavior in our lives and practice the new behavior until we can do it well. One of the most frustrating experiences for adolescents is when they attempt to use a new coping mechanism and it doesn't work right away. They will often try something new for a week or three weeks and when it doesn't work, they will give up. They don't understand that it takes a long time for the brain to develop new neural pathways.

In this lesson you will ask students to think about something that they do well. This could be playing a sport, playing an instrument, playing a video game, drawing, painting, writing, cooking, dancing or any activity that they do well. They will answer 5 questions about this activity that they do well. The five questions are:

1. Who helped you learn how to do the activity you do well?
2. What were some obstacles to learning the activity? How did you deal with those?
3. What steps did you need to take to learn the activity you do well?
4. How long was it between the first time you tried this activity until you could do it really well? How long did it take until you felt like you could do this activity without thinking about it?
5. What motivated you to keep trying to learn how to do this activity?

You will need to walk around the room and help students realize what they do well. After everyone answers these questions ask some students to share their answers with the full class. A lot of students will want to share what they do well and how they learned how to do it.

Next, you will ask students why do they think it was important to answer these five questions in a lesson about coping mechanisms? Try to get a couple of answers from the class. Then, remind them that the main reason it is important is because the same steps they took to get good at whatever they do well are necessary in order to create a new coping mechanism. It takes support from a person, overcoming obstacles, knowing the steps to use, a lot of time to practice the coping mechanism and motivation to keep trying.

Lastly, you are going to ask each student to choose the most important concept that helped them learn to do the activity they do well. The options are:

1. The person who helped them
2. Overcoming obstacles
3. The steps they took
4. The amount of time it took
5. Motivation

Have each student choose one answer for this question and keep track of how many people voted for each answer. At the end you should be able to say we had 3 votes for number 1, 4 votes for number 4 etc.

Remind students that all of the information that they are learning is only helpful if they start to apply it to their lives. It's easy to know what they should or shouldn't do in their lives, but a lot of people aren't applying those skills. Motivation for self-care is one of the most difficult things to develop. You can close the class by asking students to list what will help motivate them to change their behavior.

FACILITATOR TIPS:

To facilitate this lesson effectively it is helpful to:

1. Connect to students early about why mental health is important to you and why it should be important to them. If you have a personal story about why you care about mental health, then share it. Let students know they should take this seriously. The more that you can make yourself vulnerable and relatable the more effective you will be as a facilitator. Feel free to share about a coping mechanism that took you time to learn and the challenges you faced in learning it.
2. Make yourself vulnerable with a boundary. If you are going to share part of your personal story, make sure you share something that you are comfortable with and have processed. For example, if you share that you care about this issue, because you have been diagnosed with a mental health disorder and it affected part of your life, then the students see you presenting from a place of strength. If you share something that you are still processing and become emotional, then the students may think they need to take care of you. It's helpful if you can be real about why you care and reinforce what you learned from your experiences.
3. Keep the exercises concise. If you give students too much time they can devolve into so many other unnecessary conversations. Keep students focused.
4. Allow the exercises to be tools for students to identify how to work on mental health, but not become therapy. There's a difference between students identifying what they can work on and voicing all of their experiences or pain. Stress that you want this to start conversations, but that they can do the work outside of the lessons. This is a public health approach to mental health and not a therapeutic approach.
5. Focus on connecting students to their emotions and each other. Have fun when you can. Be positive. Make it a team building exercise that strengthens communication and connection.
6. It is important to let students know that lessons about mental health require everyone to be open, honest and non-judgmental. Students who share their stories need to feel safe and that the values of your school are being upheld. Reinforce that the main goal is to start conversations about mental health in a way that can bring everyone together.
7. If a student is sharing their story extensively and continues to provide more details about their life than the lesson is asking for, it is ok to let them know that you hear their story and also want to hear from other students. Remind all students that these lessons are a start to this topic and provide ways to open conversations that can be continued after the lessons are over.
8. The recommended time for each lesson is 20-25 minutes. This gives you enough time to do each exercise, however you might find that the group you are teaching wants to spend more time on certain exercises. It is ok to do this when you feel that the group is having a discussion that will help everyone address mental health in a meaningful manner.
9. Show the slide that sets the ground rules for the conversation at the beginning of the lesson and make sure everyone agrees the ground rules.

EXERCISE 1 (40 MINUTES):



INSTRUCTIONS:

- This next exercise helps us see how long it can take to learn a new behavior.
- Take a few moments to think about something you do well. That could be playing an instrument, playing video games, dancing, riding a skateboard or playing a sport, cooking, drawing, painting or anything you do well.
CHANGE PPT SLIDE
- Next you will answer these 5 questions about the activity that you do well:
 1. Who helped you learn how to do the activity you do well?
 2. What were some obstacles to learning the activity? How did you deal with those?
 3. What steps did you need to take to learn the activity you do well?
 4. How long was it between the first time you tried this activity until you could do it really well? How long did it take until you felt like you could do this activity without thinking about it?
 5. What motivated you to keep trying to learn how to do this activity? **CHANGE PPT SLIDE**



SHARE:

- Let's have some people share their answers for each question. **CHANGE PPT SLIDE**
- Let's have a couple of people answer what did you learn about how long it takes to do something well?
CHANGE PPT SLIDE
- Why did we have you answer these questions in a lesson when we are talking about coping mechanisms?
CHANGE PPT SLIDE
- You answered these questions to see that it can take a long time to learn how to do an activity well. There are a lot of steps involved in learning an activity. All of those steps are also necessary when you want to change a coping mechanism. **CHANGE PPT SLIDE**
- Oftentimes a person wants to change a coping mechanism. They get motivated and try the new coping mechanism for a week or two and then something happens. They use an old coping mechanism and give up on the new one. Do you know anyone who has done this? **CHANGE PPT SLIDE**
- Why do you think they gave up? **CHANGE PPT SLIDE**
- Let's look back at the 5 questions you answered and break them down into key concepts.
 1. The person who helped you
 2. Overcoming obstacles
 3. The steps you took
 4. The amount of time it took
 5. Motivation
- Each of you should choose the most important aspect from this list for how you learned to do your activity well. We will go around the class and have each of you share what the most important aspect was. **CHANGE PPT SLIDE**
- Motivation is a really critical element to being able to change behavior. No one can give you the motivation to change your behavior. What are some things that help motivate you to take care of yourself? **CHANGE PPT SLIDE**

SUMMARIZE:

- The goal of this exercise was to help us understand what it takes to learn a new behavior.
- As you were learning how to do a new behavior, your brain was creating new pathways and connections to help you do this. For most people, strengthening those pathways improves their ability to do something new.
- It can take months or years to create effective coping mechanisms. Practicing the new behavior and being patient is really important. **CHANGE PPT SLIDE**
- Being committed to your coping can better prepare those with a mental health disorder during times of crisis.
- Effective coping is one of the pillars of optimal mental health. Learning how to build more effective coping helps us in all areas of life.
- Sometimes to better understand our coping we need to seek help from a mental health professional. **CHANGE PPT SLIDE**

Lesson 11: How to Make Stress Your Friend

In the eleventh lesson, students watch a Ted talk called How to Make Stress Your Friend, have a conversation about the presentation and discuss the difference between good stress and bad stress. This lesson is a great introduction to the type of stress that can help motivate a person instead of the type of stress that debilitates a person. The Ted talk is a fascinating look at stress and the long-term impact it has on people. The conversation questions help students to process the presentation and consider how stress impacts their lives.

TIME NEEDED:

45 minutes



OBJECTIVES:

- Determine the difference between good stress and bad stress.
- Analyze the impact that bad stress has on a person's life.

SETTING:

- Choose a classroom where students can feel comfortable.

GROUP SIZE:

- You will be facilitating this lesson for your whole class.

MATERIALS NEEDED:

- Projector and screen
- How to Make Stress Your Friend Ted Talk
- How to Make Stress Your Friend PowerPoint

What to Know About This Lesson

PURPOSE OF LESSON:

The purpose of the eleventh lesson is to learn more about the different types of stress that impact a person and how bad stress can cause severe damage to a person. Dr. Kelly McGonigal's Ted Talk, "How to Make Stress Your Friend," discusses longitudinal studies for people who have the same level of stress and how the different ways they frame stress impacted their lives. People who frame stress as being good in their lives on average live past life expectancy and have normal rates of physical and mental health concerns. People who frame stress as being bad in their lives on average don't live past life expectancy and have higher rates of physical and mental health concerns.

This is really powerful information, because a lot of students as young as 6th grade start framing stress as only being bad in their lives. This will set them up for a really difficult adolescence and adulthood. The video helps students see the differences in the types of stress that they can experience and it provides information about what people can do to use stress as a motivating factor rather than have stress debilitate them.

The main goal of this lesson is to have a conversation about the Ted talk and use it as a launching point for the next two lessons. In the subsequent lessons students will get a chance to practice some skills to utilize good stress in their lives. After watching the video you can ask the students the following discussion questions:

- What did you think of this video?
- What parts of the video resonated with you the most?
- What parts of the video do you disagree with?
- How many of you think you are already framing stress as being bad in your life? How does that impact you?
- Can any of you think of any times when stress is a good motivating factor for you?
- A lot of people don't think high school students have a lot of stress or that schools should talk about stress, do you agree with them?
- What types of stress do you have that are different from generations that came before you?

If other topics come up as you ask these questions, feel free to dive deeper into what the students are interested in discussing.

If you have time you can briefly discuss the difference between good/acute stress and bad/chronic stress. If you don't have time, it is ok, because you will be covering these types of stress in the next two lessons.

Good/acute stress is often characterized by a burst of energy that advises a person on what to do, helps people meet challenges, motivates them to reach goals, produces the short-term fight or flight mechanism and can improve heart function and protect from infection. An example of good/acute stress is when an athlete prepares for a game, a student gets ready to meet their friends or a student plans their week of homework and tests. Bad/chronic stress is characterized by an inability to concentrate or complete tasks, getting sick more often, body aches, head-aches, irritability, trouble falling asleep or staying awake, changes in appetite and being more angry or anxious than usual.

FACILITATOR TIPS:

To facilitate this lesson effectively it is helpful to:

1. Connect to students early about why mental health is important to you and why it should be important to them. If you have a personal story about why you care about mental health, then share it. Let students know they should take this seriously. The more that you can make yourself vulnerable and relatable the more effective you will be as a facilitator. Feel free to share about your own stress and the different ways that you use good/acute stress or bad/chronic stress.
2. Make yourself vulnerable with a boundary. If you are going to share part of your personal story, make sure you share something that you are comfortable with and have processed. For example, if you share that you care about this issue, because you have been diagnosed with a mental health disorder and it affected part of your life, then the students see you presenting from a place of strength. If you share something that you are still processing and become emotional, then the students may think they need to take care of you. It's helpful if you can be real about why you care and reinforce what you learned from your experiences.
3. Keep the exercises concise. If you give students too much time they can devolve into so many other unnecessary conversations. Keep students focused.
4. Allow the exercises to be tools for students to identify how to work on mental health, but not become therapy. There's a difference between students identifying what they can work on and voicing all of their experiences or pain. Stress that you want this to start conversations, but that they can do the work outside of the lessons. This is a public health approach to mental health and not a therapeutic approach.
5. Focus on connecting students to their emotions and each other. Have fun when you can. Be positive. Make it a team building exercise that strengthens communication and connection.
6. It is important to let students know that lessons about mental health require everyone to be open, honest and non-judgmental. Students who share their stories need to feel safe and that the values of your school are being upheld. Reinforce that the main goal is to start conversations about mental health in a way that can bring everyone together.
7. If a student is sharing their story extensively and continues to provide more details about their life than the lesson is asking for, it is ok to let them know that you hear their story and also want to hear from other students. Remind all students that these lessons are a start to this topic and provide ways to open conversations that can be continued after the lessons are over.
8. The recommended time for each lesson is 20-25 minutes. This gives you enough time to do each exercise, however you might find that the group you are teaching wants to spend more time on certain exercises. It is ok to do this when you feel that the group is having a discussion that will help everyone address mental health in a meaningful manner.
9. Show the slide that sets the ground rules for the conversation at the beginning of the lesson and make sure everyone agrees the ground rules.

EXERCISE 1 (45 MINUTES):



INSTRUCTIONS:

- We're going to watch a Ted Talk from Dr. Kelly McGonigal titled, "How to Make Stress Your Friend." **CHANGE PPT SLIDE**



SHARE:

- What did you think of this video? **CHANGE PPT SLIDE**
- What parts of the video resonated with you the most? **CHANGE PPT SLIDE**
- What parts of the video do you disagree with? **CHANGE PPT SLIDE**
- How many of you think you are already framing stress as being bad in your life? How does that impact you? **CHANGE PPT SLIDE**
- Can any of you think of any times when stress is a good motivating factor for you? **CHANGE PPT SLIDE**
- A lot of people don't think high school students have a lot of stress or that schools should talk about stress, do you agree with them? **CHANGE PPT SLIDE**
- What types of stress do you have that are different from generations that came before you? **CHANGE PPT SLIDE**

SUMMARIZE:

- There is a big difference between acute/good stress and chronic/bad stress. Unfortunately, a lot of people are living in a state of chronic stress from middle school into college and into adulthood. **CHANGE PPT SLIDE**
- Acute stress is often characterized by a burst of energy that advises a person on what to do, helps people meet challenges, motivates them to reach goals, produces the short-term fight or flight mechanism and can improve heart function and protect from infection.
- An example of acute stress is when an athlete prepares for a game, a student gets ready to meet their friends or a student plans their week of homework and tests. **CHANGE PPT SLIDE**
- Chronic stress is characterized by an inability to concentrate or complete tasks, getting sick more often, body aches, head-aches, irritability, trouble falling asleep or staying awake, changes in appetite and being more angry or anxious than usual. **CHANGE PPT SLIDE**
- Chronic stress is fueled by cortisol staying in the body for a long time. When cortisol is present for an extended period of time it can make a person forgetful, increase anxiety, lower serotonin and dopamine, make people freeze up and halt production of new brain cells. **CHANGE PPT SLIDE**
- While it's great that Dr. McGonigal is promoting the idea that you can listen to her Ted Talk and begin to change your behavior you will need more practice than that. The next two lessons are going to help us practice skills that can help us utilize good stress.

Lesson 12: Acute Stress vs. Chronic Stress

This twelfth lesson discusses the difference between acute and chronic stress. When most people hear the word stress they immediately think of being overwhelmed or having a breakdown. However, there are two types of stress. Acute stress is a shorter burst of stress that can often motivate someone to do a task. Chronic stress can be persistent, overwhelming and cause many problems that affect a person's short term and long term physical/mental health. This lesson will provide more understanding on the different types of stress and give students activities to do to learn how to frame good stress..

TIME NEEDED:

45 minutes



OBJECTIVES:

- Explain the difference between acute stress and chronic stress.
- Identify skills to reframe stress.
- Practice the ability to take power in some stress and slow down irrational thoughts.

SETTING:

- Choose a room that offers a lot of open space for small groups to be able to spread out and not be distracted by others. Students will need to be able to either sit in small groups at their desks or move chairs around into small groups.
- You will play a PowerPoint presentation during the lesson, so connect a laptop to a projector and screen.

GROUP SIZE:

- Students will be doing these exercises on their own or with one partner.

MATERIALS NEEDED:

- For each person/pair: paper and pens
- Projector and screen
- Acute Stress vs. Chronic Stress PowerPoint

What to Know About This Lesson

PURPOSE OF LESSON:

The purpose of the twelfth lesson is to teach students the difference between acute stress and chronic stress as well as give them three skills to practice in order to lessen chronic stress.

The introduction of this lesson is to highlight the fact that most students today are having a competition to see who can be more stressed out. When one student tells another student that they have a test to study for and a paper to write, the next student tries to one up them with more papers, tests, extracurricular activities and maybe a job to finish it off. When students are having a competition to see who can be more stressed out, it is a competition that no one wins.

At the core of this competition to see who can be more stressed out is the difference between acute/good stress and chronic/bad stress. Acute stress is often characterized by a burst of energy that advises a person on what to do, helps people meet challenges, motivates them to reach goals, produces the short term fight or flight mechanism and can improve heart function and protect from infection. An example of acute stress is when an athlete prepares for a game, a student gets ready to meet their friends or a student plans their week of homework and tests. Chronic stress is characterized by an inability to concentrate or complete tasks, getting sick more often, body aches, head aches, irritability, trouble falling asleep or staying awake, changes in appetite and being more angry or anxious than usual.

Another difference between acute and chronic stress is how the body processes the types of stress. Chronic stress is fueled by cortisol staying in the body for a long time. When cortisol is present for an extended period of time it can make a person forgetful, increase anxiety, lower serotonin and dopamine, make people freeze up and halt production of new brain cells. Chronic stress keeps a person in their sympathetic nervous system where they are in a persistent state of fight or flight. This increases their heart rate, restricts bodily functions, constricts blood vessels and raises blood pressure. Acute stress activates the fight or flight mechanism for a short burst of productivity. Living in a constant state of fight or flight is unhealthy.

Neuroscientists have found a couple of actions that are helpful in activating different parts of the brain and the body to be able to combat chronic stress. The first step is gaining some control over the cause of stress. When a person feels like they have more power in what is happening to them it can be helpful in lessening chronic stress. The first exercise that students do in this lesson helps them take power in 5 situations. For example when a student feels like they have too much homework, extracurricular activities and feel overwhelmed. They can take power in this situation by developing a plan for their homework, lessening their extracurricular activities and practicing a coping mechanism to be less overwhelmed. As you guide students through how to take power it will be important to give them realistic examples.

A second way to lessen chronic stress is to reframe the types of stress that a student is experiencing. Often-times when students approach a stressful situation they frame their response from a place of not wanting to fail or mess up. They will say things to themselves like this test is so hard, my plan is to not fail. One way to reframe this would be to say, this test is going to be so hard, my goal is to do my best. Or they could say my goal is to study as much as I can. Students will have the opportunity to reframe 5 scenarios in this lesson.

A third way to lessen chronic stress is to slow down irrational thoughts. A lot of students tend to spiral when they think about their stress. One student can think that if they fail a test, then they won't get into college, which means they will never get a job and then their parents will kick them out, they will be homeless and they may not make it to age 25. At the heart of stress is often an unnamed fear, or two or five. In this lesson students will have an opportunity to write down some ways that they can slow down irrational thoughts.

The main thing to remember in this lesson is that chronic stress activates the fight or flight response and keeps the brain from activating the prefrontal cortex. These 3 activities can help students activate different areas of their brains and lessen the fear response. None of this happens instantly. Students who have been living in chronic stress for a long time will need to really work hard on practicing these skills in order to see some difference in their lives.

FACILITATOR TIPS:

To facilitate this lesson effectively it is helpful to:

1. Connect to students early about why mental health is important to you and why it should be important to them. If you have a personal story about why you care about mental health, then share it. Let students know they should take this seriously. The more that you can make yourself vulnerable and relatable the more effective you will be as a facilitator. This lesson is about stress, so feel free to share what causes you stress and successful ways that you manage it.
2. Make yourself vulnerable with a boundary. If you are going to share part of your personal story, make sure you share something that you are comfortable with and have processed. For example, if you share that you care about this issue, because you have been diagnosed with a mental health disorder and it affected part of your life, then the students see you presenting from a place of strength. If you share something that you are still processing and become emotional, then the students may think they need to take care of you. It's helpful if you can be real about why you care and reinforce what you learned from your experiences.
3. Keep the exercises concise. If you give students too much time they can devolve into so many other unnecessary conversations. Keep students focused.
4. Allow the exercises to be tools for students to identify how to work on mental health, but not become therapy. There's a difference between students identifying what they can work on and voicing all of their experiences or pain. Stress that you want this to start conversations, but that they can do the work outside of the lessons. This is a public health approach to mental health and not a therapeutic approach.
5. Focus on connecting students to their emotions and each other. Have fun when you can. Be positive. Make it a team building exercise that strengthens communication and connection.
6. It is important to let students know that lessons about mental health require everyone to be open, honest and non-judgmental. Students who share their stories need to feel safe and that the values of your school are being upheld. Reinforce that the main goal is to start conversations about mental health in a way that can bring everyone together.
7. If a student is sharing their story extensively and continues to provide more details about their life than the lesson is asking for, it is ok to let them know that you hear their story and also want to hear from other students. Remind all students that these lessons are a start to this topic and provide ways to open conversations that can be continued after the lessons are over.
8. The recommended time for each lesson is 20-25 minutes. This gives you enough time to do each exercise, however you might find that the group you are teaching wants to spend more time on certain exercises. It is ok to do this when you feel that the group is having a discussion that will help everyone address mental health in a meaningful manner.
9. Show the slide that sets the ground rules for the conversation at the beginning of the lesson and make sure everyone agrees the ground rules.

EXERCISE 1 (15 MINUTES)

ACUTE STRESS VS. CHRONIC STRESS:

- We're going to do a lesson about mental health. This is a serious topic that affects all of us and can be really sensitive for students. If at any time you are triggered by the content in this lesson you can choose to not participate in the activities or leave the room to talk to someone who can help you.
- Being honest, open and non-judgmental of each other during these exercises will help us learn more about mental health and each other. **CHANGE PPT SLIDE**
- Most students today are having a competition to see who can be more stressed out. When one student tells another student that they have a test to study for and a paper to write, the next student tries to one up them with more papers, tests, extracurricular activities and maybe a job to finish it off. When students are having a competition to see who can be more stressed out, it is a competition that no one wins.
- You don't win a car or ice cream. You win by being the most burned out person you know.
- It would be more useful to have a competition to see who can sleep more and get work done earlier, than it is to have a competition to see who can burn out. **CHANGE PPT SLIDE**
- There is a big difference between acute/good stress and chronic/bad stress. Unfortunately, a lot of people are living in a state of chronic stress from middle school into college and into adulthood. **CHANGE PPT SLIDE**
- Acute stress is often characterized by a burst of energy that advises a person on what to do, helps people meet challenges, motivates them to reach goals, produces the short-term fight or flight mechanism and can improve heart function and protect from infection.
- An example of acute stress is when an athlete prepares for a game, a student gets ready to meet their friends or a student plans their week of homework and tests. **CHANGE PPT SLIDE**
- Chronic stress is characterized by an inability to concentrate or complete tasks, getting sick more often, body aches, head-aches, irritability, trouble falling asleep or staying awake, changes in appetite and being more angry or anxious than usual. **CHANGE PPT SLIDE**
- Chronic stress is fueled by cortisol staying in the body for a long time. When cortisol is present for an extended period of time it can make a person forgetful, increase anxiety, lower serotonin and dopamine, make people freeze up and halt production of new brain cells. **CHANGE PPT SLIDE**
- Chronic stress keeps a person in their sympathetic nervous system where they are in a persistent state of fight or flight. This increases their heart rate, restricts bodily functions, constricts blood vessels and raises blood pressure.
- Acute stress activates the fight or flight mechanism for a short burst of productivity. Living in a constant state of fight or flight is unhealthy. **CHANGE PPT SLIDE**

FACILITATOR NOTES:

Walk around the room to make sure students are writing down realistic solutions to each scenario. It's helpful if you can share your own example of how you try to lessen chronic stress by taking power in a situation, reframing a stressor and lessening irrational thoughts.



INSTRUCTIONS:

- Neuroscientists have found a couple of actions that are helpful in activating different parts of the brain to be able to combat chronic stress.
- The first step is gaining some control over the cause of stress. When a person feels like they have more power in what is happening to them it can be helpful in lessening chronic stress.

- Look at the six situations on your handout and write down ways that you can have more power in these situations. **CHANGE PPT SLIDE**



SHARE:

- Let's have a few people share some of their answers.
- **Situation 1: You have too much homework, extracurricular activities and feel overwhelmed**
 - I will make a schedule for when my homework is due and plan when to get it done this week.
 - I will have to cut down on some extracurricular activities, because I am too busy to do all of them.
 - I will cut down on the time that I am studying and doing work while being on my phone and social media in order to focus. **CHANGE PPT SLIDE**
- **Situation 2: You can't sleep at night, because your mind is racing or you just can't fall asleep**
 - I will download an app that has meditations and focus on creating new habits before I go to bed
 - I will charge my phone outside of my room, so that I can't use it before I sleep.
 - I will meditate each night before I sleep.
 - I will stretch each night before I lay down to sleep.
 - I will ask for help to see how I can get more sleep. **CHANGE PPT SLIDE**
- **Situation 3: You are worried about what college you can get into and you don't think you have done enough to get into the college you really want to attend**
 - I will focus on taking the classes that I'm interested in and doing the best I can.
 - I will talk about my fears with other people to see what they have done to cope with these types of worry.
 - I will talk to a college counselor or someone at my school to see what options I have.
 - I will work hard to be ok with uncertainty and try to enjoy my time in high school while taking steps to help me after I graduate. **CHANGE PPT SLIDE**
- **Situation 4: It's hard for me to trust people with my emotions, so I usually don't open up to others and find that I'm not close to many people.**
 - I will find one person I can trust and open up to slowly in order to see how they manage what I am sharing.
 - I will make an effort to be more social and see if there are people who like to do the things that I like to do.
 - I will write about how I feel in a journal until I am comfortable enough to open up to someone. **CHANGE PPT SLIDE**
- **Situation 5: I'm always anxious in class.**
 - I will talk to my teacher about what can help me stay calm in class.
 - I will listen to some meditations, music or anything that helps me stay calm on my walk to class.
 - I will talk to a counselor about some options to help me lessen my anxiousness in class. **CHANGE PPT SLIDE**

EXERCISE 2 (15 MINUTES)



INSTRUCTIONS:

- A second way to lessen chronic stress is to reframe the types of stress that a student is experiencing. Often-times when students approach a stressful situation they frame their response from a place of not wanting to fail or mess up.
- Take a look at the following situations and how you can reframe how you change your response to the cause of stress. **CHANGE PPT SLIDE**



SHARE:

- Let's have a few people share some of their answers.
- **Situation 1: This test is going to be so hard, my plan is to not fail.**
 - This test is hard, my plan is to study as much as I can
 - This test is hard, my plan is to do my best
 - This test is hard, my plan is to form study groups, take notes and review the study guide **CHANGE PPT SLIDE**
- **Situation 2: I don't understand this class I'm in, my plan is to just get through it.**
 - I don't understand this class, I will make sure I talk to the teacher
 - I don't understand this class, I will ask my parents for help
 - I don't understand this class I'm in, I will form a study group with other students to see if they can help. **CHANGE PPT SLIDE**
- **Situations 3: I really like this person, but I'm sure they will never like me.**
 - I really like this person, I'll talk to them and see where it goes.
 - I really like this person, I'll ask them on a date
 - I really like this person, if they reject me it will hurt, but I will be ok
 - I really like this person, I'm going to make efforts for them to get to know me **CHANGE PPT SLIDE**
- **Situation 4: Everyone else seems to have a lot of friends and I have no friends.**
 - Everyone else seems to have a lot of friends, I'm thankful that I have a really close friend.
 - Everyone else seems to have a lot of friends, I will continue to work on having people I can trust.
 - Everyone else seems to have a lot of friends, I'm not going to compare myself to them. **CHANGE PPT SLIDE**
- **Situation 5: I have the most boring life compared to everyone I see on social media.**
 - I wish people would post real things on social media, it makes it seem like everyone is happy
 - I bet my life is more like other people's lives than what I see on social media.
 - I'd love to do some of the things that I see people doing on social media, but I'm not able to do that right now. **CHANGE PPT SLIDE**

EXERCISE 3 (5 MINUTES)



INSTRUCTIONS:

- A third way to lessen chronic stress is to slow down irrational thoughts. A lot of students tend to spiral when they think about their stress. Here's an example:
- If I fail a test, then I definitely won't get into college, which means I will never get a job and then my parents will kick me out of my house, I will be homeless and I may not make it to age 25.
- At the heart of stress is often an unnamed fear, or two or five. In this exercise you will have an opportunity to write down some ways that can slow down irrational thoughts. **CHANGE PPT SLIDE**
- Write down a cause of stress that gives you irrational fears. Then write down three ways that you can slow down those irrational fears.
- How can you use other parts of this lesson to stop irrational fears? **CHANGE PPT SLIDE**

SUMMARIZE:

- We did these exercises to help you learn ways to lessen chronic stress.
- If you have been living in chronic stress for a really long time, then it will take a lot of practice to be able to see some results from these exercises.
- It will be helpful for you to practice them slowly at first to have some small positive gains, before you can build a stronger habit of lessening chronic stress. **CHANGE PPT SLIDE**
- Having a person that you can check in with who also wants to change the way that they view stress can make a big difference.
- It requires a lot of work and focus to change this culture of competing to see who is more stressed out, but it is possible.
- Some of the most successful people in our history have used acute stress to thrive in all areas of their lives. **CHANGE PPT SLIDE**

Lesson 12 Handout

Look at the following five situations and write examples of how you can have more power in each situation.

1. You have too much homework, extracurricular activities and feel overwhelmed.

2. You can't sleep at night, because your mind is racing or you just can't fall asleep.

3. You are worried about what college you can get into and you don't think you have done enough to go to the college that you really want to attend.

4. It's hard for me to trust with my emotions, so I usually don't open up to others and find that I'm not close to many people.

5. I'm always anxious in class.

Re-Framing

Take a look at the following situations and how you can reframe how you change your response to stress:

1. This test is going to be so hard, my plan is to not fail.

2. I don't understand this class I'm in, my plan is to just get through it.

3. I really like this person, but I'm sure they will never like me.

4. Everyone else seems to have a lot of friends and I have no friends.

5. I have the most boring life compared to everyone I see on social media.

Intervening Irrational Thoughts

A third way to lessen chronic stress is to slow down irrational thoughts. A lot of students tend to spiral when they think about their stress. One student can think that if they fail a test, then they won't get into college, which means they will never get a job and then their parents will kick them out, they will be homeless, and they may not make it to age 25.

Write down a cause of stress that gives you irrational fears. Then write down three ways that you can slow down those irrational fears.

How can you use other parts of this lesson to stop irrational fears?

Lesson 13: Good Stress & Stopping Procrastination

The thirteenth lesson continues the education about good/acute stress by focusing on two case studies that people can examine to see how a person can utilize good stress as well as a new look at procrastination. This lesson can be a great way to review lesson 12 and add some additional information to help students work on utilizing good/acute stress in their lives. Practicing these new skills to change the way that students process stress can take a long time. It's helpful to have multiple lessons to reinforce the skills from lesson 12 and help them learn new skills in this lesson.

TIME NEEDED:

45 minutes



OBJECTIVES:

- Review the difference between acute/good stress and chronic/bad stress.
- Identify what skills a person can use to utilize acute/good stress in their daily life.
- Explain the role of emotional regulation in procrastination.

SETTING:

- Choose a room that offers a lot of open space for small groups to be able to spread out and not be distracted by others. Students will need to be able to either sit and gather on the floor or move chairs around into small groups.
- You will play a PowerPoint presentation and videos during the lesson, so connect a laptop to a projector and screen

GROUP SIZE:

- Students will be doing these lessons individually or in pairs.

MATERIALS NEEDED:

- For each student/pair: paper and pens
- Projector and screen
- Good Stress and Stopping Procrastination PowerPoint

What to Know About This Lesson

PURPOSE OF LESSON:

The purpose of the thirteenth lesson is to review the difference between acute/good stress and chronic/bad stress, look at case studies about how students can utilize acute/good stress and review a new approach to stopping procrastination.

It's important to review the differences between acute/good stress and chronic/bad stress to see what students remember and if they are practicing any of the skills from the last lesson. Consistent exposure to these terms helps students remember the definitions and allows them to be reminded to practice the new skills to stay out of chronic stress.

The first exercise in this lesson is to review case studies of students who experience acute/good stress and chronic/bad stress to better identify how the students in the case studies can use good stress in their lives. It's often easier for students to see what others can do and this activity can make it easier to talk about the steps to take, because the focus is not as personal. In each case study there is an example of what a person does to motivate them when they experience stress and what types of stress tend to debilitate them. It's helpful for students to see these real-life examples to relate to what someone is experiencing. The lesson will walk you through the points to reinforce for the students.

The second exercise uses research from Carleton University that has found that procrastination is about being more focused on the immediate urgency of managing negative moods than doing the task that is needed. According to their research procrastination has more to do with emotional regulation than it has to do with stress. This is an important distinction for students to have. When students feel that procrastination is coming from stress, then they are less likely to see a direct path to stopping the procrastination. If students can begin to identify the negative moods they are attaching to getting work completed, and they can effectively address those emotions, then they may be able to procrastinate less.

It's helpful to check in with students in future lessons to see if they're using the strategies from lessons 4 and 5 to lessen chronic stress and address procrastination.

FACILITATOR TIPS:

To facilitate this lesson effectively it is helpful to:

1. Connect to students early about why mental health is important to you and why it should be important to them. If you have a personal story about why you care about mental health, then share it. Let students know they should take this seriously. The more that you can make yourself vulnerable and relatable the more effective you will be as a facilitator. This lesson is about using good stress and ways to stop procrastination. Feel free to share examples from your own life.
2. Make yourself vulnerable with a boundary. If you are going to share part of your personal story, make sure you share something that you are comfortable with and have processed. For example, if you share that you care about this issue, because you have been diagnosed with a mental health disorder and it affected part of your life, then the students see you presenting from a place of strength. If you share something that you are still processing and become emotional, then the students may think they need to take care of you. It's helpful if you can be real about why you care and reinforce what you learned from your experiences.
3. Keep the exercises concise. If you give students too much time they can devolve into so many other

unnecessary conversations. Keep students focused.

4. Allow the exercises to be tools for students to identify how to work on mental health, but not become therapy. There's a difference between students identifying what they can work on and voicing all of their experiences or pain. Stress that you want this to start conversations, but that they can do the work outside of the lessons. This is a public health approach to mental health and not a therapeutic approach.
5. Focus on connecting students to their emotions and each other. Have fun when you can. Be positive. Make it a team building exercise that strengthens communication and connection.
6. It is important to let students know that lessons about mental health require everyone to be open, honest and non-judgmental. Students who share their stories need to feel safe and that the values of your school are being upheld. Reinforce that the main goal is to start conversations about mental health in a way that can bring everyone together.
7. If a student is sharing their story extensively and continues to provide more details about their life than the lesson is asking for, it is ok to let them know that you hear their story and also want to hear from other students. Remind all students that these lessons are a start to this topic and provide ways to open conversations that can be continued after the lessons are over.
8. The recommended time for each lesson is 20-25 minutes. This gives you enough time to do each exercise, however you might find that the group you are teaching wants to spend more time on certain exercises. It is ok to do this when you feel that the group is having a discussion that will help everyone address mental health in a meaningful manner.
9. Show the slide that sets the ground rules for the conversation at the beginning of the lesson and make sure everyone agrees the ground rules.

REVIEW (5 MINUTES)

ACUTE STRESS VS. CHRONIC STRESS:

- We're going to do a lesson about mental health. This is a serious topic that affects all of us and can be really sensitive for students. If at any time you are triggered by the content in this lesson you can choose to not participate in the activities or leave the room to talk to someone who can help you.
- Being honest, open and non-judgmental of each other during these exercises will help us learn more about mental health and each other. **CHANGE PPT SLIDE**
- In the last lesson we discussed the difference between acute and chronic stress. Can anyone tell me what you remember about these two types of stress? **CHANGE PPT SLIDE**
- There is a big difference between acute/good stress and chronic/bad stress. Unfortunately, a lot of people are living in a state of chronic stress from middle school into college and into adulthood. **CHANGE PPT SLIDE**
- Acute stress is often characterized by a burst of energy that advises a person on what to do, helps people meet challenges, motivates them to reach goals, produces the short term fight or flight mechanism and can improve heart function and protect from infection.
- An example of acute stress is when an athlete prepares for a game, a student gets ready to meet their friends or a student plans their week of homework and tests. **CHANGE PPT SLIDE**
- Chronic stress is characterized by an inability to concentrate or complete tasks, getting sick more often, body aches, head aches, irritability, trouble falling asleep or staying awake, changes in appetite and being more angry or anxious than usual. **CHANGE PPT SLIDE**
- Chronic stress is fueled by cortisol staying in the body for a long time. When cortisol is present for an extended period of time it can make a person forgetful, increase anxiety, lower serotonin and dopamine, make people freeze up and halt production of new brain cells. **CHANGE PPT SLIDE**
- Chronic stress keeps a person in their sympathetic nervous system where they are in a persistent state of fight or flight. This increases their heart rate, restricts bodily functions, constricts blood vessels and raises blood pressure.
- Acute stress activates the fight or flight mechanism for a short burst of productivity. Living in a constant state of fight or flight is unhealthy. **CHANGE PPT SLIDE**
- Can anyone share if you are using some of the strategies from lesson 12? The strategies are taking power in a situation, reframing a situation or lessening irrational thoughts.

FACILITATOR NOTES:

Walk around the room to make sure students are writing down realistic solutions to each scenario. It's helpful if you can share your own example of how you try to lessen chronic stress by taking power in a situation, reframing a stressor and lessening irrational thoughts.

EXERCISE 1 (20 MINUTES)



INSTRUCTIONS:

- Acute stress can motivate people to get things accomplished. People often use acute stress in situations that they enjoy like sports, preparing for performances, meeting friends or going on trips.
- Review two case studies about high school students and discuss how these students could use acute stress more effectively in their lives. **CHANGE PPT SLIDE**

- Jennifer is a sophomore in high school. For her whole life she has gotten used to not sleeping the night before she has to take a test or turn in a paper. She doesn't do this with other things in her life. She always makes sure to get good sleep the night before she's playing soccer, going on a trip or going out with her friends. When she is preparing for those things she is motivated to get some rest, because she wants to enjoy those events. Jennifer always had good grades in middle school and didn't study much. She would often procrastinate until the last day and didn't develop a lot of study habits. One thing that has been especially difficult for her is that she can't sleep the night before a test or when a paper is due. When she tries to go to sleep, her mind races about all of the things that could go wrong on the test and if she doesn't do well, she thinks about how that will impact her.

What are some ways that Jennifer can take what she has been doing to prepare with acute stress and use it for things that cause chronic stress? **CHANGE PPT SLIDE**

- Rashan is a gamer. When he's not in class he spends a lot of time researching how he can play games better. He watches other gamers on Youtube. He plays games 6-8 hours a day. He enters tournaments. He loves to go on-line and trash talk his friends when they are playing. He has gotten really good at specific games and gives advice to other people on what they can do. Rashan really loves the anticipation of games and the excitement he gets from competing. He uses those feelings as motivation to get better.

When Rashan is doing anything outside of gaming, he is not nearly as prepared or equipped. He regularly turns assignments in late. He doesn't get the grades he is capable of getting. Rashan often tells people that school is too stressful and he doesn't like all of the rules. His grades have slipped so low that Rashan is in danger of failing some of his classes.

What are some ways that Rashan can use the acute stress he has with gaming for the chronic stress he has with tests, papers and homework in high school? **CHANGE PPT SLIDE**



SHARE:

- What are some ways that Jennifer can use acute stress? **CHANGE PPT SLIDE**
- Jennifer can:
 - Use whatever habit she is using to get good sleep for acute stress to change her sleep before chronic stress.
 - She can prepare for her tests and papers the same way she prepares for other events, by thinking positively and focusing on the steps she needs to take to get ready.
 - She can create better habits around preparation for school.
 - She can ask for help, because she didn't develop the habits she needed before high school.
 - She can create a schedule that helps her procrastinate less. **CHANGE PPT SLIDE**
- What are some ways that Rashan can use acute stress? **CHANGE PPT SLIDE**
- Rashan can:
 - Take the same type of preparation he uses for his games and use it for his classes.
 - Be patient as he learns to improve his school work like he improved with gaming.
 - Spend more time on school and less time gaming.
 - Use some of the same competitive motivation he has with gaming to compete in his classes.
 - Try to figure out the strategy of completing work, the same way he has figured out the strategy of winnings games. **CHANGE PPT SLIDE**

EXERCISE 2 (20 MINUTES)



INSTRUCTIONS:

- Students think that procrastination is often a part of chronic stress. New research from Carleton University has found that procrastination has more to do with avoiding the negative emotions associated with doing work, than it has to do with stress. **CHANGE PPT SLIDE**
- For example when a person has to write a paper or study for a test or do homework they associate something unpleasant with those tasks. It could be that those tasks are boring, but it could also be deeper than that. Some people may have self-doubt, low self-compassion, no confidence, anxiety or insecurity.
- They might think to themselves. I'm not smart enough to do this. This is too hard. What if I do a terrible job? **CHANGE PPT SLIDE**
- When a person has negative emotions attached to a task, then they will often disassociate from the task they need to do and distract themselves by going out, hooking up, playing video games, cleaning or anything to avoid the task.
- When that happens it will deepen the negative emotions making the feelings worse when a person tries to return to accomplishing the task. When the person tries to complete the work they can feel a higher degree of anxiety, self-blame and low self-compassion. **CHANGE PPT SLIDE**
- The cycle gets even worse because a person is rewarded when they originally procrastinate. The more our brains get a reward the more they repeat the cycle. Over time this unhealthy reward system can lead to chronic stress.
- However, we want to be clear that procrastination itself doesn't start with chronic stress. It gets to that point after not addressing the negative emotions involved in procrastination. **CHANGE PPT SLIDE**
- The last dangerous part of procrastination is that when people do procrastinate their brains are telling them the future work is someone else's problem. The fight or flight mechanism is activated and just wants to resolve the situation by delaying the work for another day.
- Even when people know that putting off the task will create more stress in the future, our brains are still hard-wired to remove the threat in the present moment. **CHANGE PPT SLIDE**
- So what can we do? In the case of procrastination we need to find a bigger reward than avoidance.
- Researchers have found 5 steps can help people address their emotions with procrastination
 - Forgive yourself for procrastinating. One study found that students who forgive themselves for procrastinating on a first exam will procrastinate less on the next exam.
 - Improve self-compassion. As you learned in lesson 3, self-compassion is the way you treat yourself. If your internal voice is constantly negative, then procrastinating is going to grow. You need to improve your level of self-compassion. **CHANGE PPT SLIDE**
 - Be curious about your emotions. When you're procrastinating start to pay attention to where you feel emotions, where they come from, how they make you feel and focus on how they affect you.
 - Think about the next step. This doesn't mean come up with a plan that has a lot of small steps in order to finish your task. It means literally what is the next step you need to take. Make that decision and do the next step necessary to get motivated. **CHANGE PPT SLIDE**
 - Make larger obstacles for your temptations. Put your phone outside of the room. Don't log onto social media. Don't magically become someone who wants to clean. Stay away from Youtube and Netflix binges. The harder it is for you to be tempted, the easier it will be for you to do your work. **CHANGE PPT SLIDE**
- Write down one thing that you typically procrastinate and two strategies you can use to change procrastination.



SHARE:

- Let's have a few people share some of their answers.
- Was it difficult for you to identify what you procrastinate about?
- Do you think you would be willing to try to use these strategies?

SUMMARIZE:

- We did these exercises to help you better understand how to use acute stress and learn the deeper elements that are a part of procrastination.
- Much like the skills you learned in lesson 4, these will need to be practiced on a regular basis for you to be able to have success using them.
- The goal to using these skills is not to make a massive change in a short time-frame. The goal is to practice them slowly, until you build the neural pathways for them to be used more frequently. **CHANGE PPT SLIDE**
- The information for how to change our behavior is more available now, than at any other time in human history. However, the only way for us to change it to apply the skills that have been proven to help people.
- Only you can find the motivation to put these skills into action. **CHANGE PPT SLIDE**

Lesson 13 Handout

Jennifer is a sophomore in high school. For her whole life she has gotten used to not sleeping the night before she has to take a test or turn in a paper. She doesn't do this with other things in her life. She always makes sure to get good sleep the night before she's playing soccer, going on a trip or going out with her friends. When she is preparing for those things she is motivated to get some rest, because she wants to enjoy those events.

Jennifer always had good grades in middle school and didn't study much. She would often procrastinate until the last day and didn't develop a lot of study habits. One thing that has been especially difficult for her is that she can't sleep the night before a test or when a paper is due. When she tries to go to sleep, her mind races about all of the things that could go wrong on the test and if she doesn't do well, she thinks about how that will impact her.

What are some ways that Jennifer can take what she has been doing to prepare with acute stress and use it for things that cause chronic stress?

Rashan is a gamer. When he's not in class he spends a lot of time researching how he can play games better. He watches other gamers on Youtube. He plays games 6-8 hours a day. He enters tournaments. He loves to go on-line and trash talk his friends when they are playing. He has gotten really good at specific games and gives advice to other people on what they can do. Rashan really loves the anticipation of games and the excitement he gets from competing. He uses those feelings as motivation to get better.

When Rashan is doing anything outside of gaming, he is not nearly as prepared or equipped. He regularly turns assignments in late. He doesn't get the grades he is capable of getting. Rashan often tells people that school is too stressful and he doesn't like all of the rules. His grades have slipped so low that Rashan is in danger of failing some classes in high school.

What are some ways that Rashan can use the acute stress he has with gaming for the chronic stress he has with tests, papers and homework in high school?

Stop Procrastinating

Write down one thing that you typically procrastinate and two strategies you can use to change procrastination.

The strategies are:

1. Forgive yourself
2. Improve self-compassion (how you treat yourself)
3. Be curious about your emotions
4. Think about next steps
5. Make larger obstacles for your temptations

Lesson 14: Risk Taking and Substance Use

In the fourteenth lesson, students learn about how the adolescent brain is hard wired for risk taking and the importance of channeling risk-taking into healthier decisions. Teenagers brains are being pumped with high levels of dopamine, which causes them to feel a reward for various coping mechanisms. When they channel risk into safe activities like rock climbing, listening to loud music or other activities that don't lead to addiction then they can get the same reward as when they make less healthier decisions. Helping students understand these basic facts of brain development can help them make better decisions.

TIME NEEDED:

45 minutes



OBJECTIVES:

- Explain the role that risk-taking plays in a person's potential use of substances.
- Analyze their own individual level of risk-taking.

SETTING:

- Choose a room that offers a lot of open space for small groups to be able to spread out and not be distracted by others. Students will need to be able to either sit and gather on the floor or move chairs around into small groups.
- You will play a PowerPoint presentation and videos during the lesson, so connect a laptop to a projector and screen

GROUP SIZE:

- You will be facilitating this lesson for your whole class and they will be working individually.

MATERIALS NEEDED:

- Projector and screen
- Risk Taking and Substance Abuse PPT

What to Know About This Lesson

PURPOSE OF LESSON:

The purpose of the fourteenth lesson is to help students understand the role of risk-taking in their lives. In Iceland in the 1990's over 40% of 15 and 16 year-olds were using alcohol and drugs. Researchers noticed that there weren't a lot of options for teens to find rewards in most of the country. They focused on building community centers, games, skate parks, dance classes and art centers. By 2016, Iceland had lowered the percentage of teens drinking alcohol from 42 percent to 5 percent, smoking weed from 17 percent to 7 percent and smoking cigarettes from 23 percent to 3 percent. The researchers found that teenagers are naturally prone to engaging in risk taking behavior and when the risks are channeled into healthy outlets, they can still get the reward, but not risk the addiction.

This was also found in an indirect way in Compton, California. Young people who didn't want to join gangs or abuse substances started meeting in parks at night to have dance battles. The aggressive form of dancing was a way for them to channel their need for a reward into a safe activity and became a haven for students who were surrounded by high risks to find comfort. The dancers were able to release and cope with extremely difficult emotions through dancing.

This lesson starts with students taking a risk-assessment. The scores can range from as low as 18 to as high as 72. This assessment helps a student determine if they may be more prone to taking risks. However, it doesn't mean that students who are less prone to taking risks are safer than others. The researchers in Iceland found that there are adolescents who like to numb or shutdown with substances and there are adolescents who like to confront risk. For adolescents who like to numb or shut down it's helpful for them to find introverted activities. For adolescents who like to confront risk it's helpful to do things like rock-climbing, skateboarding, martial arts or other sports that have a high risk release.

After the risk assessment students will watch a video about the factors that can help someone not become addicted. The video highlights research that shows when rats are left in a cage alone and given the choice between water laced with a drug and water not laced with a drug, they drink the water with a drug until they die. When they are placed in a cage with other rats, things to play with and room to move and given the same options, then the rats rarely drink the water with the drug and none of them die. The video reinforces the need for community and making healthier decisions.

After the video you will explain the different types of risk-taking that people can use to find a healthy release in their lives and discuss the study from Iceland mentioned above. You will talk about biological factors for addiction in a family and how critical the age of first use is for students. If a student has people in their family who are addicts and they use alcohol or drugs before the age of 16 it increases their chances of becoming addicted.

You will also talk about their brains having large amount of dopamine released and how dopamine can lead to either a release of positive rewards or negative reinforcement. For example someone who is angry could listen to angry music and feel a release of that anger. Someone understands them and it feels good to get it out. Someone else could listen to angry music for hours, and have the music reinforce their anger leading them to fighting people.

You'll close this lesson with an activity where students think about the risks they take and what may be leading them to take those risks. They will write down their risk score and how it ties into them playing a sport, the type of music they listen to, playing video games, or any other activity that they do. Giving students this type of awareness can help them make better decisions.

FACILITATOR TIPS:

To facilitate this lesson effectively it is helpful to:

1. Connect to students early about why mental health is important to you and why it should be important to them. If you have a personal story about why you care about mental health, then share it. Let students know they should take this seriously. The more that you can make yourself vulnerable and relatable the more effective you will be as a facilitator. For this lesson it would be helpful if you can share a story about risks you saw people take when you were in high school. It doesn't have to be a risk you took.
2. Make yourself vulnerable with a boundary. If you are going to share part of your personal story, make sure you share something that you are comfortable with and have processed. For example, if you share that you care about this issue, because you have been diagnosed with a mental health disorder and it affected part of your life, then the students see you presenting from a place of strength. If you share something that you are still processing and become emotional, then the students may think they need to take care of you. It's helpful if you can be real about why you care and reinforce what you learned from your experiences.
3. Keep the exercises concise. If you give students too much time they can devolve into so many other unnecessary conversations. Keep students focused.
4. Allow the exercises to be tools for students to identify how to work on mental health, but not become therapy. There's a difference between students identifying what they can work on and voicing all of their experiences or pain. Stress that you want this to start conversations, but that they can do the work outside of the lessons. This is a public health approach to mental health and not a therapeutic approach.
5. Focus on connecting students to their emotions and each other. Have fun when you can. Be positive. Make it a team building exercise that strengthens communication and connection.
6. It is important to let students know that lessons about mental health require everyone to be open, honest and non-judgmental. Students who share their stories need to feel safe and that the values of your school are being upheld. Reinforce that the main goal is to start conversations about mental health in a way that can bring everyone together.
7. If a student is sharing their story extensively and continues to provide more details about their life than the lesson is asking for, it is ok to let them know that you hear their story and also want to hear from other students. Remind all students that these lessons are a start to this topic and provide ways to open conversations that can be continued after the lessons are over.
8. The recommended time for each lesson is 20-25 minutes. This gives you enough time to do each exercise, however you might find that the group you are teaching wants to spend more time on certain exercises. It is ok to do this when you feel that the group is having a discussion that will help everyone address mental health in a meaningful manner.
9. Show the slide that sets the ground rules for the conversation at the beginning of the lesson and make sure everyone agrees the ground rules.

INTRODUCTION:

RISK ASSESSMENT:

- We're going to do a lesson about mental health. This is a serious topic that affects all of us and can be really sensitive for students. If at any time you are triggered by the content in this lesson you can choose to not participate in the activities or leave the room to talk to someone who can help you.
- Being honest, open and non-judgmental of each other during these exercises will help us learn more about mental health and each other. **CHANGE PPT SLIDE**
- In this lesson we are going to cover risk-assessment, watch a video about addiction, the role that brain development and family history play in people using substances, discuss how teenagers can take healthier risks and do an activity for you to think about the risks you take. **CHANGE PPT SLIDE**
- I'm going to give you a survey that has been designed to assess how high of a risk taker you may be. Please answer all of the questions as honestly as you can. **CHANGE PPT SLIDE**
- Let's look at your scores and see what they mean:
 - 45+ higher level of risk taking
 - 30-45 moderate level of risk taking
 - -30 lower level of risk taking **CHANGE PPT SLIDE**

Please keep your score in mind as we go through this lesson. We will be using it again during the lesson. **CHANGE PPT SLIDE**



VIDEO:

- We're going to watch a video about addiction. <https://www.youtube.com/watch?v=C8AHODc6phg>
- **CHANGE PPT SLIDE**
- Video recap
 - What was the most surprising piece of information in this video? **CHANGE PPT SLIDE**

CHANNELING HEALTHY RISKS:

- In the 1990's, teenagers in Iceland had one of the highest rates of substance abuse in the entire world. Over 40% of teenagers were drinking alcohol, smoking weed and smoking cigarettes. **CHANGE PPT SLIDE**
- To combat this problem Iceland started to build community centers where students could do different activities like dancing, skateboarding, rock climbing, music, art and playing sports. By 2016, teenagers in Iceland had some of the lowest rates of substance abuse in the world. **CHANGE PPT SLIDE**
- The percentage of teens drinking alcohol lowered from 42 percent to 5 percent, smoking weed lowered from 17 percent to 7 percent and smoking cigarettes lowered from 23 percent to 3 percent. **CHANGE PPT SLIDE**
- A similar effect was seen in the United States in Compton, CA in the 1990's and early 2000's. Teenagers who wanted to avoid joining gangs and abusing substances started meeting in parks at night to have dance battles and find a sense of community. This led to the popular dancing of clowning and krumping. **CHANGE PPT SLIDE**
- So what is happening for teenagers who are able to avoid self-destructive behavior?
- Research has found that teenagers channel risk taking into opportunities that they have available to them. Teenagers who don't like risks are more prone to numbing themselves or shutting down. Teenagers who are more prone to embracing risks can engage in binge-drinking and harder drugs. **CHANGE PPT SLIDE**
- It's important for teenagers to have better options. Teens who like to avoid risks may find a better release in reading, dancing, art or activities that recognize their personality.

- Teens who like risk may find a better release in rock-climbing, martial arts, skateboarding or other high intensity activities, [CHANGE PPT SLIDE](#)

FAMILY HISTORY:

- Two major factors in abusing substances are family history and brain development. [CHANGE PPT SLIDE](#)
- If a teenager comes from a family that has a history of addiction, then that teenager is more prone to becoming an addict. Genetics accounts for 50-75% of addiction. [CHANGE PPT SLIDE](#)
- Age of first use of a substance is also an important element:
 - Children under age 15 that begin substance use are at about a 40% greater risk of developing addiction
 - Use between 15-18 reduces the risk of addiction to about 25%
 - Use between 18-21 reduces the risk of addiction to about 10%
 - Use after age 23 reducing the risk of addiction to about 2% [CHANGE PPT SLIDE](#)
- If you come from a family that has addiction and your age of use is under age 15-18 you are at a very high risk of developing addiction. [CHANGE PPT SLIDE](#)

BRAIN DEVELOPMENT:

- As we mentioned in the very first lesson of this program the teenage brain has a high level of dopamine.
- Dopamine is a neurotransmitter that lights up the brain's reward centers. When people eat sugar, fats, salts they release dopamine. When people play video games, drink alcohol, gamble, shop or use drugs they release dopamine.
- Dopamine is also released when people dance, exercise, play sports, play games or hang out with people they like. [CHANGE PPT SLIDE](#)
- It's really important to know when you are having positive experiences affected by dopamine release and when you have experiences that are negative from a dopamine reinforcement.
- For example, someone may be really angry and listen to angry music. That person could get a quick RELEASE from the music, because they feel a relieved that someone understands their anger. Or that person could listen to angry music for hours and get a REINFORCEMENT from the music that makes their anger more severe and leads them to fight people or hurt someone.
- Another common example is playing video games. Someone could play a video game for 30 minutes to an hour and feel the release from dopamine. Someone else could play video games for 8 hours and get a reinforcement from dopamine that cuts them off from people and social interaction. [CHANGE PPT SLIDE](#)



SHARE:

- Can anyone name some examples of dopamine release in their lives?
- How does it feel to have that reward? [CHANGE PPT SLIDE](#)
- Can anyone name some examples of when they see people using a dopamine reinforcement in their lives?
- What are the dangers for that person? [CHANGE PPT SLIDE](#)

SUMMARIZE:

- We did this lesson to help you better understand what impacts a person's potential for addiction and the role risk-taking plays in your teenage life.
- If you are a high-risk person it will be helpful for you to find activities that allow you to release dopamine in a way that doesn't harm you.

- If you are a low-risk person who is prone to numbing yourself it will be helpful for you to find activities that help you express yourself in meaningful ways. **CHANGE PPT SLIDE**
- If you are a person who comes from a family with addiction it is going to be really important for you to try and delay the time you first use a substance to much later in life. **CHANGE PPT SLIDE**
- It's helpful to be aware of when dopamine is helping us release our emotions in productive ways and when it is reinforcing harmful emotions in our lives.

Risk Assessment Survey

1) Do you often get into a jam because you do things without thinking?

Strongly Disagree (1) Disagree (2) Agree (3) Strongly Agree (4)

2) Do you usually think carefully before doing anything?

Strongly Disagree (4) Disagree (3) Agree (2) Strongly Agree (1)

3) Do you mostly speak before thinking things out?

Strongly Disagree (1) Disagree (2) Agree (3) Strongly Agree (4)

4) Do you enjoy taking risks?

Strongly Disagree (1) Disagree (2) Agree (3) Strongly Agree (4)

5) Would you enjoy skydiving?

Strongly Disagree (1) Disagree (2) Agree (3) Strongly Agree (4)

6) Do you welcome new and exciting experiences and sensations, even if they are a little frightening and unconventional?

Strongly Disagree (1) Disagree (2) Agree (3) Strongly Agree (4)

7) I often try new things just for fun or thrills, even if most people think it is a waste of time

Strongly Disagree (1) Disagree (2) Agree (3) Strongly Agree (4)

8) I often spend money carelessly

Strongly Disagree (1) Disagree (2) Agree (3) Strongly Agree (4)

9) I like to think about things for a long time before I make a decision

Strongly Disagree (4) Disagree (3) Agree (2) Strongly Agree (1)

10) I usually think about all the facts in detail before I make a decision

Strongly Disagree (4) Disagree (3) Agree (2) Strongly Agree (1)

11) I enjoy saving money more than spending it

Strongly Disagree (4) Disagree (3) Agree (2) Strongly Agree (1)

12) I often follow my instincts, hunches, or intuition without thinking through all the details

Strongly Disagree (1) Disagree (2) Agree (3) Strongly Agree (4)

13) I often do things on impulse

Strongly Disagree (1)

Disagree (2)

Agree (3)

Strongly Agree (4)

14) I enjoy getting into new situations where you can't predict how things will turn out

Strongly Disagree (1)

Disagree (2)

Agree (3)

Strongly Agree (4)

15) I sometimes like to do things that are a little frightening

Strongly Disagree (1)

Disagree (2)

Agree (3)

Strongly Agree (4)

16) I sometimes do "crazy" things just for fun

Strongly Disagree (1)

Disagree (2)

Agree (3)

Strongly Agree (4)

17) I prefer friends who are excitingly unpredictable

Strongly Disagree (1)

Disagree (2)

Agree (3)

Strongly Agree (4)

18) I like to feel wild and uninhibited

Strongly Disagree (1)

Disagree (2)

Agree (3)

Strongly Agree (4)

Lesson 15: Upstander Intervention

In the fifteenth lesson, students learn how to respond in an extremely common situation, which is when someone passes out at a party. Students will be placed in small groups to discuss this experience and learn the steps to take to be an upstander who makes the right decision. Students also watch a video of what happened when college students didn't handle the situation responsibly. Upstander intervention is a critical part of helping others with their mental health.

TIME NEEDED:

45 minutes



OBJECTIVES:

- Name the steps to take to help someone who has passed out from drinking alcohol.
- Understand the influence that other teenagers can have in decision-making during a difficult scenario.

SETTING:

- Choose a classroom where students can feel comfortable.

GROUP SIZE:

- Students will be in groups of 4-5 for the beginning activity. The rest of the class can be facilitated for the whole class



MATERIALS NEEDED:

- Projector and screen
- Upstander Intervention PPT
- "Recap of Evidence" Handout

What to Know About This Lesson

PURPOSE OF LESSON:

The purpose of the fifteenth lesson is to place students in a real-life scenario to teach them how to respond and to discuss what happens when students don't respond in a scenario where a student passes out from drinking alcohol. This is a scenario that students who aren't engaging in alcohol use encounter on a regular basis. When this situation is handled incorrectly it often ends in tragedy. When this situation is handled responsibly, it can save a person's life. This lesson in no way condones or encourages drug or alcohol use. It addresses the situation that is happening for many students in the country.

You will break students into groups of 4-5. Next, you will choose one student in each group to be passed out. The other students will have to discuss what to do. In this scenario they have all been drinking and they don't know how much the other person drank. Give them about five minutes to discuss what they will do.

It's common to have a few students mocking this or making nervous jokes, but a lot of students take it seriously. Walk around the room to make sure students are having productive conversations. After they have had time to discuss the scenario you can bring the class back together and ask the groups some questions

- What did you decide to do?
- Why did you decide to do that?
- Does anyone know what to check for when someone passes out?
- Why do you think students make bad decisions when this happens?

You will find that a lot of students decide to call older siblings, their parents and some decide to call 911. Remind them that if the paramedics are called in a life-saving situation students are rarely punished for underage drinking. The goal is to save someone's life.

Next, you will show an interview with a former student from Penn State University who was in a fraternity house when one of his friends passed out from binge-drinking. After many hours of horrible decision making the students decided to call 911, but it was too late for the student who passed out as he later died that day. Students are appalled by this video, but it gives them a realistic scenario to critique. After you show the video you will read the full details of what happened to the student and the many terrible decisions that were made by the other students. After you show the video you will read the full details of what happened to this student.

You will close this lesson by going over what students should do if they are ever in a situation where someone passes out. You will also discuss the fact that the leading cause of death for teenagers is driving with 2 or more teenagers in the car. You will show them a screen with options and ask them to choose what the leading cause of death is. The options are drunk driving, substance abuse, suicide or driving with other teens in the car. It's important to tie in lesson fourteen and risk-taking as you finish this lesson. Students need to be more vigilant when there are multiple students in one car.

Behind Happy Faces is not a drug and alcohol curriculum. We try to be creative in addressing the mental health components of the real life scenarios that students face.

FACILITATOR TIPS:

To facilitate this lesson effectively it is helpful to:

1. Connect to students early about why mental health is important to you and why it should be important to them. If you have a personal story about why you care about mental health, then share it. Let students know they should take this seriously. The more that you can make yourself vulnerable and relatable the more effective you will be as a facilitator. For this lesson it would be helpful if you can share a story about times when you or someone you know saw someone passed out. If you have stories of making responsible decisions, it will add to the lesson.
2. Make yourself vulnerable with a boundary. If you are going to share part of your personal story, make sure you share something that you are comfortable with and have processed. For example, if you share that you care about this issue, because you have been diagnosed with a mental health disorder and it affected part of your life, then the students see you presenting from a place of strength. If you share something that you are still processing and become emotional, then the students may think they need to take care of you. It's helpful if you can be real about why you care and reinforce what you learned from your experiences.
3. Keep the exercises concise. If you give students too much time they can devolve into so many other unnecessary conversations. Keep students focused.
4. Allow the exercises to be tools for students to identify how to work on mental health, but not become therapy. There's a difference between students identifying what they can work on and voicing all of their experiences or pain. Stress that you want this to start conversations, but that they can do the work outside of the lessons. This is a public health approach to mental health and not a therapeutic approach.
5. Focus on connecting students to their emotions and each other. Have fun when you can. Be positive. Make it a team building exercise that strengthens communication and connection.
6. It is important to let students know that lessons about mental health require everyone to be open, honest and non-judgmental. Students who share their stories need to feel safe and that the values of your school are being upheld. Reinforce that the main goal is to start conversations about mental health in a way that can bring everyone together.
7. If a student is sharing their story extensively and continues to provide more details about their life than the lesson is asking for, it is ok to let them know that you hear their story and also want to hear from other students. Remind all students that these lessons are a start to this topic and provide ways to open conversations that can be continued after the lessons are over.
8. The recommended time for each lesson is 20-25 minutes. This gives you enough time to do each exercise, however you might find that the group you are teaching wants to spend more time on certain exercises. It is ok to do this when you feel that the group is having a discussion that will help everyone address mental health in a meaningful manner.
9. Show the slide that sets the ground rules for the conversation at the beginning of the lesson and make sure everyone agrees the ground rules.

INTRODUCTION:

RECAP:

- We're going to do a lesson about mental health. This is a serious topic that affects all of us and can be really sensitive for students. If at any time you are triggered by the content in this lesson you can choose to not participate in the activities or leave the room to talk to someone who can help you.
- Being honest, open and non-judgmental of each other during these exercises will help us learn more about mental health and each other. **CHANGE PPT SLIDE**
- In the last lesson we learned about risk taking and the importance of channeling risk-taking into activities that aren't harmful for a person.
- We also learned about the role of dopamine release or reinforcement, how it impacts risk taking and the role that age of first use plays in a person becoming an addict. **CHANGE PPT SLIDE**
- We're going to continue the conversation about risk-taking in this lesson by exploring decisions that students make when placed in difficult scenarios with alcohol. **CHANGE PPT SLIDE**

REAL-LIFE SCENARIO:

- We're going to break into groups of 4 or 5 students to discuss a real-life scenario. **CHANGE PPT SLIDE**
- I am going to walk around to your group and choose one member of your group to be a person who has passed out from drinking alcohol. The rest of your group has been with this person and all of you have been drinking with them. You do not know how much this person drank. You will need to talk to each other and decide what actions you should take. **CHANGE PPT SLIDE**



SHARE:

- Let's come back together as a full class and discuss what your small groups decided to do.
 - What did your group decide to do?
 - Why did your group decide to do that?
 - Does anyone know what to check for when someone passes out?
 - Why do you think students make bad decisions when this happens? **CHANGE PPT SLIDE**
- If you are underage drinking and decide to call 911, very rarely will you be charged with a crime. The paramedics respond to help the person in need. While it can be helpful to call your parents or another adult, you should make sure you call someone who will get the person who has passed out, the help they need.



VIDEO:

- We're going to watch a video that interviews a college student who was in a situation similar to the one that you were just in. **CHANGE PPT SLIDE**
- <https://abcnews.go.com/GMA/video/penn-state-frat-brother-didnt-unconscious-pledge-47270346>
- This is a really shocking story and while it may seem extreme, it is common for people to think they know how to help someone in this situation, but they only do things that make it worse. I'm going to read the full details from the police report about what happened on this night. **CHANGE PPT SLIDE**

FACILITATOR NOTE:

Read the script that is attached a handout to this video. Students may ask why they put a backpack on Tim Piazza and you can let them know that students do that to make sure he can't lay flat on his back to choke on his vomit. Students may ask why brothers slapped him, and you can answer that some people think they can wake someone up this way. Neither of these actions should be taken when someone is passed out.

- Does anyone know what signs to look for when a person is passed out? **CHANGE PPT SLIDE**
- The signs to look for are:
 - Mental confusion, stupor, coma or a person is unable to be roused.
 - Vomiting
 - Seizures
 - Slow breathing (fewer than 8 breaths per minute)
 - Irregular breathing (10 seconds or more between breaths)
 - Hypothermia (low body temperature), bluish skin color, paleness. **CHANGE PPT SLIDE**
- When someone is passed out you should:
 - Know the danger signs
 - Do not wait for all symptoms to be present.
 - Be aware that a person who has passed out may die.
 - If there is any suspicion of an alcohol overdose, call 911 for help. Don't try to guess how drunk someone is. **CHANGE PPT SLIDE**
- What do you think the leading cause of death is for teenagers:
 1. Drunk driving
 2. Substance Abuse
 3. Suicide
 4. Driving with other teens in a car **CHANGE PPT SLIDE**
- The correct answer is number 4, driving with other teens in a car. **CHANGE PPT SLIDE**
- Teenagers have over 1 million accidents each year and over 3,000 teens die in these accidents.
- The risk of an accident increases 44% when one non-family member is in a car, when there are 2 non-family members the risk of an accident doubles, when there are two or more non-family members the risk of an accident quadruples. **CHANGE PPT SLIDE**
- Being around other teenagers can change our decision making, whether it is what to do when someone is passed out or making responsible decisions while driving.
- What can you do to make better decisions when you are with your friends? **CHANGE PPT SLIDE**

SUMMARIZE:

- We did this lesson to help you better understand what factors impact a person's ability to make a responsible decision when someone passes out and how being around other teens can influence risk-taking activities. **CHANGE PPT SLIDE**
- Lesson 14 taught us that if you are a person prone to taking big risks, then it is important to channel that energy into something that gives you the reward for risk-taking, but is not harmful to your life.
- This lesson showed us that one of the things that can lead to poor decision-making is being with multiple teenagers or young adults. **CHANGE PPT SLIDE**
- It is not always easy to be the person who speaks up in critical moments. We hope this lesson will better prepare you if you ever face this difficult scenario. **CHANGE PPT SLIDE**
- In the next lesson we will learn about how to approach a friend who is struggling with a mental health issue. **CHANGE PPT SLIDE**

Lesson 15 Recap of Events

Here is how the night of Feb. 2 and early morning hours of Feb. 3 unfolded at Beta Theta Pi, according to the report, which cited evidence including video from surveillance cameras, testimony and phone records.

On the night of Feb. 2, Piazza engaged in drinking as a part of a pledge ritual and his blood alcohol content reached 0.28 and 0.36 percent. He was given 18 drinks in 90 minutes.

His fall was not captured on surveillance cameras, but someone heard it, and when one man went to the top of the basement stairs, he saw Piazza lying face down at the bottom. In a group message to other fraternity brothers at 11:53 p.m. that night, that man wrote, "Tim Piazza might actually be a problem. He fell 15 feet down a flight of stairs, head-first, going to need help."

Surveillance video at 10:47 p.m. showed Piazza being carried upstairs by four fraternity brothers; in the video, his body appeared limp, his eyes were closed, he appeared unconscious, and a bruise was visible on his side. Piazza was placed on a couch, and liquid was dumped on his face twice, but he didn't respond either time.

About a half an hour after the fall, at 11:14 p.m., a newly initiated member saw Piazza lying on the couch, looking "horrible," he later told the grand jury. He saw Piazza "thrashing and making weird movements on the couch" and screamed at the fraternity brothers for help, stressing that Piazza needed to go to the hospital because he could have a concussion. One brother shoved the newly initiated member into a wall and said they had it under control.

At 11:25 p.m., the pledge master slapped Piazza three times in the face. At 11:37 p.m., one fraternity brother tackled another brother into the couch, physically landing on top of Piazza.

By 1 a.m., some brothers saw Piazza vomit and twitch on the couch. Three brothers filled a backpack with books and placed it on Piazza to try to keep him from rolling to his back if he passed out. At 1:48 a.m., Piazza rolled off the couch and to the floor, and three brothers picked him up and "slammed him onto the couch." One brother hit Piazza hard once in the abdomen.

By 2:38 a.m., Piazza rolled to the floor and at 3:16 p.m. his legs were moving. At 3:22 p.m., Piazza tried to stand and the backpack came off and he fell back, hitting his head on the hardwood floor. A fraternity brother attempted to shake him for a moment and then left the room.

At 3:46 a.m., Piazza was curled up on the floor in the fetal position with his knees toward his chest. At 3:49 a.m., Piazza positioned himself on his knees, bent over with his elbows on the floor and his head in his hands. At 3:54 a.m., he tried to stand but fell face down on the floor. At 4:59 a.m., he stood and then fell head first into an iron railing, landing on a stone floor.

"He gets up again and attempts to go to the front door, but before he reaches it he falls head first into the door," the grand jury report says. He later rolled to his side, clutching his abdomen.

At 5:15 a.m., one brother came into the room, stepped over the injured pledge, looked at him and then left the room. At 5:26 a.m., another brother saw Piazza on the floor and walked him to another room but Piazza fell down three steps, and the brother stepped over him on the floor and left him there.

At about 10 a.m., fraternity members found the 19-year-old in the basement lying on his back, breathing heavily and with blood on his face. One brother said Piazza's eyes were half open and he felt cold. Three men carried Piazza's unconscious body upstairs and placed him back on the couch. Surveillance footage showed brothers shaking him and trying to prop him up. At 10:48 a.m., a fraternity member called 911 but did not say Piazza fell down the stairs the night before.

The grand jury concluded that after Piazza was taken to the hospital there was an active attempt to conceal evidence of the hazing and underage drinking, from deleting messages to admitting to discussing erasing surveillance video.

In a deleted text that was recovered, one man wrote, "If need be, just tell them what I told you guys, found him behind [a bar] the next morning at around 10 a.m., and he was freezing-cold, but we decided to call 911 instantly, because the kid's health was paramount."

Lesson 16: How We Help Our Friends

The sixteenth lesson shows students the role that they currently play in their friends' lives and connects them to the ways that all of them have tried to help friends in the past. Students will do one exercise in this lesson to learn more about each other and the reality of the difficult situations their friends are in as well as the steps they take in those situations. .

TIME NEEDED:

45 minutes



OBJECTIVES:

- Share what steps someone has tried to help a friend.
- Identify common situations that adolescents face when trying to help a friend.

SETTING:

- Choose a room that offers a lot of open space for small groups to be able to spread out and not be distracted by others. Students will need to be able sit in one large circle for this lesson.
- You will play a PowerPoint presentation during the lesson, so connect a laptop to a projector and screen.

GROUP SIZE:

- This will be a full class lesson

MATERIALS NEEDED:

- For each person: One notecard
- Projector and Screen
- "How We Help Our Friends" PowerPoint

What to Know About This Lesson

PURPOSE OF LESSON:

The purpose of the sixteenth lesson is to help students understand how to approach a friend who is experiencing a mental health issue. Friends often share their emotions with each other and don't seek professional help. This means that friends are on the front lines of mental health and need guidance on ways to be able to navigate challenging situations.

The first exercise is designed to engage students by allowing them to share stories from their own personal lives and see how common it is for them to be in scenarios in which they are attempting to help their friends. Students will be given a notecard. On the notecard they will write down a time when they tried to help a friend. They will share what the friend was doing, how they tried to help and if it worked or didn't work. Students won't sign their names on the notecards. You will collect the cards, shuffle them, pass them back out and have each student read the card they have out loud to the whole group. You should also write your own notecard and facilitate this activity with the students. After everyone reads their notecard everyone will go back around the circle and say one theme or thing that stuck out to them as they heard all of the cards read aloud.

You should use this exercise as an opportunity for students to see that they are not alone, that other people are also trying to help their friends and don't often know what to do. As the cards are read aloud it's common to hear stories about students helping friends who are suicidal, in abusive relationships or being hurt emotionally. Give students time to take in all of these stories and listen to each other.

You will have time left in your class after all of the cards are read out loud and each person has discussed a theme. Use this time to dig deeper into what was shared. You can ask if anyone wants to respond to a card that they heard read out loud. No one needs to identify who wrote the card. For example, someone could say, "I'd like to respond to the person who said that they tried to help a friend who cuts themselves. I have been in that situation and it's really scary. If you ever need to talk, I am here for you."

After students have a chance to respond to the cards, it's helpful to dig deeper into what type of connections that they felt. You can ask the following:

Did any of the stories that people shared surprise you?

What do you think the hardest parts are about helping a friend?

Have any of you ever been in a situation where you tried to help a friend, it didn't work and you didn't know what to do? If yes, what did you do?

How often are you in situations where you need to help a friend?"

It's helpful if you can sense how the class feels and guide them with more appropriate conversations to unpack the lesson.

This exercise engages students and reminds them how common it is to try to help a friend. Oftentimes the cards have extremely challenging situations. It's important to remind students that many of us care about our friends and there are times when we don't know what to do. This activity makes the concept of helping a friend real, as students can think about the friend they tried to help for the this lesson and lesson 17.

FACILITATOR TIPS:

To facilitate this lesson effectively it is helpful to:

1. Connect to students early about why mental health is important to you and why it should be important to them. If you have a personal story about why you care about mental health, then share it. Let students know they should take this seriously. The more that you can make yourself vulnerable and relatable the more effective you will be as a facilitator. This lesson is about helping a friend, on the notecard in the sharing activity, share a relevant story about when you tried to help a friend in high school.
2. Make yourself vulnerable with a boundary. If you are going to share part of your personal story, make sure you share something that you are comfortable with and have processed. For example, if you share that you care about this issue, because you have been diagnosed with a mental health disorder and it affected part of your life, then the students see you presenting from a place of strength. If you share something that you are still processing and become emotional, then the students may think they need to take care of you. It's helpful if you can be real about why you care and reinforce what you learned from your experiences.
3. Keep the exercises concise. If you give students too much time they can devolve into so many other unnecessary conversations. Keep students focused.
4. Allow the exercises to be tools for students to identify how to work on mental health, but not become therapy. There's a difference between students identifying what they can work on and voicing all of their experiences or pain. Stress that you want this to start conversations, but that they can do the work outside of the lessons. This is a public health approach to mental health and not a therapeutic approach.
5. Focus on connecting students to their emotions and each other. Have fun when you can. Be positive. Make it a team building exercise that strengthens communication and connection.
6. It is important to let students know that lessons about mental health require everyone to be open, honest and non-judgmental. Students who share their stories need to feel safe and that the values of your school are being upheld. Reinforce that the main goal is to start conversations about mental health in a way that can bring everyone together.
7. If a student is sharing their story extensively and continues to provide more details about their life than the lesson is asking for, it is ok to let them know that you hear their story and also want to hear from other students. Remind all students that these lessons are a start to this topic and provide ways to open conversations that can be continued after the lessons are over.
8. The recommended time for each lesson is 20-25 minutes. This gives you enough time to do each exercise, however you might find that the group you are teaching wants to spend more time on certain exercises. It is ok to do this when you feel that the group is having a discussion that will help everyone address mental health in a meaningful manner.
9. Show the slide that sets the ground rules for the conversation at the beginning of the lesson and make sure everyone agrees the ground rules.

FACILITATOR NOTES:

Have the notecards ready to give to students as they enter class or get settled in their seats.

EXERCISE 1 (45 MINUTES)

INTRODUCTION:

- We're going to do a lesson about mental health. This is a serious topic that affects all of us and can be really sensitive for students. If at any time you are triggered by the content in this lesson you can choose to not participate in the activities or leave the room to talk to someone who can help you.
- Being honest, open and non-judgmental of each other during these exercises will help us learn more about mental health and each other. **CHANGE PPT SLIDE**
- Sixty-seven percent of students first disclose suicidal thoughts or mental health challenges to a friend. That means you are all on the front lines of mental health. **CHANGE PPT SLIDE**
- The goal of this lesson is to make it easier for students to talk about mental health and get the help they need. **CHANGE PPT SLIDE**

INSTRUCTIONS:

- On your notecard, write down what your friend was doing that led you to feel you needed to intervene. For example, it could be after a break up, when someone wasn't doing well in school, or another situation. If you have never helped a friend in this situation, write about a time where you think you could have.
- Next, write down what you did to try to help a friend and if your attempts to help that friend worked or didn't work.
- All of the cards will be collected by your teacher.
- The teacher will shuffle the cards and pass one to each student.
- Then read the cards aloud to the group.
- Go around the group again and have each student say one word or theme that stuck with them about helping a friend. **CHANGE PPT SLIDE**



SHARE:

- Did any of the stories that people shared surprise you? **CHANGE PPT SLIDE**
- What do you think the hardest parts are about helping a friend? **CHANGE PPT SLIDE**
- Have any of you ever been in a situation where you tried to help a friend, it didn't work and you didn't know what to do? If yes, what did you do? **CHANGE PPT SLIDE**
- How often are you in situations where you need to help a friend? **CHANGE PPT SLIDE**



SUMMARIZE:

- We did this exercise to show how common it is to intervene in a friend's life. While we want to help we're not always successful in doing this.
- There are a lot of reasons why we may or may not be successful. The next lesson is designed to help us better

understand how to approach a friend. **CHANGE PPT SLIDE**

WRAP-UP:

- Mental health challenges are extremely individualized. It can be hard to know exactly how to reach someone.
- If you're concerned about a friend or family member, one of the best things you can do is go to the counseling center and talk to a counselor about the person to find out more about your options. **CHANGE PPT SLIDE**

Lesson 17: Talk to a Friend

The Talk to a Friend lesson helps students learn more about how to approach a friend who needs help. This lesson is important in helping students be better prepared to assist their friends. One of the most common dynamics in friendship is seeing that someone needs help, but not necessarily knowing what to do or say. The goal of this lesson is to give students tools to make seeking help more approachable for their friends.

TIME NEEDED:

45 minutes



OBJECTIVES:

- Demonstrate what actions are helpful to approach a friend, family member, or partner, who needs help.
- Differentiate the differences between what a friend can do and what can only be done by a mental health professional.

SETTING:

- Choose a room that offers a lot of open space for small groups to be able to spread out and not be distracted by others. Students will need to be able to either sit in small groups at their desks or move chairs around into small groups.
- You will play a PowerPoint presentation during the lesson, so connect a laptop to a projector and screen.

GROUP SIZE:

- Students will be doing these exercises in groups of 4 students or less.



MATERIALS NEEDED:

- For each small group: Talk to a Friend handout
- Projector and Screen
- "Talk to a Friend" PowerPoint
- "Talk to a Friend" Video

What to Know About This Lesson

PURPOSE OF LESSON:

The purpose of the seventeenth lesson is to help students understand how to approach a friend who is experiencing a mental health issue. Friends often share their emotions with each other and don't seek professional help. This means that friends are on the front lines of mental health and need guidance on ways to be able to navigate challenging situations.

The first exercise involves a handout that students will fill out in small groups. The handout covers how to approach a friend by letting them know you care about them, asking open-ended questions, what to do if they don't seek help and the situation gets worse, how to take care of themselves and a reminder that they can't be a friend's therapist.

The first step is to let a friend know you care about them to try and lessen their defensiveness when informing them that someone is concerned they have a mental health issue. Asking open-ended questions is important to have friends talk about what is happening instead of yes or no questions. Knowing who to talk to or what to do if a friend refuses to get help is critical, because involving other people may be necessary. Oftentimes when a friend's mental health is going downhill, it's common for their friends to also lose their mental health. Writing down tips for self-care during these situations is helpful. Lastly, it's important to note that a friend wouldn't be able to treat a friend's broken leg and they can't treat their friend's mental health issues.

This lesson is for how to approach a friend in most situations except suicide. Empowering young people with this information can help them feel more prepared when they know someone who is struggling.

FACILITATOR TIPS:

To facilitate this lesson effectively it is helpful to:

1. Connect to students early about why mental health is important to you and why it should be important to them. If you have a personal story about why you care about mental health, then share it. Let students know they should take this seriously. The more that you can make yourself vulnerable and relatable the more effective you will be as a facilitator. Throughout the lesson feel free to share times where you have been successful in helping someone be less defensive, asking open-ended questions or using boundaries as you helped a friend, family member or partner.
2. Make yourself vulnerable with a boundary. If you are going to share part of your personal story, make sure you share something that you are comfortable with and have processed. For example, if you share that you care about this issue, because you have been diagnosed with a mental health disorder and it affected part of your life, then the students see you presenting from a place of strength. If you share something that you are still processing and become emotional, then the students may think they need to take care of you. It's helpful if you can be real about why you care and reinforce what you learned from your experiences.
3. Keep the exercises concise. If you give students too much time they can devolve into so many other unnecessary conversations. Keep students focused.
4. Allow the exercises to be tools for students to identify how to work on mental health, but not become therapy. There's a difference between students identifying what they can work on and voicing all of their experiences or pain. Stress that you want this to start conversations, but that they can do the work outside of the lessons. This is a public health approach to mental health and not a therapeutic approach.

5. Focus on connecting students to their emotions and each other. Have fun when you can. Be positive. Make it a team building exercise that strengthens communication and connection.
6. It is important to let students know that lessons about mental health require everyone to be open, honest and non-judgmental. Students who share their stories need to feel safe and that the values of your school are being upheld. Reinforce that the main goal is to start conversations about mental health in a way that can bring everyone together.
7. If a student is sharing their story extensively and continues to provide more details about their life than the lesson is asking for, it is ok to let them know that you hear their story and also want to hear from other students. Remind all students that these lessons are a start to this topic and provide ways to open conversations that can be continued after the lessons are over.
8. The recommended time for each lesson is 20-25 minutes. This gives you enough time to do each exercise, however you might find that the group you are teaching wants to spend more time on certain exercises. It is ok to do this when you feel that the group is having a discussion that will help everyone address mental health in a meaningful manner.
9. Show the slide that sets the ground rules for the conversation at the beginning of the lesson and make sure everyone agrees the ground rules.

FACILITATOR NOTES:

As students enter the room, assign them to small groups. Give each student a notecard and each group 2 copies of the Talk to a Friend handout.



TALK TO A FRIEND VIDEO (3 MINUTES):

This video discusses what to do when you want to approach a friend who is having a mental health breakdown.

Play the “Talk to a Friend Video” for the large group. **CHANGE PPT SLIDE**

EXERCISE 1 (45 MINUTES)

INTRODUCTION:

- We’re going to do a lesson about mental health. This is a serious topic that affects all of us and can be really sensitive for students. If at any time you are triggered by the content in this lesson you can choose to not participate in the activities or leave the room to talk to someone who can help you.
- Being honest, open and non-judgmental of each other during these exercises will help us learn more about mental health and each other. **CHANGE PPT SLIDE**
- Sixty-seven percent of college students first disclose suicidal thoughts or mental health challenges to a friend. That means you are all on the front lines of mental health. **CHANGE PPT SLIDE**
- The goal of this lesson is to make it easier for students to talk about mental health and get the help they need. **CHANGE PPT SLIDE**

EXERCISE 2 (10 MINUTES)



INSTRUCTIONS:

- This next exercise will help us understand how to approach a person experiencing a mental health challenge.
- This could mean talking to a friend who has anxiety or depression, went through a break-up, got rejected, is drinking or abusing drugs, or other similar situations.
- These exercises are not intended for someone who you think is suicidal. **CHANGE PPT SLIDE**
- In your groups, think about the following scenario. You notice a change in your friend’s behavior that causes you concern. They’re not eating regularly. They are constantly stressed. You feel like they’re hiding their emotions.
- You will take fifteen minutes to discuss the questions on the Talk to a Friend Handout to help you better understand how to approach your friend.
- After your group has answered the questions, a representative from each group will report your answers to the large group. I’ll let you know some positive answers. **CHANGE PPT SLIDE**
- *Give them 15 minutes to write on their handouts and discuss as a small group. Then come together as one large group to discuss their answers.*

FACILITATOR NOTES:



Share:

After everyone is done with the worksheet, ask several groups how they responded to each question.

Summarize:

Below we list the questions from the handout, along with positive answers to review with the class. After you facilitate sharing for each question, summarize the recommended responses/answers for the class. Take a thorough amount of time to go over every section of this handout.

Write down five ways you can express you're having this conversation because you care about your friend.

Oftentimes when we approach a friend to let them know something is wrong, they become defensive. It's important to approach your friend by letting her or him know you care about them, because it can help someone feel more comfortable to talk about what is wrong and seek help. **CHANGE PPT SLIDE**

Acceptable answers to this question should include:

- "You're not doing the things you used to do, and I'm concerned about you."
- "I'm your friend and want to make sure you're OK."
- "I know you would do the same for me."
- "Sometimes people don't think these kinds of things can get better, but it's important to try."
- "I know it can be hard to talk about these things, but it's the only way that you can find a way to address this." **CHANGE PPT SLIDE**

Write down five open-ended questions you could ask your friend to help him/her talk about what he/she is going through.

Open ended questions are helpful, because they allow your friend to talk to you about what is wrong. It's helpful to let them say everything they want and listen to them. **CHANGE PPT SLIDE**

Acceptable answers to this question should include:

- "How are you?"
- "How have you been feeling?"
- "What have you been thinking about?"
- "What is stressing you out right now?"
- "What do you feel has changed in your life?"
- "Tell me about what is happening."
- "Is there anything I can do for you?" **CHANGE PPT SLIDE**

Write down five steps you can take if your friend refuses to get help and his/her situation gets worse.

Acceptable answers to this question should include:

- Talk to a counselor about steps you can take.
- Research the problem to see what might work for other people in a similar situation.
- Never give up.
- Let them know you care and your door is always open to them.
- Keep listening to anything they say.
- Don't judge them. **CHANGE PPT SLIDE**

You're not a psychologist.

- Look at the lists and notice there are things a doctor can do for a broken leg that you can't. There are also things you can do that a doctor can't. Both roles are valuable in helping a person. Much like you can't set a bone and put on a cast, you also can't diagnose a friend and be their therapist. **CHANGE PPT SLIDE**

Write down six things you can do to take care of yourself while your friend is in a mental health crisis.

- As you are trying to help a friend, you may not be able to sleep, because you're texting her all night. You stop doing normal things like eating, studying and working to be there for your friend. List steps you would take in this scenario to better care for your mental health while helping your friend. **CHANGE PPT SLIDE**

Acceptable answers to this question should include:

- Get sleep
- Talk about how your friend is affecting your life.
- Exercise
- Make time for yourself.
- Do something fun.
- Write about your emotions.
- See other friends or family.
- Practice yoga or meditation. **CHANGE PPT SLIDE**

SUMMARIZE:

- When reaching out to a friend, it is important to establish trust and a system to be able to help.
- Being aware of the person's feelings and learning how to effectively engage them leads to more success in
- Getting people the help they need.

WRAP-UP:

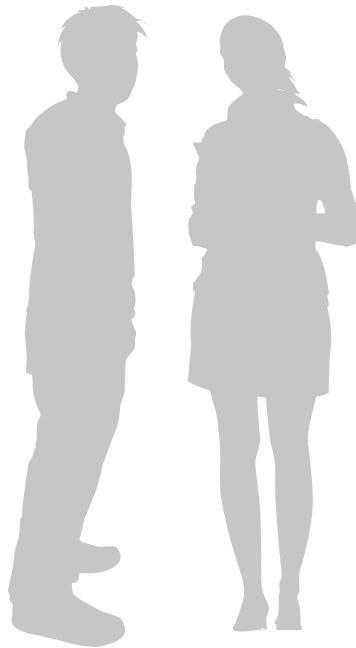
- Mental health challenges are extremely individualized. It can be hard to know exactly how to reach someone.
- If you're concerned about a friend or family member, one of the best things you can do is go to the counseling center and talk to a counselor about the person to find out more about your options. **CHANGE PPT SLIDE**

TALK TO A FRIEND

List 5 ways you can tell your friend you're having this conversation because you care about them:

List 5 steps you can take if your friend refuses help and their situation gets worse.

Write down 5 open ended questions to help your friend talk about what they are going through.



List 6 things you can do to take care of yourself while your friend is dealing with a mental health crisis.

Make a list of what a doctor or physical therapist can do to help your friend who has a broken leg and make a list of what you can do to help a friend.

Lesson 18: Before the Breakdown

In the eighteenth lesson, students go over the warning signs of someone who is suicidal, discuss the steps to take if someone is contemplating suicide and learn the answers to frequently asked questions about suicide. This is not a suicide prevention training. Studies have shown that 66% of college students first disclose suicidal thoughts to a friend. This lesson provides basic tips and skills for students to follow if they are ever in this situation. Students need to know that they can tell an adult, call 911 or the suicide prevention lifeline when they are concerned about a friend.

TIME NEEDED:

45 minutes



OBJECTIVES:

- State 3 warning signs for someone who is contemplating suicide.
- Identify who to contact when someone is contemplating suicide.

SETTING:

- Choose a classroom where students can feel comfortable.

GROUP SIZE:

- You will be facilitating this lesson for the whole class.

MATERIALS NEEDED:

- Projector and screen
- Before the Breakdown PPT

What to Know About This Lesson

PURPOSE OF LESSON:

The purpose of the eighteenth lesson is to give students some basic skills and knowledge on what to do when someone is contemplating suicide. This is not a suicide prevention lesson. Suicide prevention programs teach people how to talk to someone who is contemplating suicide and the steps to take to de-escalate a situation. Those types of trainings require a minimum of eight hours. In this lesson we can let students know what signs and symptoms to look for and who they contact if they see those signs and symptoms.

In the first part of this lesson you will remind students about the differences between someone who feels depressed and someone who has depression. This was covered in lesson 4. A person who feels depressed often has an identifiable cause. A person who has clinical depression often doesn't know why they feel the way that they do, they stop doing things they care about, lose the ability to have joy and may have thoughts about death or suicide. The symptoms last for weeks or months at a time.

Next, you will ask students to name all of the warning signs that they know for someone who is contemplating suicide. You can write these down on flip-chart paper or on a board in front of the classroom. After they have created their list, you will show a slide that has a full list of warning signs from the American Foundation for Suicide Prevention. You will name each warning sign and reinforce the ones that they have already mentioned.

Then, you will go over the steps that students can take if someone is suicidal. The first two steps are to try to get them to a professional and call for help. The list could stop at those steps. As you go over the other steps take time to explain that it is ok for them to ask their friends directly if they want to take their own lives and that they should never keep secrets. Asking direct questions helps get real answers to what a person is feeling. Asking about suicide doesn't create suicidal thoughts for people. Every year, tens of thousands of teenagers make a promise to not tell anyone that their friend is suicidal. Sometimes those secrets end in tragedy and the person loses their friend to suicide. It's better to tell someone and have a friend get help even if they're angry at their friend for months, then it is to not have a friend at all.

The lesson ends with an optional activity where you have students practice asking questions about suicide to each other and an activity where you go over the most frequently asked questions about suicide from the American Foundation for Suicide Prevention. If you are a trained mental health professional you can let students ask questions outside of the questions that are listed. If you're not a trained professional, then it is ok to go over the list. You will close this lesson by letting students know where they can get help when someone wants to take their own life.

Again, this is not a suicide prevention training. Sixty-six percent of college students first disclose suicidal thoughts to a friend. The purpose of this lesson is to give high school students some basic tips on what to do.

FACILITATOR TIPS:

To facilitate this lesson effectively it is helpful to:

1. Connect to students early about why mental health is important to you and why it should be important to them. If you have a personal story about why you care about mental health, then share it. Let students know they should take this seriously. The more that you can make yourself vulnerable and relatable the more effective you will be as a facilitator. For this lesson it would be helpful if you can share a story about why it is important to know what to do when someone is contemplating suicide. It can be your own story or one you know from a friend or family member.
2. Make yourself vulnerable with a boundary. If you are going to share part of your personal story, make sure you share something that you are comfortable with and have processed. For example, if you share that you care about this issue, because you have been diagnosed with a mental health disorder and it affected part of your life, then the students see you presenting from a place of strength. If you share something that you are still processing and become emotional, then the students may think they need to take care of you. It's helpful if you can be real about why you care and reinforce what you learned from your experiences.
3. Keep the exercises concise. If you give students too much time they can devolve into so many other unnecessary conversations. Keep students focused.
4. Allow the exercises to be tools for students to identify how to work on mental health, but not become therapy. There's a difference between students identifying what they can work on and voicing all of their experiences or pain. Stress that you want this to start conversations, but that they can do the work outside of the lessons. This is a public health approach to mental health and not a therapeutic approach.
5. Focus on connecting students to their emotions and each other. Have fun when you can. Be positive. Make it a team building exercise that strengthens communication and connection.
6. It is important to let students know that lessons about mental health require everyone to be open, honest and non-judgmental. Students who share their stories need to feel safe and that the values of your school are being upheld. Reinforce that the main goal is to start conversations about mental health in a way that can bring everyone together.
7. If a student is sharing their story extensively and continues to provide more details about their life than the lesson is asking for, it is ok to let them know that you hear their story and also want to hear from other students. Remind all students that these lessons are a start to this topic and provide ways to open conversations that can be continued after the lessons are over.
8. The recommended time for each lesson is 20-25 minutes. This gives you enough time to do each exercise, however you might find that the group you are teaching wants to spend more time on certain exercises. It is ok to do this when you feel that the group is having a discussion that will help everyone address mental health in a meaningful manner.
9. Show the slide that sets the ground rules for the conversation at the beginning of the lesson and make sure everyone agrees the ground rules.

EXERCISE 1 - UNDERSTANDING SUICIDE (10 MINUTES):

- We're going to do a lesson about mental health. This is a serious topic that affects all of us and can be really sensitive for students. If at any time you are triggered by the content in this lesson you can choose to not participate in the activities or leave the room to talk to someone who can help you.
- Being honest, open and non-judgmental of each other during these exercises will help us learn more about mental health and each other. **CHANGE PPT SLIDE**
- When a person is suicidal, the steps we learned in the Talk to a Friend lesson change. The approach is more direct, and it's vital to take action. **CHANGE PPT SLIDE**
- In lesson 4, we discussed the difference between feeling depressed and having depression. **CHANGE PPT SLIDE**
- When someone feels depressed, upset or sad, they typically know the cause. A person can go through a break-up, rejection, divorce or experience the death of a loved one and know why he/ she is upset.
- The opposite of feeling depressed is happiness. **CHANGE PPT SLIDE**
- When someone has depression he/she often doesn't know the cause. They feel lonely, stop doing the things they enjoy, don't have energy, sleep all day, stop taking care of themselves, don't find interest in things they typically enjoy. People who have depression commonly have thoughts about death and suicide.
- The opposite of having depression is vitality. **CHANGE PPT SLIDE**
- If a person experiences a difficult event or traumatic situation they can feel depressed for a long time and then develop clinical depression.
- A person is more at risk for having a difficult event trigger depression if there is a history of depression in his or her family.
- Whether you feel depressed or have depression you should talk to a professional about what is happening. They can help you determine the difference. You should never self-diagnose or determine what you are going through on your own. **CHANGE PPT SLIDE**
- In many situations, people care about a friend, but don't know what signs to look for that they may seriously be contemplating suicide. Let's make a list of the biggest warning signs. What do you think the signs are? Call them out and I'll write them down. **CHANGE PPT SLIDE**

FACILITATOR NOTES:

Write down the warning signs that someone is suicidal on a flip chart piece of paper or on the board in front of the class as students say them aloud. After you create your list go over the main signs with the PowerPoint.

Let's go over a list from the American Foundation for Suicide Prevention to ensure we covered all of the warning signs. **CHANGE PPT SLIDE**

- Talking about wanting to kill herself, or saying she wishes she was dead.
- Looking for a way to kill themselves, such as hoarding medicine or buying a gun.
- Talking about a specific suicide plan.
- Consistently feeling hopeless or having no reason to live.
- Feeling trapped, desperate or needing to escape from an intolerable situation.
- Having the feeling of being a burden to others.
- Feeling humiliated.
- Having intense anxiety and/or panic attacks.
- Losing interest in things or losing the ability to experience pleasure.

- Insomnia.
- Becoming socially isolated and withdrawn from friends, family and others.
- Acting irritable or agitated in a highly unusual manner.
- Showing rage, or talking about seeking revenge for being victimized or rejected, whether or not the situations the person describes seem real. **CHANGE PPT SLIDE**
- The actions you take when someone is thinking about suicide are important. Here are the main actions to take:
 - Try to get them to a professional.
 - Call for help.
 - Know the warning signs.
 - Do not handle the person alone.
 - Be direct with your questions about suicide. (Talking about suicide does not create the idea for people. If you don't ask if someone wants to take they're own life, then you won't know. Asking direct questions gives you clear answers.)
 - Do not judge.
 - Do not keep secrets. (you are not snitching or breaking someone's trust if they are suicidal and they tell you, it can end with them taking their own life. If you tell someone that your friend wants to kill themselves and they get help, they may be angry at you, but it is better to have a friend be alive and angry, than it is to have your friend die.)
 - Remove harmful objects.
 - Never leave the person alone. **CHANGE PPT SLIDE**

FACILITATOR NOTES

If you feel comfortable doing this, then you can take the time to do some role playing with your class. Have them practice questions and scenarios.

- It is ok to ask your friend if he or she is thinking about suicide. It doesn't make it more likely to happen. If you ask if he or she has a plan to take his or her own life you need to get help immediately.
- Non judgmental ways of asking your friend about suicide are:
 - When did you start feeling like this?
 - Did something happen to make you start feeling this way?
 - How can I support you?
 - Have you thought about getting help? **CHANGE PPT SLIDE**
 - When your friend is suicidal let him or her know:
 - You are not alone, I am here for you.
 - You may not believe it, but the way you are feeling can change.
 - I may not understand how you feel, but I want to help.
 - Let's do some role play scenarios of you asking an adult for help. With a partner practice saying how you would tell and adult your friend needs help.
 - Let's have some of you practice by telling me. **CHANGE PPT SLIDE**

EXERCISE 2 - FREQUENTLY ASKED QUESTIONS ABOUT SUICIDE (5 MINUTES)

FACILITATOR NOTES

If you are a trained mental health professional, you can do an open Q & A with students and skip this part. If you're not a trained mental health professional then you can go over these questions.



INSTRUCTIONS:

- When someone is suicidal it's difficult to know what to say.
- We're going to go over some of the most frequently asked questions about suicide from the American Foundation for Suicide Prevention. **CHANGE PPT SLIDE**

Q: If someone really wants to end their life, is there anything I can do to stop them?

• **A:** Most of the time, when someone thinks or talks about suicide they actually have mixed feelings about dying. Most often, suicidal feelings come from having a mental illness, and these illnesses can be treated with professional help. Medication, talk therapy, or a combination of the two has been shown to save lives. The best way to help is to encourage and assist the suicidal person to get the help they need. **CHANGE PPT SLIDE**

Q: What should I do if I encourage a suicidal person to get help but they refuse?

• **A:** To someone feeling suicidal, depressed or anxious, the idea of talking to a doctor or mental health professional can seem overwhelming. Sometimes suicide seems like the only way to control their pain. Continue to tell them that you're concerned about them, and to suggest that a professional who understands what they are feeling can help them to feel better. Let them know you're there to listen, and offer help finding or getting to

A doctor, mental health professional, or hospital emergency room. You can also help by staying with them and calling the National Suicide Prevention Lifeline at 1-800-273-8255. If you're concerned they will hurt themselves call 911.

Q: If a friend confides in me that they are thinking of suicide and makes me promise not to tell, shouldn't I respect their right to privacy?

• **A:** Privacy is very important, but your friend's life is even more important. Depression and other mental disorders may be distorting their judgment and leading them to want to hurt themselves. Even if you lose your friendship, saving a life is the most important priority. Tell someone you trust about your friend and ask for their assistance getting them to a professional. **CHANGE PPT SLIDE**

Q: My friend purposely cuts herself when she is upset. IS this the same as making a suicide attempt?

• **A:** Some people cut or otherwise hurt themselves when they feel overwhelmed by difficult or stressful feelings, or to relieve their inner tension. Many people who cut themselves never attempt to kill themselves. However, in some cases, self-harm is the first indication that someone may be at risk for suicidal behavior. Whether or not they feel an impulse to take their own lives, someone who is cutting or otherwise hurting themselves needs help. Health and mental health professionals are trained to determine whether a person is at risk for suicide, and to suggest a treatment plan to help them with their self-harm behavior and underlying feelings. **CHANGE PPT SLIDE**

Q: Is someone who has had suicidal ideation or a recent attempt and is now feeling better still at risk for suicide?

• **A:** Successful treatment for serious depression or suicidal behavior significantly reduces the long-term risk for suicide. However, it can be difficult to know where a suicidal person is in their recovery. Someone who has felt suicidal may work hard to hide his or her feelings, and may appear to be functioning well socially, professionally, or academically. In some cases, a person who has made the decision to die may seem calmer and at peace. Each year suicide claims the lives of people who seemed happy, well-liked, and successful to his or her friends, families, and others around them. Staying in treatment after the suicidal thoughts and symptoms seem to be getting better is the best way to ensure a successful recovery. The decision to stop treatment should be made together by the mental health professional and patient. **CHANGE PPT SLIDE**

CONCLUSION (2 MINUTES)

- The goal of this lesson was to provide you with tips on what you might be able to do to help a friend.
- This advice should never take the place of professional advice or guidance. If you are worried about a friend please talk to a counselor, professional or call 1-877-273-8255 or text HOME to 741741. **CHANGE PPT SLIDE**
- The most important thing a friend can do when someone is in a crisis is get that person help.
- If you need to talk to someone about your mental health, you can talk to a trusted adult, teacher or school counselor.
CHANGE PPT SLIDE