The T.R.U.S.T. Program – “To Reach Ultimate Success Together”

Individual Counseling

Group Counseling

Family Counseling

Success Building

High School Curriculum

Mental Health and Crisis Management Services
The School Board of Miami-Dade County Public Schools

Dr. Solomon C. Stinson, Chair

Perla Tabares-Hantman, Vice Chair

Agustin J. Barrera

Renier Diaz de la Portilla

Dr. Lawrence S. Feldman

Perla Tabares Hantman

Dr. Wilbert “Tee” Holloway

Dr. Martin Karp

Ana Rivas Logan

Dr. Marta Pérez

Alberto M. Carvalho, Superintendent of Schools

Freddie Woodson, Deputy Superintendent
School Operations

Milagros R. Fornell, Associate Superintendent,
Curriculum and Instruction

Ava Goldman, Administrative Director,
Office of Special Education and Curriculum and Instruction

Suzanne Milano-Berrios, Director of Mental Health, Social Work, and Crisis Management Services
Mental Health and Crisis Management Services

Program Information

Ms. Suzanne Milano – Berrios, Director
E-Mail: sberrios@dadeschools.net

Ms. Isabel Rodriguez-Duncan, Chairperson
E-Mail: izrodriguez@dadeschools.net

Ms. Annette Fernandez, Executive Secretary
E-Mail: afernandez@dadeschools.net

Miami Dade County Public Schools - Annex
1500 Biscayne Blvd, Suite 407 T
Miami, Florida 33132

Office: 305-995-7315
Fax: 305-305-995-2230
Program Website: http://mhcms.dadeschools.net/
## TRUST High School Curriculum

<table>
<thead>
<tr>
<th>Description</th>
<th>Page(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Introduction</td>
<td>5-7</td>
</tr>
<tr>
<td>II. Icebreakers</td>
<td>8-11</td>
</tr>
<tr>
<td>III. Concept I: Healthy Decision-Making</td>
<td>12-15</td>
</tr>
<tr>
<td>A. Lesson 1 – How Well Do You Know You?</td>
<td>13</td>
</tr>
<tr>
<td>B. Lesson 2 – Exploring Your Needs</td>
<td>14</td>
</tr>
<tr>
<td>C. Lesson 3 – Family Characteristics</td>
<td>15</td>
</tr>
<tr>
<td>IV. Concept II: Substance Abuse and Risk-Taking Behaviors A</td>
<td>16-19</td>
</tr>
<tr>
<td>A. Lesson 1 – The Language of Drugs</td>
<td>17</td>
</tr>
<tr>
<td>B. Lesson 2 – Drug Abuse Stages</td>
<td>18</td>
</tr>
<tr>
<td>C. Lesson 3 – Understanding Drug Abuse</td>
<td>19</td>
</tr>
<tr>
<td>V. Concept III: Substance Abuse and Risk-Taking Behaviors B</td>
<td>20-23</td>
</tr>
<tr>
<td>A. Lesson 1 – Marijuana Exposed</td>
<td>21</td>
</tr>
<tr>
<td>B. Lesson 2 - Gateway</td>
<td>22</td>
</tr>
<tr>
<td>C. Lesson 3 – The Case of a Few too Many</td>
<td>23</td>
</tr>
<tr>
<td>VI. Concept IV: Managing Your Emotions</td>
<td>24-27</td>
</tr>
<tr>
<td>A. Lesson 1 - Managing Stress</td>
<td>25</td>
</tr>
<tr>
<td>B. Lesson 2 - Who is in My Circle?</td>
<td>26</td>
</tr>
<tr>
<td>C. Lesson 3 – Death Blow</td>
<td>27</td>
</tr>
<tr>
<td>VII. Concept V: Skills for Developing Healthy Relationships</td>
<td>28-31</td>
</tr>
<tr>
<td>A. Lesson 1 – Dating Violence</td>
<td>29</td>
</tr>
<tr>
<td>B. Lesson 2 – Effective Communication</td>
<td>30</td>
</tr>
<tr>
<td>C. Lesson 3 – Understanding Conflict</td>
<td>31</td>
</tr>
<tr>
<td>VIII. Parent Workshops</td>
<td>32-33</td>
</tr>
<tr>
<td>A. Parent Workshop on Violence Prevention</td>
<td>Available Online</td>
</tr>
<tr>
<td>B. Parent Interest Survey</td>
<td>33</td>
</tr>
<tr>
<td>IX. School-Wide Instructional and Non-Instructional Workshops</td>
<td>34-35</td>
</tr>
<tr>
<td>A. School Wide Workshop on Violence Prevention and Child Abuse Reporting</td>
<td>Available Online</td>
</tr>
<tr>
<td>B. School Interest Survey</td>
<td>35</td>
</tr>
<tr>
<td>X. Resources</td>
<td>36-39</td>
</tr>
<tr>
<td>XI. Appendix</td>
<td>40-90</td>
</tr>
<tr>
<td>A. Concept I: Handouts</td>
<td>41-48</td>
</tr>
<tr>
<td>B. Concept II: Handouts</td>
<td>49-59</td>
</tr>
<tr>
<td>C. Concept III: Handouts</td>
<td>60-69</td>
</tr>
<tr>
<td>D. Concept IV: Handouts</td>
<td>70-79</td>
</tr>
<tr>
<td>E. Concept V: Handouts</td>
<td>80-90</td>
</tr>
</tbody>
</table>
Introduction

Mission and History:

The TRUST (To Reach Ultimate Success Together) Program is a comprehensive student assistance program designed to provide prevention, intervention, referral, and follow-up services to students and their families who may be experiencing problems in the area of substance abuse and other self-defeating behaviors.

The TRUST Program was created by extracting the best components from earlier programs and then blending them into a substance abuse, crisis prevention/intervention specialist program. Piloted during the 1987-1988 school year in all middle schools and three senior high schools, the program has expanded and is currently providing services in 120 K-8, middle, and senior high schools. The program is funded jointly between Safe and Drug Free Schools and the Miami-Dade County Public Schools District. All TRUST Specialists have masters or higher level degrees in a human services/mental health area and documented experience in alcohol/drug programs.

The TRUST Program also offers the Alternative to Suspension Program (ASP) which is implemented in all K-12 schools. This program is an innovative approach offering students and their families the opportunity to examine their behavior and improve their coping skills while continuing to attend regular classes. At the elementary level, the program offers one hour of individual counseling led by a school guidance counselor provided twice over the course of two consecutive weeks. At the secondary level, the program offers two, one-hour group sessions, scheduled before or after school over two consecutive weeks. Sessions are provided by TRUST Specialists that have completed specialized training and have received ASP curriculum materials. In addition, the parents and students must attend two, two-hour psycho-educational evening sessions scheduled over two consecutive weeks at a designated host school site identified in each Region area. In order for the suspension to be lifted, both components must be satisfactorily delivered.

The TRUST Program is effective because it minimizes student risk factors while promoting protective factors; creating a research-based comprehensive approach on the problem of drug use. Through parent education, school-business partnerships, special events, and police participation, school efforts are supported by an increasingly skilled and knowledgeable adult population. This kind of network encourages a community-school cooperation that helps to create a drug-free environment.

The TRUST Program has received recognition by the Department of Education as an exemplary school program. The TRUST Program has also been selected as the Program of Excellence by the National Association of Leadership for Student Assistance Programs. Representatives from across the country, as well as South America and Europe, have visited Miami-Dade County to obtain information and observe this program in action.

The TRUST Program continues to be a vital component of Miami-Dade County Public Schools’ continued commitment to provide a safe learning environment for all students. For the past 23 years, the TRUST Specialist/Counselor has become synonymous with the word TRUST to students and families in Miami-Dade County, as a mental health practitioner who they can trust to help.

Best Practices and TRUST Program Services Implementation:

Research overwhelmingly indicates the necessity to approach violence prevention and alcohol, drug, and tobacco prevention with a multi-modal, comprehensive approach. Within Miami-Dade County Public
Schools, the model is typically represented by a triangle and referred to as the problem-solving model, Response to Intervention (RtI). This model focuses upon delivering services at three points of need. The Tier 1, universal (true prevention) level, provides services to all students that focus on changing the overall school climate. The Tier 2, targeted level, provides services to students and stakeholders within small groups in order to address specific areas of need. The Tier 3, individual, level provides students and/or stakeholders with individual, intensive services.

Prevention (Universal) Component:

The prevention component of the TRUST Program provides curricula and activities to assist students in: accepting themselves as capable and unique; developing and maintaining positive relationships; making responsible decisions; becoming aware of accurate drug information; and planning and participating in healthful alternatives to using alcohol, tobacco and other drugs. Additionally, the TRUST Program also provides workshops for school site personnel and parents/guardians on topics such as: violence prevention, bullying and harassment, and substance education.

Intervention (Targeted and Intensive) Components:

The intervention component of the TRUST Program offers curricula and counseling activities that target at-risk students. Individual, group, and family counseling as well as referral services are offered to students and their families for problems related to such issues as: alcohol, tobacco and other drugs; stress; depression; family violence; crisis prevention; crisis stabilization; and problem solving. Students and families receive help not only with the symptoms, but also with the causes of these self-defeating behaviors.
Delivery of Curriculum

The High School Curriculum is to be delivered to all ninth grade students. The Curriculum is divided into five key student-delivered concepts.

- Concept I: Healthy Decision-Making
- Concept II: Substance Abuse and Risk-Taking Behaviors Part A
- Concept III: Substance Abuse and Risk-Taking Behaviors Part B
- Concept IV: Managing Your Emotions
- Concept V: Skills for Developing Healthy Relationships.

Each concept area has three available lessons. The TRUST Curriculum requires implementation of one lesson from each concept area, a total of five student-delivered lessons per year (one hour in duration).

Additionally, two audiences have been added to the curriculum delivery: parents and school site personnel. These audiences are essential components to instituting a universal prevention program. For the parent component, TRUST Specialists are to provide one workshop during the first semester on suicide prevention (recognizing at-risk behaviors), and one workshop during the second semester in response to results from the TRUST Parent Interest Survey. A sample presentation for the first workshop presentation will be provided to all TRUST Specialists. TRUST Specialists are encouraged to partner with existing functions or personnel such as: PTA, The Parent Academy, Open House Events, etc. to facilitate these workshops.

For the school site personnel component, TRUST Specialists are to provide one workshop during the first semester on suicide prevention and recognizing early at-risk warning signs, and one workshop during the second semester in response to results from the TRUST School Interest Questionnaires. Faculty meetings, early release, or required Professional Development Days are appropriate settings for these workshops. A sample presentation will be provided for the first school-wide presentation. The scheduling of these presentations are to coordinated with approval from the Principal or designee.

The success of any large group presentation or group session directly falls on the flexibility of the facilitator in properly engaging the audience and tempering process with order. Each dynamic group is unique and may require more intervention from the facilitator in order to maintain a positive focus in the group. We encourage you to use your professional judgment and creativity in making any lesson you choose to implement an impactful one.
Icebreakers
Icebreaker Activities

Icebreaker Activity #1 – “Categories”

- A fun, interactive, introductory get-to-know-you activity for medium to large groups.
- Works best with large groups (min. is ~15).
- Useful for celebrating diversity.
- Particularly useful as an icebreaker, e.g. can be used as an opener for a workshop/conference.
- Ask everyone to stand up and then to walk around; explain that you will announce a category (see list below or use your own) and that participants should then quickly organize themselves into smaller groups, based on the category to which they belong.
- Once everyone is organized into their groups, ask each group to identify itself.
- (Optional) Make a brief comment or ask each group a question.
- Allow participants time to say hello and mingle/chat with each other when the smaller groups are formed.
- Keep things moving by asking participants to walk around before announcing the next category.
- Continue until the group is "warmed up" and ready for the next activity. This will probably be after ~5 topics, depending on the group, purpose, and time available.
- Categories can also be used as a fun, simple way to organize people into smaller groups for other activities.
- For the first category, use one with two options and announce one side of the room for one category and the other side of the room for the other category. This should help participants to get the idea for how the activity works.

Example of categories:

- What is your favorite football team?
- How many siblings do you have?
- What color are your eyes?
- What’s your shoe size?
- What type of shoes are you wearing?
- What’s your favorite color?
- What’s your Zodiac sign?

Equipment/Material – None

Time – 20 minutes
Icebreaker Activities Continued

**Icebreaker #2 Activity: “2 Truths & a Lie”**

- A different kind of get-to-know-you activity which engages and challenges each group member in a fun way.
- Particularly useful as an icebreaker, e.g. can be used as an opener for a workshop/conference.
- For large groups (e.g., 30+), it is best to split into smaller group sizes.
- Hand out cards or paper and pens (or if participants bring their own, that's fine).
- Explain that in this activity each person writes two truths and a lie about him/herself and then we will try to guess each other's lie. The goal is to: a) convince others that your lie is truth (and that one of your truths is the lie) and b) to correctly guess other people's lies.
- Allow approx. ~5+ minutes for writing 2 truths & a lie - this isn't easy for a lot of people - there will some scribbling out, etc. The slower people will probably need to be urged along to "put anything you can think of" down. Allocate 5-8 minutes, but you will probably need to urge people along.
- Announce that you will have each person in the classroom read out their three statements. The class can then guess which statement is the lie. Variation: Have students ask 1-2 questions to the student prior to guessing which statement is the lie.

**Equipment/Material** – Scrap Paper, Pen

**Time** – 20 minutes

**Icebreaker #3 Activity: Knots of People**

- Divide the group into teams of 8 to 12 members.
- Have each person join right hands with another person in the group, but it has to be someone who is NOT standing immediately to the left or right.
- Then have each person join left hands with another person in the group, but it has to be someone who is NOT standing immediately to the left or right and someone other than before.
- Now the groups have to untangle themselves without letting go of hands. They may have to loosen their grips a little to allow for twisting and turning. They may have to step over or under other people.
- The first group to untangle their knot is the winner.

*SPECIAL NOTE: There are four possible solutions to the knot.*

- One large circle with people facing either direction.
- Two interlocking circles.
- A figure eight.
- A circle within a circle.

**Equipment/Material** – None

**Time** – 20 minutes
Icebreaker Activities Continued

**Icebreaker #4 Activity: Who Am I?**

- For this activity you will need one sticky note per person.
- On each note write the name of a celebrity, political figure, cartoon character, book character, etc. You can choose one category or mix them up. Use a different person for each note.
- Place a sticky note on the back (or forehead) of each participant.
- The participants are to figure out who they are, but can only do so in the following manner.
- Find a partner and read each other’s sticky notes. You may ask the other person three questions to which there are yes or no answers.
- Once your questions have been asked and answered, make a guess as to your identity.
- If you are correct, move the sticky note to your chest and you become a "consultant" who gives clues to those still trying to figure out their identities. If you are not correct, find a new partner and repeat the process.

*SPECIAL NOTE: Be sure to choose characters that are appropriate to the age of the participants to avoid "generation gap frustration."

**Equipment/Material** – Sticky Notes or Labels  
**Time** – 15-20 minutes

**Icebreaker #5 Activity: What You Don’t Know?**

- Tape a blank piece of paper (poster board - kind of like a billboard over the person’s head) on everyone’s back.
- The members are to write a compliment or positive comment on everyone’s back.
- At the end of the session, explain that a lot of times we tend to give compliments behind someone’s back and it is not very often that we actually say these things to people’s faces. We sometimes take for granted the positive aspects of others.
- If you wish, you may also explain that criticisms often are given behind other’s backs as well, and that it may be more effective if they go to the person, instead of others.
- Have the group members pair up with someone they would like to get to know better and remove the paper from each other’s backs. They should then explain to that person why they would like to get to know him/her better.

**Equipment/Material** – Paper and Tape  
**Time** – 15-20 minutes

**Resources:**

- [http://www.residentassistant.com/games/teambuilders.htm](http://www.residentassistant.com/games/teambuilders.htm)
- [http://www.kimskorner4teachertalk.com/classmanagement/icebreakers.html#Name](http://www.kimskorner4teachertalk.com/classmanagement/icebreakers.html#Name)
Concept 1: Healthy and Responsible Decision-Making
## Concept 1: Healthy Decision Making
### Lesson 1

<table>
<thead>
<tr>
<th>Title:</th>
<th>How Well Do You Know You?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose:</td>
<td>To develop self-awareness.</td>
</tr>
<tr>
<td>Objective:</td>
<td>Students will be able to recognize their personal characteristics and how well they interact with others.</td>
</tr>
<tr>
<td>Sunshine State Standards:</td>
<td>LA.910.2.2.2, LA.910.5.2.2</td>
</tr>
<tr>
<td>Student Service Benchmarks and Standards:</td>
<td>PS 1.1(1), PS 2.2(1)</td>
</tr>
<tr>
<td>Instructional Time:</td>
<td>1 hour</td>
</tr>
</tbody>
</table>

### Activity/Materials:

- Distribute copies of Handout #1 - “How I see Myself Checklist” to each student.
- Explain the objective of the activity as stated above.
- Allow time for students to complete the checklist individually.
- Review each item with the class allowing for volunteers to share their answers.
- Distribute Handout #2 - “How Others See Me” to each student.
- Review each item with the class allowing for time to complete, share voluntarily, or engage in discussion.
- Assist students with correlating how self-awareness can impact one’s ability to make positive choices. Ask for volunteers to share a story to illustrate.

### Attachments:

- Handout #1  How I See Myself Checklist
- Handout #2  How Others See Me
Title: Exploring Your Needs

Purpose: To explore needs and healthy ways to meet one's needs.

Objective: Students will be able to recognize their inherent needs and learn positive ways to meet these needs.

Sunshine State Standards: LA.910.1.6.1, LA.910.1.7.4

Student Service Benchmarks and Standards: PS 4.1(3), PS 4.3(1)

Instructional Time: 1 hour

Activity/Materials:
- Using an overhead projector, display Handout #1 - “Maslow's Hierarchy of Needs” and discuss the concepts.
- Have students complete the hierarchy pyramid as a part of the discussion.
- Distribute Handout #2 - “About Needs” to students.
- Using the jump-in reading strategy, have the class read the handout out loud.
- Pause in response to needs for discussion or clarification.
- Have students pair up to complete Handout #3 - “Exploring Needs.”
- Ask for volunteers to share their responses.

Attachments:
- Handout #1 Maslow's Hierarchy of Needs (overhead)
- Handout #2 About Needs
- Handout #3 Exploring Needs
| **Concept I: Healthy Decision-Making**  
| **Lesson 3**  

<table>
<thead>
<tr>
<th><strong>Title:</strong></th>
<th>Family Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Purpose:</strong></td>
<td>To recognize how family dynamics affects emotional stability.</td>
</tr>
<tr>
<td><strong>Objective:</strong></td>
<td>Students will be able to describe their family characteristics.</td>
</tr>
<tr>
<td><strong>Sunshine State Standards:</strong></td>
<td>LA.910.5.2.2, LA.910.1.7.4</td>
</tr>
<tr>
<td><strong>Student Service Benchmarks and Standards:</strong></td>
<td>PS 3.1(3), PS 4.1(3)</td>
</tr>
<tr>
<td><strong>Instructional Time:</strong></td>
<td>30-40 minutes</td>
</tr>
</tbody>
</table>

**Activity/Materials:**

- Distribute Handout #1 - “My Family Characteristics” to students.
- Allow them time to complete the handout.
- Remind students to keep their results private.
- Inform students that if they had a score under 50 they should see you privately to discuss this if they would like to set up an appointment with you.
- Distribute Handout #2 - “Changing Family Roles”, and allow students to complete it.
- Volunteers may share if time permits.

**Attachments:**

- Handout #1  My Family Characteristics
- Handout #2  Changing Family Roles
Concept II: Substance Abuse and Risk-Taking Behaviors
## Concept II: Substance Abuse and Risk – Taking Behaviors - Part A  
### Lesson 1

<table>
<thead>
<tr>
<th><strong>Title:</strong></th>
<th>The Language of Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Purpose:</strong></td>
<td>To provide accurate drug information and explore the health risks associated with drugs.</td>
</tr>
</tbody>
</table>
| **Objective:** | Students will be able to:  
  - Identify types of narcotics and inhalants  
  - Recognize the health risks associated with certain drugs |
| **Sunshine State Standards:** | LA.910.1.6.1, LA.910.1.6.9, LA.910.2.2.1 |
| **Student Service Benchmarks and Standards:** | PS 2.3(5), HD 1.1(1), HD 2.1(4), PS 2.3(4) |
| **Instructional Time:** | 1 hour |

### Activity/Materials:

- Distribute Handout #1 - “The Language of Drugs Quiz” to the class and instruct the students to pair up to answer the questions to gauge how many questions they can answer correctly (checking prior knowledge).  
- Discuss the correct answers with the class.  
- Explore with the class the following: What are their opinions regarding the use of prescription or over-the-counter (OTC) drugs? Do they see any potential dangers or abuses of prescription or OTC drugs?  
- Distribute Handout #2 - “Facts on Prescription and Over-the-Counter Drugs” and discuss the information with the class.  
- At the conclusion of the lesson, the Trust Specialist should provide students with information (pamphlets, fact sheets etc.) regarding available resources.

### Attachments:

- Handout #1 The Language of Drugs (quiz with answer key)  
- Handout #2 Facts on Prescription and Over-the-Counter Drugs
### Concept II: Substance Abuse and Risk – Taking Behaviors - Part A
#### Lesson 2

<table>
<thead>
<tr>
<th><strong>Title:</strong></th>
<th>Drug Abuse Stages</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Purpose:</strong></td>
<td>To understand teenage progression into the disease of addiction.</td>
</tr>
<tr>
<td><strong>Objective:</strong></td>
<td>Students will be able to recognize that drug use occurs on a continuum from experimentation to addiction.</td>
</tr>
<tr>
<td><strong>Sunshine State Standards:</strong></td>
<td>LA.910.2.1.6, LA.910.1.6.9, LA.910.5.2.2</td>
</tr>
<tr>
<td><strong>Student Service Benchmarks and Standards:</strong></td>
<td>1.1(1), HD 2.1(3), HD 2.4 (4), PS 2.3(4)</td>
</tr>
<tr>
<td><strong>Instructional Time:</strong></td>
<td>1 hour</td>
</tr>
</tbody>
</table>

**Activity/Materials:**

- Discuss the meaning of addiction with students.
- Provide each student with five (5) index cards and instruct them to write the words school, me, media, peers, and parents on one side of the cards.
- Optional: work in pairs or groups.
- Brainstorm with the students about what they have heard or what they know about drugs from the sources above. List answers on the other side of the index cards.
- Using Handout #1 - “Drug Abuse Stages Chart” (or an overhead projector) have the students categorize their responses.
- Explain that these are the progressive stages of drug abuse and addiction.
- Discuss each stage with the class highlighting the harmful effects and where they can seek help.
- Use Handout #2 - “Dynamics of Addiction” to assist with the discussion.
- At the conclusion of the lesson, the Trust Specialist should provide students with information (pamphlets, fact sheets etc.) regarding available resources.

**Attachments:**

- Handout #1  Drug Abuse Stages Chart
- Handout #2  The Dynamics of Addiction
Concept II: Substance Abuse and Risk – Taking Behaviors - Part A
Lesson 3

<table>
<thead>
<tr>
<th>Title:</th>
<th>Understanding Drug Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose:</td>
<td>To recognize the nature of drug abuse and addiction in relation to damaging one's health.</td>
</tr>
</tbody>
</table>
| Objective:        | Students will be able to:  
|                   | • Recognize the specific effects that drugs have on physical and emotional well being  
|                   | • Increase knowledge of the disease of addiction |
| Sunshine State Standards: | LA.910.1.6.1, LA.910.1.6.9, LA.910.2.2.2 |
| Student Service Benchmarks and Standards: | HD 1.1(1), HD 1.1(2), HD 2.1(4), PS 2.3(4) |
| Instructional Time: | 1 hour |

Activity/Materials:

- Organize students into groups of five to make approximately five groups.
- Each group is to be assigned six (6) terms from Handout #1 – “Drug Terms I Need to Know”.
- Allow time for students to define terms using their prior knowledge, and available textbooks or dictionaries.
- Once all groups have defined the terms, allow one student per group to share their definitions with the class.
- The Trust Specialist should qualify and add additional information, if needed, using the Handout # 2 – “Definition of Drug Abuse Terms (Key).
- As a closure, have students complete the following statements:
  a. “I learned that...”
  b. “I know drug addiction is...”
  c. “A physical effect of drugs on the body is...”
- At the conclusion of the lesson, the Trust Specialist should provide students with information (pamphlets, fact sheets etc.) regarding available resources.
- Emphasize with students the following: The use of illicit drugs and/or alcohol is wrong and harmful. If you or anyone you know has a problem with drugs and/or alcohol, contact your TRUST Specialist or school counselor.

Attachments:

- Handout #1  Drug Terms I Need to Know
- Handout #2  Definition of Drug Abuse Terms (key)
Concept III: Substance Abuse and Risk – Taking Behaviors II - Part B
Concept III: Substance Abuse and Risk – Taking Behaviors II - Part B
Lesson 1

<table>
<thead>
<tr>
<th>Title:</th>
<th>Marijuana Exposed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose:</td>
<td>To understand the risks associated with marijuana use.</td>
</tr>
</tbody>
</table>
| Objective:      | Students will be able to:  
|                 | • Describe the short and long term side effects of marijuana use  
|                 | • Understand how marijuana can affect a person’s well-being. |
| Sunshine State Standards: | LA.910.6.2.1, LA.910.5.1.1, LA.910.2.1.10 |
| Student Service Benchmarks and Standards: | PS 2.3(4), PS 2.3(6), PS 3.1(2), PS4.1 (4), PS 4.4(3), HD 1.1(1), HD 2.1(3), HD 2.1(4) |
| Instructional Time: | 1 hour |

Activity/Materials:

Note: a laptop or smart board is needed for this lesson.

- Click on “Facts on Drugs”.
- Click on “Marijuana”.
- Have student take turns reading aloud the information on the webpage or provide Handout #1 – “Marijuana Exposed Fact Sheet”.
- After completing fact sheet, play NIDA Scientist Video. Click link on left of page.
- If time allows or as follow-up visit REAL stories: Marijuana.
- Click link on left of page.
- View the video “Marijuana Exposed” (20 min.) and conduct a brief discussion.
- Utilize Handout #2 – “Marijuana Exposed”
- At the conclusion of the lesson, the Trust Specialist should provide students with information (pamphlets, fact sheets etc.) regarding available resources.

Attachments:

Handout #1    Marijuana Exposed Fact Sheet
Handout #2    Marijuana Exposed
Concept III: Substance Abuse and Risk – Taking Behaviors II - Part B
Lesson 2

<table>
<thead>
<tr>
<th>Title:</th>
<th>Gateway</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose:</td>
<td>To compare the effects of marijuana, tobacco, and alcohol.</td>
</tr>
<tr>
<td>Objective:</td>
<td>Students will be able to describe the similarities and differences between marijuana, tobacco, and alcohol use.</td>
</tr>
</tbody>
</table>

**Sunshine State Standards:**
LA.910.6.2.1, LA.910.5.2.2, LA.910.2.2.2

**Student Service Benchmarks and Standards:**
PS 2.3(4), PS 4.1(4), HD 1.1(1), HD 2.1(3), HD 2.1(4), HD 2.1(5)

**Instructional Time:**
1 hour

**Activity/Materials:**
- Place students in groups.
- Assign each group either Marijuana and Alcohol or Marijuana and Tobacco.
- Have students draw a two circle Venn diagram.
- Ask the students to write what is different about the two on the outside circles and what is the same in the middle. Give students 10 minutes to complete.
- Ask each group to share what they wrote with the larger group.
- Record answers on the board.
- At the conclusion of the lesson, the Trust Specialist should provide students with information (pamphlets, fact sheets, etc.) regarding available resources.

**Discussion Questions:**
1. How was this activity helpful?
2. What did you learn that you did not already know?
3. How could being under the influence of alcohol make reactions worse?
4. What would happen if other drugs were mixed in such as ____________ (cocaine)?

**Attachments:**
Handout #1 “Marijuana – A Gateway”
Handout #2 “Tobacco – A Gateway”
Handout #3 “Alcohol – A Gateway”
### Concept III: Substance Abuse and Risk –Taking Behaviors II - Part B
#### Lesson 3

<table>
<thead>
<tr>
<th><strong>Title:</strong></th>
<th>The Case of a Few too Many</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Purpose:</strong></td>
<td>To practice making healthy and safe decisions.</td>
</tr>
</tbody>
</table>
| **Objective:** | Students will be able to:  
- Understand how alcohol affects males verses females  
- Understand blood alcohol concentration (BAC)  
- Understand factors that impact an individual’s BAC  
- Identify the healthiest and safest solution in different case scenarios |

#### Sunshine State Standards:
LA.910.6.2.1, LA.910.5.1.1, LA.910.2.1.10

#### Student Service Benchmarks and Standards:
HD 1.1(1), HD 2.1 (4), PS 3.1(1), PS 3.1(2)

#### Instructional Time:
1 hour

#### Activity/Materials:
- Have students read the Handout #1 – “Drinking and Driving Laws in Florida”
- Have students read the story in Handout #2 - “A Few too Many.”
- Read and answer discussion questions with the class.
- Define Blood Alcohol Concentration (BAC) as the amount of alcohol in the blood stream.
- Review the factors that will affect the BAC in a person with the class from Handout # 3 – “Standard Drink Conversion”. (www.brad21.org)

#### Discussion Questions:
1. What would you do if you were Chris?
2. If Chris were to tell the truth what risks does he face?
3. Did Leo and Devin have to die? If no then what could have been done differently?
4. If Terry weighed 140 pounds and had 3 drinks in hours, what would be his Blood Alcohol Concentration Level?
5. What would the likely consequences (Florida DUI law) for Terry at this level?
6. If Terry was a female, would her BAC level be the same or different?
7. What do you notice that is different about the male and female charts?
8. Since Terry had little or no food, do you thinking that it increased or decreased the amount of time it took for alcohol to be absorbed into the body?
9. If Terry had 1 wine cooler and 1 shot of tequila, what is the total number of standard drinks Terry consumed? Use the Standard Drink Conversion Chart to calculate.

#### Attachments:
- Handout #1       Drinking and Driving Laws in Florida
- Handout #2       A Few too Many
- Handout #3       Standard Drink Conversion
Concept IV: Managing Your Emotions
# Concept IV: Managing Your Emotions
## Lesson 1

<table>
<thead>
<tr>
<th><strong>Title:</strong></th>
<th>Managing Stress</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Purpose:</strong></td>
<td>To help students identify their stress levels</td>
</tr>
</tbody>
</table>
| **Objective:** | Students will be able to:  
  - Identify some causes of stress  
  - Recognize when they are stressed and identify ways to manage stress |
| **Sunshine State Standards:** | PS 2.1(1), PS 2.1(2) |
| **Student Service Benchmarks and Standards:** | LA.910.1.7.2, LA.910.2.2.2, LA.910.5.2.2 |
| **Instructional Time:** | 30-40 minutes |

**Activity/Materials:**

- Materials needed: 5 sheets of poster board (or chart paper), 6 crayons or magic markers, and adhesive tape.
- Distribute Handout #1 - “Stress Cycle” (or use as an overhead,) and discuss each cycle with the class.
- Next, arrange students into six groups.
- Position each group in an area of the classroom and tape a sheet of poster board to the wall by each group. Each poster should feature one of the headings below: *Situations that Make Me Angry, Situations that Make Me Frustrated, Situations that Make Me Worry, Situations that Make Me Happy,* and *Situations that Take a Lot of Time.*
- Tell each group they have 1-2 minutes to write down their responses to the situation on the poster in front of them. Optional: you might play music (something lively) while the students are engaged in the activity.
- When the designated time is up, have students move to the poster to their right. Allow two more minutes to respond to the situation at the top of the poster that is now in front of them.
- Continue rotating until each group has had a chance to write their responses to the situations on all six posters. Then have a spokesperson from each group read the responses on the poster in front of them. Discuss similarities, insights, or perceptions related to the ideas listed. Talk about which responses are positive stressors and which are negative stressors.
- Have students return to their seats. As a class, brainstorm appropriate and healthy strategies to cope with the stressful situations they wrote about. Students should take notes on those strategies. (You might provide a handout with the six headings and room for notes beneath each).
- Distribute Handout #2 - “Stress Symptoms and Strategies to Combat Stress”.
- Discuss the strategies with the class.

**Attachments:**

- Handout #1  Stress Cycle
- Handout #2  Stress Symptoms and Strategies to Combat Stress
## Concept IV: Managing Your Emotions
### Lesson 2

<table>
<thead>
<tr>
<th>Title:</th>
<th>Who Is In My Circle?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Purpose:</strong></td>
<td>To help students analyze major influences in their lives.</td>
</tr>
<tr>
<td><strong>Objective:</strong></td>
<td>The student will be able to differentiate between positive and negative influences.</td>
</tr>
<tr>
<td><strong>Sunshine State Standards:</strong></td>
<td>PS 3.1(2), PS 4.1 (1)</td>
</tr>
<tr>
<td><strong>Student Service Benchmarks and Standards:</strong></td>
<td>LA.910.2.1.10, LA.910.5.2.5</td>
</tr>
<tr>
<td><strong>Instructional Time:</strong></td>
<td>1 hour</td>
</tr>
</tbody>
</table>

### Activity/Materials:
- Ice breaker – “Quadrants”
- Distribute Handout #1 – “Quadrants”
- Instruct students to complete the form with their first thoughts. Only provide students with no more than one minute per quadrant.
- Instruct students that in a minute you will have them move around the room and share answers with individuals. If they find a match within a quadrant, they are to make a mark in the specific quadrant for every match found.
- Give instructions to the students to begin sharing. Give no more than 10 minutes.
- Have students return to their seats and tally each quadrant.
- Ask students to raise their hand if they have more than 10 matches, 15, 20, etc. Pause and allow students to share.
- Distribute Handout #2 - “Who is in My Circle?”
- Tell students beginning with the inner circle; write the names of people they are closest to. The names of individuals in the inner circle are the ones they confide in, tell their secrets, and talk to most of the time, possibly a best friend. These could be relatives or non-relatives. Nicknames, initials, or code names can be used for privacy.
- Demonstrate for students on over head and/or white board.
- The students would move outward to the next sections filing in names leaving a space underneath each.

### Attachments:
- Handout #1 – Quadrants
- Handout #2 – Who is in my Circle?
- Handout #3 – Discussion Questions
# Concept IV: Managing Your Emotions
## Lesson 3

<table>
<thead>
<tr>
<th>Title:</th>
<th>Death Blow</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose:</td>
<td>To increase the student’s ability to effectively resolve conflicts</td>
</tr>
<tr>
<td>Objective:</td>
<td>Students will be able to become aware of situational, physical and cognitive triggers and clues that precede or accompany angry responses</td>
</tr>
<tr>
<td>Sunshine State Standards:</td>
<td>LA.910.2.1.10, LA.910.6.2.1</td>
</tr>
<tr>
<td>Student Service Benchmarks and Standards:</td>
<td>PS 4.4(2), PS 4.4(3), PS 2.1(4), HD 2.1(1)</td>
</tr>
<tr>
<td>Instructional Time:</td>
<td>1 hour</td>
</tr>
</tbody>
</table>

### Activity/Materials:
- Have students define anger.
- Use the Anger Ice-Berg Theory to illustrate the emotion. Utilize the following as a basis:
  - “Anger is like an iceberg. The tip represents the anger, which everyone sees. However, there is 90% more of that iceberg hidden below the surface of the water. This tip of the iceberg is actually the symptom. The more complex feelings responsible for this symptomatic anger vary widely from person to person. Generally, anger icebergs often include fears, insecurities, frustrations, hurt pride, feelings of disrespect, and various other emotions.”  
  - [http://www.selfgrowth.com/articles/anger_iceberg.html](http://www.selfgrowth.com/articles/anger_iceberg.html)
- Distribute Handout #1 A – “Ten Levels of Anger Management”, and instruct students to read the scale descriptions. At the end of the Handout #1 A, they are instructed to self-reflect on the three situations and complete as appropriate.
- Allow students no more than 5-10 minutes to complete.
- Distribute Handout #1 B - “Personal Assessment of Anger” and have students self-reflect.
- View the DVD “Death Blow” (20 min).
- Allow students time to respond to the discussion questions. Focus upon how anger can impact decision making.
- Lead a discussion with the class based on each question on Handout #2 - “Discussion Questions”
- Allow students to share voluntarily and express their emotions.
- Distribute and discuss Handout #3 - “Releasing Anger”.

### Attachments:
- Handout #1 A  Ten Levels of Anger Management
- Handout #1 B  Personal Assessment of Anger
- Handout #2  Discussion Questions
- Handout #3  Releasing Anger
Concept V: Skills for Developing Healthy Relationships
Concept V: Skills for Developing Healthy Relationships
Lesson 1

<table>
<thead>
<tr>
<th>Title:</th>
<th>Dating Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose:</td>
<td>To help students recognize the warning signs of teen dating abuse/dating violence</td>
</tr>
</tbody>
</table>
| Objective: | Students will be able to:  
- Compare characteristics of healthy and unhealthy relationships  
- Assess whether their relationship is a risk of violence  
- Identify types of abuse in dating relationships  
- Identify strategies to help reduce violence |
| Sunshine State Standards: | LA.910.1.7.3, LA.910.5.1.1, LA.910.1.6.9, LA.910.1.7.4, LA.910.2.2.1 |
| Student Service Benchmarks and Standards: | PS 2.1(3), PS 2.2(3), PS 2.3(1), PS 2.3(2), PS 4.4(3), PS 4.1(3) |
| Instructional Time: | 1 hour |
| Activity/Materials: |  
- Break large group of students into smaller groups.  
- Assign each group to create one list of the following:  
  2. Characteristics of an unhealthy dating relationship.  
- Have each group share with the larger group.  
- Distribute the Handout #1 – “POP Quiz! Is Your Relationship Healthy”.  
- Have students score their answers.  
- Review and discuss the types of abuse using the Handout #2 – “Types of Abuse”.  
- Distribute, review, and discuss Handout #3 – “Dating Bill of Rights”, OR play the Public Service Announcement from the website [http://www.loveisrespect.org](http://www.loveisrespect.org). Click on resource center. Click on download PSA.  
- Distribute and review Handout #4 - “Creating a Safety Plan”.  
- Remind the students that if they need assistance, if they know of anyone in an abusive relationship, or if they need any additional information to please come to their TRUST Specialist, speak to their parent, use 305-358-HELP, or access the websites for additional information. |

**Attachments:**

- Handout #1 – POP Quiz! Is Your Relationship Healthy  
- Handout #2 – Types of Abuse  
- Handout #3 – Dating Bill of Right  
- Handout #4 – Creating a Safety Plan
## Concept V: Skills for Developing Healthy Relationships
### Lesson 2

<table>
<thead>
<tr>
<th>Title:</th>
<th>Effective Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose:</td>
<td>To introduce listening and communication skills.</td>
</tr>
<tr>
<td>Objective:</td>
<td>Students will be able to choose the most effective ways to communicate and interact with others</td>
</tr>
<tr>
<td>Sunshine State Standards:</td>
<td>LA.910.1.7, LA.910.1.7.4</td>
</tr>
<tr>
<td>Student Service Benchmarks and Standards:</td>
<td>PS 4.1(1), PS 4.1(3), PS 4.1(4)</td>
</tr>
<tr>
<td>Instructional Time:</td>
<td>1 hour</td>
</tr>
</tbody>
</table>

### Activity/Materials:
- Ask students for a definition of communication.
- Discuss whether students believe communication is easy.
- Define communication as, “A process by which information is exchanged between individuals through a common system of symbols, signs, or behavior” - Merriam Webster Dictionary.
- Discuss how effective communication is based on active listening and the honest (non-attacking) expression of thoughts.
- Distribute and review Handout #1 – “Steps to Active Listening”.
- Explain the difference and importance of using “I” messages rather than “you” messages.
- Have students provide examples.
- If time permits, have students engage in a communication exercise.
- Students are paired up and stand/sit back to back.
- They are to tell each other an important memory. The listener should be quiet when students are back to back. Have students begin their story. After two minutes, have students face each other and use the skills in the lesson. Give another three minutes.
- Have students discuss their feelings when the story was being told back to back and then facing each other. Obtain opinions from the listening role student and talking student.

### Attachments:
- Handout #1 – Steps to Active Listening
Concept V: Skills for Developing Healthy Relationships
Lesson 3

<table>
<thead>
<tr>
<th>Title:</th>
<th>Understanding Conflict</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose:</td>
<td>To increase the students’ ability to effectively resolve conflict.</td>
</tr>
<tr>
<td>Objective:</td>
<td>Students will be able to describe the nature, role and source of conflict</td>
</tr>
<tr>
<td>Sunshine State Standards:</td>
<td>LA.910.1.7.5, LA.910.5.1.1</td>
</tr>
<tr>
<td>Student Service Benchmarks and Standards:</td>
<td>PS 2.1(4), PS 2.1(5)</td>
</tr>
<tr>
<td>Instructional Time:</td>
<td>1 hour</td>
</tr>
</tbody>
</table>

**Activity/Materials:**

- Instruct students to write the word **conflict** in the center of a blank piece of paper and draw a circle around it. Students should quickly jot down all the words and phrases they associate with the word **conflict** by arranging them around the circle.
- Students should review the list of associations and categorize them as positive, negative, or neutral. Count the total number of positive, negative, and neutral associations. How many are positive, negative, or neutral? This may be how they internally feel about conflict.
- Have class define conflict and obtain opinions about past experiences with conflict.
- Correlate innate stress reactions (fight or flight responses) with conflict. Students should be instructed to reflect regarding what is their natural response or instinct when encountering a conflicting situation.
- Stress how students when faced with a conflicting situation can choose how to manage it.
- Distribute Conflict Handout #1 – “Understanding Conflict”.
- Review the 5 conflict modes: competing, compromising, collaborating, avoiding, and accommodating.
- Divide students in teams of 5 members and assign one mode to each. Have students develop a scenario where this mode would be the most successful. Duration: 15 minutes.
- Ask for a representative from each group. Have representatives share the group’s scenario and/or opinions.
- Encourage students to seek the TRUST Specialist or access the Peer Mediation Program (if available) if they encounter a difficult conflict or problem and would like assistance in finding a resolution.

**Attachments:**

Handout #1 – Understanding Conflict
Parent Workshop
“To Reach Ultimate Success Together”
TRUST Parent Interest Questionnaire

Parent Name: ___________________________ Date: ______________________
Student Name: ___________________________ Grade/Id#: __________________

Your TRUST Specialist would like to coordinate services based on your specific needs and interests. Parents please see the list of topics below and indicate your interest by marking your top 5 interest areas.

<table>
<thead>
<tr>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide Prevention</td>
</tr>
<tr>
<td>Violence Prevention</td>
</tr>
<tr>
<td>Warning Signs of At-Risk Students</td>
</tr>
<tr>
<td>Latest Drug Trends</td>
</tr>
<tr>
<td>Depression</td>
</tr>
<tr>
<td>Students who self-injure</td>
</tr>
<tr>
<td>Eating Disorders</td>
</tr>
<tr>
<td>Child Abuse</td>
</tr>
<tr>
<td>Discipline Strategies</td>
</tr>
<tr>
<td>Building Healthy Communication</td>
</tr>
<tr>
<td>Gang Information</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
</tr>
<tr>
<td>Attention Deficit Disorder</td>
</tr>
<tr>
<td>Bullying and Harassment Prevention</td>
</tr>
<tr>
<td>Stress Management</td>
</tr>
<tr>
<td>Other: Please Specify</td>
</tr>
<tr>
<td>Other: Please Specify</td>
</tr>
<tr>
<td>Other: Please Specify</td>
</tr>
<tr>
<td>Other: Please Specify</td>
</tr>
<tr>
<td>Other: Please Specify</td>
</tr>
</tbody>
</table>

1. Would you like to set up a telephone or office appointment with your TRUST Specialist?  ☐ Yes ☐ No
   If yes, please describe assistance requested? Please provide your contact information as well. __________
   __________

2. Would you like for the TRUST Specialist to see your child for a specific issue?  ☐ Yes ☐ No
   If yes, please describe situation? __________
   __________
   __________
   __________
   __________

Mental Health and Crisis Management Services
TRUST High School Curriculum Revised September 2010
School -Wide
Instructional and Non-Instructional
Workshops
“To Reach Ultimate Success Together”
TRUST School Interest Questionnaire

Staff Name: ____________________________ Date: ________________

Every member of our school family is responsible to promote and maintain a safe learning environment, so all students can experience success. TRUST would like to provide you with the information that you require to assist you in this endeavor. Please check off your top 5 interest areas, so that TRUST can better serve your needs in the form of direct services, faculty workshops, and resources.

<table>
<thead>
<tr>
<th>Suicide Prevention</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Violence Prevention</td>
<td></td>
</tr>
<tr>
<td>Warning Signs of At-Risk Students</td>
<td></td>
</tr>
<tr>
<td>Latest Drug Trends</td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td></td>
</tr>
<tr>
<td>Students who self-injure</td>
<td></td>
</tr>
<tr>
<td>Eating Disorders</td>
<td></td>
</tr>
<tr>
<td>Child Abuse</td>
<td></td>
</tr>
<tr>
<td>Classroom Management Strategies</td>
<td></td>
</tr>
<tr>
<td>Managing Difficult Students in a Classroom</td>
<td></td>
</tr>
<tr>
<td>Latest gang information</td>
<td></td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td></td>
</tr>
<tr>
<td>Attention Deficit Disorder</td>
<td></td>
</tr>
<tr>
<td>Bullying and Harassment Prevention</td>
<td></td>
</tr>
<tr>
<td>Stress Management</td>
<td></td>
</tr>
<tr>
<td>Other: Please Specify</td>
<td></td>
</tr>
<tr>
<td>Other: Please Specify</td>
<td></td>
</tr>
<tr>
<td>Other: Please Specify</td>
<td></td>
</tr>
<tr>
<td>Other: Please Specify</td>
<td></td>
</tr>
<tr>
<td>Other: Please Specify</td>
<td></td>
</tr>
</tbody>
</table>

1. Do you need a TRUST Specialist to come visit your class?  □ Yes  □ No
   If yes, please describe assistance requested? __________________________________________
   _______________________________________________________________________________
   _______________________________________________________________________________
   _______________________________________________________________________________

2. Is there any student or family that you are worried about?  □ Yes  □ No
   If yes, please describe situation? (Include Student Name and Identification Number) __________
   _______________________________________________________________________________
   _______________________________________________________________________________
   _______________________________________________________________________________
Resources

TRUST Toolbox
Web Sources

Alcohol:
1. 60 minutes drunk driving video - http://www.cbsnews.com/video/watch/?id46974
2. DUI Victim - Jacqueline Suburido.mpeg

Drugs:
1. Substance Abuse and Mental Health Services Administration - www.samhsa.gov
4. SAMHSA's Center on Substance Abuse Treatment – www.csat.samhsa.gov
5. SAMHSA Substance Abuse Treatment Facility Locator - dasis3.samhsa.gov
10. www.kidshealth.org
12. www.streetdrugs.org/images/photos
15. www.emrurate/images/resources/newsletters/cigarette/ipg
17. The Center for Disease Control - www.cdc.gov
18. www.cdc.gov/family/kidsites/
19. www.naturalhigh.org – information and DVD's
20. www.drugfree.org – information and resources
23. www.justthinktwice.org – created by the DEA
24. www.kci.org – Anti-meth site
25. www.methresources.gov
28. www.whitehousedrugpolicy.gov
29. www.methresouces.gov/MethByState.aspx

Tobacco:
1. www.thetruth.com

Teen Dating Violence
1. Department of Justice: Office on Violence Against Women: Teen dating violence
   http://www.ovw.usdoj.gov/teen_dating_violence.htm
   Downloadable handouts in English and Spanish
5. The safe place - http://www.thesafespace.org (Joint venture with Break the Cycle)
7. Rape Abuse and Incest National Network - www.rainn.org (National Hotline and resources)
8. Youth Violence Prevention Resource Center - www.safeyouth.org
9. Love is respect - www.loveisrespect.org (Information and Resources)
11. Idaho Coalition Against Sexual and Domestic Violence – Brochures, resources, Links
   http://www.idvsa.org/help/index.cfm?msection_id=29

Mental Health and Crisis Management Services
TRUST High School Curriculum Revised September 2010
Books

1. **The Struggle to Be Strong: True Stories by Teens About Overcoming Tough Times** by Al Desetta M.A
2. **Activities That Teach** by Tom Jackson (1993)
3. **More Activities That Teach** by Tom Jackson (1995)

**Sex and Sexuality**

4. **What if Someone I know is Gay** by Eric Marcus
5. **Keeping You a Secret** by Julie Anne Peters
6. **Am I Blue** by Marion Dane Baver
7. **GLBTQ: The Survival Guide for Queer and Questioning Teens** by Kelly Huegel
8. **The Naked Truth** by Marvely Brown (living with HIV/AIDS)
9. **Getting Unstuck** by Conscious
10. **The Truth About Sex** by High School Senior Girls by Kristen Anderson

**Anger**

11. **Hot Stuff to help Kids Chill out** by Jerry Wilde
12. **Putting Anger to Work for You** by Ruth and Joel Schroeder
13. **Overcoming hurts and Anger** by Dwight L. Carlson

**Miscellaneous Topics**

14. **Odd Girl Out** by Rachel Simmons
15. **Odd Girl Speaks Out** by Rachel Simmons
16. **Substance Abuse Prevention Activities** by Patricia Rizzo Toner
17. **Relationships and Communication Activities** by Patricia Rizzo Toner
18. **Girl Wars** by Cheryl Delasega and Charisse Nixon
19. **Skeeter** by Abraham J. Thomas (boy growing up)
20. **Cut** by Patricia McCormick (self injury)
21. **When A Friend Dies** by Marilyn E. Goodman (grief)
22. **Beyond the Locket: Surviving Parental Separation** by Alan Saunders
23. **They Call Me Coach: Timeless Tips for Teens** by Jeff Yalden (MTV)
24. **Seven Habits of Highly Effective Teens** by Sean Covey
1. 7 Deadly Myths
   [link](http://www.cdc.gov/tobacco/publications/dvds_videos/seven_deadly_myths/index.htm)
2. Project Alert
   - Let’s Talk About Marijuana
   - Pot or Not
   - Pot: The Party Crasher (1)
   - Pot: The Party Crasher (2)
   - Clearing the Air/ Smoking
   - Paul’s Fix Booster Lesson/ Cigarettes
   - Say “No” To Drugs
   - Resisting Peer Pressure
   - Lindsey’s Choice on Smoking
Appendix
Concept I: Healthy Decision-Making
How I See Myself
Lesson 1 - Handout #1

Instructions: Place √ by the statements that describe you. Place an X by statements that do NOT describe you.

☐ 1. I like myself.
☐ 2. People can trust me.
☐ 3. I usually say the right thing.
☐ 4. I don’t like myself.
☐ 5. I depend on others for ideas.
☐ 6. I waste time.
☐ 7. I think for myself.
☐ 8. I don’t understand why I do some things.
☐ 9. I use time well.
☐ 10. I trust myself.
☐ 11. I usually say the wrong thing.
☐ 12. I enjoy people.
☐ 13. I don’t like to be around me.
☐ 14. I often do the wrong thing.
☐ 15. People like to be around me.
☐ 16. People avoid me.
☐ 17. I enjoy school.
☐ 18. I don’t enjoy school.
“How Others See Me”
Lesson 1- Handout #2

1. What are some of the things that your parents tell you about yourself? Do you believe this about yourself?

2. What are some of the things others (friends, teachers, etc.) tell you about yourself? Do you believe this about yourself?

3. Which examples are positive and which are negative? (Suggestion: Underline the positive examples once and the negative examples twice.) Which examples do you believe to be true about yourself? (Suggestion: circle these.)

4. What do these examples and the above considerations (positive or negative, true or not) tell you about your self-concept?
Maslow’s Hierarchy of Needs
Lesson 2- Handout #1

Each of us is motivated by needs. Our most basic needs are inborn, having evolved over tens of thousands of years. Abraham Maslow’s Hierarchy of Needs helps to explain how these needs motivate us all.

Maslow’s Hierarchy of Needs states that we must satisfy each need in turn, starting with the first, which deals with the most obvious needs for survival itself.

Only when the lower order needs of physical and emotional well-being are satisfied are we concerned with the higher order needs of influence and personal development.

Conversely, if the things that satisfy our lower order needs are swept away, we are no longer concerned about the maintenance of our higher order needs.

Maslow’s original Hierarchy of Needs model was developed between 1943-1954, and first widely published in Motivation and Personality in 1954. At this time the Hierarchy of Needs model comprised five needs. The original version remains for most people the definitive Hierarchy of Needs.

1. **Biological and Physiological Needs**: air, food, drink, shelter, warmth, sex, sleep, etc.
2. **Safety Needs**: protection from elements, security, order, law, limits, stability, etc.
3. **Belongingness and Love Needs**: work group, family, affection, relationships, etc.
4. **Esteem Needs**: self-esteem, achievement, mastery, independence, status, dominance, prestige, managerial responsibility
5. **Self-Actualization Needs**: realizing personal potential, self-fulfillment, seeking personal growth and peak experiences
About Needs
Lesson 2- Handout #2

A. Needs versus Causes of Behavior
Although it would be inaccurate to say that needs "cause" behavior, needs satisfaction/deprivation induces feelings which in turn serve as powerful motivators for behavior. This behavior is the time, effort, and action devoted to satisfy the need(s).

B. Maslow’s Hierarchy of Needs

- **Level I.** The "lowest" or most basic needs have to do with our biological survival. Examples include the needs for air, food, etc. Deprivation of these needs results in fear, panic, and a strong desire to satisfy them, at the exclusion of all else.

- **Level II.** These are the needs for safety and security, both physical and psychological. For example, physically, we need to be free from fear of being mugged on our way home. Psychologically, we need to feel free from the threat of ridicule and embarrassment. Also, we need to feel safe in sharing our thoughts and feelings in the TRUST group; that there will be food on the table tomorrow; that important people in our lives will continue to be there for us, etc. Deprivation of these needs results in fear, anger, resentment, insecurity, helplessness.

- **Level III.** This level results from the fact that we are social creatures. Some of these relationship-needs include belonging (to a group, family, etc.), acceptance and understanding (that it is ok to be who we are and that others approve of us as we are), loving and affection (both getting and giving it), and intimacy (to share our inner selves with others). Deprivation at this level results in feelings of loneliness, pain, sadness, alienation, unworthiness.

- **Level IV.** These are the needs for productivity, achievement and accomplishment. Their satisfaction is a source of excitement, pride, and feelings of self-worth. Deprivation results in frustration, shame, defeat, disappointment, and lowered self-esteem.

- **Level V.** These include the need for completeness, wholeness, joyfulness, transcendence, unity. Deprivation results in sadness, nostalgia, uneasiness, vulnerability, longing.

C. Needs are universal; all people have needs. Needs are typically set up in a hierarchy; an order or sequence from lowest to highest, such that we are likely to attend to "higher-level" needs only after "lower-level" ones have been satisfied.

D. Needs are integrated. When I feel hungry, I feel hungry—not just in my stomach. Conversely, a feeling of rejection arising from an unmet need for affection may lead to eating - just as a feeling of hunger arising from the need for nutrition.

E. Changing Behaviors: Obviously, not all behaviors are appropriate or healthy ways of meeting needs. An effective way to change undesirable behavior is to look at the feelings to which it responds as well as the need that gives rise to those feelings. In doing so, we can frequently get "unstuck" from a particular behavior and find any number of possible alternatives to meet that need.
# Exploring My Needs

## Lesson 2 - Handout #3

1. Excluding the use of drugs, list ten people, places, things or conditions in your life which you consider important. For example: family, pets, school, sports, etc.

<table>
<thead>
<tr>
<th>People, Places, Things or Conditions:</th>
<th>Need(s) It Meets:</th>
<th>How / Feelings:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Take the three that are most important to you and specify what need(s) each meet and how (including feelings involved).

<table>
<thead>
<tr>
<th>People, Places, Things or Conditions:</th>
<th>Need(s) It Meets:</th>
<th>How / Feelings:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Consider your peers who you know or suspect are using drugs /alcohol. Specify what need(s) their behavior meets and how (including the feelings involved).

<table>
<thead>
<tr>
<th>Needs Met by the Use of Drugs / Alcohol:</th>
<th>How / Feelings Involved:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Describe some alternative ways (behaviors) to meet those same needs.
### My Family's Characteristics
#### Lesson 3 - Handout #1

Instructions: Place a numerical value from 0 (never occurs) to 10 (almost always occurs) on each line as it applies to your family.

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Open communication between parents.</td>
</tr>
<tr>
<td>2.</td>
<td>Honesty with family members.</td>
</tr>
<tr>
<td>3.</td>
<td>Love and closeness with family members.</td>
</tr>
<tr>
<td>4.</td>
<td>Family members feel accepted and worthwhile.</td>
</tr>
<tr>
<td>5.</td>
<td>Expression of feelings with family members.</td>
</tr>
<tr>
<td>6.</td>
<td>Problems expressed and accepted.</td>
</tr>
<tr>
<td>7.</td>
<td>Productive solutions to problems sought.</td>
</tr>
<tr>
<td>8.</td>
<td>Family members have equal voice.</td>
</tr>
<tr>
<td>10.</td>
<td>Emotional support for family members.</td>
</tr>
</tbody>
</table>

TOTAL

Now add the numbers that describe your family and place it on the continuum line below:

- **Dysfunctional**
- **Average**
- **Functional**

0_____________________________50_____________________________100
Changing Family Roles
Lesson 3 - Handout #2

1. Is/are there any role(s) you would like yourself or your family members to change? Which one(s)? Why?

2. What have you done in the past to try to make the changes you describe in Item 1?

3. What can you do now to try to make these changes?
Concept II: Substance Abuse and Risk-Taking

Handouts
# The Language of Drugs
## Lesson 1 - Handout #1

<table>
<thead>
<tr>
<th>Name</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>The class of drugs that speed up central nervous system functioning; also called “bennies” and “uppers”</td>
</tr>
<tr>
<td>2.</td>
<td>Misusing a substance to produce a physical, mental or emotional result</td>
</tr>
<tr>
<td>3.</td>
<td>Choosing not to use or drink alcohol, tobacco or other drugs</td>
</tr>
<tr>
<td>4.</td>
<td>A chemical substance that produces a mental, physical or emotional and/or behavioral change in the user</td>
</tr>
<tr>
<td>5.</td>
<td>Drug abuse and addiction have been linked to the spread of this virus</td>
</tr>
<tr>
<td>6.</td>
<td>The class of drugs that slow down central nervous system function</td>
</tr>
<tr>
<td>7.</td>
<td>Physical and psychological effects that occur when a person stops using a drug that he or she is physically dependent on</td>
</tr>
<tr>
<td>8.</td>
<td>Known to cause flashbacks</td>
</tr>
<tr>
<td>9.</td>
<td>A decrease in the effects of a drug with continued use</td>
</tr>
<tr>
<td>10.</td>
<td>A life threatening liver disease</td>
</tr>
<tr>
<td>11.</td>
<td>A physical or psychological need for a drug</td>
</tr>
<tr>
<td>12.</td>
<td>Smoke from this drug contains some of the same substances that are toxic and cause cancer like cigarette smoke</td>
</tr>
<tr>
<td>13.</td>
<td>A drug that induces a false or distorted perception of reality</td>
</tr>
<tr>
<td>14.</td>
<td>A chemical that is abused by being sniffed or hugged to get desired effects</td>
</tr>
<tr>
<td>15.</td>
<td>A drug that can relieve pain and induce sleep</td>
</tr>
<tr>
<td>16.</td>
<td>When alcohol is consumed faster than it can be processed</td>
</tr>
<tr>
<td>17.</td>
<td>A neurotransmitter in the brain is responsible for feelings of pleasure; makes people feeling good</td>
</tr>
<tr>
<td>18.</td>
<td>Crack is a form of this drug</td>
</tr>
<tr>
<td>19.</td>
<td>Another word for the feeling one gets when they are high</td>
</tr>
<tr>
<td>20.</td>
<td>A group of drugs with a high potential for abuse, easily accessible, in nearly every household</td>
</tr>
<tr>
<td>21.</td>
<td>Can cause pimples and hair to fall out</td>
</tr>
<tr>
<td>22.</td>
<td>Also known as MDMA</td>
</tr>
</tbody>
</table>

*Adapted from Human Relations Media – Substance Abuse Curriculum 2002*
# The Language of Drugs – Answer Sheet
## Lesson 1 - Handout # 1

<table>
<thead>
<tr>
<th>Name</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Stimulants</td>
<td>The class of drugs that speed up central nervous system functioning; also called “bennies” and “uppers”</td>
</tr>
<tr>
<td>2. Drug Abuse</td>
<td>Misusing a substance to produce a physical, mental or emotional result</td>
</tr>
<tr>
<td>3. Abstinence</td>
<td>Choosing not to use or drink alcohol, tobacco or other drugs</td>
</tr>
<tr>
<td>4. Drug</td>
<td>A chemical substance that produces a mental, physical emotional and/or behavioral change in the user</td>
</tr>
<tr>
<td>5. HIV</td>
<td>Drug abuse and addiction have been linked to the spread of this virus</td>
</tr>
<tr>
<td>6. Depressants</td>
<td>The class of drugs that slow down central nervous system function</td>
</tr>
<tr>
<td>7. Withdrawal</td>
<td>Physical and psychological effects that occur when a person stops using a drug that he or she is physically dependent on</td>
</tr>
<tr>
<td>8. LSD</td>
<td>Known to cause flashbacks</td>
</tr>
<tr>
<td>9. Tolerance</td>
<td>A decrease in the effects of a drug with continued use</td>
</tr>
<tr>
<td>10. Hepatitis</td>
<td>A life threatening liver disease</td>
</tr>
<tr>
<td>11. Addiction</td>
<td>A physical or psychological need for a drug</td>
</tr>
<tr>
<td>12. Marijuana</td>
<td>Smoke from this drug contains some of the same substances that are toxic and cause cancer like cigarette smoke</td>
</tr>
<tr>
<td>13. Hallucinogen</td>
<td>A drug that induces a false or distorted perception of reality</td>
</tr>
<tr>
<td>14. Inhalant</td>
<td>A chemical that is abused by being sniffed or hugged to get desired effects</td>
</tr>
<tr>
<td>15. Narcotic</td>
<td>A drug that can relieve pain and induce sleep</td>
</tr>
<tr>
<td>16. Intoxication</td>
<td>When alcohol is consumed faster that it can be processed</td>
</tr>
<tr>
<td>17. Dopamine</td>
<td>A neurotransmitter in the brain is responsible for feelings of pleasure; makes people feeling good</td>
</tr>
<tr>
<td>18. Cocaine</td>
<td>Crack is a form of this drug</td>
</tr>
<tr>
<td>19. Euphoria</td>
<td>Another word for the feeling one gets when they are high</td>
</tr>
<tr>
<td>20. Prescription Drugs</td>
<td>A group of drugs with a high potential for abuse, easily accessible, in nearly every household</td>
</tr>
<tr>
<td>21. Steroids</td>
<td>Can cause pimples and hair to fall out</td>
</tr>
<tr>
<td>22. Ecstasy</td>
<td>Also known as MDMA</td>
</tr>
</tbody>
</table>

*Adapted from Human Relations Media – Substance Abuse Curriculum 2002*
Facts on Prescription and Over-the-Counter Drugs
(Page 1 of 3)
Lesson #1 – Handout #2

Prescription Drug Abuse

What is prescription drug abuse?
Prescription drug abuse is when someone takes a prescription drug that was prescribed for someone else or in a manner or dosage other than what was prescribed. Abuse can include taking a friend's or relative's prescription to get high, to help with studying, or even to treat pain.

What are the most commonly abused prescription and over-the-counter drugs?
Opioids (such as the pain relievers OxyContin and Vicodin), central nervous system depressants, and stimulants are the most commonly abused prescription drugs. Some drugs that are available without a prescription—also known as over-the-counter drugs—also can be dangerous if they aren't taken according to the directions on the packaging. For example, DXM (dextromethorphan), the active cough suppressant found in many over-the-counter cough and cold medications, sometimes is abused, particularly by youth.

Teens and Prescription Drugs

How many teens abuse prescription drugs?
In 2008, 1.9 million youth (or 7.7 percent of youth) age 12 to 17 abused prescription drugs, with 1.6 million (6.5 percent) abusing a prescription pain medication. That makes painkillers one of the most commonly abused drugs by teens after tobacco, alcohol, and marijuana.

Where do teens get prescription drugs?
Both teens and young adults obtain the majority of prescription drugs from friends and relatives, sometimes without their knowledge. And in one survey, 35 percent of high school seniors said that opioid drugs other than heroin (e.g., Vicodin or methadone) would be fairly or very easy to get.

Why do teens abuse prescription drugs?
Interestingly, teenage boys and girls tend to abuse some types of prescription drugs for different reasons. For example, boys are more apt to abuse prescription stimulants to get high, while girls tend to abuse them to self-medicate.

Prescription Drug Abuse Effects

What happens when you abuse prescription drugs?
Abusing prescription drugs can have negative short- and long-term health consequences. Stimulant abuse can cause paranoia, dangerously high body temperatures, and an irregular heartbeat, especially if taken in high doses or by routes other than in pill form. The abuse of opioids can cause drowsiness, nausea, constipation, and, depending on the amount taken, slowed breathing. Abusing depressants can cause slurred speech, shallow breathing, fatigue, disorientation, lack of coordination, and seizures (upon withdrawal from chronic abuse). Abuse of any of these substances may result in physical dependence or addiction.

Abusing over-the-counter drugs that contain DXM—which usually involves taking doses much higher than recommended for treating coughs and colds—can impair motor function (such as walking or sitting up); produce numbness, nausea, and vomiting; and increase heart rate and blood pressure.

Abusing any type of mind-altering drug can affect judgment and inhibition and may put a person at heightened risk for HIV and other sexually transmitted diseases (STDs).
Prescription Drug Abuse Effects Continued

**Aren’t prescription drugs safer than illegal drugs, such as cocaine or heroin?**

No. Many people think that abusing prescription drugs is safer than abusing illicit drugs like heroin because the manufacturing of prescription drugs is regulated or because they are prescribed by doctors. But that doesn’t mean these drugs are safe for someone other than the person with the prescription to use. Many prescription drugs can have powerful effects in the brain and body—and people sometimes take them in ways that can be just as dangerous (e.g., crushing pills and snorting or injecting the contents) as illicit drug abuse. In fact, opioid painkillers act on the same sites in the brain as heroin, which is one reason why they can be so dangerous when abused. Also, abusing prescription drugs is illegal—and that includes sharing prescriptions with friends.

**If prescription drugs are dangerous, why are they prescribed by doctors?**

Virtually every medication presents some risk of undesirable side effects, sometimes even serious ones. Doctors consider the potential benefits and risks to each patient before prescribing medications. Doctors ask about patients’ medical history, including what other health problems they have, what other medications they take, and whether they have a history of problems with addiction or other mental illnesses. Based on this and other information (e.g., age and weight of the patient), physicians can prescribe drugs while minimizing the risks. But when abused, some prescription drugs can be dangerous and can lead to severe health consequences, including addiction—just like illicit drugs can.

**Why don’t people who take prescription drugs for medical conditions become addicted?**

On rare occasions they do, which is why a person must be under a doctor’s care while taking prescription medications, and sometimes when stopping their use. A doctor prescribes medication based on an individual’s need—each patient is examined for symptoms and receives a dose of medication that will treat the problem effectively and safely. Typically, prescription drugs are taken in a form (e.g., a pill) that doesn’t allow for rapid absorption of the drug by the brain, which reduces the likelihood of addiction. However, if taken for reasons other than for what the drugs were intended, in ways not prescribed, or at higher doses than prescribed, prescription drug use can lead to addiction.

Long-term medical use of certain prescription drugs can lead to “physical dependence” because of the way the brain and the body naturally adapt to chronic drug exposure. A person may need larger doses of the drug to achieve the same initial effects (tolerance), and when drug use is stopped, withdrawal symptoms can occur. Tolerance is not the same as addiction (although it also happens to someone who is addicted). It is one of the many reasons why prescription drugs need to be taken—and stopped—under a physician’s guidance.

**Is it dangerous to abuse prescription drugs in combination with other drugs?**

Yes. Both prescription and over-the-counter drugs pose increased risk of health complications when combined with other prescription medications, over-the-counter medicines, illicit drugs, or alcohol. For example, combining opioids with alcohol can intensify respiratory distress and lead to death.\(^7\)
Facts on Prescription and Over-the-Counter Drugs
(Page 3 of 3)
Lesson #1 – Handout #2

References


“Facts on Prescription and Over-the-Counter Drugs” is part of a series of fact sheets from the National Institute on Drug Abuse (NIDA) that are designed to inform students, parents, educators, and mentors about the harmful effects of prescription drug abuse. To learn more about how you can get involved in spreading the word about the dangers of prescription drug abuse, visit http://teens.drugabuse.gov/PEERx.

This material may be used or reproduced without permission from NIDA. Citation of the source is appreciated. October 2009

http://teens.drugabuse.gov/peerx/pdf/PEERx_Toolkit_FactSheets_RxDrugs.pdf
## Drug Abuse Stages Chart
Lesson 2 - Handout #1

<table>
<thead>
<tr>
<th>Experimentation</th>
<th>Use</th>
<th>Misuse</th>
<th>Abuse</th>
<th>Dependency</th>
<th>Addiction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The Dynamics of Addiction
Lesson 2 - Handout #2

1. A chemical substance is introduced into the body that combines with natural brain chemicals.

2. An overproduction of chemical substances gets the brain center working overtime.

3. Next, because of the overproduction of these substances, the brain stops replacing its own chemicals.

4. This depletion in turn triggers an emergency craving to replenish the brain's natural chemicals.

5. The abuser of chemical substances MISIDENTIFIES the craving as a NEED for the alcohol or other drug and focuses on nothing else. This is the addiction process.
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug</td>
<td></td>
</tr>
<tr>
<td>Street Drugs:</td>
<td></td>
</tr>
<tr>
<td>Over-the-Counter</td>
<td></td>
</tr>
<tr>
<td>Look-a-Like Drugs or “Designer Drugs:</td>
<td></td>
</tr>
<tr>
<td>Drug Addition:</td>
<td></td>
</tr>
<tr>
<td>Addictive Effect:</td>
<td></td>
</tr>
<tr>
<td>Inhibitory Effects:</td>
<td></td>
</tr>
<tr>
<td>Drug Use:</td>
<td></td>
</tr>
<tr>
<td>Drug Abuse:</td>
<td></td>
</tr>
<tr>
<td>Controlled/Illegal Drugs</td>
<td></td>
</tr>
<tr>
<td>Legal/Non-Controlled Drugs:</td>
<td></td>
</tr>
<tr>
<td>Drug Intoxication:</td>
<td></td>
</tr>
<tr>
<td>Detoxification:</td>
<td></td>
</tr>
<tr>
<td>Chronic Disease:</td>
<td></td>
</tr>
<tr>
<td>Progressive Disease:</td>
<td></td>
</tr>
<tr>
<td>Compulsive Disease:</td>
<td></td>
</tr>
<tr>
<td>Craving:</td>
<td></td>
</tr>
<tr>
<td>Losing Control:</td>
<td></td>
</tr>
<tr>
<td>Side Effects:</td>
<td></td>
</tr>
<tr>
<td>Co-Dependency:</td>
<td></td>
</tr>
<tr>
<td>Tolerance:</td>
<td></td>
</tr>
<tr>
<td>Poly-Drug Use:</td>
<td></td>
</tr>
<tr>
<td>Physical Dependence:</td>
<td></td>
</tr>
<tr>
<td>Toxic Effect:</td>
<td></td>
</tr>
<tr>
<td>Mood Altering Drugs:</td>
<td></td>
</tr>
<tr>
<td>Psychoactive Drugs:</td>
<td></td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Drug</td>
<td>Any substance, other than most foods, that alters the structure or function of the body and/or mind.</td>
</tr>
<tr>
<td>Street Drugs:</td>
<td>Drugs that are produced against the law and sold on the streets, instead of in a pharmacy or drug store.</td>
</tr>
<tr>
<td>Over-the-Counter</td>
<td>Commercially produced drugs that may be purchased without a prescription in a pharmacy or store.</td>
</tr>
<tr>
<td>Look-a-Like Drugs or &quot;Designer Drugs:&quot;</td>
<td>Illegally produced drugs that have almost the same chemical formula as another illegal drug.</td>
</tr>
<tr>
<td>Drug Addition:</td>
<td>A chronic disease, caused by a chemical imbalance in the brain, resulting in a physical compulsion and loss of control over drugs.</td>
</tr>
<tr>
<td>Addictive Effect:</td>
<td>Two or more drugs that are taken together, resulting in the simple sum of the effects of each drug, e.g. 1+1=2.</td>
</tr>
<tr>
<td>Inhibitory Effects:</td>
<td>The effect of two or more drugs taken together resulting in one drug reducing the action of another drug, e.g. 1+1=1.</td>
</tr>
<tr>
<td>Drug Use:</td>
<td>Refers to over-the-counter drugs that present little potential hazard for the user or society; used in a safe and healthy manner.</td>
</tr>
<tr>
<td>Drug Abuse:</td>
<td>The use of a drug in a way that the potential for harm to the user and society is imminent and is used in a dangerous or unhealthy manner.</td>
</tr>
<tr>
<td>Controlled/Illegal Drugs</td>
<td>Drugs that are forbidden to be made, sold, or used unless they are supervised by pharmacists, prescribed by doctors, and made safe for the user.</td>
</tr>
<tr>
<td>Legal/Non-Controlled Drugs:</td>
<td>Drugs that are allowed to be purchased without major controls or regulations because they are not a threat to one's health.</td>
</tr>
<tr>
<td>Drug Intoxication:</td>
<td>Poisoning one’s body through the use of drugs.</td>
</tr>
<tr>
<td>Detoxification:</td>
<td>The body’s process of withdrawing toxic substances from the tissues.</td>
</tr>
<tr>
<td>Chronic Disease:</td>
<td>An incurable disease that can only be arrested, but not cured, such as diabetes or addiction.</td>
</tr>
<tr>
<td>Progressive Disease:</td>
<td>The physical and/or mental loss of control over time; the physical compulsion of the disease of addiction gets worse and is even fatal if not treated.</td>
</tr>
<tr>
<td>Compulsive Disease:</td>
<td>A disease process in which one operates in an instinctual manner and is unable to stop the behavior.</td>
</tr>
<tr>
<td>Craving:</td>
<td>A desire for the drug caused by a chemical imbalance in the brain. Craving is the signal from the brain to “seek balance”, as when one is very thirsty, the body craves water.</td>
</tr>
<tr>
<td>Losing Control:</td>
<td>The main symptom of addiction by which the body takes over when the addict uses drugs, and he/she is unable to stop him/herself from using.</td>
</tr>
<tr>
<td>Side Effects:</td>
<td>Effects that can occur aside from the desired results from taking a drug.</td>
</tr>
<tr>
<td>Co-Dependency:</td>
<td>Psychological problems found in individuals having a close relationship with a drug dependent (addicted) person.</td>
</tr>
<tr>
<td>Tolerance:</td>
<td>Continued use of a drug producing a need to take a larger and larger dose to achieve the desired effect.</td>
</tr>
<tr>
<td>Poly-Drug Use:</td>
<td>When more than one kind of drug is taken at a time, e.g., alcohol and cocaine.</td>
</tr>
<tr>
<td><strong>Physical Dependence:</strong></td>
<td>The body needs a drug to feel good because its cells have become accustomed to the drug being present.</td>
</tr>
<tr>
<td>--------------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Toxic Effect:</strong></td>
<td>The poisonous effect of a drug, resulting in physical harm.</td>
</tr>
<tr>
<td><strong>Mood Altering Drugs:</strong></td>
<td>Special drugs that affect the brain in such a way that it changes how one feels.</td>
</tr>
<tr>
<td><strong>Psychoactive Drugs:</strong></td>
<td>Drugs that have mind or mood altering effects.</td>
</tr>
</tbody>
</table>
Concept III: Substance Abuse and Risk-Taking B Handouts
**The Basics:**

- Street names: Pot, herb, grass, weed, Mary Jane, reefer, ganga, kif, blunt, joint, roach nail
- **Marijuana is a gateway drug.**
- Marijuana comes from a plant called cannabis sativa or hemp (originally used to make clothing or rope. All parts are used leaves, stems, seeds, and flowers.
- Marijuana is most commonly rolled into a joint (like a cigarette). Though sometimes it is smoked in a pipe. One example of this is a bong. Some people have placed it in food (i.e. brownies) and eaten.
- THC (Tetrahydrocannabinol) is a chemical in marijuana which affects the central nervous system including the brain. The more THC in a joint the stronger the side effects.
- Fatty tissue absorb THC and has know to remain in the body for 30 days (more or less)
- There are approximately over 400 other chemicals found in marijuana.

**Signs of Marijuana Use:**

Some individuals have reported feeling nothing, others said they feel high (euphoria). There have been reports that time passes by slow. Individual results may vary, some common other effect reported by users are as follows:

- Dizziness, possible trouble walking
- Giggly or acting silly for no known reason
- Red, bloodshot eyes
- Difficulty remembering things that just happened
- Very thirsty and or very hungry (getting the “munchies”)
- Dry mouth
- Rapid heart beat
- Loss of coordination and balance

**Side Effects:**

- Poor judgment
- Loss of motivation
- Fatigue
- Slower reaction time
- Loss of interest in things that were previously important
- Altered perceptions
- Decreased memory - interrupts the flow of information to brain cells causing one to be slow forgetful, confused and unmotivated

**Other Facts:**

- Teens often get bored with the marijuana(high or lack of) and seek more intense highs
- Driving under the influence of Marianna is risky because it affects alertness, concentration, and reaction time. These effects can last up to 24 hours after use.
- Marijuana contains some of the same carcinogens as tobacco, but more (higher concentrations)
- One to three marijuana joints can be equal to smoking ten to fifteen or more cigarettes a day
- Marijuana is often mixed with other drugs and can be deadly.
- Marijuana mixed with alcohol is dangerous because marijuana signals the brain to stop vomiting when they have had too much alcohol.
1. List some common names/street names for Marijuana:

__________________________________________________________________________________

2. What happens when a person drives under the influence of Marijuana?

__________________________________________________________________________________

3. Marijuana effects on the body.
   • Heart
      ________________________________________________________________
   • Brain
      ________________________________________________________________
   • Lungs
      ________________________________________________________________

4. Notes on addiction:

__________________________________________________________________________________

__________________________________________________________________________________

5. Short term side effects: Long term side effects:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

6. Other important facts:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________
Marijuana – A Gateway
Lesson 2 – Handout #1

Tips for Teens
The Truth About Marijuana
Slang—Weed, Pot, Grass, Reefer, Ganja, Mary Jane, Blunt, Joint, Roach, Nail

Get the Facts…

Marijuana affects your brain. THC (the active ingredient in marijuana) affects the nerve cells in the part of the brain where memories are formed.

Marijuana affects your self-control. Marijuana can seriously affect your sense of time and your coordination, impacting things like driving. In 2005, nearly 242,200 people were admitted to emergency rooms suffering from marijuana-related problems.¹

Marijuana affects your lungs. Marijuana smoke deposits four times more tar in the lungs² and contains 50 percent to 70 percent more cancer-causing substances than tobacco smoke does.³

Marijuana affects other aspects of your health. Marijuana can limit your body’s ability to fight off infection. Heavy marijuana use also has been linked with depression, anxiety, and personality disturbances.⁴

Marijuana is not always what it seems. Marijuana can be laced with substances such as PCP, formaldehyde, or codeine cough syrup without your knowledge. “Blunts”—hollowed-out cigars filled with marijuana—sometimes have crack cocaine added.

Marijuana can be addictive. Not everyone who uses marijuana becomes addicted, but some users do develop signs of dependence. In 2006, nearly 290,000 people entered drug treatment programs to kick their marijuana habit.⁵

Before You Risk It…

Know the law. It is illegal to buy or sell marijuana. In most States, holding even small amounts of marijuana can lead to fines or arrest.

Get the facts. Smoking marijuana can cause health problems, such as chronic coughing, chest colds, lung infections, breathing problems, and cancer.⁶

Stay informed. It has not yet been proven that using marijuana leads to using other drugs, but most teens who try drugs start with marijuana, alcohol, or tobacco.⁷ One study found that people who had used marijuana before the age of 17 were more likely to use other drugs and develop addiction problems later on.⁸

Know the risks. Marijuana affects your coordination and reaction time, raising your risk of injury or death from car crashes and other accidents.

Keep your edge. Marijuana affects your judgment, drains your motivation, and can make you feel anxious.

Look around you. Most teens aren’t smoking marijuana. According to a 2006 study, about four out of five 12- to 17-year-old youths had never even tried marijuana.⁹

Know the Signs…

How can you tell if a friend is using marijuana? Sometimes it’s tough to tell. But there are signs you can look for. If your friend has one or more of the following warning signs, he or she may be using marijuana:

• Seeming dizzy and having trouble walking
• Having red, bloodshot eyes and smelly hair and clothes
• Having a hard time remembering things that just happened
• Acting silly for no apparent reason

What can you do to help someone who is using marijuana or other drugs? Be a real friend. Encourage your friend to seek professional help. For information and referrals, call SAMHSA’s Health Information Network at 1-877-SAMHSA-7 (1-877-726-4727).

For more information or for references to facts found in this Tips for Teens, go to www.samhsa.gov/SHIN.

Q. Isn’t smoking marijuana less dangerous than smoking cigarettes?
A. No. It is even worse. Five joints a day can be as harmful as 20 cigarettes a day.

Q. Can marijuana be used as a medicine?
A. Yes. While the active ingredient in marijuana, THC, can be manufactured in a pill available by prescription to treat nausea and vomiting associated with certain cancer treatments, scientists say that more research needs to be done on its side effects and other potential medical uses.

Q. Can people become addicted to marijuana?
A. Yes. Research confirms that you can become hooked on marijuana.
Tobacco – A Gateway
Lesson 2 – Handout #2
Tips for Teens
The Truth About Tobacco
Slang—Cigarettes: Smokes, Cigs, Butts. Smokeless Tobacco: Chew, Dip, Spit Tobacco, Snuff

Get the Facts…

Tobacco—cigarettes, smokeless tobacco, and snuff—damages your health. Smoking, which is the most common cause of lung cancer, is also a leading cause of cancer of the mouth, throat, bladder, pancreas, and kidneys. Over 13 percent—3.3 million—youths aged 12 to 17 used a tobacco product in the past month.\(^1\) Smokeless tobacco contains 28 ingredients that can cause cancer in your lips, tongue, cheeks, gums, and the top and bottom of your mouth.\(^2\)

Tobacco affects your body’s development. Smoking is particularly harmful for teens because your body is still growing and changing. The 200 known poisons in cigarette smoke affect your normal development and can cause life-threatening diseases, such as chronic bronchitis, heart disease, and stroke.

Tobacco is addictive. Cigarettes contain nicotine—a powerfully addictive substance. The younger a person starts smoking, the more likely he is to become strongly addicted to nicotine.\(^3\) Even though it is rare, addiction can occur after smoking as few as 100 cigarettes.\(^4\) Of the adult tobacco users, more than 80 percent report using tobacco regularly before age 18.\(^5\)

Tobacco can kill you. Each year in the United States, cigarette smoking accounts for 440,000 deaths.\(^6\) More deaths are caused each year by tobacco than by all deaths from HIV, illegal drug use, alcohol use, motor vehicle injuries, suicides, and murder combined.\(^7\)

Before You Risk It…

Know the law. It is illegal for anyone under 18 to buy cigarettes, smokeless tobacco, or tobacco-related products.

Stay informed. Addiction to tobacco is hard to control. Young people often underestimate the addictiveness of tobacco and the effect of tobacco use on their health. Studies indicate that most teenage and young adult smokers want to quit and try to do so, but few succeed.\(^8\)

Keep your edge. The poisons in cigarettes can affect your appearance. Tobacco stains teeth and nails and, also, dulls skin and hair.\(^9\) There’s more! Research confirms smoking causes skin to age prematurely—wrinkles—and also links smoking and hair loss—baldness.\(^10\)

Be aware. It can be hard to play sports if you use tobacco. Smoking causes shortness of breath and dizziness, and chewing tobacco causes dehydration.

Think of others. Anyone who smokes puts the health of friends and family at risk—more than 126 million nonsmoking Americans are exposed to secondhand smoke in homes, vehicles, workplaces, and public places. Every year, about 3,000 nonsmokers die from lung cancer due to secondhand smoke.\(^11\) There is no risk free level of secondhand smoke exposure; even brief exposures can be dangerous.\(^12\)

Get the facts. Each day, nearly 4,400 young people between the ages of 12 and 17 start smoking.\(^13\) Many will suffer a long-term health consequence and roughly one-third of them will eventually die from a tobacco-related disease.\(^14\)

Know the Signs…

How can you tell if a friend is using tobacco? Sometimes it’s tough to tell. But there are signs you can look for. If your friend has one or more of the following signs, he or she may be regularly using tobacco:

- Coughing
- Wheezing
- Bad breath
- Smelly hair and clothes
- Yellow-stained teeth and fingers
- Frequent colds
- Decreased senses of smell and taste
- Difficulty keeping up with sports and athletic activities
- Bleeding gums (smokeless tobacco)
- Frequent mouth sores (smokeless tobacco).

What can you do to help someone who is using tobacco? Be a real friend. Encourage your friend to quit. For information and referrals, call the National Clearinghouse for Alcohol and Drug Information at 800–729–6686.

For more information or for references to facts found in this Tips for Teens, go to www.ncadi.samhsa.gov.
Q. Isn’t smoking sexy?
A. Only if you think bad breath, smelly hair, yellow fingers, and coughing are sexy. Advertisements often portray smoking as glamorous and sophisticated, but think carefully about who created these ads and why.

Q. Is smokeless tobacco safe?
A. No. Remember, “no smoke” doesn’t mean that smokeless tobacco is safe. Even a little smokeless tobacco has enough nicotine to get you addicted. Smokeless tobacco can lead to many types of health problems as well as cause cancer.15

Q. Doesn’t smoking help you relax?
A. No. Smoking can actually increase feelings of stress and nervousness. Break the cycle: Use drug-free strategies to calm your nerves like exercise and talking to your friends.

Q. Do most teens smoke?
A. No, out of every 100 teens, 87 do not use a tobacco product. Currently, the number of girls who smoke cigarettes slightly outnumbers the boys who smoke.16
Get the Facts…

Alcohol affects your brain. Drinking can lead to a loss of coordination, poor judgment, slowed reflexes, distorted vision, memory lapses, and even blackouts.

Alcohol affects your body. Alcohol can damage every organ in your body. It is absorbed directly into your bloodstream and can increase your risk for a variety of life threatening diseases, including cancer.

Alcohol affects your self-control. Alcohol can depress your central nervous system, lower your inhibitions, and impair your judgment. Drinking can lead to risky behaviors, such as driving when you shouldn’t, or having unprotected sex.

Alcohol can kill you. Drinking large amounts of alcohol at one time or very rapidly can cause alcohol poisoning, which can lead to coma or even death. Driving and drinking also can be deadly. In 2003, 31 percent of drivers age 15 to 20 who died in traffic accidents had been drinking alcohol.

Alcohol can hurt you—even if you’re not the one drinking. If you’re around people who are drinking, you have an increased risk of being seriously injured, involved in car crashes, or affected by violence. At the very least, you may have to deal with people who are sick, out of control, or unable to take care of themselves.

Before You Risk It…

Know the law. It is illegal to buy or possess alcohol if you are under age 21.

Get the facts. One drink can make you fail a breath test. In some States, people under age 21 can lose their driver’s license, be subject to a heavy fine, or have their car permanently taken away.

Stay informed. “Binge” drinking means having five more drinks on one occasion. Studies show that more than 35 percent of adults with an alcohol problem developed symptoms—such as binge drinking—by age 19.2

Know the risks. Alcohol is a drug. Mixing it with any other drug can be extremely dangerous. Alcohol and acetaminophen—a common ingredient in OTC pain and fever reducers—can damage your liver. Alcohol mixed with other drugs can cause nausea, vomiting, fainting, heart problems, and difficulty breathing.3 Mixing alcohol and drugs also can lead to coma and death.

Keep your edge. Alcohol is a depressant, or downer, because it reduces brain activity. If you are depressed before you start drinking, alcohol can make you feel worse.

Look around you. Most teens aren’t drinking alcohol. Research shows that 71 percent of people 12-20 haven’t had a drink in the past month.4

Know the Signs…

How can you tell if a friend has a drinking problem? Sometimes it’s tough to tell. But there are signs you can look for. If your friend has one or more of the following warning signs, he or she may have a problem with alcohol:

- Getting drunk on a regular basis
- Lying about how much alcohol he or she is using
- Believing that alcohol is necessary to have fun
- Having frequent hangovers
- Feeling run-down, depressed, or even suicidal
- Having “blackouts”—forgetting what he or she did while drinking

What can you do to help someone who has a drinking problem? Be a real friend. You might even save a life. Encourage your friend to stop or seek professional help. For information and referrals, call the National Clearinghouse for Alcohol and Drug Information at 800-668-6686.

For more information or for references to facts found in this Tips for Teens, go to www.ncadi.samhsa.gov.

http://download.ncadi.samhsa.gov/Prevline/pdfs/ph323.pdf

Q. Aren’t beer and wine “safer” than liquor?
A. No. One 12-ounce bottle of beer or a 5-ounce glass of wine (about a half-cup) has as much alcohol as a 1.5-ounce shot of liquor. Alcohol can make you drunk and cause you problems no matter how you consume it.

Q. Why can’t teens drink if their parents can?
A. Teens’ brains and bodies are still developing; alcohol use can cause learning problems or lead to adult alcoholism.5 People who begin drinking by age 15 are five times more likely to abuse or become dependent on alcohol than those who begin drinking after age 20.6

Q. How can I say no to alcohol?
A. It’s easier to refuse than you think. Try: “No thanks,” “I don’t drink,” or “I’m not interested.” Remember that the majority of teens don’t drink alcohol. You’re in good company when you’re one of them.
Drinking and Driving Laws in Florida
Lesson 3 – Handout #1

The State of Florida drunk driving laws prohibits driving any type of vehicle with a blood alcohol concentration (BAC) of .08 percent or above. The .08 percent BAC limit is the standard measurement used across the United States for the "impaired" driver. This limit is lower for drivers of commercial vehicles (.04%) and virtually non-existent for drivers under the age of 21 (.02%).

How many drinks does it take to reach the legal limit in Florida?

There really isn't a magic formula that can calculate exactly how much you can drink before you become legally impaired. It is safe to say that for every drink you take your level of impairment increases. There have been studies that have shown that your blood alcohol concentration level goes up approximately .05 percent for each drink taken. In fact, it takes very little alcohol to become legally drunk.

The best answer is not to drink and drive. The State of Florida has strict laws for drunk driving, and when you drink and drive in Florida, you risk your freedom, finances and your future.

A first time conviction of drunk driving in Florida will result in up to 6 months in jail. If a minor was in the vehicle at the time of the arrest, or if the driver had a BAC of .15 percent or higher, a sentence of no more than 9 months in jail will be issued. Unless the family of the DUI has no other means of transportation the vehicle will be impounded for 10 days. The convicted driver will also receive a fine of no less than $500 and no more than $1,000. If the driver's BAC was .15 percent or higher or there was a minor in the vehicle the fine will be no less than $1,000 and no more than $2,000. With a driver's license suspension of 6 months, you will also need to do 50 hours of community service or pay $10 for every hour of community service given. You must also complete DUI School as directed by the court.

A second drunk driving conviction in Florida will result in up to 9 months in jail. If a minor was in the vehicle at the time of the arrest, or the driver had a BAC of .15 percent or higher, a sentence of no more than 12 months in jail will be issued. If the second conviction of drunk driving is within 5 years of the first, the driver must be imprisoned for 10 days mandatory; 48 hours of the confinement must be consecutive. Unless the family of the convicted driver has no other means of transportation the vehicle will be impounded for 30 days. The convicted driver will also receive a fine of no less than $1,000 and no more than $2,000. If the driver’s BAC was .15 percent or higher or there was a minor in the vehicle the fine will be no less than $2,000 and no more than $4,000. If within 5 years, a minimum driver's license suspension is 5 years. If eligible, a hardship reinstatement will may be issued after 1 year. You must also complete DUI School as directed by the court.

A third drunk driving conviction in Florida will result in up to 12 months in jail, 30 days of the jail sentence is mandatory and 48 hours must be served consecutively. Unless the family of the convicted driver has no other means of transportation, the vehicle will be impounded for 90 days. The convicted driver will also receive a fine of no less than $2,000 and no more than $5,000. If the driver’s BAC was .15 percent or higher, or a minor was in the vehicle during the DUI, the fine will be no less than $4,000. A minimum driver’s license suspension of 10 years also results. If eligible, a hardship reinstatement will may be issued after 2 years.

A fourth drunk driving conviction will result in up to 5 years in jail as provided in the State of Florida statutes as a habitual offender. On your fourth drunk driving conviction, your license will be revoked for life, without any possibility of receiving a hardship reinstatement. The fine will be no less than $2,000.

Drunk Driving Laws in Florida

State of Florida BAC Laws:
All drivers with a BAC of .08 or higher.
Under 21 with a BAC of .02 or higher.
Commercial Vehicle Driver with a BAC of .04 or higher.

The Implied Consent Law in the State of Florida

The implied consent law in Florida means that all drivers holding a valid Florida drivers license agree to submit to a chemical test when they are suspected of a DUI. If you refuse to submit to a chemical test, that refusal is evidence in a DUI criminal proceeding.

Excerpt from: http://dui.drivinglaws.org/florida.php
A Few Too Many  
Lesson 3 – Handout #2

Chris, Terry, Devin, and Leo are all in the 11th grade. Leo is new in town and does not know many people. The other three boys have been friends since elementary school. Leo met Chris at Publix where they work to help their families. They have become pretty good friends, sometimes riding to work together and hanging out on weekends. Chris introduced Leo to Devin and Terry. Leo is quiet a little shy and does not know Terry and Devin as well as Chris. Chris and Terry consider each other like family. Terry’s family has helped Chris financially and they have taken him on trips with them. They even offered to help pay for the down payment on Chris’s car he wants to buy when he turns 16 in two weeks.

Saturday night, all the boys plan to attend a party. Unfortunately, at the last minute, Chris is called into work and cannot go out. Terry’s parents just purchased him a car for his 16th birthday and he wants to celebrate. It will not be the same without Chris and Terry does not really want to take Leo but the plans have been make. The party was a blast, Terry and Devin had several drinks with little to eat. One the way home, going over the speed limit, the car swerves and hits a pole. Devin and Leo are killed instantly. Terry is rushed to the hospital. He survives.

Chris is devastated that both his friend are dead. Yet he is angry with Terry about choosing to drink and drive. Terry denies driving but says it was Leo who was driving. Chris was puzzled. Leo rarely drinks and never when the others are drinking so that he would be able to drive. Not to mention, why would Terry let him drive his brand new car? So if Leo did not drive then who did?

He remembers receiving a text from Leo that night and reviews his messages in the phone. Leo said that Devin and Terry were drunk and Terry refused to give him the keys. Chris decided to confront Terry. Terry becomes visibly upset and tells Chris to stay out of it. Terry had told his dad that Leo was driving. Not to mention he had switched seats with Leo before the cops arrived. After all, Devin was their good friend and he could care less about Leo.
# Standard Drink Conversion
## Lesson 3 – Handout #3

## ONE STANDARD DRINK IS EQUAL TO:

<table>
<thead>
<tr>
<th>Drink Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BEER (≤ 4% alcohol)</strong></td>
<td>12 ounce can or bottle</td>
</tr>
<tr>
<td><strong>BEER/MALT LIQUOR (8% alcohol)</strong></td>
<td>6 ounces</td>
</tr>
<tr>
<td></td>
<td>(A 40oz bottle of 8% malt liquor = 6.4 drinks)</td>
</tr>
</tbody>
</table>

## WINE:
- 10% alcohol
- 12% alcohol

## WINE COOLERS:
- 5-7% alcohol*
  *(includes Bacardi Breezers, Skyy, Ciders, etc.)
- Three 12 oz. bottles at 7% alcohol is equivalent to 4-1/2 standard drinks

## LIQUOR:
- 80-proof, 40% alcohol
- 100-proof, 50% alcohol
- Grain alcohol – near 200% proof

## NUMBER OF STANDARD DRINKS PER BOTTLE:

### WINE:
- Bottle - 25.6 ounces @ 10% alcohol: 5 standard drinks
- Magnum - 64 ounces @ 10% alcohol: 12.8 standard drinks

### LIQUOR:
- Pint/16 ounces @ 100% proof: 16 drinks
- Fifth/25.6 ounces @ 100% proof: 25 drinks
- Quart/32 ounces @ 100% proof: 32 drinks

## NUMBER OF STANDARD DRINKS PER KEG:

<table>
<thead>
<tr>
<th>Keg Type</th>
<th>Capacity</th>
<th>Standard Drinks</th>
</tr>
</thead>
<tbody>
<tr>
<td>PONY KEG</td>
<td>7.75 gallons, 12 ounce cups</td>
<td>102 standard drinks</td>
</tr>
<tr>
<td>HALF KEG</td>
<td>15.5 gallons, 12 ounce cups</td>
<td>165 standard drinks</td>
</tr>
<tr>
<td>KEG</td>
<td>31 gallons, 12 ounce cups</td>
<td>330 standard drinks</td>
</tr>
</tbody>
</table>

## Blood Alcohol Level

<table>
<thead>
<tr>
<th>Level</th>
<th>Number of Drinks</th>
<th>Potential Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-.05</td>
<td>1-2 ½ Drinks</td>
<td>Judgment, Inhibitions, Memory</td>
</tr>
<tr>
<td>.05 -.10</td>
<td>2 ½-4 1/2 Drinks</td>
<td>Coordination, Speech, Hearing, Vision Difficulties</td>
</tr>
<tr>
<td>.10 -.20</td>
<td>4 ½ - 9 Drinks</td>
<td>Stumbling, Falling, Emotional Behavior</td>
</tr>
<tr>
<td>.20 -.30</td>
<td>1 pint – 13 Drinks</td>
<td>Severe Intoxication, Drunken Stupor, Partial Loss of Consciousness</td>
</tr>
<tr>
<td>.30 -.50</td>
<td>1 ½ pints – 19 Drinks</td>
<td>COMA</td>
</tr>
<tr>
<td>.50 -.60</td>
<td>2 pints – 26 Drinks</td>
<td>DEATH</td>
</tr>
</tbody>
</table>

By: Susan Bruce
Concept IV: Managing Your Emotions

Handouts
Stress Cycle
Lesson 1 – Handout #1

![Stress Cycle Diagram]

- **Thoughts**
  - You think, "I am not a good person."
  - You think, "My problems cannot be solved."
  - You think, "I just don't care."

- **Feelings**
  - You are worried.
  - You are angry.
  - You are frustrated.
  - You feel down.

- **Behavior**
  - You fight or argue a lot.
  - You have difficulty talking to other people.
  - You stop trying.
  - You cry.

- **Body**
  - Headaches
  - Upset Stomach
  - Fast heartbeat.
  - Sweaty Palms

- Headaches
- Upset Stomach
- Fast heartbeat.
- Sweaty Palms
Stress Symptoms and Strategies to Combat Stress
Lesson 1- Handout #2

Stress Symptoms:
Your body gives you signals when stress is getting out of control. These symptoms include:

- Uneasy or upset stomach
- Tight neck or jaw muscles
- Clenching or grinding of teeth
- Sweaty palms or cold hands
- Short temper or irritability
- Rapid pulse rate or high blood pressure
- Moving faster than normal
- Irregular or shallow breathing
- Tight or strained voice
- Hunched shoulders
- Curled toes or fingers
- Rigid back
- Tight forehead
- Squinting eyes
- Tension headache
- Poor sleep

As stress increases, the body's warning signs get stronger. "Every stress leaves an indelible (can't be removed) scar," says Dr. Hans Selye, a pioneer in stress research, "and the organism (person, animal, or plant) pays for its survival after a stressful situation by becoming a little older." Nature forgives - but it doesn't forget.

Strategies to Combat Stress and Worry:
Here are some quick reminders of things you can do to lessen the stress in your life and keep yourself mentally and physically fit so that you deal with it effectively.

1. **Organize your time.** Stress and anxiety tend to build up when your work seems endless and directionless.

2. **Be realistic.** We often expect too much of ourselves and get tense when we don’t achieve everything immediately.

3. **Learn to accept yourself as you are.** Accept your strengths and your weaknesses.

4. **Devote five minutes each day to complete silence.** Do nothing. Think nothing. Read nothing. Don’t listen to the radio or television. Just relax.

5. **Get plenty of exercise.** Moving your body is one of the most natural, organic ways to remove stress.

6. **Communicate.** One of the hidden forms of stress is lack of communication. When you have things to say and don’t say them, tension builds up inside you.

7. **Replace fear, worry, stress, and guilt with positive thoughts.** The mind can only concentrate on one thought at a time. If you keep it filled with positive thoughts, there will be less time or space for the negative.

8. **You can't control stress by diet alone, but the foods you eat can affect both your emotional state and your immune system.** Medical studies show that you can improve your body's stress response by eating fresh, natural, unprocessed fruits, vegetables and grains.
Quickly list 4 words that describe you.

Quickly list 4 of your favorite actors/musicians.

Who do you go to when you need help? List 4 people.

4 Pet Peevs
Who's in My Circle?
Lesson 2 – Handout #2
Discussion Questions  
Lesson 2 – Handout #3

1. What is the importance of each of the individuals in your inner circle? What do they say to you? Are their words mostly positive or negative? If so, write a (+) words or (-) words. Do you argue, fuss, or fight often? *** Students may choose to write notes under each name.

2. What do they value? You can tell this by what they talk about the most, where they spend their money and/or where they spend most of their time.

3. Are they helping you to reach your goals, progress, move forward or do they stop you or interfere?

4. What is your overall evaluation of the persons in your inner circle? Positive or negative? The negative influences are like the one balloon in the bag. No matter hard the group tried it was not the same as the first.

5. Tell the students to ask the questions silently regarding each person? Allow time for students to reflect.

6. If an individual is more negative than positive, can they be moved to a different part of the circle? How does one accomplish this? What if the person is someone you must interact with daily?
Ten Levels of Anger Management  
Lesson 3 – Handout #1 A

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>You are feeling totally calm and relaxed. You may feel happy and excited about something or not. You have no anger or irritation at any level. If this is where you were most of the time, you wouldn’t even read this anger management assessment material.</td>
</tr>
<tr>
<td>1</td>
<td>You feel a very slight anxiety or irritability, but it’s not affecting your behavior. You can barely notice it when you try. Your mind is open, and you’re very aware of the “big picture” perspective.</td>
</tr>
<tr>
<td>2</td>
<td>The irritation/anxiety is a little higher, but still not enough to bother you or affect your behavior. You can still see the big picture. It is hard to relax with the agitation you are experiencing.</td>
</tr>
<tr>
<td>3</td>
<td>You are starting to have negative responses to people, places and things around you. You are still keeping your anger inside, but you’re just not settled. Your focus is starting to narrow slightly, but you can still think clearly and make good decisions.</td>
</tr>
<tr>
<td>4</td>
<td>Now you are starting to think about yelling at that other driver, or calling that talk show host and giving them a piece of your mind. But you don’t act on the feelings. Your tone with others might be just a little short, or you might try to cover your feelings by being extra nice. Tunnel vision is starting to set in.</td>
</tr>
<tr>
<td>5</td>
<td>Now you are definitely not having fun. You are mad at yourself, others or the world in general. You’re still in control of your behavior, but others can tell you’re not feeling that great. You become grouchy and irritable with others. You are moving into a single-minded focus and your decision-making process is impaired. You still might not know you need to do an anger management assessment, test or quiz.</td>
</tr>
<tr>
<td>6</td>
<td>You start thinking about getting away from some situation that is bothering you. You might fantasize about escaping somehow. You might also tell someone off at this point, but you make an effort to be controlled and even somewhat considerate. Your mental clarity has become erratic. You have lost sight of the big picture. This is often the point where verbal abuse starts.</td>
</tr>
<tr>
<td>7</td>
<td>You are starting to say things to yourself like, “This is driving me crazy.” “I can’t stand this anymore.” “That person is driving me up the wall.” “If I could, I’d like to really let them have it!” You’re thoughts are racing, and your muscle tension is becoming noticeable. Your vision is narrowing further.</td>
</tr>
<tr>
<td>8</td>
<td>At this level, a plan of action starts to form. Now your anger is so high that you are ready to do something about it. You are so upset that you really have no choice. Your thinking is not clear, and your plan of action might include getting even and retaliating, or just a desire to hurt someone you perceive as a threat or problem to you or someone you love. You have become almost completely irrational. The problem with these higher levels of anger escalation is that you lose your ability to think clearly, and you rarely think of an anger management assessment or worksheets when you get this high on the scale.</td>
</tr>
<tr>
<td>9</td>
<td>Now you’re acting on your anger. You are telling someone off, and possibly trying to hurt them or “put them in their place” with your words. You also might have a plan to abandon, neglect or reject them. At this level, your thoughts are obsessed and totally focused on your pain, fear and anger whether you know it or not. You are ruled by your emotions at this level. You really need some anger management help, but you probably don’t know it.</td>
</tr>
<tr>
<td>10</td>
<td>At this point you have become dangerous to yourself and/or others. You are in the depths of fight-or-flight, and your primitive survival-based brain has taken over. You have tunnel vision and single-minded thought. At this point you need a lot more than an anger management test, but you’re not even thinking about your anger problem. All you can think about is how to make the pain and/or stress stop. It is a very helpless feeling. You are desperate, and willing to take desperate action. Your fear and anger are doing your thinking for you. By the way, if you’re thinking about revenge and retaliation, read these healthy alternatives to getting revenge.</td>
</tr>
</tbody>
</table>

Now rate yourself on these three criteria:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Reported Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>At my best I am at Level ___</td>
<td></td>
</tr>
<tr>
<td>At my worst I am at Level ___</td>
<td></td>
</tr>
<tr>
<td>Most of the time I am at Level ___</td>
<td></td>
</tr>
</tbody>
</table>
Personal Anger Management Assessment
Lesson 3 – Handout #1 B

- **Mild Anger Issues:** At your best you are at level 1-2, and at your worst you jump up to a level 5-7. Most of the time you are around a 2 or 3. A few times in your life you may have reached levels 8-10, but you’re determined never to go there again.

- **Serious Anger Issues:** At your best you are at level 1-4, and at your worst you jump pretty fast to level 8 or 9. Most of the time you are between 3 and 6. You have reached level 10 a few times, but usually you can prevent that. You haven’t hurt anyone physically, but you may be hurting others with your words and actions, which may take the form of emotional abuse. Please make an appointment with your TRUST Specialist or another professional.

- **Extreme Anger Issues:** At your best you are at level 2-5, and at your worst you go to level 10 at light speed. Most of the time you hover around levels 4-7. Your anger appears to have control of you. Consequently, people around you may not feel safe emotionally or maybe physically. Your anger may be placing you in dangerous situations. It is essential for you to make an appointment with your TRUST Specialist or another professional.

- **Emotionally Healthy:** At your best you are at a level 0. At your worst you go to a level 2-4, but when you do you use your anger to fuel effective action. You are definitely working on the upside of anger. Most of the time you are level 0-1.
Discussion Questions
Lesson 3 – Handout #2

Note: This video deals with conflict and anger, and how we choose to solve problems.

1. What did you think about the video?

2. What mistakes were made by the students involved? How did each of them deal with the conflict?
   Thomas:                                           Girl:
   
   David:                                           Student body:
   
3. Do you agree with the parent’s reaction?

4. What would you do in a similar situation?
Releasing Anger
Lesson 3 – Handout #3

Things happen every day that make us feel angry. You can't avoid feeling angry, but you can make choices about how you are going to express your anger. **Remember that abuse toward yourself or others is never an OK way of dealing with anger.** Healthy choices are those that help you resolve a problem, or let you deal with your anger. What you do with your anger is your choice only - it is never anyone else’s fault. Here are three steps that may help you deal with anger in a healthy way:

1. **Stop.**
   - Be aware of how you are feeling. If you are getting angry in a situation just say to yourself – STOP. Take a minute to recognize how you are feeling.
   - Recognize that it is a normal emotion you are feeling because you believe you have been treated unfairly or that you are being threatened in some way.

2. **Work out the actual cause of the anger.**
   - Who, why or what happened to make you feel angry? Identify when you first became angry. Was it because you were scared of something, or your feelings were hurt? Find the underlying emotions to your anger and name them.
   - Are you feeling angry partly because of something that happened a long time ago (e.g., in your childhood)?
   - Anger is often a sign that you feel someone is acting inappropriately. It is good to notice this, but remember: you cannot have much effect on how other’s act. You can only control how you act.
   - Sometimes you may feel that some of your beliefs have been violated. It is important to take time to work out if your beliefs are appropriate in each situation, or if there could be another way to look at it.
   - Taking time to consider all the possibilities will give you another perspective and also time to let the physical symptoms of anger reduce.

3. **Consider ways to deal with the cause of the anger.**
   - How could you try to explain or express why you are angry or upset?
   - What sort of compromise could be made (recognizing your own and other's rights)?
   - Would it help to look at the situation from another person’s point of view?
   - Make a list of your choices, and try to imagine what might happen if you tried them.
   - Choose the one you think will be most beneficial for everyone involved.
   - If you are angry because of something that happened a long time ago, or you can’t really work out why you are angry, you may find it useful to talk to a counselor.

**Other Strategies:**

- **Try exercise** - let anger out by doing something physical like exercise. **Have a good cry or scream in your car or at the waves on the beach - let your anger out all at once.** This can help express feelings of fear, hurt or grief. If this sort of 'letting go' makes you feel more worked up, then it's best to try some of the other suggestions.
- **Write a letter.** List the things you’re angry about. Destroy it if you want! If you want to send the letter, it can be a good idea to put it away for a few days before you put it in the mail.
- **Letting go can also mean letting some feelings go.** If your beliefs lead you to feel you are constantly being mistreated or threatened, then it may be a good idea to talk to a counselor to see if some of your beliefs need to be changed or let go of all together.
- **Chilling out.**
  - **Control your breathing.** Keep an eye on your body and try to notice when you are showing the signs of anger, then slow your breathing down and try to think about calm thoughts.
  - **Count to ten**
  - **Use relaxation techniques like meditation and visualization**
  - **Go for a walk or bike ride.** Wander around and enjoy your surroundings.
  - **Take a warm relaxing bath** - bubble bath bonanza!
  - **Listen to music you enjoy and find relaxing.**
- **Getting help to sort things out** - go and see your TRUST Specialist

Concept V: Skills for Developing Healthy Relationships

Handouts
Pop Quiz! – “Is Your Relationship Healthy?
Lesson 1 – Handout# 1

Everyone deserves to be in a safe and healthy relationship. Do you know if your relationship is as healthy as you deserve? Answer "yes" or "no" to the following statements to find out! Make sure to circle your responses. At the end you’ll find out how to score your answers.

<table>
<thead>
<tr>
<th>The person I am with:</th>
<th>Circle One</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is very supportive of things that I do.</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Encourages me to try new things.</td>
<td>Yes</td>
</tr>
<tr>
<td>3. Likes to listen when I have something on my mind.</td>
<td>Yes</td>
</tr>
<tr>
<td>4. Understands that I have my own life too.</td>
<td>Yes</td>
</tr>
<tr>
<td>5. Is not liked very well by my friends.</td>
<td>Yes</td>
</tr>
<tr>
<td>6. Says I’m too involved in different activities.</td>
<td>Yes</td>
</tr>
<tr>
<td>7. Texts me or calls me all the time.</td>
<td>Yes</td>
</tr>
<tr>
<td>8. Thinks I spend too much time trying to look nice.</td>
<td>Yes</td>
</tr>
<tr>
<td>9. Gets extremely jealous or possessive.</td>
<td>Yes</td>
</tr>
<tr>
<td>10. Accuses me of flirting or cheating.</td>
<td>Yes</td>
</tr>
<tr>
<td>11. Constantly checks up on me or makes me check in.</td>
<td>Yes</td>
</tr>
<tr>
<td>12. Controls what I wear or how I look.</td>
<td>Yes</td>
</tr>
<tr>
<td>13. Tries to control what I do and who I see.</td>
<td>Yes</td>
</tr>
<tr>
<td>14. Tries to keep me from seeing or talking to my family and friends.</td>
<td>Yes</td>
</tr>
<tr>
<td>15. Has big mood swings - gets angry and yells at me one minute, and the next minute is sweet and apologetic.</td>
<td>Yes</td>
</tr>
<tr>
<td>16. Makes me feel nervous or like I’m &quot;walking on eggshells.&quot;</td>
<td>Yes</td>
</tr>
<tr>
<td>17. Puts me down, calls me names or criticizes me.</td>
<td>Yes</td>
</tr>
<tr>
<td>18. Makes me feel like I can’t do anything right or blames me for problems.</td>
<td>Yes</td>
</tr>
<tr>
<td>19. Makes me feel like no one else would want me.</td>
<td>Yes</td>
</tr>
<tr>
<td>20. Threatens to hurt me, my friends or family.</td>
<td>Yes</td>
</tr>
<tr>
<td>21. Threatens to hurt him or herself because of me.</td>
<td>Yes</td>
</tr>
<tr>
<td>22. Threatens to destroy my things.</td>
<td>Yes</td>
</tr>
<tr>
<td>23. Grabs, pushes, shoves, chokes, punches, slaps, holds me down, throws things or hurts me in some way.</td>
<td>Yes</td>
</tr>
<tr>
<td>24. Breaks things or throws things to intimidate me.</td>
<td>Yes</td>
</tr>
<tr>
<td>25. Yells, screams or humiliates me in front of others.</td>
<td>Yes</td>
</tr>
<tr>
<td>26. Pressures or forces me into having sex or going farther than I want to.</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Pop Quiz! – “Is Your Relationship Healthy?  
Lesson 1 – Handout# 1 Continued

Scoring:

Give yourself 1 point for every "no" you answered to numbers 1-4; 1 point for every "yes" response to numbers 5-8; and 5 points for every "yes" to numbers 9-26. Now that you're finished and have your score, the next step is to find out what your score means. Simply take your total score and see which of the boxes below applies to you.

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 points</td>
<td>You got a score of 0? Not to worry—it's a good thing! It sounds like your relationship is on a Pretty healthy track. Fostering healthy relationships takes some work—keep it up! Remember that while you may have a healthy relationship, it's possible that a friend of yours may not. If you think you know someone who may be in an abusive relationship, let your TRUST Specialist help you help your friend.</td>
</tr>
<tr>
<td>1-2 points</td>
<td>If you scored 1 or 2 points, you may be noticing a couple of things in your relationship that may be unhealthy, but it doesn't necessarily mean they are warning signs. It's still a good idea to keep an eye on them to make sure there isn't a pattern. The best thing to do is to communicate with your partner and let them know what you like and don't like. Encourage them to do the same. Remember, communication is always a step forward to building a healthy relationship. It's also good to be informed so that you learn to recognize the warning signs. Read about teen dating violence and the different types of abuse there may be.</td>
</tr>
<tr>
<td>3-4 points</td>
<td>If you scored 3 or 4 points, it sounds like you may be seeing some warning signs of an abusive relationship. Warning signs should never be ignored. Something that starts small can get much worse over time. Relationships are never perfect—they take some work! But in a healthy relationship you won't find abusive behaviors. If you think your relationship may not be as healthy as you deserve, contact your TRUST Specialist for help!</td>
</tr>
<tr>
<td>5 points or more</td>
<td>If you scored 5 points or more, you are definitely seeing warning signs and may be in an abusive relationship. You don’t have to deal with this alone. TRUST Specialists can help you learn about your different options and legal rights. Contact us to get more information.</td>
</tr>
</tbody>
</table>

You have the right to a safe and healthy relationship free from violence and free from fear.
© 2008 Break the Cycle  □ Updated 4.08
Types of Abuse
Lesson 1 – Handout #2

Types of Abuse
Domestic violence is a pattern of abusive behavior in a dating or domestic relationship. This abuse can be physical, sexual, verbal or emotional, or a combination of some or all of these.

What Do I Need to Know?

Physical Abuse is any intentional unwanted contact with the victim's body by either the abuser or an object within the abuser’s control. Physical abuse does not have to leave a mark or bruise. It doesn’t even need to hurt. It includes the following behaviors:
- Scratching
- Punching
- Biting
- Kicking
- Throwing something at you
- Pulling hair
- Choking
- Pushing
- Using a weapon
- Slapping
- Shoving

Sexual Abuse is any sexual behavior that is unwanted or interferes with the victim’s right to say “no” to sexual advances. It includes the following behaviors:
- Rape
- Unwanted kissing or touching
- Forcing the victim to go further than they want (even if they have had sex before)
- Unwanted rough or violent sexual activity
- Not letting the victim use birth control or protection against sexually transmitted diseases

Verbal/Emotional Abuse is anything that the abuser says or does to the victim that causes the victim to be afraid, lowers the victim's self esteem, or manipulates or controls the victim's feelings or behavior. It includes the following behaviors:
- Name-calling and put-downs
- Yelling and screaming
- Intentionally embarrassing the victim in front of other people
- Keeping the victim from seeing or talking with friends and family
- Telling the victim what to do
- Using online communities or cell phones to control, intimidate, or humiliate the victim.
- Making the victim feel responsible for the violence
- Stalking
- Threatening to commit suicide in order to manipulate the victim
- Threats of violence and harm, or to expose the victim's secrets (such as sexual orientation or immigration status), or to take away the victim's children

What Can I Do?
If you or someone you know has experienced any of these behaviors in a relationship, that relationship may be abusive. Break the Cycle can help you learn about your options and legal rights.

2008 Break the Cycle Updated 2.08
Teen Dating Bill of Rights
Lesson #1 – Handout #3

I have the right:

- **To always be treated with respect** – In a respectful relationship, you should be treated as an equal.
- **To be in a healthy relationship** – A healthy relationship is not controlling, manipulative, or jealous. A healthy relationship involves honesty, trust, and communication.
- **To not be hurt physically or emotionally** – You should feel safe in your relationship at all times.
- **Abuse is never deserved and is never your fault** – Conflicts should be resolved in a peaceful and rational way.
- **To refuse sex or affection at anytime** – A healthy relationship involves making consensual sexual decisions.
- **You have the right to not have sex** – Even if you have had sex before, you have the right to refuse sex for any reason.
- **To have friends and activities apart from my boyfriend or girlfriend** – Spending time by yourself, with male or female friends, or with family is normal and healthy.
- **To end a relationship** – You should not be harassed, threatened, or made to feel guilty for ending an unhealthy or healthy relationship. You have the right to end a relationship for any reason you choose.

I pledge to:

- *Always treat my boyfriend or girlfriend with respect.*
- *Never hurt my boyfriend or girlfriend physically, verbally, or emotionally.*
- *Respect my girlfriend’s or boyfriend’s decisions concerning sex and affection.*
- *Not be controlling or manipulative in my relationship.*
- *Accept responsibility for myself and my actions*
A Teen’s Guide to Safety Planning
Lesson #1 – Handout #4

A Teen’s Guide to Safety Planning

WHY DO I NEED A SAFETY PLAN?

Everyone deserves a relationship that is healthy, safe and supportive. If you are in a relationship that is hurting you, it is important for you to know that the abuse is not your fault. It is also important for you to start thinking of ways to keep yourself safe from the abuse, whether you decide to end the relationship or not. While you can’t control your partner’s abusive behavior, you can take action to keep yourself as safe as possible.

WHAT IS A SAFETY PLAN?

A safety plan is a practical guide that helps lower your risk of being hurt by your abuser. It includes information specific to you and your life that will help keep you safe. A good safety plan helps you think through lifestyle changes that will help keep you as safe as possible at school, at home and other places that you go on a daily basis.

HOW DO I MAKE A SAFETY PLAN?

Take some time for yourself, and go through each section of this safety planning workbook. You can complete the workbook on your own, or you can work through it with a friend or an adult you trust.

Keep in Mind:

- In order for this safety plan to work for you, you’ll need to fill in personalized answers, so you can use the information when you most need it. Once you complete your safety plan, be sure to keep it in an accessible but secure location. You might also consider giving a copy of your safety plan to someone that you trust.
- Getting support from someone who has experience working with teens in abusive relationships can be very useful. Keep in mind that Break the Cycle is always here to help you.
MY SAFETY WORKBOOK - PAGE 2

Staying Safe at School:
The safest way for me to get to and from school is:
_____________________________________________________
_____________________________________________________

If I need to leave school in an emergency, I can get home safely by:
_____________________________________________________
_____________________________________________________

I can make sure that a friend can walk with me between classes. I will ask:
____________________________________________________and/or
_____________________________________________________

I will eat lunch and spend free periods in an area where there is school staff or faculty nearby. These are some areas on campus where I feel safe:
_____________________________________________________, and_____________________________________________________

I could talk to the following people at school if I need to rearrange my schedule in order to avoid my abuser, or if I need help staying safe at school:

☐ School Counselor
☐ TRUST Coach
☐ Teachers:

________________________________________
________________________________________
☐ Principal
☐ Assistant/Vice principal
☐ School security
☐ Other:____________________

Staying Safe at Home:
I can tell this family member about what is going on in my relationship:
____________________________________________________

There may be times when no one else is home. During those times, I can have people stay with me. I will ask:
_____________________________________________________

The safest way for me to leave my house in an emergency is:
_____________________________________________________

If I have to leave in an emergency, I should try to go to a place that is public, safe and unknown by my abuser. I could go here:
_____________________________________________________

and/or here:__________________________________________

I will use a code word so I can alert my family, friends, and neighbors to call for help without my abuser knowing about it. My code word is:
_____________________________________________________

If I live with my abuser, I will have a bag ready with these important items in case I need to leave quickly (check all that apply):

☐ Cell phone & charger
☐ Spare money
☐ Keys
☐ Driver’s license or other form of ID
☐ Copy of Restraining Order
☐ Birth certificate, social security card, immigration papers and other important documents
☐ Change of clothes
☐ Medications
☐ Special photos or other valuable items
☐ If I have children — anything they may need (important papers, formula, diapers)
Staying Safe Emotionally:

My abuser often tries to make me feel bad about myself by saying or doing this:
________________________________________________________
________________________________________________________.

When he/she does this, I will think of these things I like about myself:
________________________________________________________ and
________________________________________________________.

I will do things I enjoy, like:
________________________________________________________ and
________________________________________________________.

I will join clubs or organizations that interest me, like:
________________________________________________________ or ____________________________________.

If I feel down, depressed or scared, I can call the following friends or family members:

Name: __________________________ Phone #: __________________________
Name: __________________________ Phone #: __________________________
Name: __________________________ Phone #: __________________________
Name: __________________________ Phone #: __________________________

During an emergency, I could call the following friends or family members at any time of day or night:

Name: __________________________ Phone #: __________________________
Name: __________________________ Phone #: __________________________
Name: __________________________ Phone #: __________________________
Name: __________________________ Phone #: __________________________

Getting Help in Your Community:

For emergencies: 911
Break the Cycle: 888.988.TEEN or www.thesafespace.org
National Teen Dating Violence Hotline: 866.331.9474

Local police station: __________________________________________
Phone #: __________________________
Address: __________________________
Local domestic violence organization: __________________________
Phone #: __________________________
Address: __________________________
Local free legal assistance: __________________________
Phone #: __________________________
Address: __________________________
Nearest youth shelter: __________________________
Phone #: __________________________
Address: __________________________
These are things I can do to help keep myself safe everyday:

- I will carry my cell phone and important telephone numbers with me at all times.
- I will keep in touch with someone I trust about where I am or what I am doing.
- I will stay out of isolated places and try to never walk around alone.
- I will avoid places where my abuser or his/her friends and family are likely to be.
- I will keep the doors and windows locked when I am at home, especially if I am alone.
- I will avoid speaking to my abuser. If it is unavoidable, I will make sure there are people around in case the situation becomes dangerous.
- I will call 911 if I feel my safety is at risk.
- I can look into getting a protective order so that I'll have legal support in keeping my abuser away.
- I will remember that the abuse is not my fault and that I deserve a safe and healthy relationship.

These are things I can do to help keep myself safe in my social life:

- I will ask my friends to keep their cell phones with them while they are with me in case we get separated and I need help.
- If possible, I will go to different malls, banks, grocery stores, movie theaters, etc. than the ones my abuser goes to or knows about.
- I will not go out alone, especially at night.
- No matter where I go, I will be aware of how to leave safely in case of an emergency.
- I will leave if I feel uncomfortable in a situation, no matter what my friends are doing.
- I will spend time with people who make me feel safe, supported and good about myself.

These are things I can do to stay safe online and with my cell phone:

- I will not say or do anything online that I wouldn't in person.
- I will set all my online profiles to be as private as they can be.
- I will save and keep track of any abusive, threatening or harassing comments, posts, or texts.
- I will never give my password to anyone other than my parents or guardians.
- If the abuse and harassment does not stop, I will change my usernames, email addresses, and/or cell phone number.
- I will not answer calls from unknown, blocked or private numbers.
- I can see if my phone company can block my abuser's phone number from calling my phone.
- I will not communicate with my abuser using any type of technology if unnecessary, since any form of communication can be recorded and possibly used against me in the future.
# Steps to Active Listening and Effective Communication
## Lesson 2 - Handout #1

<table>
<thead>
<tr>
<th>Step 1. Acknowledge the thoughts, ideas or feelings first.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Show your readiness to listen. Use nods, “uh-huh’s”, and comments that indicate you recognize the speaker’s feelings.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 2. Say it in different words.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reflect or paraphrase what is being said. Repeat what you have heard using your own words but don’t add anything not there in the first place.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 3. Ask Open-Ended Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask for help when you get lost in the conversation. Test your interpretation by asking questions: What, How, Please explain, or Describe.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 4. Summarize and clarify.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pull together what you have heard. Make sure you understand the speaker’s intent. Summarize putting yourself in their shoes. This keeps you from selective perception.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 5. Give an opinion.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do this with caution. Ask whether the speaker is willing or wants to hear your opinion. Don’t give it if the speaker declines.</td>
</tr>
</tbody>
</table>
### Understanding Conflict
#### Lesson 3 - Handout #1

<table>
<thead>
<tr>
<th>Five Modes of Conflict Management:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Competing</td>
<td>• Avoiding</td>
</tr>
<tr>
<td>• Compromising</td>
<td>• Accommodating</td>
</tr>
<tr>
<td>• Collaborating</td>
<td></td>
</tr>
</tbody>
</table>

#### Competing:

Times when the competing mode is most appropriate are when quick action needs to be taken, when unpopular decisions need to be made, when vital issues must be handled, or when one is protecting self-interests.

**Competing Skills:**
- Arguing or debating
- Using rank or influence
- Standing your ground
- Stating your position clearly
- Asserting your opinions and feelings
- Standing your ground
- Stating your position clearly

#### Avoiding:

Times when the avoiding mode is appropriate are when you have issues of low importance, to reduce tensions, to buy some time, or when you are in a position of lower power.

**Avoiding Skills:**
- Ability to withdraw
- Ability to leave things unresolved
- Sense of timing

#### Compromising:

Times when the compromising mode is appropriate are when you are dealing with issues of moderate importance, when you have equal power status, or when you have a strong commitment for resolution. Compromising mode can also be used as a temporary solution when there are time constraints.

**Compromising Skills:**
- Negotiating
- Assessing value
- Finding a middle ground
- Making concessions
- Negotiating
- Assessing value
- Finding a middle ground
- Making concessions

#### Accommodating:

Times when the accommodating mode is appropriate are to show reasonableness, develop performance, create good will, or keep peace. Some people use the accommodating mode when the issue or outcome is of low importance to them.

**Accommodating Skills:**
- Forgetting your desires
- Ability to yield
- Selflessness
- Obeying orders
- Forgetting your desires
- Ability to yield
- Selflessness
- Obeying orders

#### Collaborating:

Times when the collaborative mode is appropriate are when the conflict is important to the people, when the issues are too important to compromise, when merging perspectives, when gaining commitment, when improving relationships, or when learning.

**Collaboration Skills:**
- Active listening
- Identifying concerns
- Nonthreatening confrontation
- Analyzing input
- Active listening
- Identifying concerns
- Nonthreatening confrontation
- Analyzing input

### How might you select your conflict management style?

1. How invested in the relationship are you?
2. How important is the issue to you?
3. Do you have the energy for the conflict?
4. Are you aware of the potential consequences?
5. Are you ready for the consequences?
6. What are the consequences if you do not engage in the conflict?
