

Acknowledgments

Dear Colleagues,

SARDI is pleased to present the revised edition of *ATOD Prevention Activities for Youth and Adults with Disabilities*. We would like to express our thanks to a number of individuals who were involved in the development and review of the original guide:

Stephanie Acquilano, Psychiatric Research
Center, Concord, New Hampshire

Margaret Glenn, Virginia Commonwealth
University

Darlene Goncz-Zangara, The Community
Network, Xenia, Ohio

Joseph Keferl, Southern Illinois University

Connie Jones, SARDI, Wright State
University, Dayton, Ohio

In addition, the following individuals invested
much time and energy into developing this
revised edition:

Karen Curtner, KC Consulting, Troy, Ohio

Jo Ann Ford, SARDI, Wright State
University, Dayton, Ohio

Mary Francis, Creative Consulting,
Cincinnati, Ohio



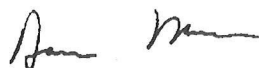
Jacques Demers, MS, RN, BSN
Program Coordinator, SARDI

Gary Walker, Instructional System
Specialist, Montgomery County
MR/DD, Dayton, Ohio

Special appreciation is also extended to the
writers, artists and developers of the following
curricula, from which some of the activities are
modified. Information about these curricula
can be found in the Resources section of this
guide.

- ◆ *Adapting Curriculum & Instruction in
Inclusion Classrooms: Staff
Development Kit*
- ◆ *Everybody Counts!*
- ◆ *LifeFacts*
- ◆ *Me Too!*
- ◆ *P.R.I.S.E.*
- ◆ *Project OZ*
- ◆ *RESIST*

We welcome your feedback on this guide and
we hope you will find it to be a useful tool in
your efforts to help young people with disabili-
ties lead safe and healthy lives.



Dennis Moore, EdD
Director, SARDI

Funding for various portions of this project and manual has been provided through the following sources. The opinions expressed herein are the views of the authors and do not necessarily reflect the official position of the funding sources.

Center for Substance Abuse Prevention (CSAP)
Substance Abuse and Mental Health Services Administration (SAMHSA)
High Risk Youth Division
Grant #H6SP05074A

Ohio Department of Alcohol and Addiction Services (ODADAS)
Award #57-57737-01-DISCR-P-98-9718

Ohio Department of Education (ODE)
Student Development Division
Safe and Drug-Free Schools Program
Project #124990 DR-SP-98P

Table of Contents

.....

Introduction.....	1
Section 1: ATOD Prevention for Young People with Disabilities: An Overview	3
Section 2: Guidelines for Implementing Prevention Activities for Youth and Young Adults with Disabilities	15
Section 3: Prevention Activities	25
ATOD Prevention Activities for Youth	27
<i>The Effects of Alcohol</i>	<i>29</i>
<i>ATOD Talk Show.....</i>	<i>35</i>
<i>The Effects of Smoking</i>	<i>41</i>
<i>Pushers, Dealers, Sellers—Who Are They?</i>	<i>45</i>
<i>Marijuana, Cocaine, and Inhalants.....</i>	<i>49</i>
Prevention Activities Using the Arts.....	59
<i>Murals—It’s All About Health</i>	<i>61</i>
<i>Photography—Today I Feel.....</i>	<i>65</i>
<i>Music—Let’s Think About the Future.....</i>	<i>71</i>
<i>Puzzles—Does Anyone Know the Answer?.....</i>	<i>77</i>
Activities That Develop Personal Insight Skills.....	85
<i>Improving Self Image</i>	<i>87</i>
<i>Nobody’s Perfect</i>	<i>91</i>
<i>Understanding Disability</i>	<i>95</i>
<i>Misperceptions About Disabilities</i>	<i>99</i>
<i>Problem Solving.....</i>	<i>103</i>

Violence Prevention Activities	109
<i>What Can You Control?</i>	111
<i>Lighten the Load</i>	117
<i>The Steps to Solving a Conflict</i>	121
<i>Expressing Your Feelings</i>	125
<i>Building Cultural Sensitivity</i>	129
Activities That Build Social Competencies	135
<i>A True Friend Is</i>	137
<i>What Is Love?</i>	141
<i>Community Involvement</i>	145
<i>Peer Pressure</i>	151
Prevention Activities for Daily Living	157
<i>Hygiene and Personal Appearance</i>	159
<i>Financial Responsibility</i>	163
<i>Assessing Information</i>	171
<i>A Healthy Lifestyle</i>	177
<i>Medication Use</i>	183
Prevention Activities With a Mature Theme	189
<i>Healthy Relationships</i>	191
<i>Sexuality</i>	195
<i>HIV/AIDS Prevention</i>	201
<i>Life Areas</i>	209
Section 4: Appendices	215
Appendix A: <i>Disabilities and Risks</i>	217
Appendix B: <i>Prevention Issues for Persons with Disabilities</i>	219
Appendix C: <i>Disability Related Medications: Side Effects and Interactions</i>	225
Section 5: Resources	233
Section 6: References.....	243

Introduction

This guide was developed to give teachers, prevention specialists, health educators, and others a broad selection of activities they can use to help young people with disabilities avoid involvement in unhealthy behaviors such as alcohol, tobacco, and other drug (ATOD) use. It features activities designed to appeal to participants with a wide range of cognitive abilities and learning styles and to build life skills such as decision-making, stress management, goal setting, conflict resolution, communication, and critical thinking and analysis.

Since many individuals in a young person's life play important roles in prevention education, this booklet was designed for a wide audience, including parents, special education teachers, general classroom teachers, healthcare professionals, social workers, group home leaders, school administrators, social service agency representatives, juvenile justice staff, and others. Some of the members of this audience may have a strong background in working with young people with disabilities, but little prevention experience. Others may have a strong prevention background but little experience in working with young people with disabilities. This book was intended to appeal to both groups and to provide important information and practical techniques for building the resiliency of youth and young adults with disabilities. It was developed based on the understanding that one does not need to know the latest statistics or street slang regarding ATOD to be effective in prevention.

The *first section* of this guide discusses the particular challenges and specific risks young people with disabilities face regarding involvement with alcohol, tobacco, and other drugs. It also provides a brief overview of resiliency and how effective prevention programs can nurture the resiliency of young people with disabilities by strengthening their protective factors.

The *second section* offers guidelines for teachers, social workers, and others implementing the activities in the guide. It includes suggestions for adapting and modifying activities for participants with a variety of physical and developmental disabilities.

.....



does not

need to know

the latest statistics

or street slang

regarding ATOD

to be

effective in

prevention.

The *third section* features 32 prevention activities that incorporate creative, engaging approaches to nurturing the participants' protective factors and competencies. These activities are divided into sections according to theme. The seven themes are:

- ◆ ATOD Prevention Activities for Youth;
- ◆ Prevention Activities Using the Arts;
- ◆ Activities That Develop Personal Insight Skills;
- ◆ Violence Prevention Activities;
- ◆ Activities That Build Social Competencies;
- ◆ Prevention Activities for Daily Living; and
- ◆ Prevention Activities with a Mature Theme.

Finally, a series of *charts on specific risks* faced by people with disabilities, side effects of medications commonly used by people with disabilities, and recommended adaptations are included to help guide readers in implementing effective prevention programs for young people with disabilities. These are followed by a list of recommended resources.

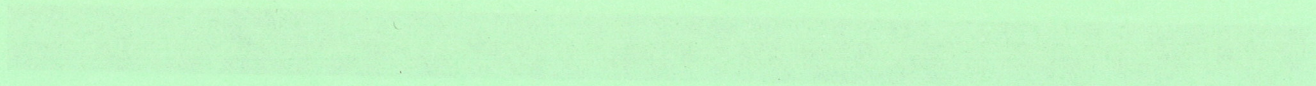
This guide was developed by the Substance Abuse Resources and Disability Issues (SARDI) program at Wright State University School of Medicine in Dayton, Ohio. SARDI's mission is to conduct research, provide collaborative consultation, and conduct training on the intersection between substance abuse and disability. The program addresses all physical, cognitive, and emotional disabilities and their relation to substance abuse. We hope that you will find this manual to be a helpful resource in your efforts to help young people with disabilities stay healthy and avoid the use of alcohol, tobacco, and other drugs.



Section 1:



ATOD Prevention for Young People with Disabilities: An Overview



Section 1:



ATOD Prevention for Young People with Disabilities: An Overview

ATOD Prevention for Young People with Disabilities

.....

Involvement with ATOD is one of the most important problems facing young people today. Each year, more students in grades 6 through 12 are smoking cigarettes and marijuana, drinking alcohol, and using cocaine and other illegal drugs.¹ Studies also show that there is less social disapproval of drug use among young people and that fewer young people perceive alcohol and drug use as harmful or dangerous as in the past.² These attitudes can lead young people to experiment with drugs and alcohol or engage in other risky behaviors such as gang involvement or violence.

Why does this happen? There are many reasons. Each young person is a unique individual—exposed to different challenges throughout his or her life. The way he or she deals with these stresses will naturally vary. Factors such as poor decision-making skills, lack of assertiveness or self-confidence, and a chaotic home environment can lead young people to deal with these stresses in harmful ways. Also, adolescence is universally a time of transition and change. Physical and emotional changes bring a sudden, new awareness of body image. The need to belong becomes more important, as well as the desire for independence. These new pressures can create anxiety, and can lead young people to turn to ATOD.

Challenges and Risks Facing Youth with Disabilities

The dangers of ATOD use apply not only to the general population, but to adolescents and young adults with disabilities as well. An Ohio study of the drug use patterns of junior and senior high school students with and without physical disabilities found that students with disabilities used drugs as often, and sometimes more often, than other students.³ For example, the study found that junior high school students with disabilities used alcohol almost as much as their peers—48 percent of junior high school students with disabilities reported using alcohol, compared to 51 percent of their nondisabled peers. The junior high school students with disabilities reported a higher use of inhalants, heroin, cocaine and crack than their peers. Some of the other findings of this survey are highlighted on page 6.

.....

Adolescence
is universally a
time of transition
and change...
These new
pressures can
create anxiety,
and can lead
young people
to turn to
ATOD.

Junior and High School Students With Physical Disabilities Compared to Students in the General Population by Percentage

	Junior High		Senior High	
	<u>General</u>	<u>Disabled</u>	<u>General</u>	<u>Disabled</u>
	%	%	%	%
<i>Any use of drugs:</i>				
Alcohol	51	48	80	60
Nicotine	33	24	56	41
Pot	5	4	21	12
Inhalants	3	4	7	5
LSD	2	2	8	8
Heroin, cocaine, crack	1	2	2	6
Other	5	3	10	9
<i>Emotional well-being:</i>				
Sad and depressed	11	17	14	23
Angry	14	23	15	23
Anxious and nervous	20	26	17	32
Fearful of violence	12	22	8	24
Stress related to school	31	40	41	47
<i>Intervention resource person:</i>				
Peer	48	42	70	56
Parent	47	56	28	40
Teacher	25	44	13	27

Kessler, D. & Klein, M. (1995). "Drug use patterns and risk factors of adolescents with physical disabilities." *The International Journal of the Addictions*. 30 (10), 1243-1270.

.....
Youth and
 young adults with
 disabilities
 face certain risks
 related to their
 disabilities that
 make them more
 vulnerable to
 alcohol, tobacco
 and other
 drugs.

As shown above, youth with disabilities were more likely to experience sadness, anger, anxiety, fear, and stress than youth without disabilities. And, unlike the general population of youth, young people with disabilities were more likely to go to adults than peers for assistance.

Youth and young adults with disabilities face certain risks related to their disabilities which may make them more vulnerable to alcohol, tobacco and other drugs. For example, young people with learning disabilities often have poor self-esteem, poor school performance, and impulsive behavior which can lead them to try alcohol, tobacco, or other drugs as a means of escape. Those with mental retardation or developmental disabilities may have limited social skills which can put them at risk for succumbing to peer pressure. People with mobility impairments often have chronic pain and recurring medical problems which require them to take medication over an extended period of time. This can lead them to become dependent on prescribed medications or other drugs in an attempt to achieve relief from their discomfort.

ATOD Prevention for Young People with Disabilities

Youth and young adults with other disabilities face even higher risks. People with mental illness appear to experience recurring alcohol and other drug problems at rates which are double that of the general population. Over 50 percent of young people with mental illness are reported to experience problems with alcohol and other drugs.⁴ Alcohol has also been associated with over half of all occurrences of traumatic brain injury (TBI).⁵ These problems are compounded by the isolation, lack of social opportunities, and excess free time that young people with disabilities commonly face. This can lead to depression and poor self-esteem, both of which can contribute to involvement with alcohol and other drugs.

In addition to these challenges, young people with disabilities are often at greater risk for being influenced by messages they receive from the media, particularly alcohol and tobacco advertisers. They want to “fit in” with their peers and do not wish to be perceived as different. This can often lead them to make unhealthy choices about drugs and alcohol in an effort to receive peer attention. Young people with cognitive disabilities, in particular, require additional skill development on how to interpret the messages they receive from the media.

As youth with disabilities grow into adulthood, they may face increased risks for alcohol and other drug use. Studies indicate that there is a higher incidence of substance use among adults with disabilities than the general population. For example, a 1996 study of substance use among adults in vocational rehabilitation found that the use of all drugs (marijuana, inhalants, cocaine, crack, hallucinogens, heroin, stimulants, and sedatives/tranquilizers) was higher among this group than in general population estimates.⁶

In spite of these risks and concerns, young people with disabilities have often had less access to prevention information than their peers. Special educators and others who work with young people with disabilities rarely offer prevention education. A national survey of teachers of students with severe behavioral disorders found that 30.7 percent of the teachers never teach prevention in the classroom and 25 percent offer prevention education once per year. Only 2.4 percent of the teachers offer prevention education every day.⁷ Parents and families of young people with disabilities also tend to neglect their children’s needs for good prevention education. Often, they mistakenly view their children as not being at risk for problems related to alcohol and other drugs. They may overprotect or shelter their children in an attempt to isolate them from knowledge about alcohol and other drugs. Such strategies rarely work.

.....
Studies
indicate that

there is a

higher incidence of

substance use

among adults

with disabilities

than the general

population.

What Works: Building Resiliency

Today, research has shown us what does seem to work. Effective prevention efforts must be long-term, comprehensive, and include activities in both school and community settings. Families, schools, churches, local law enforcement agencies, social service agencies, the media, and other community groups must all be involved in developing innovative approaches to reducing young people's involvement in alcohol, tobacco and other drugs. In order to be effective, prevention efforts must include accurate and relevant age-appropriate information, research tools that measure progress toward meeting objectives, and repeated contact with caring, involved adults.

.....

Prevention

programs which
strengthen
young people's
protective factors
provide
opportunities for
them to develop
and strengthen
skills...

Effective prevention efforts focus on reducing young people's *risk factors*—factors which are associated with greater potential for drug use—and enhancing their *protective factors*, or factors associated with reduced potential for drug use. Risk factors are identified as challenges such as family members who use drugs, ineffective parenting, lack of nurturing, poor school performance, poor social skills, and association with peers who use ATOD. Protective factors include strong family bonds, caring relationships with one or more adults, success in school performance, strong bonds with positive peer groups, and opportunities to participate in healthy, meaningful activities.

Prevention programs which strengthen young people's protective factors provide opportunities for them to develop and strengthen skills that are a critical part of their successful maturation into healthy, productive adults. Among these are skills in communication, decision-making, goal setting, critical thinking, analysis, and in resisting offers to use ATOD. The greater number of these skills a young person has, the greater his or her ability to be *resilient*—to grow and cope in healthy ways despite the risks they may face.

Characteristics of Effective Prevention Programs

Good prevention programs maintain a consistent “no-use” message, while providing information about the risks of ATOD use and promoting healthy lifestyles. A strong “no-use” message is particularly important when working with school-aged youth, for whom ATOD use is illegal as well as harmful to their health. For programs that target young adults who may be of legal age, it is important to build awareness of the health and other risks associated with using alcohol, tobacco, and legal medications. It must also be stressed that any use of illegal drugs is wrong and harmful.

Resiliency Traits of Young People

Resiliency traits are characteristics that seem to contribute to a young person's ability to thrive in spite of adversity. Resiliency enables young people of all backgrounds to lead healthy and fulfilling lives despite formidable obstacles. The following resiliency traits have been identified for young people:

<i>Resourcefulness</i>	Knows how to attract and use the support of adults
<i>Social Competence</i>	Makes others feel comfortable and is socially at ease
<i>Problem Solving Skills</i>	Masters his or her environment and has a sense of his or her own power
<i>Creativity</i>	Gets involved in various activities or projects and does well in most things he or she undertakes
<i>Sense of Humor</i>	Laughs at him or herself and others
<i>Optimism</i>	Maintains a positive vision of the future
<i>Compassion</i>	Volunteers to help others and has the ability to empathize
<i>Academic Success</i>	Succeeds at school according to his or her appropriate developmental level
<i>Independence</i>	Develops a high degree of autonomy in early life

In addition to these resiliency traits, which have been identified for all young people, the following traits are specific to young people with disabilities:

<i>Insight into Disability</i>	Is able to understand and accept the implications and limitations related to his or her disability
<i>Medication Competency</i>	Complies with medication schedules and has accurate knowledge of how ATOD can interact with his or her medication
<i>Healthy Use of Free Time</i>	Is involved in healthy activities during free time

Adapted from: Ackerman (1987), Benard (1991), Hawkins & Catalano (1991), Wolin & Wolin (1993), and Mize, Ford, Moore & Taylor (1994).

Effective prevention programs focus not only on ATOD use, but also on related harmful behaviors such as violence and gang involvement. Such programs teach young people skills in conflict management and conflict resolution, help them build a strong sense of self-esteem, and empower them to meet life's challenges in healthy ways. Because involvement in alcohol and drugs can lead young people into dangerous situations with poor decision-making skills, effective prevention programs also teach young people about HIV/AIDS and the dangers of unprotected sex.

.....

Effective
prevention
programs focus
not only on
ATOD use,
but also on related
harmful behaviors
such as violence
and gang
involvement.

The National Institute on Drug Abuse has identified the following principles of effective prevention programs for young people:

- ◆ Prevention programs should be designed to enhance protective factors and move toward reversing or reducing risk factors;
- ◆ Prevention programs should target all forms of drugs, including the use of tobacco, alcohol, marijuana, and inhalants;
- ◆ Prevention programs should include skills to resist drugs when offered, strengthen personal commitments against drug use, and increase social competency;
- ◆ Prevention programs should include interactive methods, such as peer discussion groups, rather than didactic techniques alone;
- ◆ Prevention programs should include a parents' or caregivers' component that reinforces what the young people are learning and offers opportunities for family discussions about drug use and violence;
- ◆ Prevention programs should be long-term with repeat interventions to reinforce the original prevention goals;
- ◆ Prevention programs should be adapted to address the specific nature of the drug abuse problem in the local community; and
- ◆ Prevention programs should be age-specific, developmentally appropriate, and culturally relevant.⁸

ATOD Prevention Activities for Youth and Adults with Disabilities is based on these principles of prevention. It targets all forms of ATOD use and seeks to help participants build their resiliency skills. The activities use a variety of interactive methods such as role playing, puzzle exercises, mural making, photography, and family interviews. Addressing specific risks faced by youth and young adults with disabilities, the activities are adaptable to meet the needs of a wide range of age groups and developmental levels.

Preventing Violence Among Youth

Every day, teachers across the country are seeing more young people who exhibit violent and aggressive behavior at an earlier age. More youth are showing defiance and aggression toward property and persons; and more youth are exhibiting multiple problems in the classroom.

Youth with disabilities are not necessarily at a greater risk of becoming involved in violence than other young people. Each individual is unique and may face a number of distinct risk and protective factors for violence (see "Risk Factors for Violence Among Youth" at the right). Many of the factors that seem to predict youth involvement in violence also predict other harmful behaviors among youth, including drug use, truancy, delinquency, and teenage pregnancy.

By helping to build resilience in youth (see page 8), adults can help prevent these antisocial behaviors. Among the specific things that adults can do are to establish clear rules, emphasize personal responsibility and self-discipline, and help youth develop skills in problem solving and conflict resolution. Communication skills are also critical, as they allow young people to prevent and resolve conflict. All activities should be developmentally appropriate and take into consideration the young person's disability.

Schools and facilities serving youth and young adults who have disabilities should be safe havens in which learning and positive interaction can occur. In order to achieve this, the physical facility must be supervised and the learning environment must be safe, positive, and inclusive.

Risk Factors for Violence Among Youth

Below are some of the identified risk factors for violence among youth. Exposure to these risk factors does not necessarily mean that the young person will become involved in violence; it only increases the likelihood that this may occur.

Individual/Peer

- Friends who engage in violence
- Early initiation of violence
- Constitutional factors

Family

- Family management problems
- Family conflict
- Favorable parental attitude towards violence

School

- Early and persistent antisocial behavior
- Academic failure beginning in elementary school

Community

- Media portrayals of violence
- Low neighborhood attachment and community organization
- Extreme economic deprivation

(Adapted from Catalano, R., and Hawkins, J.D. 1995. *Communities that Care: Risk-Focused Prevention Using the Social Development Strategy*. Seattle, WA: Developmental Research and Programs, Inc.)

Caring Adults: A Key Protective Factor

These activities are not intended to be implemented in a vacuum. They should be part of a comprehensive program which includes the active presence and involvement of caring adults. Research shows that young people require the presence of caring and understanding adults if they are to successfully avoid involvement with ATOD use and violence in a rapidly changing world.⁹ Young people with disabilities especially rely on nurturing adults to provide safe environments and consistent encouragement and feedback, while avoiding debilitating criticism.

.....
Young
people with
disabilities
especially rely on
nurturing adults
to provide
safe environments
and consistent
encouragement
and feedback,
while avoiding
debilitating
criticism.

Parents are not the only ones who can fill this role. Studies confirm that the special education teacher is very often cited as the most significant caring adult in the lives of many youth with disabilities.¹⁰ Regular education teachers, school counselors, teacher's aides, group home leaders, community workers, coaches, police officers and probation officers can also serve in this critical role. By providing support and serving as positive role models, these adults offer young people the stability, compassion, trust and unconditional love they need to help them make healthy decisions and resist involvement with ATOD. One caring adult in the life of a young person with a disability is a very significant protective factor!

The Substance Abuse Resources and Disability Issues (SARDI) program at Wright State University School of Medicine was guided by the "PALS" philosophy in developing these activities.

Prevention Works
All of Us Together
Learning to Care
Special Modifications

Prevention Works

The United States has the highest rate of teenage drug use of any industrialized nation. However, data from the past 20 years shows that prevention efforts have succeeded in substantially reducing the incidence and prevalence of illicit drug use. In 1997, for the very first time, the use of marijuana and a number of other drugs did not increase among eighth grade students in the U.S. and, while the use of marijuana is still rising among 10th and 12th-graders, their use of a number of other illicit drugs appears to have leveled off.¹¹ Research has shown that prevention efforts that focus on reducing young people's risks while increasing their protective factors—building

ATOD Prevention for Young People with Disabilities

their strengths and teaching them life skills—can help them develop into healthy, productive adults.¹²

All of Us Together

The effectiveness of prevention efforts is substantially enhanced when the entire community is involved. Family members, school personnel, political leaders, businesses, the media, cultural organizations, and other community groups all have important roles to play and need to work collaboratively. By working together, these groups establish clear and consistent messages about ATOD use and create a web of support for youth. This is particularly important for young people with disabilities who are often left out of standard prevention networks. Community groups need to work together to make sure that all young people receive the same support and protection.

Learning to Care

Critical components of effective prevention include allowing young people to learn how to care for and cherish themselves and others. Effective programs provide ample opportunities for adults to care for youth and to create nurturing, safe, and supportive environments that encourage young people's growth and development. As noted above, caring adults are especially important to youth with disabilities. Each of us—teacher, parent, counselor, health care professional, community worker, or other adult in the life of a young person—has an important role to play. By working together, committing the resources of the entire community, we can help young people with disabilities build the resiliency they need to resist ATOD and look forward to a bright and healthy future.

Special Modifications

Youth with disabilities have very diverse learning styles and may have a wide range of cognitive or physical disabilities. Prevention activities need to be modified or adapted by instructors to help participants master new skills and concepts. The activities must be relevant to each participant, addressing not only his or her appropriate academic level, but also his or her social and emotional levels. Instructors also need to be aware of cultural relevancy and address issues and situations familiar to the participant. The next chapter offers suggestions to assist instructors in adapting and modifying prevention activities for young people with disabilities.

.....

B_y

working together...

we can help

young people with

disabilities

build the resiliency

they need to

resist ATOD and

look forward to a

bright and healthy

future.

What You Can Do

There are many things that parents, teachers, counselors, and community workers can do to help build resiliency among young people with disabilities.

Learn the facts about ATOD and violence. Seek out information by reading or watching educational programs on TV. Locate fact sheets on drugs, including information on street names, ways used, and symptoms and consequences of use. You can find these materials through libraries, schools, health departments, and other agencies.

Talk with young people about ATOD and violence. Listen and find out what pressures they are facing.

Teach young people about ATOD and violence. Let them know about the dangers of ATOD, especially when combined with any prescription medications. Share information about how to manage feelings without resorting to violence. Develop an open, non-judgmental approach to these subjects.

Be a role model. Manage your own stress in a positive way. Model non-violent coping skills. Have fun without ATOD.

Find other role models. Introduce young people with disabilities to successful older people with similar disabilities.

Encourage young people to become involved with positive friends and to participate in educational, artistic, and recreational activities that do not involve ATOD or violence.

Help young people deal with pressure from friends. Recognize and praise the good choices they make, and reinforce connections to supportive family members and friends.

Support young people's efforts towards independence. Young people with disabilities need opportunities to make their own decisions. Family members can help by giving them the right to learn from their mistakes.

Help young people understand the mixed messages that they may receive about ATOD or violence from their friends, television, movies, and advertisements. Dispel any myths about ATOD use perpetuated by the media, such as the idea that smoking cigarettes will make young people more attractive and popular. Help youth develop media literacy skills so they are better prepared to interpret these types of messages.

Uphold the law. Alcohol use is illegal under age 21 and tobacco purchasing is illegal under age 18. Set firm rules for all persons under age 21 in your care.

Be aware of the connection between ATOD and sexually transmitted diseases, including HIV/AIDS. ATOD can lead to unplanned or unprotected sex.

Collaborate with other social service agencies, disability organizations, local businesses, and school personnel to plan fun, positive programs and other healthy alternatives to ATOD use.

References

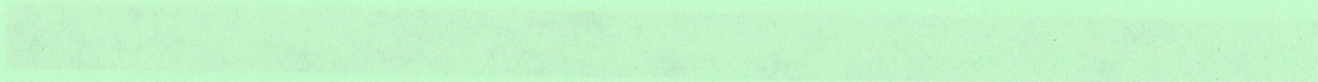
- ¹ National Parents' Resource Institute for Drug Education (PRIDE) (1996). *1995-96 PRIDE survey: Ninth annual survey of students in grades 6-12*. Atlanta: GA. On-line: Internet. Available: <http://www.prideusa.org/press95>.
- ² Ibid.
- ³ Kessler, D. & Klein, M. (1995). "Drug use patterns and risk factors of adolescents with physical disabilities." *The International Journal of the Addictions*. 30 (10), 1243-1270.
- ⁴ Brown, V.B., Ridgely, M.S., Pepper, B., Levine, IS., & Ryglewicz, H. (1989). *The dual crisis: Mental illness and substance abuse, present and future directions*. American Psychological Association, 44 (3), 565-69.
- ⁵ Sparadeo, F.R., Strauss, D., & Barth, J.T. (1990). "The incidence, impact and treatment of substance abuse in head trauma rehabilitation". *Journal of Head Trauma Rehabilitation*, 5(3), 1-8.
- ⁶ RRTC on Drugs and Disability (1996). *Substance abuse among consumers of vocational rehabilitation systems*. Executive summary of epidemiological study. Dayton, OH:Wright State University.
- ⁷ Morgan, D., Genaux, M. and Likins, M. (1994). *Substance use prevention for students with behavioral disorders: A survey of classroom practices*. Logan, UT: Utah State University, Department of Special Education.
- ⁸ Adapted from: National Institute on Drug Abuse (March, 1997). *Preventing drug use among children and adolescents, a research-based guide*. Washington, DC: U.S. Department of Health and Human Services.
- ⁹ Benard, B. (1991). *Fostering resiliency in kids: Protective factors in the family, school, and community*. Portland, OR: Northwest Regional Educational Laboratory.
- ¹⁰ Elmquist, D., Morgan, D., and Bolds, P. (1992). "Alcohol and other drug use among adolescents with disabilities." *The International Journal of the Addictions*, 27(12), 1475-1483.
- ¹¹ University of Michigan Survey Research Center. (1997). *1997 Monitoring the Future Study*. Washington, DC: National Institute on Drug Abuse.
- ¹² Hawkins, J.D. and Catalano, R. (1992). *Communities That Care: Action for Drug Abuse Prevention*. San Francisco: Jossey-Bass.



Section 2:



Guidelines for Implementing Prevention Activities for Youth and Young Adults With Disabilities



Section 2:



Guidelines for Implementing Prevention Activities for Youth and Young Adults With Disabilities

Guidelines for Implementing Prevention Activities for Youth and Young Adults With Disabilities

The activities in this guide were developed to provide parents, teachers, counselors, youth workers, group home leaders and others with a wide range of methods to help build resiliency among youth with disabilities. Hands-on, interactive activities such as the ones described in the guide encourage youth and young adults with disabilities to share feelings and emotions, develop a positive self-image, and establish new friendships. In doing so, they discover the reasons why ATOD use, violence, and indiscriminate sex are not good ways to cope with life's challenges and transitions, and develop the skills to resist these harmful behaviors.

Users of this guide may wish to implement all of the activities, or to choose a select few to complement their existing prevention efforts. Instructors should always be aware of the age and developmental level of their particular audience, and select the activities that best suit their participants. Because young people with disabilities encompass such a wide range of developmental and cognitive levels, the activities in this guide target participants from middle-school age to young adults. Some activities focus on teens with disabilities who attend junior high or high school and who live with their parents; others target young adults with mental retardation or other disabilities who live in group home settings. Some activities, particularly those found in the "Activities with a Mature Theme" section, clearly target older participants. However, with strategic omissions or revisions, these activities can be adapted to meet the needs of younger audiences. In all cases, instructors should modify the activities to meet the specific needs of their audience.

In adapting and modifying these activities, instructors should address the particular learning styles of participants and make the material relevant to their lives. All participants should be provided with the opportunity to participate to the maximum extent possible. The adaptations should be designed to allow youth with disabilities to be active learners, not passive observers.

There are many simple adaptations that are used routinely and effectively by teachers, parents, and social service providers to meet the needs of young people with disabilities. The following pages describe different types of

In adapting and modifying these activities, instructors should address the particular learning styles of their participants and should make the material relevant to their lives.

Guidelines for Implementing Prevention Activities

adaptations you may use when conducting the activities in this guide with youth and young adults with disabilities.

Nine types of adaptations are highlighted in the chart on page 21. They involve adapting the size, time, level of support, input, output, difficulty, participation, outcome or goal expectation, and curriculum. Examples of how to use the adaptations when conducting the activities within this guide are included in the chart.

When making plans to conduct an activity with a particular group, it is important to realize that different adaptations can be conducted before, during, and after the activity. Examples are provided in the chart on page 22. The following steps may be used.

Step 1—Select the subject area to be taught. (In this manual, of course, the subject would be alcohol, tobacco, and other drug abuse and violence prevention.)

Step 2—Identify the specific topic to be taught. (Pick from the 30 activities included in this manual.)

Step 3—Briefly identify the goals or objectives for most learners. (The purpose and objectives on the cover page of each activity can be modified to meet the needs of a specific audience or adapted for different learning styles of individual participants.)

Step 4—Briefly identify the instructional plan for most learners. (Read the teacher scripts listed with each activity.)

Educators should recognize these first four steps, as they are the same or similar to those used in planning any lesson for any audience. The next three steps are more specifically related to adapting activities for an entire group of participants with disabilities or for particular individuals within the group who may have different learning styles.

Step 5—Identify learners who will need adaptations of the instruction plan. (Some participants will be “left out” if they must complete every prevention activity as the rest of the group does. They may have lower cognitive levels or be identified as “at risk children.” Some other participants may be “hard to reach” for any number of reasons. This step requires that each participant with additional needs be identified by name.)

Step 6—Based on individual learner goals, choose an appropriate mix of adaptations, beginning with the least intrusive, i.e., adapting the time is less intrusive than developing alternate goals. (Refer to the list of nine adaptations on page 21 while reviewing the prevention activities.)

Nine Types of Adaptations

Size

Adapt the number of items that the learner is expected to learn or complete

For example: In *The Effects of Smoking*, reduce the number of “facts about tobacco” the learner must learn at any one time.

Time

Adapt the time allotted and allowed for learning or task completion.

For example: In *Hygiene and Personal Appearance*, break up the activity into two or more different sessions.

Level of Support

Increase the amount of personal assistance with a specific learner.

For example: Assign peer buddies, peer tutors, teacher aides, cross-age tutors, etc.

Input

Adapt the way instruction is delivered to the learner.

For example: In *Medication Use*, use demonstration cards that match the developmental stage of participants.

Difficulty

Adapt the skill level, problem level, or the rules on how the learner may approach the work.

For example: In *Financial Responsibility*, budget a small weekly allowance to better accommodate some learner needs.

Output

Adapt how the learner can respond to instruction.

For example: In *Pushers, Dealers, Sellers—Who Are They?*, have some students complete the worksheet verbally. A communications book may be useful in other situations.

Participation

Adapt the extent to which the learner is actively involved in the task.

For example: In *The Effects of Alcohol*, have students crack the eggs.

Alternative Goals

Adapt outcome or goal expectations while using some materials.

For example: In *A True Friend Is*, some students may keep friendship journals; others may draw to illustrate friendships.

Substitute Curriculum

Provide different instruction and materials to meet individual goals.

For example: Utilize resource room or alternative space or plan a field trip to meet different learning objectives.

Guidelines for Implementing Prevention Activities

Before

Identify learners who will need adaptations. Some participants will be left out of the process if they are required to follow a given instructional plan to the letter. Be knowledgeable about the characteristics, needs, and abilities of the individuals you are instructing so you can adapt activities accordingly.

Be organized. Have your materials well organized beforehand. Photocopy the proper number of handouts, prepare any overheads, and practice demonstrations. This will help eliminate confusion and create a calm, structured learning environment.

Reduce stimuli. Anticipate possible distractions, such as background noise, movement, and objects to help individuals keep their attention focused.

..... During

Adapt the size. Decrease or modify the number of items that a participant is expected to learn or complete. For example, if you are teaching facts about alcohol or tobacco, reduce the number of facts a participant must learn at any one time.

Adapt the input. Be extremely simple. Break tasks down into their smallest components. Present each component and wait until it is complete before giving the next direction. If there are several individuals with short attention spans, it may be necessary to instruct them individually or in small groups.

Adapt the goals. Be realistic. Alter outcomes and goal expectations if necessary. For example, if an activity calls for participants to learn 10 facts about ATOD use, set a more simple goal of learning two or three.

Adapt the time. Be patient. Allow participants extra time to respond to questions, follow directions, or complete a task. Break an activity up into two or more different sessions if necessary.

Adapt the difficulty level. Adjust the skill level, problem type, or the rules on how participants may approach the work. For example, if participants are learning how to budget their monthly income, work on budgeting a small weekly allowance first.

Adapt the participation levels. Change the extent to which participants are actively involved in a task. Allow them to help conduct demonstrations, hold up charts, cut out magazine pictures, take notes on a chalk board or get actively involved in role playing exercises.

Adapt the level of support. Give extra assistance to learners who may need a little help. Assign peer buddies, peer tutors, teachers' aides, or other volunteer helpers.

Adapt the output. Modify how the participants can respond to instruction and provide them with a variety of choices. For example, if an activity calls for participants to write their responses on paper, invite them to respond verbally or draw pictures instead.

Adapt the curriculum. Substitute different instruction and materials to meet learner's individual goals. Plan a field trip in place of a classroom discussion activity to meet learning objectives.

..... After

Evaluate the effectiveness of the adaptations. Is there a need for change? Changes could include more adaptations, fewer adaptations, or different adaptations. Experiment until maximum participation is achieved.

Guidelines for Implementing Prevention Activities

Step 7—Evaluate the effectiveness of adaptations: monitor and adjust while teaching. (Is there a need for change? Changes may include more adaptations, a change in the type of adaptations, or fewer adaptations. With genuine and effective evaluation, educators and community partners make collaborative decisions to try a variety of adaptations which will enable maximum participation in the prevention activities by all participants.)

The adaptations summarized here are obviously not all inclusive. The instructor's personal creativity and imagination may stimulate the use of the activities in ways that have not been tried or mentioned. Some instructors may wish to change the examples in the activities to refer to participants' home town, school, or place of employment, or to modify characters in the activities to have disabilities similar to those of the participants. All of these modifications will help participants identify with the activities and with the people depicted in the materials.

Remember, adaptation is an important consideration for any group of participants who have diverse abilities. Adaptations are required not only to address different learning styles, but also diversity in terms of cultural heritage, economic background, gender, developmental age, and chronological age. The types of adaptations you choose will vary greatly depending on participants' abilities and experiences as well as the activity objectives. The more experience you gain in adapting activities, the less time it will take to plan them. Over time, the adaptation process will become intuitive and your participants will absorb the materials readily.

For more information on prevention strategies or adaptations for specific disabilities, please see *Appendix C: Prevention Issues for Persons with Disabilities*.

The adaptations and modifications listed in this section are from: Ebeling, D.G., Deschenes, C., & Sprague, J. (1994). *Adapting curriculum and instruction in inclusive classrooms*. Bloomington, IN: The Center for School and Community Integration Institute for the Study of Developmental Disabilities.



Section 3:



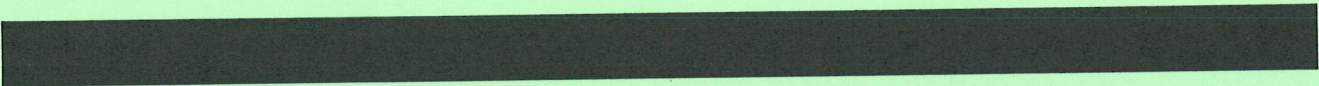
Prevention Activities



Section 3:

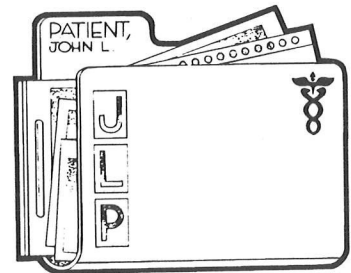


Prevention Activities



ATOD Prevention Activities for Youth

The Effects of Alcohol



Introduction

There is a great deal of societal support for the use of alcohol. This makes it even more challenging to communicate the message that underage consumption is harmful and that for some young people with disabilities, even moderate amounts of alcohol can be very dangerous. Many youth and young adults with disabilities are unaware of the potential effects of alcohol and unaware of their own risks for problems associated with the use of alcohol. This activity helps participants understand the harmful effects of alcohol use on their bodies and their lives.

Objective

- ◆ To learn the facts about the negative physical, social, and psychological effects of alcohol.

Materials Needed

- ☐ Two raw eggs
- ☐ Two beakers or glasses
- ☐ 200 proof lab alcohol (or other alcohol as noted in Variations)
- ☐ Chalk board or overhead projector
- ☐ *Facts About Alcohol* handout

Tips for Instructors

Make certain that the lab alcohol is carefully labeled and monitored since it is poisonous.

Have participants assist with the experiment as much as possible by letting them pour the water and crack the eggs.

Encourage participants to share personal experiences and stories.

Prior to conducting the activity, order Life Facts posters about the effects of alcohol on the body, behavior and relationships. See Variations for more information.

Steps

1. Begin the activity by asking participants, "What is alcohol?" Help the participants understand that alcohol is a drug. Ask them to name types of alcohol (beer, wine, liquor). (Note: If using the Life Facts posters referred to in the Variations section of this lesson plan, show poster #13 here.)
2. Ask participants to rub their hands together very quickly and then to describe how it felt. Discuss how the heat they felt shows how sensitive the skin is. Inside, our bodies are sensitive too.
3. Hold up a raw egg and ask if anyone knows what the egg consists of. Describe how the protein of the egg is similar to the protein of our bodies.
4. Fill one beaker or glass about halfway with water. Have a participant crack one egg and drop it into the water. Ask participants to describe what they see. (The egg will sit in the water with very little change.)
5. Fill the other beaker or glass about halfway with lab alcohol. Have a participant crack one egg and drop it into the alcohol. Ask the participants to describe what they see. (The white part of the egg will turn white as if cooking. The yellow part of the egg will film over as if cooking.) If participants are able to manipulate the beakers safely, allow them to pass the beakers around so that they can see the effects closely.
6. Review the legal drinking age in your state. Ask participants why some people choose to drink and list their answers on a chalk board or overhead.
7. Ask participants why some people choose not to drink and list their responses on the blackboard or overhead.
8. Discuss several of the key risks for alcohol and other drug problems. List these on the board or on a chart. Explain that there are many situations which put people at risk for abusing alcohol and other drugs. These include:
 - ◆ Medication use
 - ◆ Peer pressure
 - ◆ Health problems
 - ◆ Isolation
 - ◆ Communication difficulties

- ◆ Chronic pain
 - ◆ Family problems
 - ◆ Access to drugs
9. Go back to the beakers. Describe the effects of the alcohol on the egg now, emphasizing the cooking process.
10. Distribute copies of the *Facts About Alcohol* handout. Ask the participants to take turns reading the questions and answers on the handout aloud.
11. Review the following facts about alcohol:
- ◆ Alcohol is a drug.
 - ◆ It slows the heart.
 - ◆ It makes it difficult to think clearly and act responsibly. (Life Facts poster #17)
 - ◆ A lot of alcohol, taken all at once, can cause death.
 - ◆ Alcohol can damage many parts of the body. (Life Facts poster #26)
 - ◆ Anyone can be at risk to become an alcoholic.
 - ◆ Drinking and driving can cause serious accidents. (Life Facts poster #25)
 - ◆ Alcohol is the most commonly used drug in the country.
 - ◆ Drinking with medications can be especially dangerous.
 - ◆ It is important to understand your own individual risks for alcohol problems. (Life Facts poster #23)

Conclusion

Conclude the activity by reviewing what alcohol is and how it can affect our bodies and our relationships with others. Review the main concepts using a question and answer format. Ask the participants, "What is alcohol?" "How can it affect our bodies?" "What are some of the risks associated with drinking alcohol?" "What are some reasons why people choose not to drink alcohol?"

Variations

As with every activity in this book, modify the points to meet the particular age, background and functioning level of your participants. Instructors may wish to consider using the following variations:

- ◆ Use 100 proof vodka, or other high proof, clear liquor in place of lab alcohol. The results will be similar to that of lab alcohol, although the egg will not become as solid, and will take slightly longer to react.
- ◆ Use beer as a comparative sample. Be aware that because of the color of beer and the relatively low alcohol level, the visible effects of change will be greatly decreased. The egg will, over time, develop a sac-like structure around the yolk, but will not turn white and solidify like 100 proof liquors.
- ◆ It may be beneficial to demonstrate the effects of several different alcohol samples at once. Use 200 proof lab alcohol to allow participants to easily and quickly observe the effects on the egg. Use beer and vodka for groups that require more concrete proof of the effects of alcohol. In some cases, participants may deny the damaging effects of alcohol if lab alcohol is the only example given. The rationalizations "No one drinks lab alcohol," "I only drink mixed drinks," or "I only drink beer" may be more easily overcome if a complete spectrum of samples including water, lab alcohol, vodka, and beer are presented.
- ◆ Supplement your discussion with LifeFacts posters about the effects of alcohol on the body, behavior and relationships; drinking and driving; and drinking and pregnancy. LifeFacts posters 13, 14, 17, 23, 25, and 26 are recommended. These posters can be obtained by writing to:

LifeFacts 3: Substance Abuse

James Stanfield & Company Inc.

P.O. Box 1983

Santa Monica, CA 90406

Facts About Alcohol

What Is Alcohol?

Alcohol is a drug. It is made from fruits, vegetables and grains. It contains substances that depress the body's central nervous system. Alcohol is illegal to buy or possess if you are under 21.

What Are the Different Types of Alcohol?

Beer, wine, wine coolers and liquors like whiskey, vodka, and rum all contain alcohol. One 12-ounce beer has as much alcohol as a 1.5 ounce shot of whiskey or a 5-ounce glass of wine.

How Does Alcohol Affect the Body?

Alcohol slows down a person's heart rate and breathing. It also affects the way the brain works. It slows down the drinker's coordination, depth perception, reflexes, vision, reason and judgment. Drinking can cause high blood pressure, heart disease, stroke, liver disease, malnutrition and death.

What Are Some of the Risks of Drinking?

Many unpleasant things happen when people drink alcohol. Even a little bit of alcohol can make some drinkers act aggressive, violent, sad or depressed. When people have had one or two drinks, they have less self control. They tend to make bad decisions, such as drinking and driving. Car crashes, falls, burns, drowning and suicide are all linked to alcohol and other drug use.

What Are Some of the Risks of Drinking for People with Disabilities?

There are many special risks associated with drinking for people with disabilities. Many people with disabilities must take prescribed medications; alcohol can adversely affect these medications, causing dizziness, nausea, anxiety, breathing difficulties or even death. Many people with dis-

abilities also experience social isolation and excess free time. This can lead to alcohol abuse.

How Do People Become Addicted to Alcohol?

Alcoholism is a disease that develops when alcohol reacts with a person's body chemistry. People can become physically addicted to alcohol. As they drink more and more, their bodies begin to need alcohol. When people drink to cope with feelings or to escape problems, they might also become psychologically addicted to alcohol. Alcohol doesn't solve their problems—it only creates new ones.

How Does Alcoholism Affect Families?

Alcohol abuse causes many serious problems for families. It often leads to violence, child abuse and neglect. It can affect a person's ability to keep a job, do well at work and school, make friends, be healthy and succeed in life.

What Can You Do?

- ◆ Be smart. Drinking puts your health, education, family ties and social life at risk.
- ◆ Learn more about how alcohol affects a person's mind and body.
- ◆ Enjoy healthy activities that don't involve drinking.
- ◆ Develop skills to resist peer pressure to drink.

Adapted from: Utah Department of Special Education (1992). *Resistance education strategies and interventions systematically taught (RESIST): A curriculum to prevent the use of alcohol, tobacco and other drugs by students in special education programs*. Logan, UT: Utah State University.

U.S. Department of Health and Human Services: Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention (1992). *Tips for teens*. Washington, DC: Author

ATOD Talk Show



Tips for Instructors

Young people can have a lot of fun staging a talk show. Have them make production props, such as microphones and applause signs to add to the atmosphere of the activity.

During the talk show, instruct the audience members to pay close attention to the guests' answers so that they can provide additional comments and ask follow-up questions.

Introduction

In the past few years, talk shows have joined soap operas as the leading type of programming in daytime television. While they are often used to shock and entertain, talk shows can also be used to impart helpful information. An important part of drug prevention is helping participants become aware of the messages conveyed by the media regarding alcohol, tobacco and other drugs, and providing them with the facts on these substances and the consequences of using them. This activity uses the talk show format as a way to provide participants with this information.

Objectives

- ◆ To develop good decision-making and communication skills
- ◆ To develop resiliency through creative expression
- ◆ To create unfavorable attitudes towards the use of alcohol, tobacco and other drugs

Materials Needed

- ☐ Newsprint or chalk board
- ☐ Paper
- ☐ Pens, Pencils
- ☐ Prepared 4" x 6" index cards with ATOD information. Cards can be prepared using the attached *Information for ATOD Cards*.

Steps

1. Begin the activity by writing the following list of possible sources of information about alcohol, tobacco and other drugs on newsprint or a chalk board. Ask the participants for other sources to include on the list:

Family members	Magazines
Newspapers	Teachers
Library Books	Television or radio
Encyclopedia	Guidance counselor
Clergy	Police

2. Divide participants into small groups and have each group rank their top five (5) most reliable sources of information. Ask one group to share their rankings with the entire group and ask the other groups if their rankings were similar.
3. Discuss with the participants why they chose the particular ranking they did. Ask them, "Why do you think your number one source has the most reliable information?" "Why did you rank number five as the least reliable source of information?"
4. Ask the participants if magazine ads, billboards and TV commercials are also sources of information on alcohol and tobacco. Ask the participants for examples. Are they reliable sources of information? Why or why not? What kind of information and images do these sources convey? What information do they leave out? What is their main purpose?
5. Distribute several prepared index cards to each small group, instructing the students not to turn the card over.
6. Have each group work together to write down the different names for the drug listed on their cards and the effects that drug has on the body. Then, have the groups turn over their cards and check their answers.
7. Explain to the participants that they will be creating an ATOD talk show. Ask them to name television talk shows that they like. What do they like about these particular shows? Do they believe that the information provided on these shows is accurate?

8. Discuss the format of the show. Ask them to identify the major players of the talk show—host, guest(s), audience, callers who telephone in their questions, etc. Explain that they will be playing the roles of the panel members and audience for this talk show.
9. Have each small group create three questions and answers about the drug on their card. Have the participants write the three questions on separate pieces of paper. Gather the pieces of paper.
10. Ask for one participant from each of the groups to volunteer to serve on the panel. The participant should take the card with him or her. The remaining participants will make up the audience. Arrange chairs at the front of the room, one for each of the guests.
11. Introduce the topic and the guests. Ask an audience member to read a question. The guests respond. After the responses, ask the audience for follow-up questions or additional facts relevant to the question.
12. After two or three questions, ask for new volunteers to serve as guests and have them address new questions. Continue until all participants have served as a guest or have asked a question as an audience member.

Conclusion

Conclude the session by reviewing the main concepts using a question and answer format. Ask the participants, “What are some reliable sources of information?” “Are magazine ads, billboards and TV commercials reliable sources of information?” “What are some facts about alcohol, tobacco and drugs that you learned in the talk show?”

Variations

- ◆ Videotape the ATOD talk show.
- ◆ Breaks can be scheduled to serve as commercial spots. Ask participants to identify the kind of products or sponsors that should be selected—for example, healthy foods, exercise equipment, etc. Have them identify products or sponsors that should not be selected.

Information for ATOD Cards

Directions

Write the following information on index cards. Write the name of the drug on one side of the card and the street names and effects on the other side.

Card 1: Alcohol

Slang/Street Names

Booze, brew

Effects

Causes loss of coordination, confusion, slurred speech, drowsiness, nausea

Long-term use can cause damage to the brain and liver. Very high doses can cause death.

Mothers who drink alcohol during pregnancy may give birth to babies with mental retardation.

Card 2: Cocaine

Slang/Street Names

Coke, Snow, Snuff, Nose Candy, Crack

Effects

Causes sore nose, paranoia, depression or withdrawal.

Is highly addictive, especially in crack form.

Even onetime use can cause death.

Card 3: Inhalants

Slang/Street Names

Rush, Glue

Examples: aerosol sprays, gasoline, paint thinner, butane cigarette lighter

Effects

Causes loss of coordination, confusion, nausea, convulsions, loss of appetite, fatigue.

Long term use can cause brain damage.

Even onetime use can cause unconsciousness or death.

Card 4: LSD

Slang/Street Names

Acid, Sugar, Sunshine

Effects

Causes illusions and hallucinations, loss of appetite, sleeplessness, and tremors.

Can cause panic reactions, confusion, suspicion, and loss of control.

Flashbacks can happen even after the person stops using it.

Information for ATOD Cards

Card 5: Marijuana

Slang/Street Names

Pot, Grass, Weed, Tea, Dope, Mary Jane, Hash, Reefer, Ganja, Herb

Effects

Red eyes, a dry mouth and throat, increased appetite.

Can make it difficult to understand and remember things, reduces ability to do tasks like driving, makes it difficult to learn; can cause paranoia.

Causes damage to the lungs. Marijuana smoke has more cancer-causing substances than cigarette smoke.

Card 6: PCP

Slang/Street Names

Angel Dust, Loveboat

Effects

Causes lack of control over movement, slurred speech.

Long-term use can cause depression, anxiety, violent behavior, and hallucinations.

Large amounts can cause convulsions and comas, as well as heart and lung failure.

Card 7: Tobacco

Slang/Street Names

Smokes, Ciggies

Effects

Is highly addictive.

Irritates the eyes, nose and throat.

Causes many cancers, including cancer of the lung and throat; contributes to heart disease. Long-term use can cause chronic bronchitis.

Mothers who smoke during pregnancy may give birth to babies with low birth weight.

The Effects of Smoking

Introduction

The use of tobacco products by young people has increased during the decade of the 1990s. Although the tobacco industry denies this, many people believe that tobacco companies target youth in their marketing strategies. However, many young people, including those with disabilities, fail to understand the serious consequences of smoking. The relationship between long-term use of tobacco and life threatening conditions such as heart disease, strokes, and lung cancer has been clearly demonstrated by medical science. The purpose of this interactive activity is to demonstrate the effects and risks associated with tobacco use.

Objective

- ◆ Participants will learn facts about the negative psychological, physical, and social effects of tobacco and smoking.

Materials Needed

- ☐ Magazine advertisements for cigarettes
- ☐ *Facts About Tobacco* handout (attached)
- ☐ Cotton balls
- ☐ Cigarettes
- ☐ Modeling clay
- ☐ Transparent plastic water bottle or soda bottle

Tips for Instructors

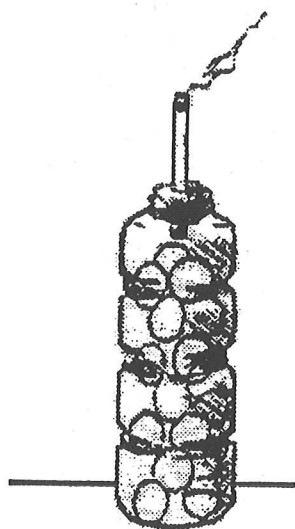
Make certain that the cigarettes used in this activity are monitored and secured before and after the demonstration.

Make sure the room is well ventilated.

Prepare 1-2 soda bottle "lungs" ahead of time that have absorbed different amounts of cigarette smoke. These will provide participants with a baseline of what to expect from the activity.

Steps

1. Begin the activity by holding up magazine advertisements for cigarettes showing images of smokers in romantic situations, having fun and participating in athletics. Ask the participants, how is smoking depicted? What are the smokers doing? Do these images really show what happens when you smoke?
2. Distribute copies of the *Facts About Tobacco* handout and allow the participants to take turns reading it aloud. Stop and discuss any points that you think might be difficult.
3. Explain to the participants that you're going to show them what happens to their lungs when they smoke. Create a homemade lung machine (see diagram on left) according to the following instructions:
 - ◆ fill a clear, dry, transparent plastic bottle loosely with cotton;
 - ◆ place a cigarette in the mouth of the bottle;
 - ◆ form modeling clay around the cigarette at the mouth of the bottle to seal and hold the cigarette in place;
 - ◆ light the cigarette and gently squeeze the bottle to produce an inhaling/exhaling effect.



Participants will be able to observe the cloudiness in the bottle, the odor, and the discoloration of the cotton balls. Participants can observe the increased discoloration of the white cotton balls with increased use of cigarettes.

4. Return to the magazine pictures you showed at the beginning of the activity. Does smoking really lead to romance? Why or why not? Are you really able to participate in athletic activities? Why or why not? Is smoking really fun? Why or why not?

Conclusion

Review the main concepts from the *Facts About Alcohol* handout and the demonstration using a question and answer format. Ask the participants, "What did you learn about the effects of cigarette smoke on your lungs?" "What are some of the risks associated with smoking?" "Is it easy to quit smoking? Why not?" As a group, read "What the Surgeon General Says About Tobacco," a message found on any tobacco product for sale.

This activity was adapted from "Me Too!" and "RESIST." For more information about these curricula, see the Resources section of this guide.

Facts About Tobacco

What is Tobacco?

Tobacco is made from the leaves of the tobacco plant. These leaves are picked, dried and rolled. Tobacco can be smoked or chewed.

How Does Tobacco Affect the Body?

Although some people smoke because they think cigarettes calm their nerves, this is not true. Smoking releases epinephrine, a hormone which creates psychological stress in the smoker, rather than relaxation. It makes the heart beat faster and raises blood pressure. Smoking also gives you bad breath, makes you smell bad, makes your fingers turn yellow, turns your teeth yellow and gives you premature wrinkles.

What Are Some of the Risks of Smoking?

Smoking is perhaps the most devastating preventable cause of disease and premature death. It can lead to many physical problems such as emphysema, heart disease, stroke, and cancer. More than 450,000 Americans die from smoking each year. Cigarettes are also a major gateway to other forms of drug addiction. Young people who smoke cigarettes are 100 times more likely to smoke marijuana and are more likely to use other illicit drugs such as cocaine and heroin in the future.

How Do People Become Addicted to Cigarettes?

Tobacco contains nicotine, a highly addictive substance. Most smokers develop a tolerance for nicotine and need greater amounts to produce a desired effect. Smokers become physically and psychologically dependent and will suffer withdrawal symptoms when use is stopped. Physical withdrawal symptoms include: changes in body

temperature, heart rate, digestion, muscle tone, and appetite. Psychological withdrawal symptoms include: irritability, anxiety, sleep disturbances, nervousness, headaches, fatigue, nausea and cravings for tobacco that can last days, weeks, months, years or an entire lifetime.

What Can You Do?

- ◆ Be smart. One third of young people who are just “experimenting” end up being addicted by the time they are 20.
- ◆ Learn more about how tobacco affects your health and the health of others around you.
- ◆ Enjoy healthy activities that don’t involve smoking. Exercising and participating in sports is nearly impossible if you smoke cigarettes.
- ◆ Develop skills to resist peer pressure to smoke.

Adapted from:

Utah Department of Special Education (1992). Resistance education strategies and interventions systematically taught (RESIST): A curriculum to prevent the use of alcohol, tobacco and other drugs by students in special education programs. Logan, UT: Utah State University.

U.S. Department of Health and Human Services: Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention (1992). Tips for teens. Washington, DC: Author.

Pushers, Dealers, Sellers—Who Are They?



Introduction

Society tends to think of a “pusher” as someone who sells heroin or some other street drug, but many people are involved in selling and providing chemicals to us. This activity will help participants increase their awareness of how drugs are distributed to people. Participants will be given the opportunity to examine “pushers” in their communities and will increase their knowledge of how to interact with them in a safe and responsible manner.

Objectives

- ◆ To identify various forms of drugs and drug purveyors (pushers).
- ◆ To increase awareness of values concerning drug use.
- ◆ To provide an opportunity for participants to affirm their values publicly.

Materials Needed

Pushers, Dealers, Sellers—Who Are They? worksheet (attached) - one copy per participant

Tips for Instructors

Encourage participation. Let all participants be involved in the discussion.

Allow the participants to brainstorm about the types of chemicals they use daily and why.

Make sure that participants maintain an even balance and understanding of both healthy and unhealthy effects of chemicals in the body.

Steps

1. Hand out copies of the Pushers, Dealers, Sellers—Who Are They? worksheet. Distribute one copy to each participant.
2. Explain to the participants that this worksheet refers to chemicals in general, not just what people call “drugs.” Chemicals include food preservatives, caffeine in coffee and tea, nicotine in cigarettes, prescription medications, alcohol, and THC in marijuana. Society tends to think of a “pusher” as someone who sells heroin or some other street drug, but many other people are involved in selling or providing chemicals to us.
3. Instruct the participants to rank the “pushers” described on their worksheets from 1 to 10, with 1 being the one they believe is the least harmful and 10 being the one they feel is the most harmful. Put the number they choose on the blank in front of each item. Depending on participants’ ability levels, you may want to read the items aloud to the class. You may also need to assist participants who have reading or visual difficulties in filling out their worksheets.
4. While the participants are filling out their worksheets, label nine pieces of paper, each with a key word from each of the situations outlined on the “Pushers” worksheet. Place them around the room on the floor.
5. When the group has completed this activity, ask the participants to stand on or near the label for the item they ranked #1—the least harmful.
6. Ask participants to share with the class why they made that choice. Remind the participants that there are no right or wrong answers. Remind the participants that their individual values affect their choices.
7. Ask the participants if they had ever thought of people like doctors, pharmacists, school nurses, or grocers as “pushers.” Why or why not? Were they were surprised that not everyone made the same rankings as they did?

Conclusion

Conclude the session by reviewing the main concepts using a question and answer format. Ask the participants, “Are pushers only the people who sell drugs on the street?” “What are some other kinds of pushers?” “Are all pushers the same?” “Why is it important to know about pushers and the different kinds of chemicals they offer us?” Explain to the participants that with this information, they can make more informed choices about the types of chemicals they choose to put in their bodies. Tell participants that sometimes it is necessary to use chemicals in a positive, healthy way, i.e., taking prescribed medication, but that there are also unnecessary chemicals that we use every day which our bodies do not need.

Variations

As with every activity in this book, modify the points to meet the particular age, background and functioning level of your participants. Instructors may wish to consider using the following variations:

- ◆ Role play scenes of pushers and buyers, incorporating both legal and illegal situations.
- ◆ Rather than having the participants move to nine places in the room, take an informal vote of the rankings by raising hands.
- ◆ If some of the concepts on the worksheet appear to be too difficult or abstract for your participants, use only a select few of the “pushers” identified on the list.

Pushers, Dealers, Sellers— Who Are They?

Instructions

Rank the following “pushers” from 1 to 10; with 1 being the one you feel is the least harmful, and 10 being the one you believe is the most harmful. Put the number on the blank in front of each item.

- _____ The employee of a liquor store who sells beer to people under the age of 21.
- _____ A person who is smelling paint and invites a friend to join him or her.
- _____ A woman who serves alcohol to teenagers at a party in her home.
- _____ A parent who knows his son is smoking pot but doesn't say anything.
- _____ A young person who tries to convince a friend to smoke, even though the person does not want to do so.
- _____ A teenager who, upon request, gives marijuana to another teenager.
- _____ Parents who occasionally serve their kids beer, but who insist that their kids only drink beer at home to avoid running into problems on the streets.
- _____ A gang member who sells crack on the street corner.

Marijuana, Cocaine, and Inhalants



Introduction

Young people, including those with disabilities, often have easy access to illicit drugs such as marijuana, cocaine, crack, and inhalants. Young people with disabilities sometimes face greater risks than their non-disabled peers for using and abusing these substances. Fewer socialization opportunities, excess free time and low self-esteem can all put young people with disabilities at risk for experimenting with drugs. Youth with disabilities who are required to take prescribed medications also face serious health risks when they combine alcohol or other drugs with these medications. This activity helps participants understand the negative consequences of using drugs and to recognize the symptoms of drug use.

Objectives

- ◆ To learn about the negative consequences of using marijuana, cocaine, or inhalants.
- ◆ To identify the symptoms of drug use.

Materials Needed

- ☐ Chalk board, chalk
- ☐ *Drug Detective Stories* handout (attached)
- ☐ *Symptoms of Drug Abuse* worksheet (attached)

Tips for Instructors

Encourage participation. Be prepared for participants to share personal experiences and stories.

Steps

1. Begin the activity by explaining to the participants that it is important to have factual information about drugs and the problems that can come from using drugs. Explain to the participants that three of the most commonly abused drugs are marijuana, cocaine, and inhalants.
2. Write the word "marijuana" on the chalk board. Ask the participants if any of them know what marijuana is. Explain that marijuana comes from the leaves and flowers of the Indian hemp plant (*Cannabis sativa*). It is most commonly smoked but sometimes it is used in teas and in food. The main active chemical ingredient in marijuana is THC (delta-9-tetrahydrocannabinol) and most marijuana has 3% THC.

Explain that chronic, heavy use of marijuana can be psychologically addictive. Some evidence exists for a withdrawal syndrome. More importantly, there is growing concern about how marijuana use by children and adolescents affects both their short and long-term development. Observers in clinical settings have noted that people who use marijuana experience a loss of ambition, a loss of effectiveness, diminished ability to carry out their long-term plans, difficulty in concentrating, and a decline in their work or school performance.

3. Write the word "cocaine" on the chalk board. Ask the participants if any of them know what cocaine is. Explain that cocaine is a white powder that comes from the South American Coca plant. Cocaine is commonly inhaled or "snorted" through the nose. It is also consumed intravenously. People who inject cocaine risk contracting the HIV virus if they share a needle with a person already infected with HIV. Cocaine acts directly on the "pleasure centers" in the brain that, when stimulated, produce an intense desire to experience the pleasure effects again and again. People who use cocaine experience problems such as restlessness, anxiety, irritability and paranoia.

Explain that cocaine is one of the most powerfully addictive drugs and that it can kill. People who chronically abuse cocaine report being depressed when they are not using the drug and often resume using it to alleviate the depression. In addition, they frequently find that they need more cocaine more often to generate the same level of stimulation. No individual can predict whether he or she will become addicted to cocaine or whether the next dose of cocaine will prove fatal.

4. Write the word “inhalants” on the chalk board. Ask the participants if any of them know what inhalants are. Explain that inhalants are substances whose vapors produce intoxication when inhaled through the nose or mouth. Many common household products, such as gasoline, paint thinner, and glue are used as inhalants.

Explain that inhalants may be physically addictive and that some evidence for withdrawal symptoms exists. The greatest risk associated with inhalant abuse is the unpredictability of the substances. People who use inhalants can experience vomiting, shortness of breath, dizziness, headaches and nausea. They can also become forgetful and confused. Deaths from this type of abuse are on the rise.

5. Explain to the participants that a good “sleuth” can spot the symptoms of drug abuse. Pass out copies of the Drug Detective Stories handout. Read the stories aloud and discuss as a group.
6. After you have concluded the Drug Detective Stories, read the Symptoms of Drug Abuse worksheet aloud. Complete the worksheet as a group.

Conclusion

Conclude the session by reviewing the main concepts using a question and answer format. Ask the participants, “What is marijuana?” “What are some of the symptoms of marijuana use?” “What is cocaine?” “What are some of the symptoms of cocaine use?” “What are inhalants?” “What are some of the symptoms of inhalant use?” Emphasize the adverse effects of these substances and lead a discussion about healthy alternative activities to substance abuse.

Variations

As with every activity in this book, modify the points to meet the particular age, background and functioning level of your participants.

- ◆ The characters in the Drug Detective Stories represent high school students. If your participants are older or younger, modify the stories to reflect their life experiences.

Drug Detective Stories

The Case of Sam Morrison

Sleuthman opened one of the files he'd been given. Inside was a report on a 15-year-old named Sam Morrison. Sam was on the basketball team. Sleuthman decided to talk to the coach, Mr. W., who had his free period right about now. "What can I do for you?" Mr. W. asked. "I'm here about Sam Morrison," Sleuthman told him. "Oh, that kid? He's driving me nuts," said Mr. W. "He used to be my center. Now he's on the bench every game." "How come?" Sleuthman asked. "He's out of breath after two minutes of play," the coach said. "He can't keep up and he's sick all the time. During our most important game, he was out with the flu. He wasn't faking it either. He was bright green." "Anything else?" Sleuthman wanted to know. "The kid can barely dribble the ball anymore and he used to be my ace ball carrier." "I see," Sleuthman said. "Well, thank you."

Stop here. What symptoms does Sam have? Which, if any, possibilities can you eliminate? If you had to guess what Sam's problem was, what would you guess?

Sleuthman decided to talk to Sam's other teachers and see what they could tell him. The first one he found was Sam's math teacher, Mrs. D., who was grading a stack of papers. "Sam used to be one of my better students," she told Sleuthman, "but now he can't remember what he's doing. He starts a problem and before you know it, he's just staring out the window." "When did this start?" Sleuthman asked Mrs. D. "Maybe a month ago, I guess," she said. She looked down at her grade book. "See all these A's and B's? Then all of a sudden, it's D's and F's. He never finishes any tests!" "What do you think the problem is?" Sleuthman asked her. "Just between

you and me, I think he's on something," she whispered. "Does he have any friends?" Sleuthman asked. "Sam used to hang out with a sweet girl...what was her name?" Mrs. D. shut her eyes. "Oh yes, Shelly Rogers. I always did like her."

Stop here. What symptoms does Sam have? Which, if any, possibilities can you eliminate? If you had to guess what Sam's problem was, what would you guess?

Sleuthman checked in the office and the secretary looked up Shelly Rogers' schedule. He found her in the hallway in between classes. She was a pretty girl with eyes that sparkled when she talked. She wasn't too happy with Sam Morrison. "So," Sleuthman said. "I heard the two of you used to be an item." "Used to be is right," Shelly said. She turned to wave at a friend who was passing by. "What happened?" Sleuthman asked. "Sam's changed," Shelly said. "He's not the same guy anymore. We used to have interesting talks. Now he talks and doesn't make sense. Sometimes he starts laughing when nothing funny has happened, and..." Shelly looked nervous and upset. Two more boys came by and waved at her. "Hey Shelly," one of the boys called, "See you at the dance tonight." "Sure," Shelly said, smiling. "Look," she told Sleuthman. "I've got to go. I don't know much about Sam anymore. As far as I'm concerned we're history." "Let me just ask you one more thing," Sleuthman said. "Did Sam ever offer you any drugs?" Shelly shifted, looking around her, before answering. "Yeah once or twice," she said.

End of story. What do you think Sam offered Shelly? Why do you think this? What else do you know about Sam? Do you think Shelly uses drugs? Why or why not?

Drug Detective Stories

The Case of Latisha Rice

Sleuthman looked at the file on Latisha Rice, a senior whose grades had recently dropped. A picture from junior year showed a pretty girl with a happy smile. "Very nervous lately. Not herself." someone had written in the file. Sleuthman decided to talk to Latisha directly.

Stop here. What symptoms does Latisha have? Do you think she might be using drugs? Which drugs might she be using?

Sleuthman tried to find Latisha in the lunchroom, but she wasn't around. He asked several students. Finally one of them, a boy named Davon, said Latisha went out for lunch with some older kids who didn't go to school anymore. "Latisha thinks she's too good for her old friends," Davon said. "But personally, I think she's in trouble." Just then the bell rang for the end of lunch. Sleuthman went outside in the parking lot. He saw a girl who looked a lot like Latisha getting out of a car with a bunch of people. Only this girl was much too thin and she seemed very jittery.

Stop here. What do you know about Latisha? What drugs, if any, do you think she's using?

Sleuthman went up to Latisha as she rushed up the steps into school. He introduced himself, and she agreed to talk, in return for a pass into her next class. Sleuthman could see how nervous Latisha was. Her hands were shaking and she kept shifting from one foot to the other. The happy smile in the photograph was replaced by a frown. Latisha had dark circles under her eyes. "How do you know these guys in the car?" Sleuthman asked her. "Are they students?" "They

used to be," Latisha said, sniffing and wiping her nose with the back of her hand. "Anyway, what's it to you?" "Just wondering," Sleuthman said. "So how's it going? Looking forward to graduation?" "Listen," she said. "I'm very busy. Are you going to give me that pass or not?" She shifted from foot to foot. "Sure," he said. "What class are you going to?" "Uh," Latisha stammered. "Uh. I don't know. Just give me a pass." She ran a hand through her hair. In the picture her hair was nice and clean but now it looked dirty. Sleuthman took out a pad of paper and a pen. "Just tell me where you're going and I'll be happy to write the pass." "Oh just leave me alone," she snapped and rushed into the school.

End of story. How is Latisha acting? What are her symptoms? What do you think is happening with her? What should Sleuthman do?

Drug Detective Stories

The Case of Jasmine Arnold

The next file Sleuthman looked at was for a girl named Jasmine Arnold. Jasmine had never been a great student but she was always a lot of fun. Lately, she'd been depressed and had put on a lot of weight.

Stop here. What symptoms does Jasmine have? Which, if any, possibilities can you eliminate? If you had to guess what Jasmine's problem is, what would you guess?

Sleuthman decided to interview one of Jasmine's best friends, a girl named Chantal. He asked around and found Chantal outside the school sitting on one of the benches. "Can I talk to you about your friend Jasmine Arnold?" Sleuthman asked her. Chantal rolled her eyes. "I suppose so," she said. "Although I don't see Jasmine that much anymore." "Why not?" Sleuthman asked her. "Jasmine's been acting kind of weird lately, you know, kind of paranoid." Chantal said. "What do you mean by 'paranoid'?" Sleuthman asked her. "You know," Chantal said. "Weird. Spooked out all of the time. My friends and I figure Jasmine just can't handle it." "Can't handle what?" Sleuthman asked, but Chantal just stood up. "Listen, I've got to get going. That's Jasmine over there," she said pointing to a heavy girl.

Stop here. What do you think Chantal means when she says Jasmine can't handle it? What does 'paranoid' mean? What new information do you have about Jasmine? Can you eliminate any possibilities?

Sleuthman approached Jasmine and asked if he could speak with her. Jasmine looked around nervously. Her eyes were very red. "Are you from the mind police?" she asked. She took out a bag of chips and started pushing them into her mouth. "The who?" Sleuthman said. "You've been following me," Jasmine said, chewing. "I saw you talking to Chantal. She told you about me, didn't she?" "Well, not really," Sleuthman said. "But some of your teachers and friends are worried about you." "What? They've been talking about me. I knew it. You've all been meeting to talk about me." Jasmine headed away, still shaking chips out of the bag and stuffing them into her mouth. "Go away," she said. "Leave me alone!"

End of story. How would you describe how Jasmine is acting? Which, if any possibilities can you eliminate? If you had to guess what Jasmine's problem is, what would you guess?

Drug Detective Stories

The Case of Fernando Cortinez

Sleuthman opened one of the files that he was given. Inside was a report on a 17-year-old named Fernando Cortinez. Fernando was on the school debate team. Sleuthman decided to talk to the coach of the debate team, Mrs. L. "I'd like to talk to you about Fernando," Sleuthman told her. "Oh, Fernando! He used to be our best debater, but boy, that has sure changed," she said. "How's that?" Sleuthman asked. "Well, he was so organized and clever in the way he presented his arguments. Now, he gets confused and loses track of what he's talking about," she said. "Anything else?" Sleuthman asked. "Yes. He acted very strangely the other day," she responded. "It was almost like he was drunk. I asked him if he had been drinking, but he denied it. I believed him, but he was acting very disoriented and sleepy so I felt it was my responsibility to ask him." "It was responsible of you to ask him and I am glad that you did," said Sleuthman. "Thanks for the information." He left scratching his head.

Stop here. What symptoms does Fernando have? Which, if any, can you eliminate? If you had to guess what Fernando's problem was, what would you guess?

Sleuthman decided to talk to Fernando's English teacher, Mr. R. "Fernando has been my student for two semesters and I am very fond of him," said Mr. R. "I think he has a lot of ability, but lately his grades have fallen. "When did that happen?" asked Sleuthman. "Maybe about two months ago," answered Mr. R. He checked his grade book. "See, there are mostly B's until two months ago. He's getting D's and F's now." "What do you think the problem might be?" asked

Sleuthman. "I hate to say this, but I think that maybe he's using drugs or alcohol," said Mr. R. "Do you know who he hangs out with?" asked Sleuthman. "I used to see him with Gina, the star of the volleyball team," Mr. R. said.

Stop here. What symptoms does Fernando have? Which, if any, possibilities can you eliminate? If you had to guess what Fernando's problem was, what would you guess?

Sleuthman found out that Gina had a study hall and decided to have a meeting with her then. "I'm not in any trouble, am I?" asked Gina. "Oh no," said Sleuthman. "I'm concerned about one of your friends." "If you are going to ask me about Fernando, you won't be the first to ask," said Gina. "He's been acting weird." "What makes you say that?" asked Sleuthman. "We don't hang out anymore. He never wants to do anything fun and he has been hanging out with a bad group of guys," she answered. "Has he ever offered you drugs or do you think he is using drugs?" asked Sleuthman. "No, I don't think he is using drugs," said Gina. "But he did ask me if I ever tried sniffing white-out a couple of weeks ago. That sounds so stupid but white-out really isn't drugs, is it? I mean, I've seen him holding white-out to his nose a lot lately, but I don't think it could cause him real problems. I mean it is legal and everything."

End of story. What do you think is Fernando's problem? Why? Is white-out a drug? Why isn't it against the law?

Symptoms of Drug Abuse (1)

Directions

Read the symptoms on this worksheet aloud to the group. Ask the participants which symptoms are signs of drug use and which are signs of health. For those that are signs of drug use, ask the participants which drugs produce those symptoms.

Answer Key

- (A) Alcohol use
- (T) Tobacco use
- (M) Marijuana use
- (C) Cocaine use including crack
- (I) Inhalant use
- (H) Healthy lifestyle

Physical Symptoms

- A,C jittery, shaky hands
- A stomachache
- A,I vomiting
- A,M significant weight gain
- C,I loss of appetite
- H lean and strong
- I,T,M,C short of breath, rapid heart rate
- I,T,M,C cough
- I,T,M,C raspy voice
- I,M,A blurred vision
- I,C,A,M sleepiness
- I,A headache
- M,A staggering
- I,M,C watery or red eyes
- I,C,A nausea
- I,A,M lack of coordination
- I,T,C rapid breathing
- C,T insomnia
- A,M,C hallucinations
- I flushed face

Grooming and Hygiene

- T,M,C burn holes in clothing
- I,T,A,M bad breath
- I,T,M discolored teeth
- H white healthy teeth
- T,M brown or stained fingertips
- H clear complexion
- I glue or paint on face or nose
- I,M peculiar odor from clothing

Work Habits

- I,A,C,M inability to concentrate
- H keeping appointments
- I,C,A,M missing school
- H completing assignments on time
- I,A,C,M failing at school
- I,A,C,M incomplete work

Personality

- I,M,A forgetful
- A,C,T short tempered
- A,C cranky
- H good natured
- A,M,C laughing uncontrollably, giddy
- M,C worried and afraid, paranoid
- I,A,C,M confused behavior
- C hyper or overactive behavior
- I,A,C,M depression
- H self-confident
- C,T speedy
- A,C labile (cries easily)
- I,A,C,M sudden mood changes
- A,M,C has crazy ideas

Symptoms of Drug Abuse (2)

Day-to-Day Behavior

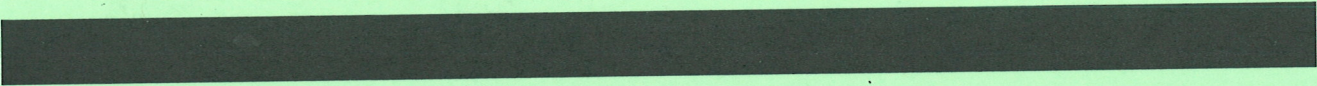
M,C,A,T	short of cash, borrows money
H	good driving record
I,C,A,M,T	fight with parents
H	energetic
A,C	unrealistic goals
I,A,M,C	accident prone
C,A	over-confident

Social Life

H	well liked, good personality
A,C,I	violent or angry behavior
A,C	fighting
H	fun to talk to, good listener
I,M	withdrawn, wanting to be alone
A,C	offending others
C,A,M	hanging out with older crowd
C,A	joining gang
H	trying new things
A,M,C	risky sexual behavior

Activities

H	playing basketball
H	trying out for a play
H	reading a book
I,A,M,C	losing a job
I,A,M,C	bragging
I,A,M,C,T	kicked off a team, losing eligibility
H	practicing the piano
I,A,M,C	taking crazy risks
A,C	driving too fast
H	swimming on a team
H	being a good dancer
H	trying out for cheerleading team
A	running to the bathroom
H	telling a funny joke
I,A,M,C	being out of it
M,A	eating all the time
C,M	talking non-stop



Prevention Activities Using the Arts

Murals—It's All About Health!



Introduction

An important goal of alcohol, tobacco, and other drug prevention is to teach participants about the impact these substances can have on their bodies and the benefits that a healthy lifestyle can bring, i.e., more energy, less stress, and the ability to manage one's mood and emotions. Through this activity, participants will learn about the different activities which make up a healthy lifestyle. The activity encourages participants to develop a healthy self-perception and to value a healthy lifestyle.

Objective

- ◆ To learn about the many activities that make up a healthy lifestyle.

Materials Needed

- ☐ Chalk board or overhead
- ☐ A *Healthy Lifestyle* handout (attached)
- ☐ Foamcore board (3/8 inch thick) or poster board
- ☐ Colored pencils, crayons, paints or magic markers
- ☐ Scissors
- ☐ Glue
- ☐ Magazines

Tips for Instructors

If the time you have available is limited, you may prefer to cut pictures out of magazines in advance and have the participants choose from them.

As the participants work, walk around to review their progress, offer encouragement, and discuss the ideas they are developing. Acknowledge each person's talents and contributions.

Invite a local artist to help your participants design and create their murals.

Steps

1. Begin the activity by defining a healthy lifestyle as a lifestyle that allows one to be healthy physically, mentally, and emotionally. Discuss why it is important to be healthy in all three areas. For example, if you are a good athlete with a strong body, but you have poor mental health or are stressed out emotionally, you are not healthy! In order to have a healthy lifestyle, you need to maintain a balance of a healthy body, a healthy mind and healthy emotions.
2. As a group, identify some of the many healthy activities that fall under each of these three categories. If participants have difficulty thinking of healthy activities, ask them to think of people they know who are healthy. You may also wish to distribute copies of the attached A Healthy Lifestyle handout. Record the participants' ideas on a chalk board or overhead. Some examples include:
 - Physical Health
 - ◆ Practicing good nutrition—eating balanced meals, with plenty of fruits, grains and vegetables
 - ◆ Exercising regularly—playing sports, dancing, walking, etc.
 - ◆ Getting plenty of rest
 - ◆ Getting regular check-ups with doctors and dentists, taking showers, and brushing your teeth every day
 - ◆ Taking prescribed medication responsibly
 - Mental Health
 - ◆ Reading
 - ◆ Studying
 - ◆ Going to the movies
 - ◆ Working on hobbies
 - ◆ Drawing or writing
 - Emotional Health
 - ◆ Relaxing
 - ◆ Identifying stress and addressing it
 - ◆ Controlling your temper and behavior
 - ◆ Talking with family and friends
 - ◆ Taking time for yourself
3. Remember to address any misconceptions that the participants may have, such as “drinking alcohol is a good way to relax.” Let the participants know why alcohol, tobacco, and other drugs are unhealthy for a person's circulatory and respiratory systems, as well as for one's mental and emotional well-being.

4. Instruct the participants that they will be creating portable murals that will tell others more about what they can do to be healthy.
5. Give each participant a piece of foam core board or poster board and supplies to create murals that convey a healthy lifestyle. They may want to draw, paint, or cut pictures from magazines and glue them onto their murals.
6. Invite the participants to present their murals to the entire group. Ask participants to explain how they feel the activities or words on their murals represent a healthy lifestyle.
7. Conduct a group discussion as each mural is presented. Help them locate any common themes in their posters and discuss what activities they are involved in that help them be healthy and happy.

Conclusion

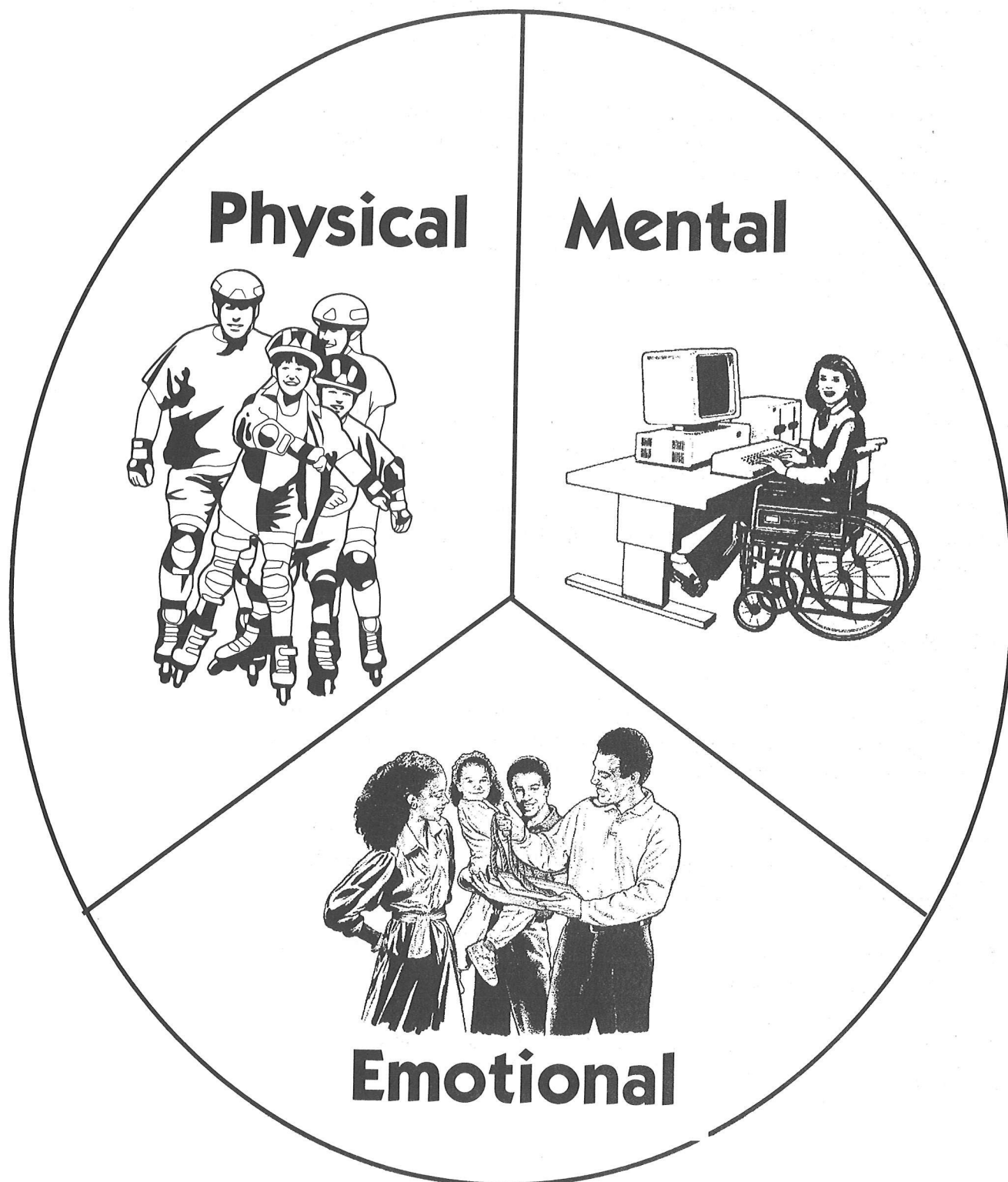
Conclude the session by reviewing the main concepts using a question and answer format. Ask the participants, “What is a healthy lifestyle?” “What does it mean to be physically healthy?” “What does it mean to be mentally healthy?” “What does it mean to be emotionally healthy?” Put all the individual murals together into one large mural. Display it in a prominent location for everyone to see.

Variations

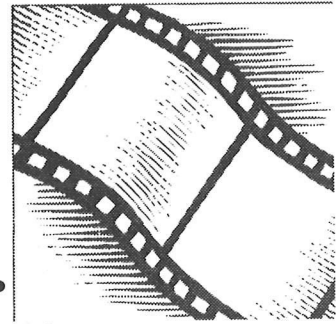
As with every activity in this book, modify the points to meet the particular age, background and functioning level of your participants. Instructors may wish to consider using the following variations:

- ◆ Participants can work in teams to create group murals. Before they begin painting or drawing, ask them to work together to decide what images will be used to depict a healthy lifestyle.
- ◆ Participants can create a permanent mural on a wall to beautify a local school, community center, group home or other location.
- ◆ This activity can serve as an introduction to a study of lifestyle similarities and differences between cultures.

A Healthy Lifestyle



Photography— Today I Feel



Introduction

Learning to identify and discuss one's emotions is important for young people with disabilities. It can be the first step toward learning to manage one's emotions in healthy, constructive ways rather than turning to alcohol, tobacco and other drugs. This activity uses photographs as a tool for helping participants identify their moods and emotions. It also encourages participants to share and help one another.

Objective

- ◆ To learn to identify one's moods and emotions.

Materials Needed

- ☐ *Moods and Emotions* handouts (attached)
- ☐ *Today I Feel/Today I Do Not Feel* worksheet (attached)
- ☐ One Polaroid camera per 4-5 participants
- ☐ Polaroid film
- ☐ Construction paper
- ☐ Tape
- ☐ Paper and pens
- ☐ Photographs or magazine pictures of people showing different emotions

Tips for Instructors

Participants needing assistance with the camera should be paired with other participants to encourage social interaction and sharing. Teaching assistants or volunteers may also be used.

If time is limited, film can be loaded prior to beginning the activity.

Cut out magazine pictures of people showing different emotions prior to conducting the activity.

Steps

1. Lead participants in a discussion about what emotions are and how emotions are expressed. Show photographs or magazine pictures of different people and ask the participants to examine their body language and facial expressions.
2. Break the participants up into groups of four or five. Give each group one photograph or magazine picture. Ask the participants to explain what emotion the person in the photo is expressing. If the group has difficulty identifying the words that describe emotions, write some examples on the board such as: happy, angry, shy, afraid, nervous, silly, worried, sad, and lonely. (Distribute the *Moods and Emotions* handouts to guide the participants.)
3. Ask the participants to think about how they feel right now. How would they show that in a photo? What expressions would they use and how would their face look?
4. Give each participant a copy of the *Today I Feel/Today I Do Not Feel* worksheet.
5. Tell the participants to take turns using the camera to take photographs showing how they feel today. Only one photograph should be taken per participant.
6. Once each participant has taken a photo of his or her emotion of the day, ask them to think about what the opposite emotion would be and how they would show that in a second photo. Ask participants to take a photo showing that emotion.
7. At the end, each participant should have two photographs: one of their emotion today and one of the opposite emotion.
8. Ask each participant to tape their photos onto the *Today I Feel/Today I Do Not Feel* worksheet. Beside each photo, ask the participants to write the emotion it shows. Invite participants to put their sheets up on the wall for everyone to see.
9. Ask participants to volunteer to explain their photos. Which emotions do they like seeing and why? Do they feel comfortable talking about their emotions? Who would they talk to? Was it difficult to decide what their emotion was? Was it difficult to change their emotion for the second picture?

- 10.** Discuss ways people can change their emotions when they are nervous, unhappy, or depressed. Write the ideas on the board, supplementing ideas of your own if necessary. Then, have the participants decide which ones are healthy and which ones are not healthy. Remember to address any misconceptions that may come out in the discussion. Some possible ways to change emotions include:

Healthy

Exercise

Meditation

Doing something fun, like a hobby

Talking with a friend

Unhealthy

Drinking alcohol

Taking drugs

Smoking cigarettes

Overeating

- 11.** Take a group shot of the entire class and put it on the wall with all the other photos.

Conclusion

Review the main concepts using a question and answer format. Ask the participants, "If a person was happy, how would he or she show that? What would their body language and face look like?" "If a person was sad, how would he or she show that?" "How can people change their emotions? What are some healthy ways? What are some unhealthy ways?" Emphasize how knowing oneself and how to deal with one's feelings and emotions in healthy ways results in staying in charge of one's life.

Variations

As with every activity in this book, modify the points to meet the particular age, background and functioning level of your participants. Instructors may wish to consider using the following variations:

- ◆ If Polaroid cameras are not available, video camcorders, magazine pictures, book illustrations, newspaper photographs, or advertisements may be used.
- ◆ When appropriate, role play feelings or provide the participants with examples of feelings chosen from books and magazines, from which discussion can be generated.

Moods and Emotions (1)



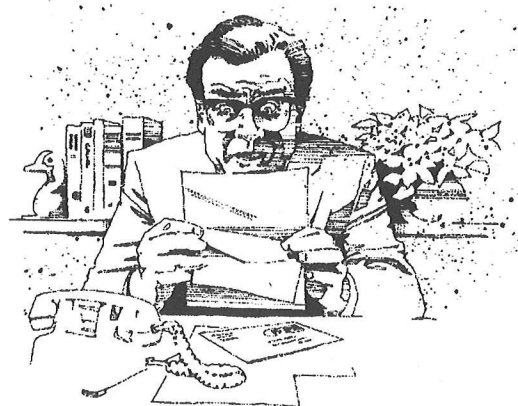
HAPPY



ANGRY

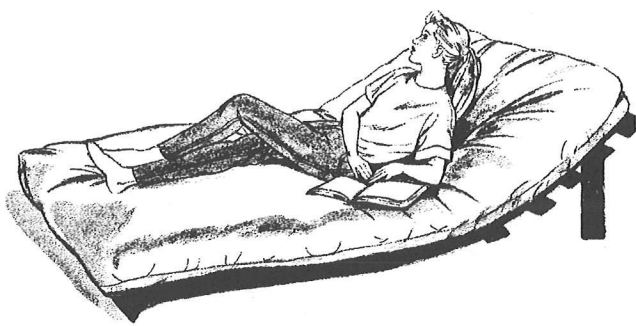


SAD



SHOCKED

Moods and Emotions (2)



THOUGHTFUL



SERIOUS



LOVING

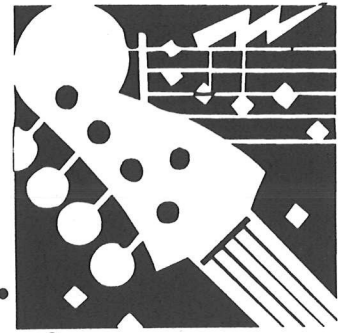


EXCITED

Today I Feel

Today I Do Not Feel

Music—Let's Think About the Future!



Introduction

Young people, including those with disabilities, generally lack a well-developed future orientation. They are often controlled by the moment and have an intense desire to belong. This can lead them to follow their peers and do things that they would otherwise consider wrong, such as using alcohol and other drugs. Developing a future orientation is key to succeeding in life and resisting alcohol, tobacco, and other drugs. This activity is designed to stimulate participants' interest in setting long-term goals and to demonstrate how the decisions they make today will impact their ability to achieve these goals in the future.

Objective

- ◆ To develop positive life goals and a future orientation.

Materials Needed

- ☐ Cassette player/recorder
- ☐ Blank cassette tapes
- ☐ Paper
- ☐ Pens and pencils
- ☐ "Gold Record" Certificate (attached)
- ☐ *My Song Lyrics* handout (attached)
- ☐ Video camera (optional)

Tips for Instructors

Work with a musician or music instructor to arrange for a piano or other musical accompaniment. He or she may also be helpful in terms of providing an introduction to song writing.

Tape-record each group as they present their song. Acknowledge each person's talents and contributions.

Steps

1. Begin the activity by asking the participants to give examples of their goals for the future. These might include goals related to higher education, jobs, and/or relationships and family. Discuss their plans for achieving these goals, emphasizing the importance of making decisions and taking actions that will assist them in reaching their goals.
2. Discuss choices or decisions that might interfere with achieving their goals, e.g., not studying, teenage parenthood, cheating on an exam, using drugs, etc. Explain that when making decisions, it is important to consider how your choices will impact your future.
3. Ask the participants to make a list of their most important goals. Each person should write down at least three personal goals.
4. Explain to the participants that they will use music as a form of communication to express their goals. Tell participants how songs have been used throughout history to communicate ideas and feelings. For example, ballads tell a story and often express intense emotions. Rap songs use rhyme and rhythm to tell stories. Ask participants if they can give examples of ballads, rap songs or other songs they know that tell a story and also express personal feelings and emotions.
5. Have participants think about how they wish to express their commitment to their goals and prepare a song about those goals and the actions they will take to achieve them. Instruct them to create a song that includes a decision regarding the use of alcohol, tobacco, and other drugs.
6. Ask participants to begin by selecting a title for their song. To assist participants in preparing their songs, suggest that they use the melody of a popular or familiar song and change the lyrics rather than inventing their own melody.
7. After participants have selected a title and identified a melody, have them begin writing their lyrics. Attached is a sheet they can use.
8. Invite participants to perform their songs for the whole class. If any participants are musicians, invite them to accompany the vocals.
9. After each performance, ask the class what goals were emphasized in the song.
10. Present each participant with a "gold record" certificate after their performance as a means of reinforcing their goals. A sample certificate is attached.

Conclusion

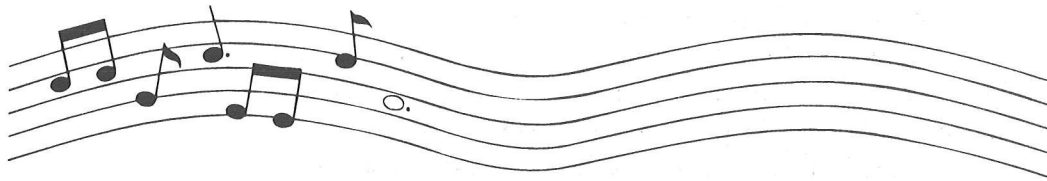
Conclude the session by reviewing the main concepts using a question and answer format. Ask the participants, “What does it mean to have a goal?” “What kinds of things can interfere with your ability to reach your goals?” “Can the choices you make today have an effect on your ability to reach your goals?” Remind the participants that the decisions they make now will play an important role in determining the direction of their lives. The decision to use alcohol, tobacco, and other drugs can create serious problems for them now and in the future. The use of these substances can cause severe health problems and contribute to school failure, teenage pregnancy, car crashes, suicides, HIV infection, and crime. Unanticipated problems such as these can change the course of a person’s life. It is up to them to not let alcohol, tobacco, and other drugs prevent them from reaching their goals.

Variations

As with every activity in this book, modify the points to meet the particular age, background and functioning level of your participants. Instructors may wish to consider using the following variations:

- ◆ Instead of song writing, guide the participants in writing stories, poetry or plays about their goals and the steps they will take to achieve them.
- ◆ Be creative! Set up a video camera, buy or create a toy microphone, and allow participants to create music videos of their songs. Invite friends and family to a video premiere party.

Gold Record Certificate



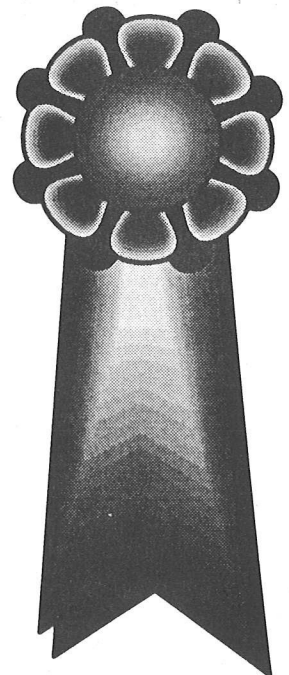
**In special recognition for your
outstanding involvement in**

“Let’s Think About the Future”

**Conveying Positive Alcohol, Tobacco, and
Other Drug Prevention Messages**

Name

Instructor



My Song Lyrics

Name: _____

Date: _____

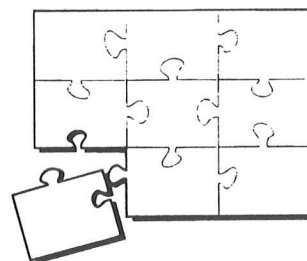
Song Title:_____

Name of Song From Which Melody Was Used:_____

Write your lyrics below:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page.

Puzzles—Does Anyone Know the Answer?



Introduction

An important goal of alcohol, tobacco, and other drug prevention is to teach young people about these substances, including what they are, the effects they have on a person's body, and places that provide assistance with alcohol, tobacco, and other drug (ATOD) problems. Young people, including those with disabilities, need to be encouraged to engage in the many healthy alternative activities available to them at their home, school, and community. Puzzles provide a fun, alternative form of learning and appeal to participants with different learning styles. This activity uses puzzles as a medium to engage participants in an open discussion about ATOD.

Objectives

- ◆ To identify alcohol, tobacco, and other drugs and the consequences of their use.
- ◆ To explore alternative activities.
- ◆ To be aware of places that provide assistance with problems related to ATOD use.

Materials Needed

- ☐ Pencils and erasers
- ☐ Copies of puzzles included in this activity
- ☐ *Facts About Alcohol* handout (see Activity 1: The Effects of Alcohol)
- ☐ *Facts About Tobacco* handout (see Activity 3: The Effects of Tobacco)

Tips for Instructors

Consider conducting this activity in two sessions. The first session can be used to present information on ATOD and to complete one or two puzzles. The second session can be utilized for further discussion and for completion of the other puzzles.

Invite a substance abuse counselor or another individual who is knowledgeable about ATOD prevention to assist you with the discussion preceding the activity.

Steps

1. Begin the activity with a discussion about alcohol, tobacco, and other drugs and explain the basic terminology related to these substances. Distribute copies of the Facts About Alcohol and Facts About Tobacco handouts and discuss. Clarify any misconceptions the participants may have about alcohol and tobacco, and invite them to ask questions. If your school or program has an ATOD prevention curriculum, make sure you are familiar with it so that you can provide information that corresponds to and reinforces the information the participants are already being provided.
2. Explain to the participants that they will be completing puzzles. Ask them to fill out all the blanks that they can, but let them know you will be solving the puzzles together at the end of the session.
3. Pass out copies of the puzzles and let the participants know how much time they will have to complete them.
4. After the allotted time, solve the puzzles by asking the questions included in them and having participants volunteer the answers.

Conclusion

Conclude the session by reviewing the main concepts using a question and answer format. Ask the participants, "What are drugs?" "Can you name some drugs?" "Can you name some healthy activities?" "What are some good ways to stay away from alcohol and other drugs?" "Where can you go for help if you or someone you know has a problem with alcohol, tobacco or other drugs?" Help participants identify things they do well and discuss all the ways one can have fun without using ATOD, such as playing music, reading, participating in sports, and spending time with one's family.

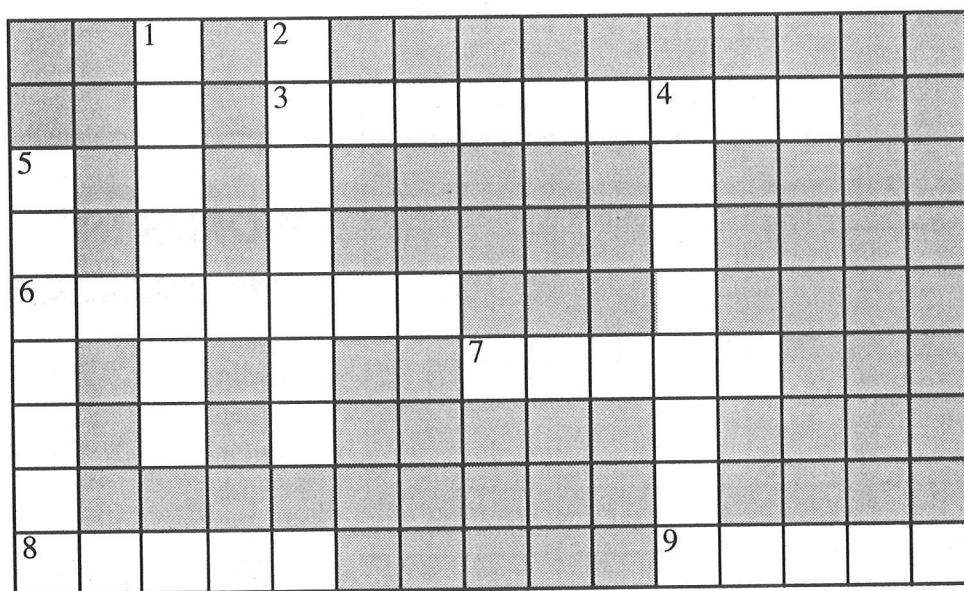
Variations

As with every activity in this book, modify the points to meet the particular age, background and functioning level of your participants. Some participants, particularly those with cognitive disabilities, may have difficulty completing the puzzles. If so, consider using the following variations:

- ◆ Pair up the participants in teams to complete the puzzles.
- ◆ Create overheads of the puzzles and complete as a large group activity.
- ◆ Create simplified puzzles geared to the level of your participants.

It is important to learn about alcohol, tobacco and other drugs and the ways they can be harmful to people. But it is also important to learn more about things we can do to have fun without using alcohol, tobacco, and other drugs. So, to learn more, figure out these crossword puzzles!

WHAT ARE DRUGS?



ACROSS

3. This drug is smoked to give a "high"
6. An "upper" that is sniffed
7. Another form of cocaine
8. Smoking is bad for your _____
9. Alcohol, tobacco, cocaine and marijuana are all this.

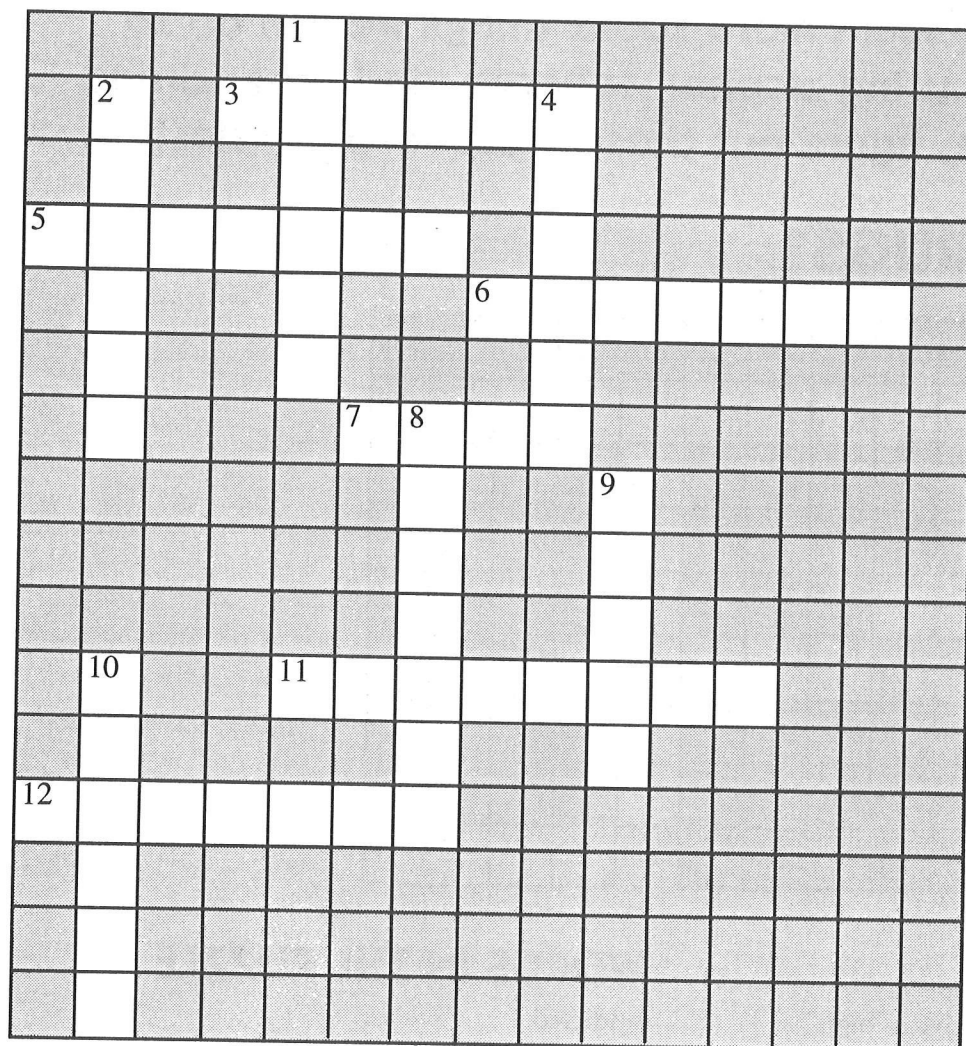
DOWN

1. A drug that can cause cancer
2. Carbon monoxide gets inhaled by people doing this
4. People who can't stop using drugs are this
5. This is a drug some people drink

WORDS IN THE PUZZLE

Addicted
Alcohol
Cocaine
Crack
Drugs
Lungs
Marijuana
Smoking
Tobacco

TO YOUR HEALTH



WORDS IN THE PUZZLE

Arts
Bowling
Comics
Dancing
Friends
Health
Movies
Music
Reading
Scouts
Sports
Swimming

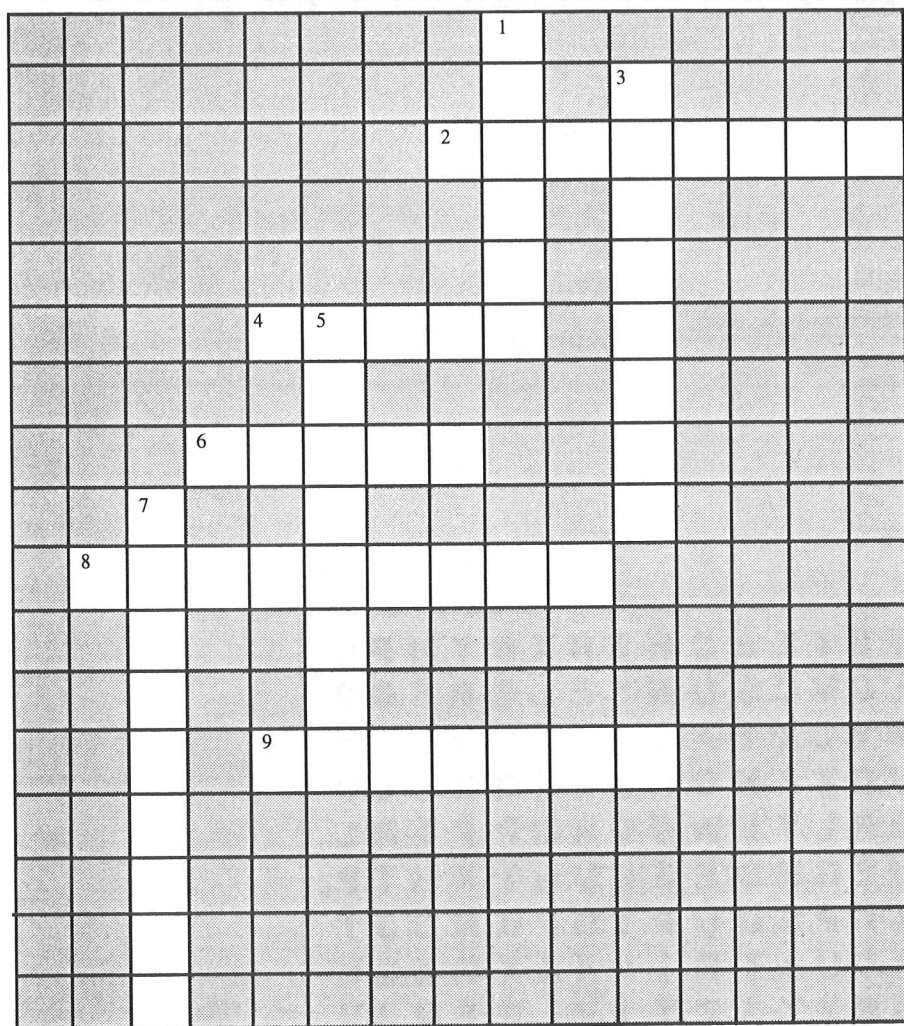
ACROSS

3. Superman and Spiderman are in these books.
5. You play this sport in an alley.
6. These are people you like to be with.
7. Dance, painting, and music are all part of this.
11. This is a fun and healthy sport for summer.
12. Moving your body to a rhythm.

DOWN

1. These are fun things to see with your friends—and you can eat popcorn!
2. These are clubs for boys and girls.
4. These are games for athletes.
8. This is a great hobby for bookworms.
9. You can hear this on the radio.
10. We say “no” to drugs and “yes” to this.

HOW TO STAY AWAY FROM ALCOHOL AND OTHER DRUGS



WORDS IN THE PUZZLE

Clubs
Community
Healthy
Homework
Language
Money
Sports
Teamwork
Volunteer

ACROSS

2. Doing this is a sure way to finish school and be smart.
4. Joining one of these is a good way to meet people.
6. This should go in the bank and not to buying beer or cigarettes.
8. A drug-free school makes for a drug-free _____.
9. A _____ lifestyle does not include drugs or alcohol.

DOWN

1. Soccer, football and basketball are these and are a lot of fun.
3. When students work together to achieve a common goal.
5. Learn a foreign _____ so you can say "no thanks" to drugs in many different ways.
7. This is a great way to meet people in your community to help others out.

WHERE TO GO FOR HELP

Find and circle the following words hidden in the puzzle below:

TEACHER

NURSE

COUNSELOR

STUDENT

HEALTHCENTERS

PARENTS

FAMILY

CLERGY

ALANON

ALATEEN

HOSPITAL



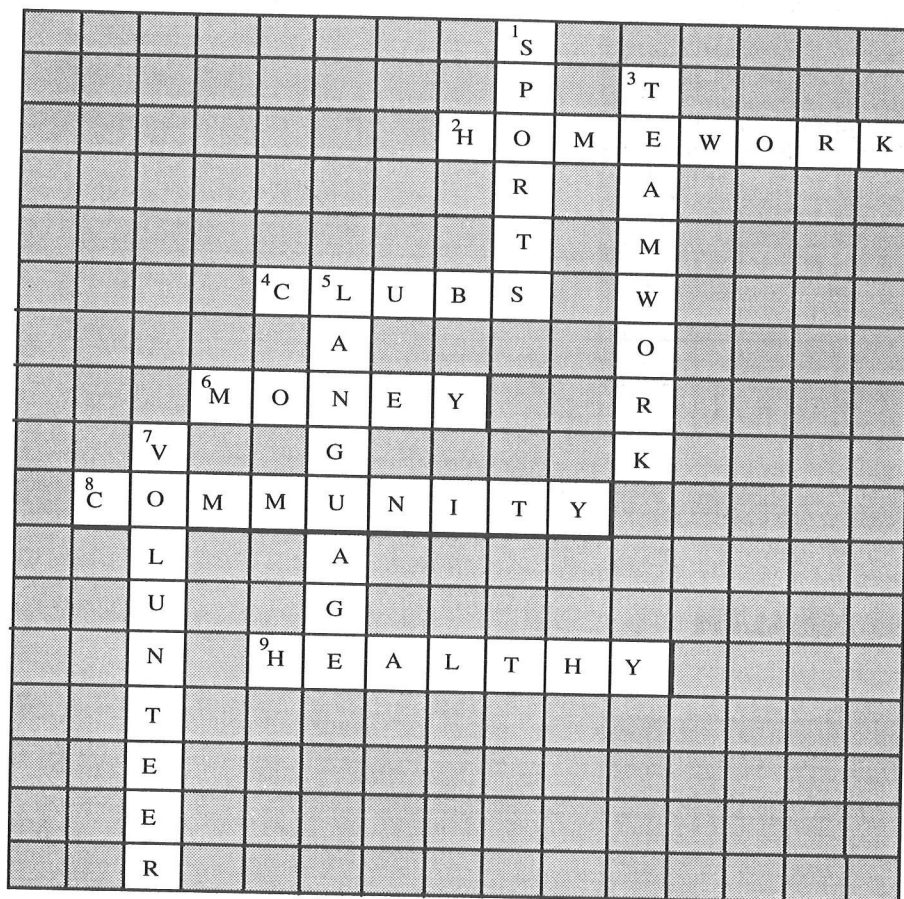
ANSWERS: WHAT ARE DRUGS?

		T		S										
		O		M	A	R	I	J	U	A	N	A		
A		B		O						D				
L		A		K						D				
C	O	C	A	I	N	E				I				
O		C		N			C	R	A	C	K			
H		O		G						T				
O										E				
L	U	N	G	S						D	R	U	G	S

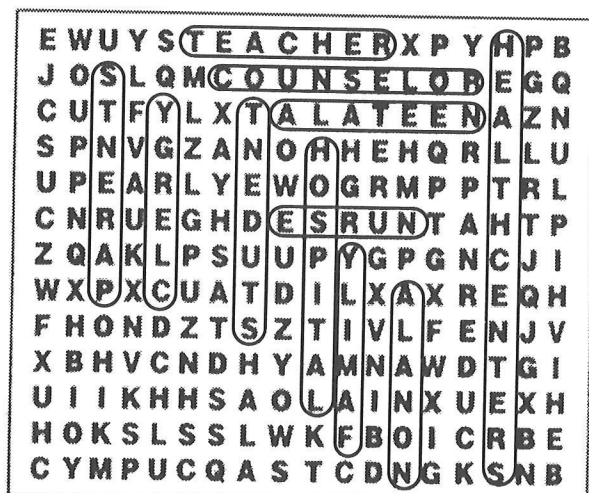
ANSWERS: TO YOUR HEALTH

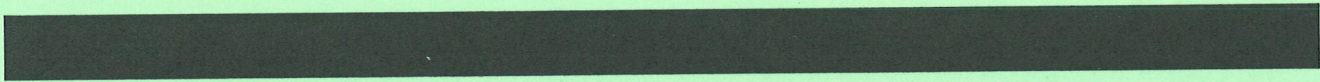
				M										
	S		C	O	M	I	C	S						
	C			V				P						
B	O	W	L	I	N	G		O						
	U			E			F	R	I	E	N	D	S	
	T			S				T						
	S				A	R	T	S						
					E			M						
					A			U						
					D			S						
	H			S	W	I	M	M	I	N	G			
	E				N			C						
D	A	N	C	I	N	G								
	L													
	T													
	H													

ANSWERS: HOW TO STAY AWAY FROM ALCOHOL AND OTHER DRUGS



ANSWERS: WHERE TO GO FOR HELP





Activities That Develop Personal Insight Skills

Improving Self-Image



Tips for Instructors

Invite all participants to be involved in the discussion of self-image.

Make sure that participants prepare shields that show only good things about themselves. No negativity allowed! Suggest some positive things that you know about each participant.

Some participants may feel uncomfortable or embarrassed about sharing with their peers. Let them know that it is okay if they just want to share with you but encourage them to share with the entire group.

Introduction

Accepting yourself is essential to developing a positive, healthy self-image. Many young people, particularly those with disabilities, have a poor self-image and fail to recognize their positive qualities. Poor self-image can often lead young people to experiment with alcohol, tobacco or other drugs in order to fit in with their peers, gain a false sense of confidence, or escape difficult emotions. This exercise will provide participants the opportunity to express their positive qualities and to feel good about themselves.

Objectives

- ◆ To develop a positive self-image.
- ◆ To understand how a positive self-image can help “shield” us from criticism or negative feedback.

Materials Needed

- ☐ *My Shield* handout (attached)
- ☐ Crayons, colored pencils, or markers
- ☐ Scissors, tape, or glue
- ☐ Magazines, advertisements or newspapers

Steps

1. Explain to the participants that long ago, in many cultures, people carried shields—protective devices that had a design or crest which showed something about the people who carried them.
2. Ask the participants if any of them have a family crest. If so, ask them to describe what symbols make up the crest, and their meaning.
3. Explain to the participants that they will be designing shields which represent their positive qualities.
4. Ask the participants to think of the positive qualities they possess. Provide examples of positive qualities such as being a good friend, caring for others, being friendly, being a good listener, being generous, etc.
5. Ask the participants to draw, color, or cut out pictures or words from the magazines and newspapers which describe their positive qualities.
6. Once the participants have drawn or collected the elements of their shields, ask them to tape, glue or paste the elements onto their shields.
7. Ask the participants to volunteer to present their shields to the rest of the group and to explain the positive qualities that are depicted on the shield.
8. Explain to the participants that their shields represent positive qualities about themselves that can help to protect them from negative feedback. Explain that when they feel as though they are being unjustly or overly criticized, they should recall the positive qualities on their shields.

Conclusion

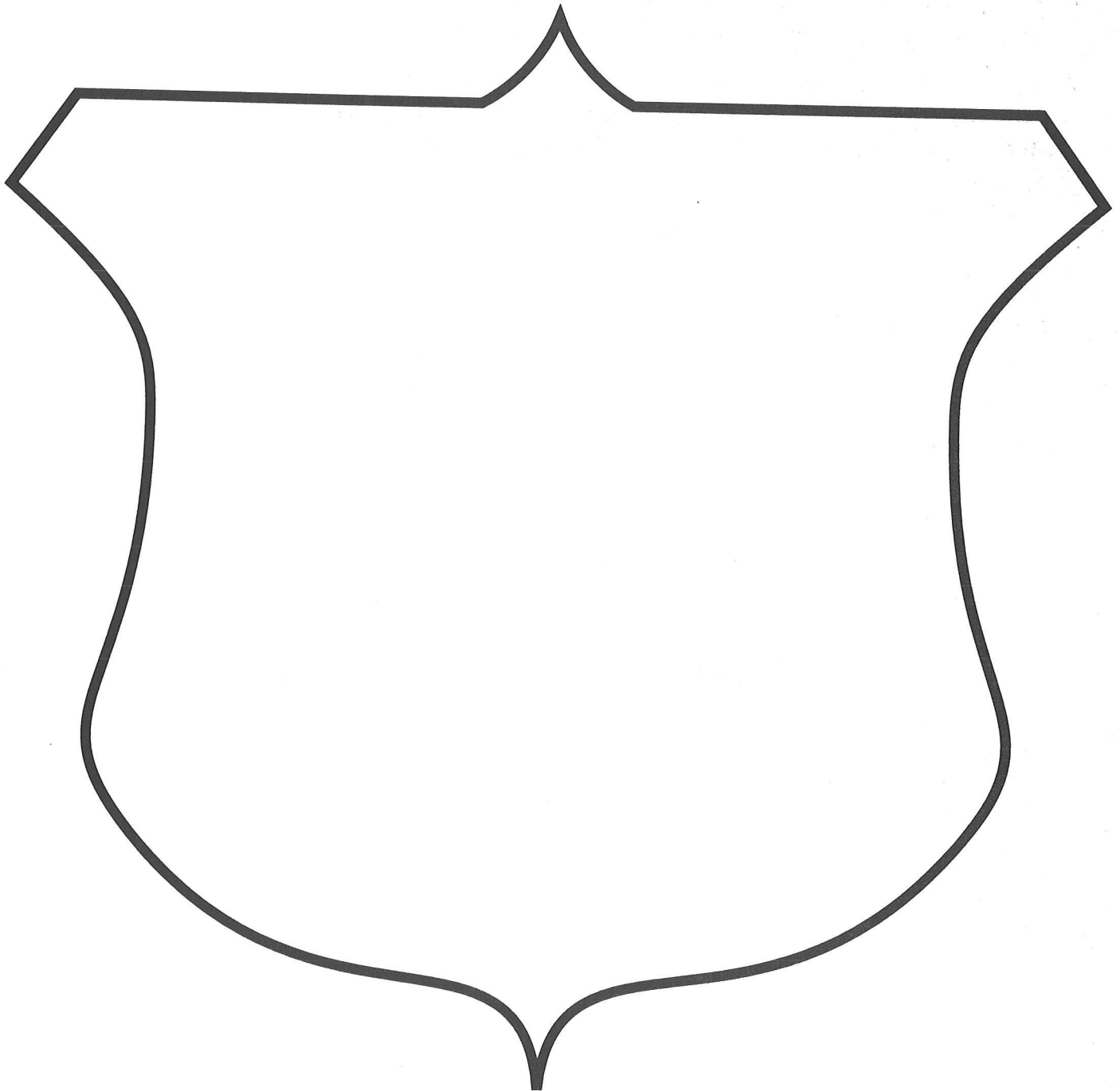
Conclude the session by reviewing the main concepts using a question and answer format. Ask the participants, "What are some examples of some of the positive qualities people in this group have?" "Why is it important to be aware of our positive qualities?" Remind the participants that no matter what challenges they may face, they should maintain a healthy perspective by balancing the negative feelings they may have with a positive perspective.

Variations

As with every activity in this book, modify the points to meet the particular age, background and functioning level of your participants. Instructors may wish to consider using the following variations:

- ◆ Have participants use their shields to role play standing up against unjust criticisms and putting constructive criticism in perspective.
- ◆ Invite the participants to share at least one positive quality they know about the other participants in the group. Have them write these qualities on strips of paper or colored index cards to be pasted onto the shields.

My Shield



Nobody's Perfect



Introduction

Young people generally do not set out to be perfectionists. However, the influence of the media, peers, parents, and teachers can pressure them into setting unrealistic goals of perfection for themselves. Perfectionism requires enormous effort and sets unrealistic expectations. The decreased self-esteem which comes with such failure can put young people, including those with disabilities, at risk for turning to alcohol, tobacco and other drugs. They need to recognize that striving to do one's best, rather than perfection, is a healthy goal to pursue.

Objectives

- ◆ To identify feelings of inadequacy related to perfectionist attitudes.
- ◆ To learn to have healthy expectations and to set realistic goals.
- ◆ To discuss feelings related to perfectionism and to discuss alternatives such as satisfaction with striving to do one's best.

Materials Needed

- ☐ *Nobody's Perfect* handout (attached)
- ☐ Magazines
- ☐ Chalk board or overhead

Tips for Instructors

Emphasize that everyone has special talents and has a right to be liked for who he or she is. Participants can draw or make posters about their talents and what they enjoy doing.

Hold up covers from several popular music and movie-related magazines. Invite the participants to identify words or images that promote unrealistic messages of perfection.

Steps

1. Begin the activity by leading a group discussion about perfectionism. Explain to the participants that some people feel the need to be perfect and yet it is impossible to be perfect. People who strive for excellence rather than perfection are realistic in their expectations, enjoy making an effort, and feel satisfied when a job is done.
2. Have participants divide into small groups and discuss “messages of perfection” they recall from TV, radio, movies, and magazines. Are there characters on television, in movies or on magazine covers who seem to be perfect? What about them seems perfect? Discuss the characters’ skin, hair, clothes, cars, etc. Ask the participants to discuss whether or not these messages are realistic.
3. As a group, discuss the scenarios on the *Nobody’s Perfect* handout. Write the following reminders on a chalk board or overhead to guide the discussion.
 - ◆ Everyone makes mistakes.
 - ◆ Mistakes are OK. Sometimes they’re the best things that can happen. They give you a chance to learn.
 - ◆ Enjoy what you do, and try to do your best.
 - ◆ Try to help yourself sometimes instead of always trying to please others.
 - ◆ If you need help, ask for it.
 - ◆ It’s good to be able to laugh at yourself.
 - ◆ It’s good to be able to laugh at things outside yourself.
4. After you have discussed the scenarios together, ask the participants to discuss the difference between trying to be perfect and striving to do one’s best.

Conclusion

Conclude the session by reviewing the main concepts using a question and answer format. Ask the participants, “Is anyone perfect?” “Does everyone make mistakes?” “Why is it good to sometimes make mistakes?” “Instead of trying to be perfect, what should we strive for?” Reinforce the notion of “striving to do your best” as the most healthy way to achieve success in whatever you set out to do. Explain to the participants that doing your best allows you to feel good about what you have accomplished, and takes the pressure away from feeling as though you must do everything “perfectly.”

Variations

As with every activity in this book, modify the points to meet the particular age, background and functioning level of your participants. Instructors may wish to consider using the following variations:

- ◆ Invite the participants to write letters to Anthony and Renée, the characters in the Nobody’s Perfect handout. Ask them to explain to Anthony and Renée why it’s better to strive to do your best rather than to try to be perfect.
- ◆ Locate or create other appropriate, relevant stories demonstrating the difference between striving to do your best and striving for perfection. Have participants role play, write about or discuss the characters.

Nobody's Perfect

Directions

Carefully read the following short stories and questions. Think about how you would answer each question. Be prepared to share your answers with the group.

Story A

At lunch, Anthony hardly said a word to anyone. His face was sad, and he didn't eat his food. "Why are you so upset?" asked his friend Deon. Anthony just stared at the table. "Was it the test?" Deon asked. Anthony nodded. "I know," said Deon. "I'll bet you're upset because you didn't get 100, right?" Anthony nodded again. Deon sighed. He knew Anthony was a straight-A student. He knew Anthony probably didn't fail the test. "So what did you get?" he asked. "A 96," muttered Anthony. "You must be crazy," yelled Deon. "What do you think you are, perfect?"

Questions for Discussion

- ◆ What do you think of the way Anthony acted?
- ◆ What advice would you give to Anthony given the chance?
- ◆ What could he change about his attitude?

Story B

Renée was looking at herself in the mirror. She had a frown on her face. She had saved for a long time to buy this dress and she was disappointed in how she looked. She had hoped to look exactly like a model in a magazine. Kia entered the room and could tell that Renée was feeling bad. "Why are you so upset?" asked Kia. Renée could only sob uncontrollably. "You look beautiful in your new dress," said Kia. She really meant it. This only caused Renée to cry louder and she left the room, slamming the door behind her.

Questions for Discussion

- ◆ What do you think of the way Renée acted?
- ◆ What advice would you give to Renée given the chance?
- ◆ What could she change about her attitude?

Understanding Disability



Introduction

For those who have little or no experience with people with disabilities, it can be difficult to understand what it means to have a disability. This activity will help to clarify misconceptions about disabilities and will provide participants with the opportunity to temporarily experience some of the effects of having a disability. The activity emphasizes the common feelings that all people share regardless of their abilities and helps participants understand the importance of challenging misperceptions about people with disabilities.

Objectives

- ◆ To experience some of the effects of having a disability.
- ◆ To generate empathy toward those with disabilities.
- ◆ To dispel some of the myths and misperceptions associated with having a disability.

Materials Needed

- ☐ Blindfolds
- ☐ Mittens (see Variations)
- ☐ Disposable foam ear plugs (see Variations)
- ☐ Oversized shoes (see Variations)
- ☐ Safety glasses with side shield (see Variations)
- ☐ Black electrical tape (see Variations)

Tips for Instructors

Invite the participants to share their personal experiences and stories about living with a disability or knowing a person who has a disability.

Arrange the room so that it is safe and free from tripping hazards and other dangerous obstacles.

Prepare the materials prior to the activity by folding the blindfolds, taping the safety glasses, etc.

If you decide to do both this activity and the next activity, *Misperceptions About Disabilities*, adjust steps 1-3 so that you are not repeating information.

Steps

1. Begin the class by asking the participants, "What is a disability?" Explain that the Americans with Disabilities Act (ADA) is an important law that defines a person with a disability as a person who either:
 - ◆ Has a physical and/or mental impairment that substantially limits one or more major life activities such as hearing, walking, seeing, breathing or speaking;
 - ◆ Has a record of such an impairment; or,
 - ◆ Is regarded by others as having such an impairment.
2. Explain to the participants that the word "impairment" refers to a physical disorder or condition that affects one's muscles, limbs or body organs, or a mental disorder such as mental retardation, mental illness or learning disabilities. It does not refer to a cultural, environmental or economic condition such as being poor or being old.
3. Explain to the participants that there are many common misperceptions about people with disabilities. Write some of these on the chalk board and ask the participants to contribute other misperceptions that they think are misleading or damaging to people with disabilities. These misperceptions might include:
 - ◆ That people with disabilities are "dumb;"
 - ◆ That people with disabilities do not have feelings;
 - ◆ That people with disabilities cannot work;
 - ◆ That people with disabilities must have done something bad or evil and are being punished by having a disability;
 - ◆ That people with disabilities are "playing it up" so that they can get attention; or
 - ◆ That people with disabilities need a lot of help doing things.
4. Discuss other misperceptions which are more related to specific disability groups. These include the following:
 - ◆ That all blind people have enhanced hearing abilities;
 - ◆ That all people who are deaf or have a hearing loss can read lips;
 - ◆ That all people with mental illness are schizophrenic;
 - ◆ That all people with mental retardation are unable to be independent; or
 - ◆ That people who use wheelchairs must always be pushed.

5. Ask the participants to describe how these misperceptions can negatively affect them. Their answers might include the following:
 - ◆ They can limit job opportunities;
 - ◆ They can cause feelings of being patronized;
 - ◆ They can result in social isolation;
 - ◆ They can cause frustration/depression; or
 - ◆ They can lead to feelings of low self-esteem and self-worth.
6. Ask the participants why people have misperceptions about people with disabilities. Their answers might include the following:
 - ◆ Because they do not understand people with disabilities;
 - ◆ Because they have never had a close relationship with a person with a disability;
 - ◆ Because they are afraid of their own mortality; or
 - ◆ Because they may have had one negative experience with a person with a disability, and have therefore labeled everyone with a disability as “dumb” or “defective.”
7. Ask the participants what they can do to clarify misinformation and eliminate misperceptions. Their answers might include the following:
 - ◆ Educate myself about disabilities, so that I can make better choices regarding how I interact with people with disabilities;
 - ◆ Advocate for people with disabilities’ equal rights and opportunities; or
 - ◆ Address the misinformation appropriately and directly when I hear it, and try to educate others.
8. Ask for volunteers to participate in a classroom activity. Direct the volunteers to find a partner. Once paired, ask one person to blindfold the other person. Direct the helper to lead the blindfolded person by the arm across the room. Allow the blindfolded person to ask for any directions necessary. After five minutes, have the partners switch roles and repeat the exercise.
9. Discuss what the participants experienced. Was it difficult to walk across the room? How did it feel? Did their partner offer good directions and support? Do you think this is what it might be like to have a disability? How is it similar? How is it different?

Conclusion

Conclude the session by reviewing the main concepts using a question and answer format. Ask the participants, "What is a disability?" "What are some misperceptions about people with disabilities?" "How can those misperceptions affect us?" "What can we do to eliminate misperceptions?" "Why is it important to be informed about issues related to people with disabilities?" Remind the participants that by sharing new experiences, they can get a better understanding of other people's needs and issues. This new understanding will help them to develop empathy toward others, and help to eliminate negative effects of prejudice toward other people who are different.

Variations

As with every activity in this book, modify the points to meet the particular age, background and functioning level of your participants. Instructors may wish to consider using the following variations:

- ◆ Use mittens to simulate the experiences of someone who has difficulty with manual dexterity, fine motor control, or loss of feeling in their fingers. Have participants attempt to pick up a coin or to write with mittens on.
- ◆ Use earplugs to simulate the experiences of a person who has deafness or hearing loss.
- ◆ Use oversized shoes to simulate the experiences of a person who has a mobility impairment or gait difficulties. Have participants try to walk without lacing up or tying the shoes.
- ◆ Put black electrical tape over part or all of the lenses on a pair of safety glasses to simulate the experiences of a person with a visual impairment. Have participants walk across a room and attempt to locate a doorway.
- ◆ Give an assignment to the group while speaking too rapidly to understand. The participants will express their confusion but the instructor should only reiterate that the assignment must be completed by tomorrow morning. Allow just a few moments of frustration before explaining that people with developmental disabilities, mental retardation or traumatic brain injury frequently have the experience of not understanding information that is communicated to them too rapidly.
- ◆ If a wheelchair is available, allow participants to attempt to manipulate it, especially through tight spots. This will help them to identify the difficulties regularly encountered by some people with ambulatory disabilities.

Misperceptions About Disabilities

.....



Introduction

There is a great deal of ignorance and many misunderstandings about people with disabilities among the general population. This can tend to isolate people with disabilities from the rest of society. By identifying and discussing different myths that support discriminatory practices, some people with disabilities are empowered to advocate for their rights. This builds self-esteem and the ability to set and achieve goals. This activity helps correct misinformation about disabilities and encourages participants who have disabilities to discuss how they feel about these misperceptions.

Objectives

- ◆ To develop a basic understanding about disabilities.
- ◆ To correct misinformation associated with people with disabilities.
- ◆ To encourage participants, particularly those with disabilities, to challenge misperceptions and advocate for themselves.

Materials Needed

- ☐ Chalk board
- ☐ Room to act out a role-playing exercise

Tips for Instructors

If your group includes both participants with and without disabilities, invite the participants with disabilities to help you present the material and to share information about their particular disabilities.

Invite a disability expert to visit the group and share information about the Americans with Disabilities Act. Remind your guest speaker to gear the presentation to the level of the participants.

If you decide to do both this activity and the prior activity, *Understanding Disabilities*, adjust steps 1-3 so that you are not repeating information.

Steps

1. Begin the class by asking the participants, "What is a disability?" Explain that the Americans with Disabilities Act (ADA) is an important law that defines a person with a disability as a person who either:
 - ◆ Has a physical and/or mental impairment that substantially limits one or more major life activities such as hearing, walking, seeing, breathing or speaking;
 - ◆ Has a record of such an impairment; or,
 - ◆ Is regarded by others as having such an impairment.
2. Explain to the participants that the word "impairment" refers to a physical disorder or condition that affects one's muscles, limbs or body organs, or a mental disorder such as mental retardation, mental illness or learning disabilities. It does not refer to a cultural, environmental or economic conditions such as being poor or being old.
3. Explain to the participants that there are many common misperceptions about people with disabilities. Write some of these on the chalk board and ask the participants to contribute other misperceptions that they think are misleading or damaging to people with disabilities. These misperceptions might include:
 - ◆ That people with disabilities are "dumb;"
 - ◆ That people with disabilities do not have feelings;
 - ◆ That people with disabilities cannot work;
 - ◆ That people with disabilities must have done something bad or evil and are being punished by having a disability;
 - ◆ That people with disabilities are "playing it up" so that they can get attention; or
 - ◆ That people with disabilities need a lot of help doing things.
4. Ask the participants to describe how these misperceptions can negatively affect them. Their answers might include the following:
 - ◆ They can limit job opportunities;
 - ◆ They can cause feelings of being patronized;
 - ◆ They can result in social isolation;
 - ◆ They can cause frustration/depression; or
 - ◆ They can lead to feelings of low self-esteem and self-worth.

5. Ask the participants what they can do to overcome their own negative feelings about these misperceptions and how they can help correct or clarify the information. Write the participants' suggestions on the chalk board. Their answers might include the following:
 - ◆ I can advocate for my equal rights;
 - ◆ I can address the misinformation appropriately and directly when I hear it and try to educate others;
 - ◆ I can look for opportunities to talk to or teach younger people about disabilities so that they will have accurate information; or
 - ◆ I can encourage clubs and community groups to include more people with disabilities in their activities so that people in my community will have more chances to get to know people with disabilities personally.
6. Lead the participants in a role-playing exercise. Invite one participant to play the role of an insensitive person who has many misperceptions about people with disabilities. Invite another participant to play a person with a disability who is assertive and confident. Pretend that the two individuals meet at a bus stop and that the insensitive person asks many questions about the other individual's disability.
7. After the role playing exercise is complete, ask the group to discuss the exercise. How could the person with a disability have expressed himself/herself differently? Was it difficult to confront the insensitive person? Why or why not? Did the insensitive person learn anything? Are there any additional points that could have been made?

Conclusion

Conclude the session by reviewing the main concepts using a question and answer format. Ask the participants, "What is a disability?" "What are some misperceptions about people with disabilities?" "How can those misperceptions affect us?" "What can we do to eliminate misperceptions?" "Why is it important to speak up and challenge misperceptions about people with disabilities?" Encourage the participants to view encounters with insensitive people as "teaching moments" which will allow them to change people's attitudes about people with disabilities and increase their own sense of self-esteem and self-worth.

Variations

As with every activity in this book, modify the points to meet the particular age, background and functioning level of your participants. Instructors may wish to consider using the following variations:

- ◆ If this activity is presented to a group of people with disabilities who are working to become more independent, explain that knowing how to access community resources can help them maintain their independence and contribute to building a positive self-image. Ask the participants to identify community resources at their disposal. Write a list on the board or create a handout. Answers may include the following:

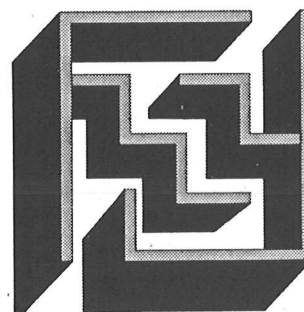
Independent Living Centers

Disability-specific support and advocacy groups

Regional Transit Authorities

Community Action Agencies

Problem Solving



Introduction

Many young people, including those with disabilities, make impulse decisions or snap judgments based on messages they receive from their peers or the media. It is important for them to learn a logical step-by-step model for problem solving as an alternative to impulsive decision making. Most available curricula about decision making or problem solving utilize the same process regardless of the developmental level of the participants. This activity allows flexibility in its presentation for participants with a wide range of cognitive abilities. It provides opportunities for participants to practice applying a logical process for problem solving in a format that is customized to their ability level.

Objectives

- ◆ To decrease the use of snap judgments when making decisions.
- ◆ To familiarize participants with the use of a logical model for problem solving.
- ◆ To practice the use of a logical process when making decisions or solving problems.

Materials Needed

- ☐ Chalk board or overhead projector
- ☐ *Problem Solving Situations* handout (attached)
- ☐ *Problem Solving Steps* handout (attached)

Tips for Instructors

The sample dilemmas offered in this activity were designed for a group of young adults with mental retardation and developmental disabilities. Substitute situations suitable to your particular audience.

The decision making process outlined in this activity can be altered depending on the functioning level of the participants. Step two (gathering information) may be simplified for participants who are lower functioning. Step six (evaluation) may be too sophisticated for some audiences and may be eliminated if necessary.

The decision making process requires a great deal of practice before it becomes automatic. Provide ample practice time.

Steps

1. Begin the activity by explaining that there are three types of decisions that most people make:

- ◆ Habit decisions—Decisions made daily without extensive thought (for example: dressing for work);
- ◆ Snap decisions—Spur of the moment decisions based on emotion or impulse (for example: getting your hair cut because you're having a "bad hair day");
- ◆ Logical decisions—Decisions made based on a process that includes considering several alternatives and considering the consequences of each (for example: buying a pair of shoes after shopping at five or six stores, trying on several pairs and waiting for sales.)

Problem Solving Steps

1. Name the problem
(Ask yourself: "What do I have to decide?")
 2. Gather information
(Ask yourself: "What questions do I have?")
 3. List ALL possible choices (Ask yourself: "What could I do?")
 4. Judge each choice
(Ask yourself: "What are all of the possible consequences? What are my values?")
 5. Pick the best choice
 6. Evaluate your decision (Ask yourself: "Was this a good decision? Did I achieve my expected outcome? Did I check all possible alternatives? Did I weigh all of the consequences? Was I true to my values?")
2. Explain to the participants that their values are an important influence on the way they make decisions or solve problems. Values can be defined as the sense of worth or significance we place on ideas, beliefs, people and objects. When we cherish something, we value it. We can value things like family, friends, money, possessions, love and honesty. Ask the participants, "What are some of the things that you value?" List their ideas on a chalk board or overhead.
 3. Explain to the participants that we often learn our values from important people around us. We have some values in common with other people and some values that are different. By talking about them, we can learn about our own values and about other people's values. We can also learn to rank our values from most important to least important. That can help us make decisions.
 4. List the steps in solving a problem (see left). Write them on a chalk board or overhead and discuss them as a group.
 5. Using the Problem Solving Situation handout, lead the group through the problem solving steps to address each situation presented on the handout. As a group, list between five and ten possible choices for each situation. Explain to the participants that there are no "right" answers.

Conclusion

Conclude the session by reviewing the main concepts using a question and answer format. Ask the participants, “What are the types of decisions that people make?” “What are values?” “How do our values affect the decisions we make?” “What are the steps we should take when making a decision or solving a problem?” Explain to the group how important it is to practice the problem solving steps and that this method will become routine over time.

Variations

As with every activity in this book, modify the points to meet the particular age, background and functioning level of your participants. Instructors may wish to consider using the following variations:

- ◆ Write each situation on an index card and put them in a box. Ask each participant to pull a card, read the situation aloud and use the problem solving steps to resolve the situation.
- ◆ Create your own problem solving situations to match the developmental level and life experiences of the participants.

Problem Solving Situations

Directions

Use the problem solving steps to decide what you would do in each of the following situations.

Situations

1. You live in a group home. You accidentally hit the lamp on the end table with your arm. The lamp fell and the shade has an eight inch cut in it. You know the house manager is going to be very mad. What should you do?
2. You have been assigned to work with someone you don't like. This person is new to the community and just started this job. He/she hardly ever talks to you and you are very disappointed to have to work with this person. What should you do?
3. You received a \$25 surprise bonus check from work. There is a great shirt on sale at The Gap. You have wanted that shirt for a long time but couldn't come up with the money. It costs \$25. Recently you borrowed \$20 from your best friend and you know she needs the money. What should you do?
4. You are at a party and there is a person there that you want to meet. However, you are very shy and can't make yourself walk up to him or her and talk. You think that if you had a drink, maybe it would help. What should you do?
5. You are trying to lose weight but you are hungry all of the time. You are about to give up when a friend offers you some quick weight loss pills, but you don't know what is in them. What should you do?
6. You are on a break from work and an older co-worker offers you a cigarette. You have never smoked before and are nervous, but you want to look cool in front of your co-worker. What should you do?

For these problems, what snap decision or habit decision might have been made? Do the problem solving steps help you to make better decisions?

Problem Solving Steps

- 1. Name the problem (Ask yourself: "What do I have to decide?")**

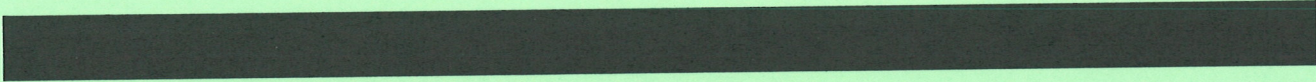
- 2. Gather information (Ask yourself: "What questions do I have?")**

- 3. List ALL possible choices (Ask yourself: "What could I do?" Try to name 5-10 possible choices.)**

- 4. Judge each choice (Ask yourself: "What are all of the possible consequences? What are my values?" Try to name 5-10 possible consequences.)**

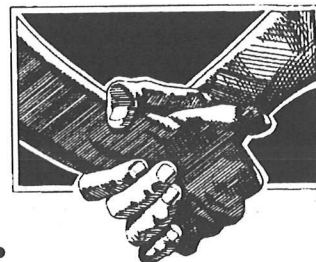
- 5. Pick the best choice**

- 6. Evaluate your decision (Ask yourself: "Was this a good decision? Did I achieve my expected outcome? Did I check all possible alternatives? Did I weigh all of the consequences? Was I true to my values?")**



Violence Prevention Activities

What Can You Control?



Introduction

The Serenity Prayer is a well-known prayer that people use to ask for the serenity to accept the things they cannot change, the courage to change the things they can, and the wisdom to know the difference. In the same spirit, this activity helps participants understand the difference between what they can and cannot control. Some participants assume responsibility for problems in their families, especially problems related to substance abuse. They may not recognize that such situations are often beyond their control. This activity helps participants understand the difference between those situations they can control and those they cannot.

Objectives

- ◆ To understand the concept of control.
- ◆ To promote confidence to take control when appropriate.
- ◆ To demonstrate practical examples of situations over which participants have no control.

Materials Needed

- ☐ *What Can You Control?* handouts (attached)
- ☐ Chalk board
- ☐ Pens, Pencils
- ☐ Crayons and Paints (see Variations)
- ☐ Large sheets of paper or poster board (see Variations)

Tips for Instructors

This activity may elicit questions from participants about situations at home such as whether or not they can control their parents' drinking, drug use, or other behaviors. Be prepared to discuss these issues as well as the ones from the worksheet.

Steps

1. Begin the activity by explaining the concept of control. When you can control something, you have the power to change it in some way. As an example, show how you can control your handwriting by writing letters on a chalk board, large or small, fast or slow.
2. As a group, discuss the following questions:
 - ◆ Can you control doing your homework on time?
 - ◆ Can you control how fast your hair grows?
 - ◆ Can you control the way you walk?
 - ◆ Can you control where the school is located?
 - ◆ Can you control an accident that happens five miles away?
 - ◆ Can you control your personal hygiene and cleanliness?
 - ◆ Can you control whether or not you drink alcohol?
 - ◆ Can you control whether other people drink alcohol?
3. Ask the participants to name some examples of situations in which it might be important to take control. Ask them to name some other examples of situations in which it might be important not to try to take control.
4. Read the scenarios described on the worksheets and have participants either discuss or write their responses to the situations.

Conclusion

Conclude the session by reviewing the main concepts using a question and answer format. Ask the participants, "What kinds of things do we have control over?" "What things do we have no control over?" Discuss the importance of understanding the difference between what you can and can't control. Emphasize that the way we react to such situations can affect us in terms of our levels of stress, frustration, and self-esteem and can also increase our level of satisfaction and pride in our actions.

Variations

As with every activity in this book, modify the points to meet the particular age, background and functioning level of your participants. Instructors may wish to consider using the following variations:

- ◆ Some of the examples provided on the worksheets target middle school and high school students who live at home with their parents. Modify the examples and concepts provided in the worksheet to address older participants, those who live in group homes, or those who have different life experiences.
- ◆ Invite participants to create posters with slogans or messages to remind themselves of the things they can and can't control. Post them in a prominent place for all to see.

What Can You Control? (1)

Directions

Read the following short story and discussion questions about who is responsible for what happened and who is in control. Be prepared to discuss your responses with the entire group.

Jim's Birthday

Jim's birthday is October 16. This year, Jim will turn 11 years old. He is excited about this birthday because his mother promised him that she would throw him a party. Jim was allowed to invite his whole class. Jim had been waiting for this party for weeks. Despite the chilly weather in October, Jim and his mother decided to hold the party outside. There was plenty of room in the back yard, and Jim's friends could play games. On the morning of the party, the weather turned very cold, and it began to snow. Light flakes fell at first, then the snowfall became heavy, blanketing the entire neighborhood under eight inches of snow. Because the snow fell so early in the season, the town's snow trucks were not prepared. Jim watched as the snow continued to fall. He knew that this much snow would close the school, and he knew that the roads were probably not safe. When his mother walked up to him, he knew what she was going to say. Angry and frustrated, Jim blurted out, "You're going to cancel my party, aren't you?!" Jim's mother calmly replied, "I know that you have been excited about this party Jim, but it is too dangerous for people to drive here right now." Jim lashed out, "I knew you didn't want me to have a party! Nothing ever goes right for me! It's all your fault! You never wanted this party anyway!" With that, Jim ran upstairs to his room and slammed the door, crying.

Discussion Questions

- ◆ Was it Jim's mother's fault for canceling Jim's birthday party?
- ◆ Why did Jim get so angry with his mother?
- ◆ Was Jim's mother in control of the weather?
- ◆ Was the town mayor to blame for not having the snow trucks ready?
- ◆ Is it okay for Jim to feel frustrated and upset?
- ◆ Is it okay for Jim to blame his mother?
- ◆ Could this problem have been controlled in any way?

What Can You Control? (2)

Directions

Read the following short story and discussion questions about who is responsible for what happened and who is in control. Be prepared to discuss your responses with the entire group.

The Fight

Angela, Latasha and Tonya go to school together and they are in the 8th grade. One day, Angela told Latasha, "Just between you and me, I think Tonya needs to take more baths. That girl smells!" Latasha laughed. The next day, Tonya walked up to Angela and said "I heard you said I smell. Well, at least I don't have bad breath and yellow teeth!" "What did you say?" asked Angela. "I said, at least I don't have bad breath and yellow teeth, you big pig," said Tonya. "You better take that back," said Angela. "Oink, oink, you big ugly pig," said Tonya. Angela smacked her in the face, then Tonya hit her back. Soon the two were sprawled on the floor, screaming, kicking and slapping each other.

Discussion Questions

- ◆ Why did Tonya say that Angela had bad breath and yellow teeth?
- ◆ Is it okay for Tonya to feel embarrassed and upset?
- ◆ Could Tonya control what Angela said about her?
- ◆ Could Tonya control how she responded to Angela?
- ◆ Could Angela control what Tonya said about her?
- ◆ Could Angela control how she responded to Tonya?
- ◆ What could the two girls have done differently?

What Can You Control? (3)

Directions

Read the following short story and discussion questions about who is responsible for what happened and who is in control. Be prepared to discuss your responses with the entire group.

The New Bike

Terrance and Lamar are very good friends. They are 14 years old and have known each other since they were in grade school. On Terrance's birthday, his mom gave him a new bike and he rode it over to Lamar's house to show him. They were standing outside Lamar's house, admiring the bike when a group of older guys drove by. The car passed them, then turned around at the corner and came back. "Hey you babies," shouted the guys in the car. "Baby gotta ride his bike 'cause he's too young to drive." "Where's your mommy, baby? Is she fixing your bottle?" "Shut up!" shouted Terrance. "Who's gonna make me, baby?" asked the guy driving the car. "Is your mommy going to make me?" With that Lamar pulled a knife out of his pocket and said, "I'm going to make you, you jerk!" The driver got out of the car. He had a knife too and the two circled each other. Another guy pulled out a gun and waved it around threateningly. Just then a police car pulled up. "All right, up against the car," said the officer. "Spread 'em!" "But officer," said Lamar, "It's not my fault. We were just standing here!"

Discussion Questions

- ◆ Why did Lamar get so angry?
- ◆ Was it okay for him to feel angry and upset?
- ◆ Could Lamar have controlled what the guys in the car said to him?
- ◆ Could he have controlled how he responded?
- ◆ What could have happened if the police had not pulled up just then?
- ◆ What could Lamar have done differently?

Lighten the Load



Introduction

Anger is a strong feeling that is aroused when people feel injured or wronged. People who do not learn skills for dealing with their anger appropriately may become “anger avoiders”—people who keep their anger bottled up and carry it with them into future situations. Chronically angry people may develop antisocial behaviors which could lead to alcohol, tobacco and other drug abuse, as well as violence, crime, or indiscriminate sexual activity. This activity teaches participants the importance of dealing with their anger in healthy and appropriate ways.

Objective

- ◆ To increase participant awareness of the importance of dealing with anger.

Materials Needed

- ☐ Plastic containers, styrofoam cups or empty milk cartons with the tops cut off and string attached to wear around each participant's neck
- ☐ Pebbles and larger rocks to place in the containers
- ☐ Chalk board

Tips for Instructors

Clay, packing pellets, and marbles may be substituted for pebbles or rocks.

Label the rocks, clay, or pellets with “anger triggers” such as “a dirty look”, “a shove”, “an argument”, or “losing a game”.

Steps

1. Begin the activity by explaining to the participants that they will be doing an activity to show how difficult it can be when we feel angry but we don't handle our anger in positive ways. Remind them of the importance of dealing with anger. Explain what it means to be an "anger avoider"—a person who keeps his or her anger bottled up and carries it into other situations.
2. Provide each participant with a small plastic container or milk carton with the top cut off and string attached so that they can wear it around their necks. Display a bag of small pebbles or marbles as well as several larger rocks that will fit into the containers.
3. Ask the participants to imagine that the rocks, marbles, or pebbles are anger inside of them and place some in each participant's container. The small pebbles represent a small amount of anger and the larger ones represent a large amount of anger.
4. Divide the participants into three groups. Assign the first group of participants to be "anger adapters." These individuals can pour their rocks back into the main bin and wear empty containers. Assign the second group of participants to be "average anger dealers." Instruct these individuals to fill up their containers, carry their anger around for a short period of time, empty them back out, fill them up again and repeat the process. Assign the third group of participants to be "anger avoiders." Instruct these individuals to heap their containers full then to wear them everywhere they go for the duration of the activity. You may choose to allow the activity to proceed for one class period, an entire day, or even several days.
5. When the allotted time is over, have participants return the rocks and containers.
6. Ask the participants, "Would it be hard to carry old anger around with you all the time? Why?" "If you deal with anger right away, how can that help you the next time you feel angry?" "What are some positive ways you can deal with your anger? What are some negative ways?" Answers may include the following:

Positive Ways to Deal with Anger

Talk to a friend or caring adult

Listen to soothing music

Watch a funny TV show

Run or walk around the block

Negative Ways to Deal with Anger

Hit someone

Yell or scream at someone

Drink alcohol

Use drugs

Conclusion

Conclude the session by reviewing the main concepts using a question and answer format. Ask the participants, "What are anger avoiders?" "Is it good to carry your anger around with you for a long time? Why not?" "What are some positive ways to deal with your anger?"

Variations

As with every activity in this book, modify the points to meet the particular age, background and functioning level of your participants. Instructors may wish to consider using the following variations:

- ◆ If a participant is physically able, have him or her stand with outstretched arms as other participants pile textbooks upon the outstretched arms one at a time. As they place a textbook on the outstretched arms of the volunteer, the other participants can shout out a problem that the book represents, i.e. a bad grade, breaking up with a girlfriend, losing a game, fighting with parents, etc. With each additional textbook, ask the first volunteer how he or she is feeling. Discuss with the group how difficult it is to "carry around a heavy load."

The Steps to Solving a Conflict



Introduction

Conflict is a normal part of life. It is part of growing and learning to live with others. Young people need to develop skills for resolving conflict peacefully. They should learn to discuss their differences of opinion and reach mutually satisfying solutions. In this way, conflict can lead to healthy growth and greater maturity. This activity provides guidelines for solving conflicts peacefully and gives participants the opportunity to role play them in different scenarios.

Objective

- ◆ To develop communication skills for addressing conflict.

Materials Needed

- ☐ Paper
- ☐ Pens and pencils

Tips for Instructors

In conducting the role plays, the instructors may want to begin by role playing a sample scenario themselves.

Steps

1. Ask participants for examples of when they had a conflict with a friend:
 - ◆ what was the conflict about?
 - ◆ how was it resolved?
 - ◆ did they or their friend feel that they had to give in in order to resolve the conflict or were they able to come to an agreement they both felt good about?
 - ◆ has the same topic/situation come up again that caused the conflict before?
 - ◆ was it resolved the same way?
2. Tell participants that there are a number of rules that can help solve conflicts like this one:
 1. Identify the problem.
 2. Focus on the problem.
 3. Attack the problem, not the person.
 4. Listen with an open mind.
 5. Treat a person's feelings with respect.
 6. Take responsibility for your actions.
3. Ask participants to brainstorm things that should not be done when trying to solve a conflict. Make a list on newsprint. Be sure to include the following:
 - ◆ Name calling
 - ◆ Blaming
 - ◆ Sneering
 - ◆ Not Listening
 - ◆ Getting Even
 - ◆ Bringing up the Past
 - ◆ Threats
 - ◆ Pushing
 - ◆ Hitting
 - ◆ Bossing

◆ Making Excuses

◆ Not Taking Responsibility

4. Explain to participants they will be given examples of a conflict between two people and they will be asked to create a resolution to the conflict. Examples will include ones in which the participants are personally involved—they are one of the two people having the conflict.
5. Divide participants into small groups and give each group one of the following situations. Ask the groups to brainstorm different solutions and to apply the rules for resolving conflicts.
 - ◆ Monica and Angela have been best friends forever. Monica hears that Angela has been telling other friends something that Angela promised she would keep between the two of them. Monica is so mad at Angela that she will not talk to her when she sees her in the hallway. How should Monica handle this conflict with Angela?
 - ◆ Paul and Mike have agreed to meet at the park at 2 p.m. on Saturday. Paul is at the park at 2 p.m., but Mike does not arrive until almost 3 p.m. This is not the first time he is late. In fact, he is always late and Paul is tired of waiting for him. How should Paul handle this conflict with Mike?
 - ◆ Lisa and Luis were going together for several months and would frequently invite Elena to join them. Last month, Lisa and Luis broke up. Lisa told Elena everything that was happening during the break up. Elena and Luis still see each other at school, but have not done anything together since he and Lisa broke up. There is a party at school next week and Luis has asked Elena to go with him to the party. Lisa hears about this before Elena has a chance to tell her. How should Elena handle this conflict with Lisa?
6. Have each group select two (2) participants to role-play the situations. Rotate volunteers so that each example has a new pair of participants for the role plays.

(Stress that it is important to keep focused on the point being discussed and not bring up things that happened in the past or items that do not relate to the conflict. The instructor can participate in the first role play to give an example.)

Conclusion

Conclude the session by reviewing the main concepts using a question and answer format. Ask the participants, "What techniques have you learned for solving conflicts?" "How can you use them with your friends? family?"

Variations

As with every activity in this book, modify the points to meet the particular age, background and functioning level of your participants. Instructors may wish to consider using the following variations:

- ◆ The instructor can have participants role play an actual conflict they have been involved in using the rules for resolving conflicts.
- ◆ The instructor can discuss conflict resolution in more depth and/or invite a guest speaker to address the topic.

Expressing Your Feelings

.....



Introduction

As youth with and without disabilities grow into adulthood, they experience many physical, psychological, and social changes which raise a wide range of feelings. Young people are often anxious to fit in, nervous about relating to the opposite sex, embarrassed by sudden growth, and excited by their increasing independence. At the same time, they often have difficulty identifying and communicating their feelings. As a result, they may act in inappropriate, aggressive ways, or they may internalize their feelings, leading to depression or withdrawal. Young people need effective skills to identify feelings and handle them in positive ways. They need to develop constructive and appropriate means of communicating their feelings.

Objectives

- ◆ To identify different feelings and emotions.
- ◆ To practice appropriate ways of expressing and communicating feelings using "I" messages.

Materials Needed

None

Tips for Instructors

Some participants may not be able to understand complex emotions, such as feeling rejected or depressed. With these groups, it may be better to use emotions which are easier to understand, such as sad, happy, and upset.

Steps

1. Begin by asking participants to give examples of feelings. Explain that we all experience a range of feelings every day. Sometimes they are intense, other times they are mild. Emphasize that feelings alone are not good or bad, but how you behave as a result of your feelings can be right or wrong. For example, it is okay to feel angry, but it is wrong to hit someone because you are angry. Have participants identify feelings they have experienced and how they expressed those feelings.

2. Introduce “I” messages as a way to share feelings without blaming others.

Place the following model on the board:

I FEEL _____ (feeling word) WHEN _____ (action or behavior)

3. Model and discuss sample “I” messages. Some examples:

- ◆ I feel great when I help someone else.
- ◆ I feel upset when someone teases me.
- ◆ I feel disappointed when you forget to call me.

4. Tell participants that others are more likely to listen and respond when feelings are expressed appropriately. In small groups, have participants brainstorm other feelings they experience and create “I” messages. Trade “I” messages with another group, and decide if statements fit the criteria of an “I” statement. Discuss to whom these statements can be directed—the person to whom it is directed, or to another person who might be able to help.

Conclusion

Conclude the session by reviewing the main concepts using a question and answer format. Ask the participants, “Why is it important to express your feelings?” “How can “I” messages be used to deal with a problem with a friend?” Ask participants to practice using “I” statements to express their feelings.

Variations

As with every activity in this book, modify the points to meet the particular age, background and functioning level of your participants. Instructors may wish to consider using the following variations:

- ◆ Have participants complete the following sentences to practice communicating feelings:
 - I feel happy when...
 - I feel sad when...
 - I feel angry when...
 - I feel excited when...
- ◆ Have participants keep a journal for a week and record at least five different feelings they experienced, describing the situation and how they expressed and dealt with each feeling.
- ◆ Have participants write about a time when they did not handle their feelings well. Tell them to turn back the clock and write what they wish they had said or done.

Building Cultural Sensitivity



Introduction

Culture is the combination of many elements, such as ideas, values, beliefs, attitudes and practices that members of a group share. All of us are products of one or more cultures. Many youth, including those with disabilities, have poor self-identity which can put them at risk for using alcohol, tobacco or other drugs. In addition, many young people are uncomfortable with people who seem different from them. This can lead to gang activity or other forms of violence. By examining their own cultural heritage and the heritage of others, participants will gain a strong sense of cultural pride and learn that all people are worthy of appreciation.

Objectives

- ◆ To increase cultural pride.
- ◆ To build a positive self-image.
- ◆ To increase sensitivity toward different cultures.

Materials Needed

- ☐ Poster board or chart paper
- ☐ Tape recorders
- ☐ Audio tapes
- ☐ *What Is Family Folklore?* handout (attached)
- ☐ *Folklore Questionnaire* handout (attached)
- ☐ *Tips for Interviewing* handout (attached)
- ☐ Family photos and keepsakes

Tips for Instructors

Practice the interviewing techniques before sending participants to conduct their interviews.

Invite parents, grandparents, or other family members to visit the group and share some of their stories.

Steps

1. Begin the activity by dividing the participants into small groups. Explain that each group will discuss what family folklore is and how to conduct an interview with family members.
2. Provide each participant with the *What Is Family Folklore?* handout. Then, in small groups, have the participants take turns reading the handout aloud.
3. After they read the handout, ask each small group to define family folklore in their own words. Ask them to write their responses on poster board or chart paper. Place the poster boards with the definitions on a wall where the entire group can see them. Discuss the definitions that each group developed. Were any the same? Were any different?
4. Ask the participants if their families do any of the things listed on the handout—do any of their families tell family stories, hand down recipes or celebrate holidays in special ways? Invite the participants to share some of their family folklore.
5. Provide each group with a copy of the *Tips For Interviewing* handout. Explain to the group that these are tips for conducting family interviews and that each participant will be interviewing one of their family members. Inform the participants that these tips have been prepared to help them conduct a successful interview. Each participant should take turns reading part of the handout out loud to the small group.
6. Ask the participants to each select one person in their family whom they would like to interview. Suggest that they choose an older relative, such as a grandparent, parent, aunt or uncle. Explain to the participants that they will use tape recorders to conduct their interviews. They may also want to take notes.
7. Make enough copies of the *Folklore Questionnaire* for each participant. Have participants take turns reading each question out loud to the group to make sure all questions are understood.
8. Explain to the participants that they should each use Question #1 in their interview. In addition, they should choose one additional question to ask the person they are interviewing. Each participant should write a short report based on the interview. Remind participants that each family is unique, so that no participant's interview will be the same. Each interview will reflect the unique cultural heritage of that family.

9. After the interviews are completed, invite the participants to read their reports aloud to the group. Encourage them to show family pictures or keepsakes during their oral presentations.
10. Copy the final reports into a booklet. Include photocopies of family photographs, keepsakes and other items. Make enough copies for every participant.

Conclusion

Conclude the session by reviewing the main concepts using a question and answer format. Ask the participants, "What is family folklore?" "Why is story telling important?" "What are some of the things you learned about your family?" "What are some of the things you learned about other participants' families?" "Did anyone find a situation where one family member told a story one way and another family member told it differently? Why might the same incident be remembered two different ways?"

Variations

As with every activity in this book, modify the points to meet the particular age, background and functioning level of your participants. Instructors may wish to consider using the following variations:

- ◆ The questions on the *Folklore Questionnaire* may be too sophisticated for some audiences. Develop a simplified set of questions for lower functioning participants.
- ◆ Some participants, such as those who live in group homes, do not go home to their families. If this is the case, suggest that participants research their neighborhood or town. They can interview people from the area and collect pictures. Or, participants can interview each other about their families and their cultural heritage.

What Is Family Folklore?

The word “folklore” refers to stories, expressions, keepsakes and customs which characterize family life. Folklore is one of the important ways we give meaning to our family life. We are able to understand and communicate our experiences through the stories, celebrations and objects we collect.

Almost every family has some kind of folklore.

For example:

- ◆ Some families tell stories about how their ancestors came to America;
- ◆ Some families tell stories about how their ancestors met, fell in love and married;
- ◆ Some families tell stories about special family characteristics, such as “Everyone in this family is funny,” “Everyone in this family has musical talent,” or “All of the men in this family are wonderful cooks”.
- ◆ Some families hand down heirlooms such as jewelry, baby clothes or wedding gowns;
- ◆ Some families hand down recipes, such as “Great Grandma’s Special Chocolate Chip Cookies” or “The Jones Family Secret Sweet Potato Pie Recipe”.

- ◆ Some families name their children after beloved relatives or ancestors;
- ◆ Some families celebrate holidays with special meals or traditions;
- ◆ Some families have photo albums, scrap books or videotapes that were made to record special events such as weddings, graduations or anniversaries; and
- ◆ Some families hold family reunions with traditional foods, costumes, and activities.

Storytelling is a big part of family folklore. In the days before radio and television, storytelling was a major source of entertainment. Family stories were handed down from generation to generation. However, family stories are more than entertainment. They are a way of expressing our identity. They help us understand ourselves and our culture. They teach us important values and help us learn about the past.

What is *your* family folklore?

Folklore Questionnaire

Directions

Pick a person in your family or in your neighborhood to interview. Find a quiet space to sit down together and talk. You can record the interview on a tape recorder or take notes in a notebook. Here are some questions you can ask:

1. What do you know about your parents? What do you know about your grandparents? What country were they born in? What language did they speak at home? What do you know about:
 - ◆ their childhood;
 - ◆ their teen years;
 - ◆ their schooling;
 - ◆ their marriage;
 - ◆ their work;
 - ◆ their religion;
 - ◆ what they did for fun?
2. How did your parents meet and marry? How did your grandparents meet and marry? Do you know any family stories about lost loves, arranged marriages, elopements, or runaway lovers?
3. Which significant historical events affected your family? How did your family survive the Great Depression? Did any family members ever fight in a war? Which war? What happened to them?
4. How are holidays celebrated in your family? What holidays are the most important?
5. Does your family hold reunions? How often? When? Where? Who is invited? Who comes? What happens there? Are there any traditional foods, costumes, or activities?
6. Have any family recipes been preserved from past generations? Who first made the recipe? How were they passed down—by word of mouth, by observation, by written recipes? Are they still in use today? When? By whom?
7. Does your family have any heirlooms that have been handed down? What are they? Are there stories connected to them? Do you know how they are passed through the generations? If they are passed to you, will you continue the tradition, sell the objects, or give them to a museum?
8. Does your family have photo albums, scrapbooks, slides, home movies, or videos? Who created them? Whose pictures are contained in them? When are they displayed? To whom are they shown?

Tips for Interviewing

Family dinners, parties, reunions, and holidays are all good times to listen to family stories and record family folklore. Here are some tips for conducting a good interview:

1. Ask permission to conduct the interview. Explain that you want to learn more about your family and that you will be writing a short report on the interview.
2. Start your interview with an easy question. You might want to start by asking about a story you have heard him or her tell in the past.
3. Do not ask questions that can be answered with only yes or no answers.
4. Be an active listener. Show interest and ask questions.
5. Know what questions you want to ask, but don't be afraid to let the conversation go off in a different direction for awhile. You might end up discussing subjects that you never thought to ask about.
6. Don't turn off your tape recorder unless asked to.
7. Use letters, photo albums, scrapbooks and home movies to inspire memories.
8. Save all your tapes and notes. Label everything with names, dates, and places.
9. Make a special cover for your report and present it to family members. Your report will make a wonderful gift!

These tips on how to conduct a family interview are adapted from: Zeitlin, S., Kotkin, A. and Cutting Baker, H. (1982). *A celebration of American family folklore*. Washington, DC: Smithsonian Institute.



Activities That Build Social Competencies

Activities That Build Social Competencies

A True Friend Is



Introduction

Young people, particularly those with disabilities, feel a strong need to “fit in” with their peers. They often join together with friends who have similar interests and form their own exclusive groups. Young people should be encouraged to make friends with others who have healthy interests and who behave in positive ways. Developing bonds with friends who make healthy choices can help young people stay away from harmful activities like using alcohol, tobacco and other drugs. This activity encourages healthy relationships and helps participants identify the characteristics of a true friend.

Objectives

- ◆ To develop positive, healthy relationships
- ◆ To understand the characteristics of a true friend

Materials

- ☐ Newsprint or chalk board
- ☐ Paper
- ☐ Pens, pencils
- ☐ Thesaurus, dictionary
- ☐ Poetry books, such as:

I Like You If You Like Me: Poems of Friendship by Myra Cohn Livingstone. (School and Library Binding, 1987). A collection of 90 poems on friendship by both contemporary and traditional poets. Ages 9-12.

Time to Talk: Poems of Friendship by Myra Cohn Livingstone. (School and Library Binding, 1992). An anthology of poetry encompassing diverse cultures, eras and traditions. From ancient Aztec poetry to the works of Gwendolyn Brooks and e. e. cummings. Young adult.

Tips for Instructors

Before conducting this activity, team up with an English teacher or local librarian to locate age-appropriate and developmentally-appropriate poems focusing on the theme of friendship. Two suggested poetry books are listed at left, but instructors may find other favorites they may wish to substitute.

Be sure to stress that a poem may evoke different feelings and ideas in each person. It does not have to have just one meaning. Each person may see something different in the poem.

Steps

1. Ask the participants to identify qualities of a true friend. Write these qualities on newsprint or a chalk board. They may identify such qualities as:

Honest

Loyal

Kind

Sharing

Has similar background, beliefs

Respectful

Helpful

Trustworthy

Dependable

2. Ask the participants what kind of activities they enjoy doing with their friends. Would a true friend ask you to do something that was dangerous or harmful? Why not? Would a true friend make fun of you in front of other people? Why not?
3. Distribute copies of the *A True Friend Is* handout. Ask the participants to rank the top ten characteristics of a true friend in order of their importance. Remind the participants that their answers are based on their personal preferences and that everyone's answers may be different.
4. When participants have completed the handout, discuss their answers as a group. Which characteristics did the participants choose? Were many of the answers similar?
5. Read sample poems of friendship from the suggested poetry anthologies or other poems the instructor chooses. Provide copies of selected poems to the participants.
6. Ask the participants if they liked the poems. What did they like or dislike about them? What kind of moods or feelings did the poems transmit? What images did they bring to mind? What did the participants think were the main messages of the poems?
7. Tell the participants that there are many different kinds of poems. Some rhyme and some do not. Some repeat a particular rhythm and some do not. Ask them about the poems they just read. Did they rhyme? Did they have a rhythm?
8. Explain to the participants that they will create a short poem entitled "A True Friend Is." Ask the participants to take a few moments to think about the theme of the poem, "A True Friend Is."

9. To get the participants started, ask them to write down words, and/or draw pictures that come to mind when they think of that theme. Then allow participants time to create their poems. Have dictionaries and thesauruses available for the participants to use.
10. Invite volunteers to read their poems aloud to the group.
11. Ask the participants to describe how they will plan to be a “true friend” in the future.

Conclusion

Conclude the session by reviewing the main concepts using a question and answer format. Ask the participants, “What are some qualities of a true friend that you learned about today?” “Would a true friend ask you to do something that was dangerous or harmful?”

Variations

As with every activity in this book, modify the points to meet the particular age, background and functioning level of your participants. Instructors may wish to consider using the following variations:

- ◆ Participants may work in pairs or small groups to write their poems.
- ◆ Lower functioning participants can draw pictures of a true friend rather than writing a poem.
- ◆ Encourage the participants to begin a friendship journal in which they write about their relationships with other people they might consider their true friends.

A True Friend Is

Characteristics of a Friend

- | | |
|------------------|----------------|
| ◆ ambition | ◆ helpfulness |
| ◆ attractiveness | ◆ honesty |
| ◆ bravery | ◆ intelligence |
| ◆ cleanliness | ◆ kindness |
| ◆ cleverness | ◆ loyalty |
| ◆ consideration | ◆ neatness |
| ◆ courage | ◆ patience |
| ◆ creativity | ◆ politeness |
| ◆ dependability | ◆ popularity |
| ◆ discipline | ◆ sensitivity |
| ◆ energy | ◆ seriousness |
| ◆ enthusiasm | ◆ strength |
| ◆ fairness | ◆ talent |
| ◆ gentleness | ◆ truthfulness |
| ◆ happiness | ◆ wealth |

Which of these characteristics are more important?

List 10 of them in the order of their importance.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

What is Love?



Introduction

As young people, including those with disabilities, begin to develop their first male-female relationships, it is important for them to be able to distinguish between positive and negative relationships. They should know that someone who really cares about them would not pressure them into doing something that they consider wrong and harmful. They should also be aware that a positive relationship is a two-way street—both people must respect and support each other. This activity helps participants to develop relationships that enhance self-esteem, foster respect, develop character and promote health-enhancing behaviors and positive decision-making.

Tips for Instructors

Before the activity, cue the cassette tapes or compact discs so that they are ready to play the songs you have selected.

Objectives

- ◆ To develop decision-making and communication skills
- ◆ To understand the qualities of positive, healthy relationships

Materials Needed

- ☐ Compact disc or cassette player
- ☐ Songs with messages about positive relationships
- ☐ Poster board
- ☐ Markers
- ☐ Crayons
- ☐ Magazines
- ☐ Scissors
- ☐ Glue

Steps

1. Review with participants the discussion on friendship in the previous activity, "A True Friend Is." What characteristics are important in a friend? Are those the same characteristics that are important in a relationship between a man and a woman? What are the most important characteristics of a positive male-female relationship?
 - ◆ Honesty
 - ◆ Respect
 - ◆ Caring
 - ◆ Agreement on things they believe are important
 - ◆ Liking the same things
 - ◆ Shared experiences
 - ◆ Similar goals in life
2. Discuss negative signs in a relationship, such as:
 - ◆ Being together because it is "convenient," no one else is around, or it is too hard to be alone
 - ◆ Mostly physical attraction
 - ◆ Feeling of obligation—you have to help the other person who is having a hard time
 - ◆ Fearing you will lose the other person if you do not do as the other person says
 - ◆ Wanting to get away from home and the problems in your life
 - ◆ Being afraid of the other person's temper or violent acts
3. Discuss with participants ways they can have a healthy, positive relationship with a member of the opposite sex, such as:
 - ◆ Being there for the other person; being supportive
 - ◆ Being dependable, trustworthy, honest
 - ◆ Showing an interest in what the other person is doing
 - ◆ Being a good friend
 - ◆ Acting in a responsible way—not placing the other person in a situation where he or she might be asked to do something that is against his or her values.

4. Play a song that includes elements of a positive male-female relationship. After participants have listened to the song, ask them how the song describes a positive relationship.
5. Tell the participants that they will be working in groups to create posters describing positive relationships. Divide the participants into small groups.
6. Distribute art supplies and ask participants to work together in their groups to identify words and pictures they would like to include in their posters. Songs with positive messages about relationships can be played while participants are working on their posters.
7. After they have completed their posters, have the groups share their posters with the rest of the class and describe why they picked the images and words they used.

Conclusion

Conclude the session by reviewing the main concepts using a question and answer format. Ask the participants, "What are characteristics of healthy, positive male-female relationships?" "What are characteristics of relationships that are not healthy?"

Variations

As with every activity in this book, modify the points to meet the particular age, background and functioning level of your participants. Instructors may wish to consider using the following variation:

- ◆ Instead of making posters, have participants write essays about "My Dream Guy/Gal." Ask them to list the positive qualities they would look for in another person.

Community Involvement



Introduction

Many people with disabilities experience social isolation related to lack of accessibility, communication barriers, societal fears, and misconceptions about people with disabilities. Social isolation can lead to alcohol, tobacco, and other drug abuse, poverty, violence, and mental health problems such as depression. Community involvement promotes a sense of belonging and connection for all people. This activity provides important information about safety issues for people with disabilities who are interested in becoming involved in the community.

Objectives

- ◆ To discuss behaviors that promote personal safety while pursuing community involvement.
- ◆ To identify hazardous situations that may threaten personal safety.
- ◆ To avoid behaviors that may lead to dangerous and/or life threatening consequences.

Materials Needed

- ☐ Chalk board or chart paper
- ☐ *Do's and Don'ts* handout (attached)

Tips for Instructors

Share personal experiences to illustrate points about hazardous situations but avoid inappropriate personal disclosure.

Points can be modified for various audiences. Add or delete information depending on the functioning level of the participants.

Steps

1. Begin the activity by explaining that it is important to learn about how to stay safe while getting involved in your community.
2. Explain to the participants that it is good to get involved in your community. It is a good way to make friends, build relationships with others, learn new skills and contribute your talents to society. Ask the participants, "What are some of the ways you can get involved in your community?" Record the participants' ideas on a chalk board or chart paper. Answers might include the following:
 - ◆ Attend a church, synagogue or other religious organization;
 - ◆ Join the YMCA, scouts or other civic organization;
 - ◆ Join a club or special interest group;
 - ◆ Join a sports team;
 - ◆ Do volunteer work in the community;
 - ◆ Get a job; or
 - ◆ Join a support group.
3. Explain to the participants that while it is good to get involved in the community, there are also rules to follow and situations to avoid.
4. Ask the participants, "What are some of the ways we can keep ourselves safe when we get involved in the community?" Record the participants' ideas on a chalk board or chart paper. Answers might include the following:
 - ◆ When away from home, obey all traffic signals;
 - ◆ Avoid walking alone, especially at night;
 - ◆ Don't carry more money than you need;
 - ◆ Don't flash money around other people;
 - ◆ Don't fight with or argue with a mugger;
 - ◆ Don't get in a car with a stranger;
 - ◆ Don't get in a car with a driver who has been drinking;
 - ◆ Before leaving home, let somebody know when you plan to be back and call them when you return home; and
 - ◆ Carry an emergency information card in your wallet. List the people who should be called in an emergency, any medical condition or disability you may have and any allergies to medicine.

5. Distribute the attached Do's and Don'ts handout and review with participants. Explain to the participants that they should remember the following:
 - ◆ Avoid dangerous situations;
 - ◆ Trust your intuition. If you think something is dangerous or wrong, it is!
 - ◆ If you are in danger, say "NO," get away, and tell somebody that you trust;
 - ◆ Drinking alcohol and using drugs causes bad decisions.
6. Role play the following situations with the participants:
 - ◆ You've joined a club and you're at your first meeting. Another club member asks if she can borrow \$20.00. What should you do?
 - ◆ You've joined a volleyball team at the local YMCA. At the end of the first game, a player from the other team approaches you and asks you your name, your telephone number, where you live, and whether you live alone. What should you do?
 - ◆ You've joined a church social group and after the meeting you start walking toward the bus stop. A stranger pulls up in a car and says "Do you go to this church? Hop in, I'll drive you home."
 - ◆ You're working on a volunteer project to clean up a local park. Another volunteer walks up to you and says, "Hey buddy, some of us are going to go smoke some weed over in the bushes—want to join us?"
7. Debrief and discuss the situations with the group.

Conclusion

Conclude the session by reviewing the main concepts using a question and answer format. Ask the participants, "Why is it important to get involved in community activities?" "What are some good ways to get involved in the community?" "What are some of the ways we can keep safe when we're out in the community?"

Variations

As with every activity in this book, modify the points to meet the particular age, background and functioning level of your participants. Instructors may wish to consider using the following variations:

- ◆ Some participants may not know how to find out about positive, healthy activities in the community. Bring in several copies of the local newspaper and look through the community section together. Discuss other ways to find out about community activities such as library bulletin boards, church/synagogue bulletins, organizational newsletters, and the telephone book yellow pages. Role play how to call an organization and inquire about their activities.

Do's and Don'ts

DO

- ◆ Join social groups that share your interests.
- ◆ Get involved in positive, healthy community activities.
- ◆ Contribute your skills and talents to the community.
- ◆ Take plenty of time when meeting new people.
- ◆ Carry emergency phone numbers and medical information in your wallet.
- ◆ Trust your intuition.

DON'T

- ◆ Use alcohol to help you make decisions.
- ◆ Get into a car with a stranger.
- ◆ Get into a car with a driver who has been drinking or using drugs.
- ◆ Give your bank account number or social security number to a stranger.
- ◆ Carry large amounts of money in your wallet or purse.
- ◆ Tell strangers where you live.
- ◆ Tell strangers your telephone number.

Peer Pressure



Introduction

Young people, particularly those with disabilities, are prone to peer pressure and pressures from the media, due to their desire to fit in and belong to a group. It is critical for young people to recognize different types of pressure and learn to deal with those pressures, whether they come from home, television, or friends. Prevention programs which teach resistance skills have shown some success in delaying the onset of alcohol and other drug use. This is an important point to remember since the earlier the use begins, the more likely problems are to develop. This activity helps participants identify pressures to use alcohol, tobacco, and other drugs and to practice their refusal skills.

Objectives

- ◆ To identify pressures to use alcohol, tobacco, and other drugs.
- ◆ To practice refusal skills.

Materials Needed

- ☐ Chalk board or chart paper
- ☐ Sample advertisements demonstrating subtle or overt pressure to buy or use a product
- ☐ One paper cup
- ☐ Tart or sour candies
- ☐ Drawing paper, markers and other art supplies (see Variations)

Tips for Instructors

Prior to the activity, look through several magazines and newspapers and cut out advertisements for a variety of products, including alcohol and cigarettes. Use the types of magazines that are popular with participants.

Prior to the activity, use a VCR to tape some television commercials or take photographs of billboards which demonstrate different types of pressure.

Steps

1. Begin the activity by asking the participants, "What is pressure?" Explain to the participants that pressure is "trying to persuade someone to do something."
2. Ask the participants, "What are some examples of pressure?" Record the participants' answers on a chalk board or chart paper. Answers may include the following:
 - ◆ A salesman selling something over the phone;
 - ◆ A TV commercial about cars;
 - ◆ A parent telling children to clean his room or be grounded;
 - ◆ A well-known sports figure promoting a product; or
 - ◆ A teenager who tries to convince another teenager to use drugs.
3. Explain to the participants that pressure plays an important role in a variety of things we do, including our decisions about whether or not to use alcohol or other drugs.
4. Explain to the participants that advertisements can influence us and often use pressure techniques to try to get us to buy or use a product. Hold up several ads found in magazines or play videotaped commercials on a VCR. Ask the participants, "What is the ad trying to sell?" Then ask, "What does the ad say will happen to you if you buy or use that product?" Ask the participants to consider the following:
 - ◆ Does it say that the product will make you happy? Is that true?
 - ◆ Does it say that the product will make you feel good? Is that true?
 - ◆ Does it say that the product will make you popular? Is that true?
 - ◆ Does it say that the product will make you look beautiful? Is that true?
 - ◆ Does it say that the product will make you rich and successful? Is that true?
 - ◆ Does it say that the product will make you stronger? Is that true?
 - ◆ Does it say that the product will make other people love you? Is that true?
 - ◆ Does it say that everybody has one or uses one? Is that true?

5. Hold up advertisements for alcohol and tobacco. Ask the participants, "What are the ads saying?" "Are the same techniques used?" "What messages are you being given?" Ask the participants to consider the following:
 - ◆ Does it say that smoking (or drinking) is romantic? Is that true?
 - ◆ Does it say that smoking (or drinking) makes you popular? Is that true?
 - ◆ Does it say that smoking (or drinking) makes you physically fit? Is that true?
 - ◆ Does it say that smoking (or drinking) is fun? Is that true?
 - ◆ Does it say that smoking (or drinking) makes other people love you? Is that true?
 - ◆ Does it say that smoking (or drinking) makes you beautiful? Is that true?
 - ◆ Does it say that smoking (or drinking) makes you rich and successful? Is that true?
 - ◆ Does it say that smoking (or drinking) tastes great? Is that true?
6. Ask participants to describe how ads for alcohol and tobacco might look if they were entirely truthful. For example:
 - ◆ Beer ads would show groups of people with big bellies;
 - ◆ Cigarette ads would show people with yellowed teeth;
 - ◆ Cigarette ads would show people dying of lung cancer;
 - ◆ Alcohol ads would show traffic accidents; and
 - ◆ Alcohol ads would show people vomiting and hung over the next morning
7. Ask the participants, "What is a peer?" Explain that a peer is someone of your own age group.
8. Ask the participants, "What is peer pressure?" Explain that peer pressure is being influenced or forced to do something by someone of your own age group.
9. Explain to participants that peer pressure is one of the most powerful ways that people are influenced to use alcohol and other drugs. Explain that there are many different types of peer pressure. For example:

- ◆ **Friendly pressure.** Friendly pressure can be misleading because it is often nice and polite. (Example: "Would you like a beer?" "Here, try one of my cigarettes.")
 - ◆ **Teasing.** Teasing makes others feel more important and helps people get their own way. (Example: "Are you chicken?" "Only babies don't smoke.")
 - ◆ **Daring and lying.** Daring and lying help trick people into doing something they normally wouldn't do. (Example: "I bet I can drink more than you can." "Try this pill; one won't hurt you.")
 - ◆ **Threats.** Threats to use alcohol, tobacco, or other drugs are often social but can be physical as well. (Examples: "If you don't smoke, I won't hang out with you anymore." "You won't be cool if you don't do it." or "Take this or I'll hurt you.")
 - ◆ **Silent pressure.** Silent pressure is often overlooked and usually inside a person's own mind. (Example: Seeing others around you drinking or smoking and wanting to fit in.)
10. Ask participants to give examples of how they have been pressured to use alcohol, tobacco, or other drugs. List them on a chalk board or chart paper. Ask the participants, "Which types of pressure do you feel most often?" "Which types of pressure are the most difficult to resist?"
 11. Conduct the following peer pressure exercise with participants: Hide sour or tart candies in a cup and try to persuade participants to try them. Convince them that the candies are really sweet and tasty. If a participant does take one, he or she likely will make a face or show displeasure. Ask the participant, "What made you take the candy?" "Did it live up to your expectations?"
 12. Conduct a second peer pressure exercise with the participants. Move around the room, whispering into the ear of each participant. Whisper to them that they should put their head down on the desk. As you work around the room, watch for participants who perform the behavior without your instruction. Ask the participant, "Why did you put your head down?" Explain how that person has conformed to peer pressure.

Conclusion

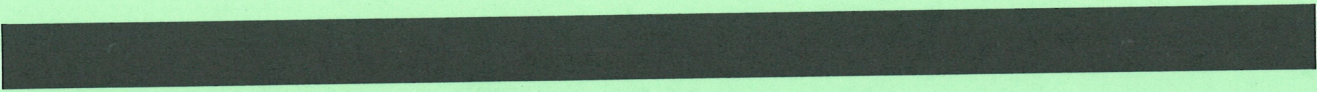
Conclude the session by reviewing the main concepts using a question and answer format. Ask the participants, "What are some different types of pressure?" "How do advertisements try to pressure us?" "Are the messages in

advertisements always true?” “What is peer pressure?” “What are some examples of peer pressure?” “Why is it important to be aware of peer pressure?”

Variations

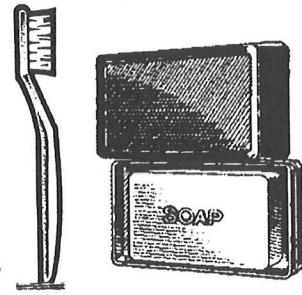
As with every activity in this book, modify the points to meet the particular age, background and functioning level of your participants.

- ◆ As a variation to Step 6, invite the participants to draw “truthful” advertisements for alcohol and tobacco, such as a cigarette ad showing a smoker with yellow teeth and bad breath or a beer ad showing people with big bellies. Post the advertisements on a bulletin board for all to see.



Prevention Activities for Daily Living

Hygiene and Personal Appearance



Introduction

Young people are acutely aware of their appearance and their changing bodies. Their self-image is intimately connected to how they look and how they feel others perceive them. Some young people, particularly those with cognitive disabilities, need instruction in hygiene and personal appearance. They need help understanding how good personal hygiene contributes to maintaining a healthy lifestyle and presenting a positive self-image to the world. This activity focuses on personal cleanliness, neatness and appropriate dress.

Objectives

- ◆ To understand the essentials of good hygiene.
- ◆ To understand how personal appearance and good hygiene contribute to a positive self-image.

Materials

- ☐ Magazines or pre-cut magazine pictures
- ☐ Poster board
- ☐ Markers
- ☐ Scissors

Tips for Instructors

It is important not to make value judgments and to be aware of how family income or culture can affect a person's appearance. Stress the basic principles of hygiene, cleanliness and neatness rather than specific styles of dress.

To save time, pre-cut pictures from magazines. Select pictures of people taking showers, washing their hair, using deodorant and looking neat and clean. Also select negative images of people looking dirty, drinking alcohol and smoking.

If body odor is a problem with particular participants, you may want to spend more time discussing this sensitive issue.

Steps

1. Begin the activity by asking the participants, "What does it mean to respect your body?" Remind the participants that having respect for one's body includes eating healthy foods, exercising regularly, not smoking, not drinking and not using drugs.
2. Explain to the participants that respecting your body also means keeping it clean. Ask the participants, "What things do you need to do every day to keep your body clean?" Answers may include the following:
 - ◆ Take a shower or bath with soap every day;
 - ◆ Wash your hair with shampoo and rinse carefully every day;
 - ◆ Use deodorant every day;
 - ◆ Brush your teeth three times a day;
 - ◆ Wash your face with soap every day;
 - ◆ Comb your hair every day; and
 - ◆ Wash your hands with soap after using the bathroom.
3. Ask the participants, "Why is it important to keep your body clean?" Explain that bathing, washing your hair and brushing your teeth are important for a number of reasons:
 - ◆ They prevent odor and keeps you from smelling bad;
 - ◆ They kill bacteria which can cause illness; and
 - ◆ They help you present a positive, confident self-image to the world.
4. Distribute magazines or pre-cut pictures of people exhibiting both good personal hygiene and bad personal hygiene. Ask the participants to select at least one picture showing good hygiene and one picture showing bad hygiene. After they have made their selections, ask them to explain to the group why they choose their pictures.
5. Explain that respecting your body also means making yourself presentable. Ask the participants, "What things do you need to do every day to make yourself presentable?" Answers may include the following:
 - ◆ Wear clean underwear;
 - ◆ Wear clean, neat clothes;
 - ◆ Wear clean shoes and socks;
 - ◆ Style your hair neatly; and
 - ◆ Walk straight and tall.

6. Explain to the participants that there are some things about your appearance you cannot control. For instance, you cannot control how much money your family has or whether you can afford new clothes, the latest sneakers or expensive jewelry. However, you can always control whether you are neat and presentable. For example:
 - ◆ Even if you can't iron your clothes every day, you CAN hang your clothes on a hanger at the end of every day or fold them neatly in a drawer.
 - ◆ Even if you can't afford brand new shoes, you CAN wipe mud and dirt from your shoes before leaving the house.
 - ◆ Even if you can't do laundry every week, you CAN wash out your socks and underwear in the sink each night.
 - ◆ Even if you can't afford to have your hair done by a professional, you CAN comb your hair neatly every day.
 - ◆ Even if you can't afford the latest fashions, you CAN walk straight and tall and carry yourself with confidence.
7. Explain that having control over your personal appearance also means selecting clothes that are appropriate. The clothes that you select to wear to school or work are different from the clothes you select to wear for play, to go to a party or to go to religious services. For example, school clothes should be neat, clean and presentable. Flashy or ripped clothes are not appropriate. But clothes you wear after school to go to the mall or play basketball with your friends are very different. The t-shirts and shorts you wear to play basketball are meant to get dirty.
8. Pass out copies of magazines or pre-cut magazine pictures and pieces of poster board. Ask participants to divide their poster boards into four sections: school, play, party, and (optional) religious services. Ask the participants to cut and paste pictures of appropriate dress for each section—what you could wear to school, what you could wear to play, what you could wear to a party, what you could wear to go to church/synagogue/mosque. When participants are done making their posters, invite them to present them to the group.

Conclusion

Conclude the session by reviewing the main concepts using a question and answer format. Ask the participants, "Why is it important to keep our bodies clean?" "What are some things we should do every day to keep our bodies

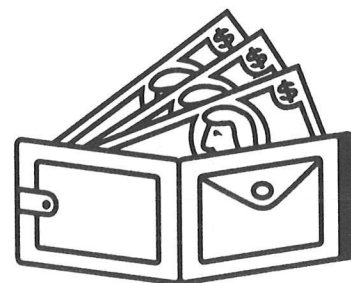
clean?” “What are some things we can do to make ourselves presentable?” “Do we have control over how we present ourselves to the world?” “What does it mean to dress appropriately?”

Variations

As with every activity in this book, modify the points to meet the particular age, background and functioning level of your participants. Instructors may wish to consider using the following variations:

- ◆ Have the participants work together to create a checklist of “Things to Do Every Day.” Include such items as take a shower, brush your teeth, eat healthy meals, and shampoo your hair.
- ◆ If you are working with older participants, discuss appropriate work attire.

Financial Responsibility



Introduction

The inability to properly manage finances can often lead to alcohol and drug abuse, poverty, violence, or even incarceration. Young people with disabilities are particularly at risk because they often receive inadequate instruction in this area and can be easily swayed by peer pressure or unscrupulous solicitors. They often do not understand how expensive cigarettes and alcohol are and how they can affect a person's budget. By learning proper budgeting skills, participants can plan their expenditures and avoid making unnecessary, unhealthy purchases. This activity teaches participants how to create and stick to a proper budget.

Objectives

- ◆ To create a monthly budget that is customized to meet the individual participants' needs.
- ◆ To avoid misleading and/or tricky solicitations to spend money.
- ◆ To calculate monthly net income.

Materials Needed

- ☐ Chalk board or chart paper
- ☐ *Priority List* handout (attached)
- ☐ *Monthly Budget* handout (attached)
- ☐ *My Budget Worksheet* (attached)
- ☐ Eight envelopes per participant
- ☐ Play money in denominations of \$1, \$5, \$10, and \$20 bills. There should be at least \$600 for each participant. Money should be separated into packs of \$200: six \$20 bills, five \$10 bills, four \$5 bills and ten \$1 bills.

Tips for Instructors

Separate the money and envelopes beforehand. This will save valuable class time.

The Monthly Budget in this activity was created for a single adult with a disability living in Dayton, Ohio in 1996 (\$600). This figure may not fit the economic profile of your community. Modify the amount as necessary.

When working through the Monthly Budget, make sure that the total is equal to or less than the net monthly income.

Steps

1. Begin the activity by explaining to the participants that spending money can be very confusing. Explain that it is important to understand the difference between spending money on things we *need* as opposed to spending money on things we *want*.
2. On a chalk board or chart paper, create two columns: needs and wants. Ask the participants, "What are some of the things that we need to spend our money on?" "What are some of the things that we want to spend our money on?" List the participants' responses on the chalk board or chart paper.
3. Pass out copies of the *Priority Items* handout. Did the participants remember to include all of these items on their needs and wants list?
4. Put the *Monthly Budget* worksheet on an overhead so that the entire group can see it. Explain to the participants that using the *Monthly Budget* worksheet as a guide, you will be working together to develop a budget for Sue, a fictitious character who lives in Dayton, Ohio. As you work through the budget, emphasize that the needs (housing, utilities, food, etc.) should be filled first and these will remain consistent from month to month. The wants may vary from month to month.
5. Review the following facts about Sue with the participants. Write the items on the *Monthly Budget* where all can see.

SUE:

- ◆ Lives on a bus line. She pays \$20/mo. for an RTA bus pass.
- ◆ Lives in a one-bedroom apartment that is subsidized. She pays \$200/mo. for rent.
- ◆ Pays an average of \$100/mo. for utilities, including gas and electric, water, sewage, trash pick-up, phone and cable.
- ◆ Spends \$150/mo. for \$250 worth of food stamps.
- ◆ Receives health care benefits from Medicaid. She saves \$30/mo for health care emergencies (e.g., dental, eye care, over-the-counter medications).
- ◆ Puts \$50/mo. into a savings account.
- ◆ Keeps \$50/mo. for miscellaneous expenses (movies with friends, etc.).

Sue's net monthly income = \$600

6. While standing in front of the class, label seven envelopes with the categories on Sue's budget: bus, rent, utilities, food, health care, savings and miscellaneous. As you read each item on Sue's budget out loud, stuff the appropriate amount of play money into the corresponding envelope.
7. Ask the participants, "What would happen to Sue if she didn't pay the bills for what she needs." Answers might include the following:
 - ◆ She could lose her apartment and be homeless;
 - ◆ She could lose her bus pass and thus lose her job;
 - ◆ She could lose her electricity or water;
 - ◆ She could lose her food stamps and thus starve or become ill;
 - ◆ She could get a toothache and not have money for such health care emergencies;
 - ◆ She could become poor or homeless and turn to drugs, alcohol or violence; or
 - ◆ She could die.
8. Pass out envelopes and play money to participants making sure that each participant gets at least three \$200 packets and eight envelopes. Explain to the participants that using the worksheets, envelopes, and the play money, they will now practice making a budget like Sue's. Encourage them to seek help and ask questions.
9. After the participants have finished making their budgets, ask them, "What would happen to your budget if you spent your money on cigarettes, beer or fast food?" Share the figures at the right with the class and explain how expensive bad habits can be.

Conclusion

Conclude the session by reviewing the main concepts using a question and answer format. Ask the participants, "What are some examples of needs?" "What are examples of wants?" "How can we decide what to spend our money on?" "What can happen if we don't pay the bills for what we need?" "Are cigarettes, alcohol and fast food expensive?" "What can happen to your budget if you spend your money on these items?"

.....

Expensive Habits

Cigarettes (1998 figures)

\$2.50 per pack

1 pack per day=
\$912.50 annually

2 packs per day=
\$1,825.00 annually

Beer (1998 figures)

\$7.99 per 12 pack

One 12 pack per week=
\$415.48 annually

Fast Food (1998 figures)

\$2.99 per value meal

3 meals per week=
\$466.44 annually

Variations

As with every activity in this book, modify the points to meet the particular age, background and functioning level of your participants. Instructors may wish to consider using the following variations:

- ◆ The sample budget for Sue was created for a single adult with a disability living in an apartment. It may not be appropriate for younger participants or those living in group homes. Modify the sample budget if necessary to meet the needs of your particular audience. For school-age participants, instructors can create a budget for a weekly or monthly allowance.
- ◆ Display magazine advertisements and lead a discussion about how advertisements can influence people to spend money unnecessarily. Role play situations in which a person may succumb to peer pressure to spend money unnecessarily (e.g., buying a round of drinks or buying cigarettes).

Priority List

Housing

Transportation

Food

Clothing

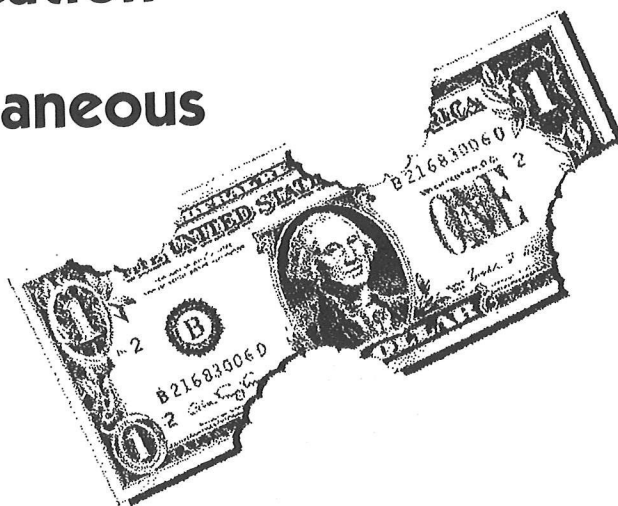
Child Care

Health Care

Savings

Recreation

Miscellaneous



Do's and Dont's

DO

- ◆ Budget your money carefully.
- ◆ Ask for help creating a budget if you need it.
- ◆ Spend your money on your "needs" before your "wants."
- ◆ Buy items you can see and touch.
- ◆ Use only one or two favorite charities.
- ◆ Return items if you need to.

DON'T

- ◆ Spend your money without creating a budget first.
- ◆ Hand out money to friends or strangers.
- ◆ Buy from catalogs or magazines.
- ◆ Rent-to-own.
- ◆ Buy anything over the telephone.
- ◆ Spend your money on expensive habits like cigarettes, alcohol or fast food.

My Budget

MY MONTHLY INCOME: _____

MY MONTHLY EXPENSES:

Item	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Savings	\$ _____
Miscellaneous	\$ _____
TOTAL	\$ _____

Monthly Income - Monthly Expenses = Net Monthly Income

NET MONTHLY INCOME \$ _____

My Budget Worksheet

1. How much money do you earn in one week?

Answer: _____

2. The average number of weeks in a month is 4.3. Multiply the amount of money you earn each week by 4.3. This is the amount of money you earn each month.

Answer: _____

3. List ten areas (ex. housing, transportation) in which you usually spend money.

Area	Time Period	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Assessing Information



Introduction

As a result of recent technological advances, young people, including those with disabilities, are bombarded with more information than ever. The Internet, telemarketing, home videos, and cable television are examples of relatively new sources of information. To achieve independence, young people must learn to assess the credibility of various sources of information. By learning to assess the credibility of various sources, participants will be able to say “no” more easily and will be less likely to succumb to peer pressure or media pressure. This activity will help participants assess different sources of information and learn to make wise, healthy, and safe decisions.

Objectives

- ◆ To make responsible, informed choices.
- ◆ To learn to be more independent when making choices.

Materials Needed

- ☐ Newspapers and magazines which can be used to cut out advertisements
- ☐ Scissors
- ☐ *What You See Is What You Get* handouts (attached)

Tips for Instructors

Prior to conducting the activity, cut out two sample advertisements showing obviously misleading messages.

Use advertisements from newspapers and magazines that are relevant to your participants. Keep in mind the chronological age and developmental level of your audience. Younger children are often targets of misleading cereal, snack foods, and toy messages while adolescents and young adults are often targets for alcohol or tobacco consumption messages.

Steps

1. Begin the activity by explaining to the participants that it is important to have complete information when making decisions. Explain that advertisements do not always provide all of the information we need to make informed, responsible, and safe choices.
2. Hold up two preselected magazine or newspaper advertisements. Ask the participants the following:
 - ◆ What is the ad selling?
 - ◆ What information, advice, or request is presented?
 - ◆ Does the ad provide us with enough information to make an informed, responsible, and safe choice?
 - ◆ How credible or believable is the message?
 - ◆ Is anything about the advertisement misleading?
3. Pass out copies of magazines and newspapers. Ask the participants to begin looking through the newspapers and magazines and to clip out at least three advertisements whose messages they believe are confusing or misleading.
4. After the participants have clipped their advertisements, ask them to present them to the group and to explain which messages they thought were confusing or misleading and why.
5. Explain to the participants that it is important to think about the source of these confusing messages and the reliability of the source. Where do these advertisements come from? Who pays for them?
6. Explain to the participants that when they do not have all of the information they need, it can be difficult to make good decisions. Explain to the participants that it is okay to question what people are saying, selling, or promoting.
7. Give concrete examples of how to say no. For example, when a telephone solicitor calls and offers you a "great deal," you can say, "No thank you, I'm not interested." When a friend says, "Come on, have a beer. One beer can't hurt you," you can say, "No, I won't drink beer with you, but I will go to a movie with you." Or, when a friend says, "Let's call some 900 numbers, we can meet some cool girls/guys," you can say, "No, those numbers cost a lot of money and you can't really meet people that way. Let's join a club instead."

8. Using an advertisement as an example, ask the participants, "What questions could you ask about this product so that you could make an informed, responsible choice about whether or not to use it?"
9. Pass out copies of the *What You See Is What You Get* handouts. Discuss the questions on the handouts as a group.

Conclusion

Conclude the session by reviewing the main concepts using a question and answer format. Ask the participants, "Are advertisements always truthful?" "Why or why not?" "What kind of questions can we ask in order to make informed decisions?" Ask the participants to think about how they will become more informed about the choices they make in the future, and how they will become more aware of the ways in which they are influenced by advertisements.

Variations

As with every activity in this book, modify the points to meet the particular age, background and functioning level of your participants. Instructors may wish to consider using the following variations:

- ◆ Role play situations in which participants are encouraged to buy or do something wrong. Practice learning how to say "no."
- ◆ In addition to magazine advertisements, videotape television commercials to show to the class. The videotape can be stopped at any point for the sake of discussion. Videotaped segments of movies or television programs can also illustrate misleading messages.
- ◆ Audio tape 900 number telephone messages or bring in examples of advertisements for 900 numbers in magazines. Lead a discussion about how the telephone can be a source of both good and bad information.

What You See Is What You Get (1)



What do you see in the drawing?

Now turn the page over, count to five, and then turn it back over and look at the figure again.

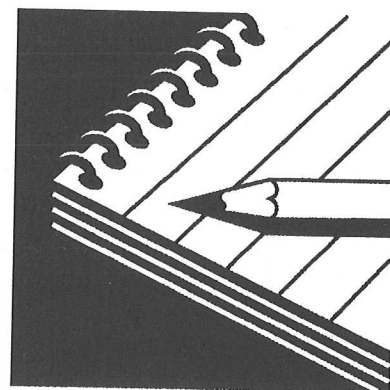
What do you see now?

Did you see the young woman with a feather in her hat?

Did you see an old woman with a big nose and chin?

Sometimes you can see something in more than one way. Discuss the examples below.

You want to write for the school newspaper. The editors reject your first story. How can you use this experience to still reach your goal?



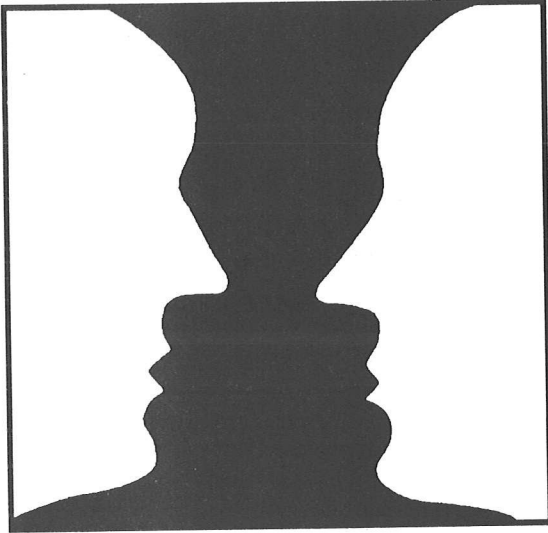
You see your best friend at the shopping mall with someone your age whom you have not met. You are upset at first. How can you turn this situation around in a positive way?

You want to become friends with someone who is very popular at school. You call the person at home, but she's busy and says she'll call you back. She doesn't call back. How can you try to turn this situation around to your advantage?



What You See Is What You Get (2)

What do you see in the drawing?



Now turn the page over, count to five, and then turn it back over and look at the figure again.

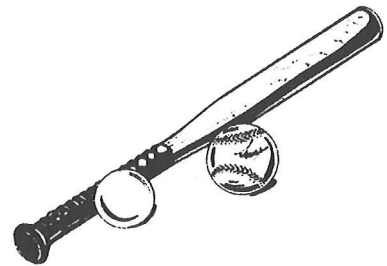
What do you see now?

Did you see a vase?

Did you see two faces, face to face?

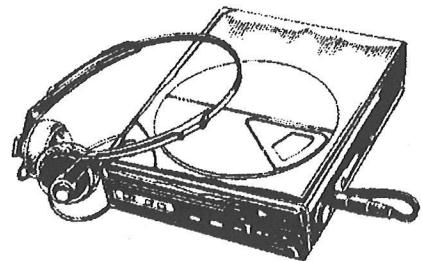
Sometimes you can see something in more than one way.
Discuss the examples below.

You're a new kid in school. During recess, nobody chooses you for the baseball team. How can you turn this around to work for you?



You studied to get a 90 on the spelling test. Instead, you got a 75. How can you use this experience to help you on the next test?

Your dad was supposed to pick you up from school at 3:45. He's late. You're disappointed and mad. What is another way to think about this?



Your best friend borrowed a tape or CD from you and hasn't returned it. What's a positive way you can deal with this situation?

A Healthy Lifestyle



Introduction

Research overwhelmingly supports the fact that an individual's activity level and nutritional habits affect his or her quality of life and life expectancy. While many people with disabilities may have limitations that restrict them from some activities, there are virtually limitless exercise alternatives. Some people with disabilities may have physical, developmental, mobility and financial restrictions which prevent them from preparing or eating all of the foods that they want. However, a balanced and nutritional diet comes in many forms. This activity discusses the importance of exercise and proper nutrition and motivates the participants to alter or improve their habits.

Objectives

- ◆ To increase awareness of the benefits of physical fitness.
- ◆ To understand the effects of exercise on the heart and lungs.
- ◆ To understand the concept of good nutrition and identify foods that satisfy health and individual dietary requirements.

Materials Needed

- ☐ Food Pyramid handout (attached)
- ☐ Samples of different kinds of food, including unusual fruits and/or vegetables.
- ☐ Photographs of people eating healthy meals
- ☐ Photographs of people exercising
- ☐ A healthy snack for each participant (see Variations)

Tips for Instructors

The National Dairy Council has many educational supplies available to the public, including copies of the food pyramid. These can be obtained by writing to: The National Dairy Council, Rosemont, IL 60018-4233.

Bring samples of food products to class, including such items as a can of soup, a can of beans, a jar of peanut butter and a bag of chips. Read the nutritional labels with the class.

Steps

1. Begin the activity by asking the participants, "How do exercise and good nutrition affect our bodies?" Explain to the participants that exercise and nutrition have a great impact on our health, our quality of life and even our life expectancy.
2. Ask the participants, "What does the word 'nutrition' mean?" Explain that "nutrition" is the sum of the processes by which an animal or plant takes in or utilizes food. Good nutrition is taking in the right amounts of the right foods your body needs to keep you strong and healthy.
3. Distribute copies of the *Food Pyramid* handout. Discuss the food pyramid with the group. Explain to the participants that it is important to notice not only what foods we need, but how many servings we should have each day. Some foods, such as those which are high in sugar or fat, should be used only sparingly.
4. Ask the participants, "What do you think counts as a serving?" Share the following information with the participants:

One Serving of Bread, Cereal, Rice and Pasta:

- ◆ 1 slice bread, small roll
- ◆ half bagel, English muffin
- ◆ half cup rice or pasta
- ◆ 3 -4 small crackers

One Serving of Vegetables and Fruits:

- ◆ 1 cup raw, leafy vegetables
- ◆ half cup of other vegetables
- ◆ 1 medium fruit
- ◆ quarter cup dried fruit
- ◆ 3/4 cup fruit or vegetable juice

One Serving of Milk, Yogurt and Cheese:

- ◆ 1 cup milk/yogurt
- ◆ 1 to 2 ounces cheese

One Serving of Meat, Poultry, Fish, Dried Beans, Eggs and Nuts:

- ◆ 2/3 cups lean meat or fish
- ◆ half cup dry beans, nuts
- ◆ 4/5 tbsp. peanut butter
- ◆ 1 hamburger patty

5. Explain to the participants that by law, nutritional facts must be listed on food packaging. Read the nutritional labels on different canned goods or food products. Ask the participants to compare the nutritional value of the different foods.
6. Explain to the participants that physical fitness is just as important as good nutrition. Ask the participants, "What do you think is the most important muscle in the body?" Explain to the participants that the heart is the most important muscle. Ask the participants, "What happens to your breathing when you exercise?" Explain to the participants that you breathe faster because your muscles need extra oxygen.
7. Explain to the participants that physical fitness has three critical components: strength, endurance, and flexibility. Explain that strength is the capacity of your muscles to perform an activity; endurance is how long you can do the activity; and flexibility is how well you can bend or stretch.
8. Ask the participants, "What happens when you are not physically fit?" Explain that the following can happen:
 - ◆ obesity—happens when you do not burn enough calories;
 - ◆ fatigue—happens when you have a lack of energy or carry around extra weight;
 - ◆ weakness—happens when your muscles are not used;
 - ◆ sickness—happens when you have a sedentary lifestyle; and
 - ◆ depression—happens when you don't produce endorphins.
9. Ask the participants, "What are some activities that contribute to physical fitness?" Answers may include the following: jogging, in-line skating, ice skating, basketball, bicycling, tennis, swimming, stretching, walking, aerobic dancing, skipping rope, push ups, jumping jacks, and soccer.

10. Ask the participants to warm up by stretching in place and walking around the room. Then, ask them to jog in place or do jumping jacks for three minutes. Or, if participants have physical disabilities, ask them to “scissor” their hands over their heads, simulate boxing, or perform some other adapted activity for three minutes. When they are finished, teach them how to check their heart rate. Tell them to place their index and middle fingers on one hand over the wrist of the other hand. The tips of the fingers should find an indentation just below the thumb where the pulse is felt. Count the beats for 60 seconds (or count the beats for 15 seconds and multiply that number by four). That number is their heart rate. For good cardiovascular results, your heart rate should be at about 120 for 20 minutes or more.
11. Explain to the participants that exercise should be scheduled regularly for 25-45 minutes or more four times a week. However, they should always consult with a doctor before developing an exercise routine. Explain to participants that health clubs offer machines and camaraderie but they can be expensive. There are many cheaper options: they can go running or walking in their neighborhood, they can join a free “walker’s club” at an indoor shopping mall, they can put on some music and dance in their living rooms, they can rent aerobics videotapes, or they can check out municipal recreation facilities for swimming lessons, basketball teams, volleyball teams or other sports.

Conclusion

Conclude the session by reviewing the main concepts using a question and answer format. Ask the participants, “What is good nutrition?” “Why is good nutrition important?” “How can we find out which foods are nutritious?” “Why is physical fitness important?” “What can happen to us if we are not physically fit?” “What are some good ways we can exercise?”

Variations

- ◆ Provide a nutritional snack for the participants. Or, offer two or more snack options and lead a discussion about choice. Read the nutrition labels together and assess the nutritional value of each snack. Why don’t fresh fruits and vegetables need nutritional labels?

- ◆ If you have time, divide the topics of Nutrition and Physical Fitness into two separate activities.

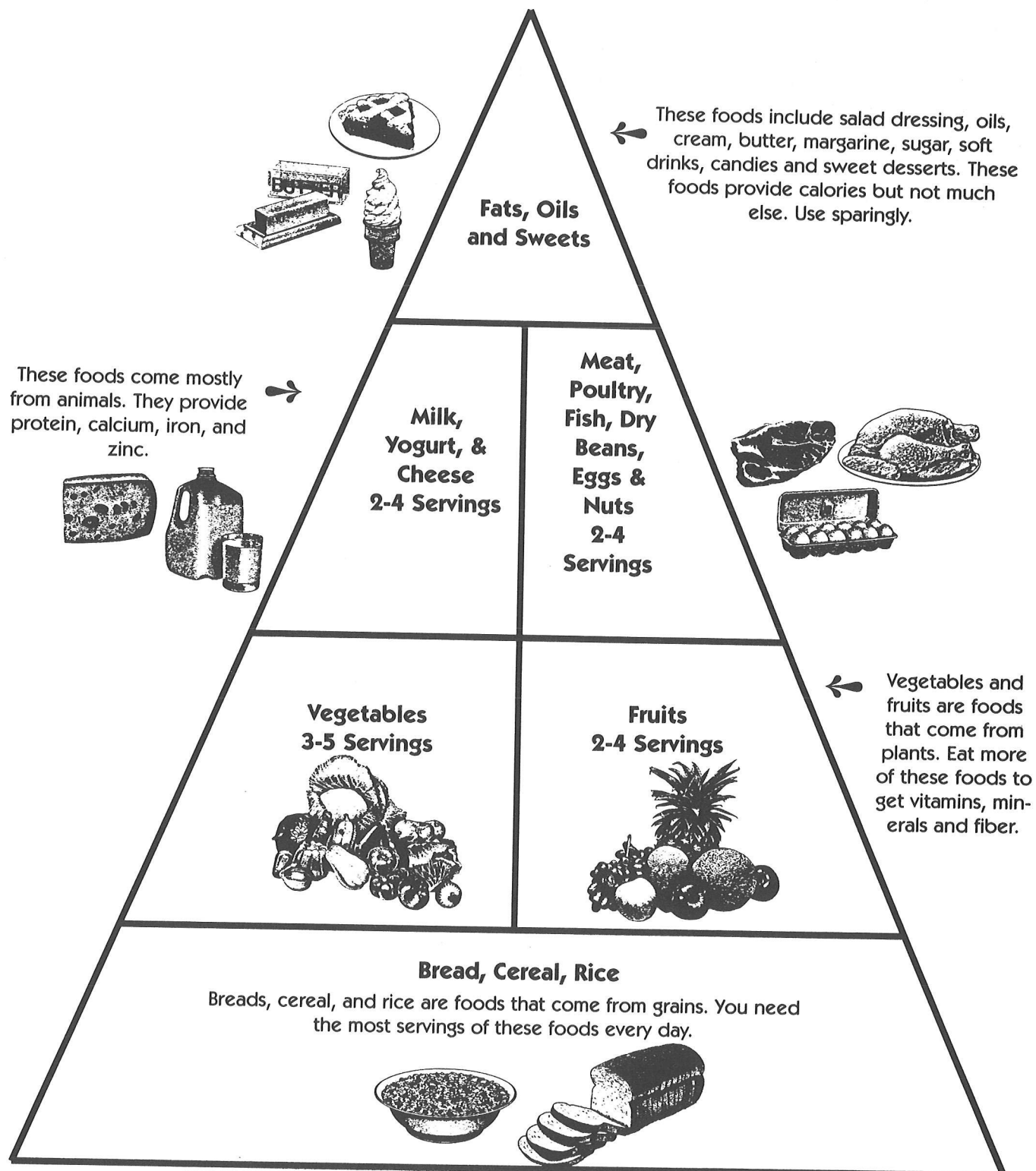
The Food Pyramid and other information in this activity was adapted from the following two sources:

National Dairy Council
Rosemont, IL 60018-4233

Rainbo Bread IRONKIDS
P.O. Box 1400K
Dayton, OH 45213-9903

Supplemental products from these groups are often available free of charge.

The Food Pyramid



Medication Use



Introduction

It is not unusual for people with disabilities to be prescribed three or more medications concurrently. This can pose many risks, including: accidental overdose, addiction, side effects from combining drugs, loss of therapeutic effects when doses are forgotten, and adverse effects from mixing medication with alcohol or illicit drugs. This activity is designed to teach the basic information about taking medication and the risks associated with it. It can be the first step toward becoming responsible with medication use and will promote healthy medication management skills.

Objectives

- ◆ To learn safe and responsible medication use habits.
- ◆ To practice decision making and questioning skills.

Materials Needed

- ☐ Demonstration cards
- ☐ Drug chart, or pictures of different situations.

Tips for Instructors

This activity uses demonstration cards from a curriculum entitled, "LifeFacts, Substance Abuse—Essential Information About Life...For Persons With Special Needs" © 1989, 1990. These can be obtained by writing to the publisher:

James Stanfield &
Company, Inc.
P.O. Box 1983,
Santa Monica, CA
90406

Steps

1. Begin the activity by asking the participants to think about their first memories of taking medications. Ask them to think about how old they were, who gave them their medication, and what they took the medication for. Explain the importance of becoming more informed about medication and that they have a right to know what they are taking and why.
2. Ask the participants, "What is medication?" Help them to define what medications are and why they are important.
3. Ask the participants, "How do people get medications?" Explain that people get medications from a variety of sources: doctors and pharmacists distribute prescription medications like penicillin; drug stores and grocery stores sell over-the-counter medications like aspirin; and drug pushers sell illegal drugs like marijuana.
4. Ask the participants if they know why some drugs are sold over-the-counter and others by prescription.
5. Explain to the participants what over-the-counter medications are. (Show demonstration card #1) Share the following key points about over-the-counter medications:
 - ◆ They are legal to buy;
 - ◆ People can choose which to buy;
 - ◆ A doctor, a pharmacist, or a family member can help you choose which to buy;
 - ◆ Medicine should be labeled and sealed when you buy it; and
 - ◆ Always check to find out what cautions are listed (ask your pharmacist or doctor.)
6. Explain to the participants what prescription medications are. (Show demonstration card #2). Share the following key points about prescription medications:
 - ◆ Doctors write prescriptions;
 - ◆ Prescription medications are legal if prescribed to you by a doctor;
 - ◆ Do not use other people's medications—even if you have the same illness;
 - ◆ Take prescription medications only as prescribed;
 - ◆ Make sure you understand what the label says;

- ◆ Ask the pharmacist or doctor to explain how to use prescription medications;
 - ◆ Ask your doctor or pharmacist questions if you do not understand;
 - ◆ Be sure to find out how the medicine will affect you; and
 - ◆ If you go to more than one doctor, they *all* need to know every medication you are taking.
7. Explain to the participants that it is wrong to take medications from friends or strangers (Show demonstration card #3.) Share the following key points about taking medications from friends or strangers:
- ◆ It is illegal to take medications from friends or strangers;
 - ◆ Medications that we receive from friends or strangers are unsafe because there is no label or instructions for use;
 - ◆ When receive from friends or strangers, we can never be certain what the drug really is; and
 - ◆ Medications that we receive from friends or strangers are often intended to change moods instead of to treat an illness.
8. Explain to the participants that schools have very strict rules about students giving other students medications. Students have been suspended for offering other students aspirin or even candy that looks like medication.
9. Explain to the participants that it is important to know how to use medication safely (show demonstration cards #4 and #5).

You should:

- ◆ Take all medications prescribed by a doctor;
- ◆ Take medications only as prescribed;
- ◆ Ask questions if you do not understand the directions or the effects of your medication;
- ◆ Throw away leftover medicine; and
- ◆ Call the doctor if medicine makes you sick or feel funny.

You should not:

- ◆ Use someone else's medicine;
- ◆ Take medicine that is not labeled;
- ◆ Take more medicine than is prescribed;

- ◆ Take medicine that a friend or stranger gives you;
 - ◆ Drink alcohol with medication; or
 - ◆ Mix other drugs with medication.
10. Explain why it is particularly important not to drink alcohol or take other drugs while you are on any medication: it can reduce the impact of the medication and cause dizziness, sleepiness, illness or even death.

Conclusion

Conclude the session by reviewing the main concepts using a question and answer format. Ask the participants, "What are over-the-counter medications? Can you give some examples?" "What are prescription medications? Can you give some examples?" "Is it ever okay to take medications from friends or strangers? Why?" "What is one new thing you can do to take medication more safely and responsibly?"

Variations

As with every activity in this book, modify the points to meet the particular age, background and functioning level of your participants. Instructors may wish to consider using the following variations:

- ◆ If you do not have access to the demonstration cards suggested in this activity, you can create your own. The cards referenced in this activity depict the following:

Card #1 - Person standing in an aisle at a store looking at over-the-counter medications. The person is reading a product label.

Card #2 - Person receiving information from a pharmacist regarding the details of a prescription medication. An enlarged image of the prescription bottle's label is shown.

Card #3 - Three teenagers are shown. One teen is handing another teen illegal drugs in pill form, while a third teen is sorting or organizing the pills.

Card #4 - A person is carefully reading the medication label on a bottle of aspirin which she has just taken out of a medicine cabinet. (An enlarged picture of the label is shown.)

Card #5 - A person is cautiously measuring out a dose of medication. The scene is in the person's bathroom. Everything is neatly displayed in the open medicine cabinet, and the sink area is clean and uncluttered.

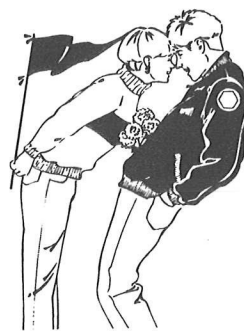


Prevention Activities With a Mature Theme



Prevention Activities With a Mature Theme

Healthy Relationships



Introduction

The tobacco and alcohol industries have bombarded young people in our society with inappropriate social and sexual messages in order to market their products. Their advertisements often show people in sexual situations or provocative dress. Other businesses, such as the automobile and cosmetic industries, use similar advertising techniques. These messages can be confusing for young people, particularly those with disabilities, who often lack good information about appropriate social and sexual behavior. This activity helps participants learn about safe, responsible relationships and appropriate behavior.

Objectives

- ◆ To increase knowledge about appropriate social and sexual behavior.
- ◆ To provide a safe and nurturing environment where social and sexual concerns can be explored and discussed.
- ◆ To enhance awareness of responsible and safe sexual behavior.

Materials Needed

- ☐ Chalk board, chalk
- ☐ Sample ads from tobacco and alcohol industry that glorify their products

Tips for Instructors

Only present this material if you are comfortable with it.

Encourage participation by students but do not insist that all individuals participate verbally. Even the quietest student may benefit from listening to the discussion.

Be prepared to address potentially embarrassing topics. Remember, all questions are appropriate.

Steps

1. Begin the activity by explaining to the participants that they are going to discuss how to develop safe and healthy relationships with others.
2. Ask the participants, "What are some ways you can let someone know that you like them?" Answers may include the following:
 - ◆ Talk to them;
 - ◆ Write them a letter; or
 - ◆ Ask them out on a date.
3. Ask the participants, "How do you express affection for somebody whom you like romantically?" Answers may include the following:
 - ◆ Hold hands;
 - ◆ Stand close to them;
 - ◆ Kiss them; or
 - ◆ Hug them.
4. Explain that relationships, romantic or friendly, take a long time to develop. They involve mutual respect, patience and care.
5. Explain that many people form close relationships, romantic and friendly, with people at school or work. However, school and work are not appropriate places for public displays of affection. In fact, most schools and work places have regulations against public displays of affection. Public displays of affection may include long embraces, mouth to mouth kissing, petting, and making out. Public places at school and work include bathrooms, closets and storage areas. ANYWHERE at school or work is public.
6. Explain that touching is an important form of communication and it can sometimes be appropriate at school or work. For example:
 - ◆ A handshake can express agreement, understanding, thank you, or hello;
 - ◆ A pat on the back can express congratulations, tough luck, or "I'm happy for you;" and
 - ◆ A hug can express empathy when a co-worker experiences a loss, is leaving the job, or has a birthday. *However, hugging is not an everyday experience at the workplace.*

7. Explain that touching can also be inappropriate. Some touching is not only inappropriate, it is against the law and can lead to being jailed! Examples of inappropriate and illegal touching include:
- ◆ Sexual exposure or activity in a public place;
 - ◆ Paying for or accepting money for sexual favors;
 - ◆ Touching anyone's private parts (what a bathing suit covers) without their consent;
 - ◆ Threats to touch someone against their will;
 - ◆ Sexually touching children; and
 - ◆ Date rape.

Remind the participants that having a disability is NEVER an excuse for inappropriate touching.

8. Ask the participants, "How can you avoid problems with people touching you inappropriately at the workplace?" Be sure to include the following:
- ◆ When someone touches you, say no! Tell the person that you don't want them to touch you; and
 - ◆ If it continues, tell your supervisor or another boss.

Remind the participants that unwanted touching will continue or worsen if you ignore it!

9. Ask the participants, "How can you avoid problems with people touching you inappropriately in your private life?" Be sure to include the following:
- ◆ Avoid situations where it is predictable that something might happen;
 - ◆ If you are a female, avoid riding in a car with a male who has been drinking alcohol;
 - ◆ Avoid a plan to drink and then "see what develops." If you don't want to have sex, don't park with a partner in an isolated place;
 - ◆ Always communicate clearly what you are willing to do with your partner before a sexual encounter;
 - ◆ Trust your intuition: if you think something is wrong or dangerous, it is!
 - ◆ If someone touches you, say no! Get away, and tell somebody!
 - ◆ Sex requires two consenting adults.
 - ◆ Drugs and alcohol often lead to poor decisions!

10. Hold up copies of alcohol or tobacco advertisements depicting sexuality in an inappropriate or provocative manner. Ask the participants, "What does this ad tell us about these people?" "Is this appropriate behavior? Why or why not?" "Would this behavior be appropriate at school or in the workplace? Why or why not?" "Why do you think the alcohol or drug company is using sex in this ad?"

Conclusion

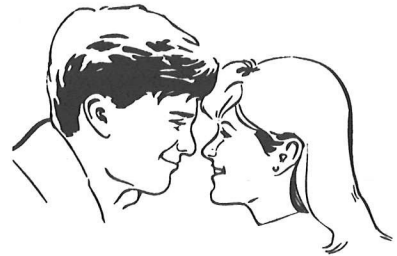
Conclude the session by reviewing the main concepts using a question and answer format. Ask the participants, "What are public displays of affection?" "Are public displays of affection appropriate at school or at the work place?" "What if you're in a storage closet?" "What kinds of touching are appropriate at school or work?" "What kinds of touching are illegal?" "What can you do if someone touches you inappropriately?"

Variations

As with every activity in this book, modify the points to meet the particular age, background and functioning level of your participants. Instructors may wish to consider using the following variations:

- ◆ Role play social situations. Have participants practice saying "no" to inappropriate touching or sexual advances.
- ◆ Collect television commercial messages on videotape and discuss alcohol and cosmetic industry tactics depicting sexuality in an inappropriate or provocative manner.

Sexuality



Introduction

The tobacco and alcohol industries have bombarded youth and adults in our society with inappropriate sexual messages to help market their products. These messages are enhanced by movies and television programs which show people in explicit sexual situations. These messages can be confusing for young people with disabilities who often lack good information about appropriate social and sexual behavior. This activity helps participants learn about safe and responsible sexual relationships.

Objectives

- ◆ To increase knowledge about sexual/social behavior.
- ◆ To provide a safe and nurturing environment where sexual concerns can be explored and discussed.
- ◆ To enhance individual awareness of responsible and safe sexual behavior.

Materials Needed

- ☐ Chalk board or chart paper
- ☐ *How to Use a Condom*
- ☐ Banana
- ☐ Magazine ads, videotaped commercials, and videotaped movie scenes depicting inappropriate sexual messages

Tips for Instructors

Only present this material if you are comfortable with it.

Be prepared to address potentially embarrassing topics. Remember, all questions are appropriate.

Instructors may wish to present this activity as a unit with the previous activity, *Healthy Relationships*.

Steps

1. Begin the activity by asking the participants, "What is sexuality?" Explain that we express our sexuality in how we carry ourselves and present ourselves to others, and in how we dress, move and walk.
2. Ask the participants, "What is sexual behavior?" Explain that sexual behavior includes behavior that is intended to attract a possible sexual partner as well as what people do with one another for sexual pleasure. Sexual behavior can include the following:
 - ◆ Flirting (trying to attract someone);
 - ◆ Dating (courting);
 - ◆ Kissing/making out;
 - ◆ Foreplay (sexual activity preceding intercourse);
 - ◆ Masturbation;
 - ◆ Mutual masturbation (manual sexual stimulation); or
 - ◆ Sexual intercourse (penetration: vaginal, oral, anal).
3. Explain that society has certain rules that govern sexual behavior. For example: public displays of affection at the workplace or at school are never appropriate, and people should never have sex or exhibit "heavy" sexual behavior in public. Most people are very uncomfortable when people make out or touch each other sexually in public.
4. Ask the participants, "What could happen if you didn't follow the rules that govern sexual behavior?" Answers may include the following:
 - ◆ You could be shunned from your social group;
 - ◆ Your friends could stop inviting you over;
 - ◆ You could get fired from your job;
 - ◆ You could get expelled from school;
 - ◆ You could get a bad reputation; or
 - ◆ You could experience guilt and shame.
5. Explain that there can also be even more severe consequences to irresponsible sexual behavior, such as the following:
 - ◆ You could get pregnant;
 - ◆ You could get a disease (HIV or a sexually transmitted disease such as Herpes); or

- ◆ You could get a criminal record or go to jail (sex with a minor).
- 6. Ask the participants, “What is safe sex?” Explain to the participants that abstinence is the only real safe sex. Explain that “abstinence” means not having any sexual intercourse and not allowing any exchange of bodily fluids.
- 7. Explain that if you choose to have sex, you can protect yourself from the HIV virus and sexually transmitted diseases if you use a latex condom. A latex condom forms a barrier between you and dangerous bodily fluids from your sex partner. Condoms can be purchased at any drug store and at most grocery stores and they are inexpensive. Hold up samples of condoms—some in the packages and some that have been removed from their packages.
- 8. Distribute the *How to Use a Condom* handout. Explain the following points about condom use. Write key words on the chalk board or chart paper.
 - ◆ Use latex condoms only.
 - ◆ Open the package carefully and check for leaks.
 - ◆ Read the instructions.
 - ◆ Apply the condom on an erect penis, pinching off the end of the condom so there is room to catch the semen.
 - ◆ Completely unroll the condom.
 - ◆ Use a water based lubricant on the condom before inserting.
 - ◆ Remove the penis immediately following ejaculation while the penis is still erect.
 - ◆ While removing the condom, make sure to pinch off the condom so that no fluid spills.
 - ◆ Throw the condom away immediately and do not reuse.
 - ◆ Do not store condoms in a wallet.
- 9. Demonstrate putting on a condom, using a banana to simulate an erect penis.
- 10. Explain to the participants that a person’s sexual behavior should always be consistent with his or her values. Values can be defined as the sense of worth or significance we place on ideas, beliefs, people and objects. The values we learn from our parents and our family can be helpful in deciding when to have sex. Share the following information with participants:

- ◆ Most religious values dictate that sex should be reserved for marriage;
 - ◆ Mutual respect between sexual partners is necessary; and
 - ◆ Sex, at its best, involves love between the two partners.
- 11.** Explain to the participants that it can be difficult to make good decisions about when to have sex and how to behave sexually, because we often receive confusing messages on television, in the movies and in advertisements. Hold up copies of magazine or newspaper advertisements that show misleading sexual messages or play videotaped scenes from television or the movies. Discuss with the participants how these messages are misleading.

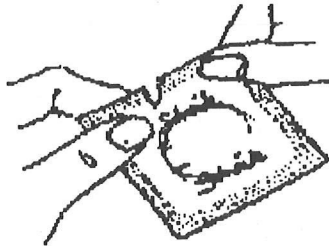
Conclusion

Conclude the session by reviewing the main concepts using a question and answer format. Ask the participants, "What is sexual behavior?" "Is sexual behavior appropriate in public?" "Is it appropriate to make out with or touch your boyfriend or girlfriend in public? Why? What could happen to you?" "What does it mean to have safe sex? Is there anything you can do to remain completely safe?" "Is everything we learn about sex on television and in the movies true? Why?"

Variations

As with every activity in this book, modify the points to meet the particular age, background and functioning level of your participants.

How to Use a Condom



BE CAREFUL NO RIPS



SQUEEZE AIR OUT OF TIP



ROLL TO BASE



LUBRICATE



**AFTER—REMOVE FROM BASE,
CAREFUL NO SPILLS**



**PUT IN TRASH—NEVER USE
AGAIN**

HIV/AIDS Prevention



Introduction

The HIV virus is deadly and continues to be contracted in epidemic proportions. Contracting the virus is avoidable and public education has accelerated its efforts at providing prevention education to youth. However, there remains a lack of educational resources about HIV/AIDS prevention for people with disabilities. Learning about safe, responsible, and appropriate behavior can be enhanced by open discussion facilitated by an experienced educator with expertise in HIV/AIDS prevention. This activity teaches participants the basics about HIV/AIDS and emphasizes the difference between risky and non-risky behaviors.

Objectives

- ◆ To become familiar with the basic facts about HIV/AIDS.
- ◆ To identify four major body fluids that can transmit HIV.
- ◆ To understand the difference between behaviors that are risky and non-risky for getting the HIV virus.

Materials Needed

- ☐ Chalk board or chart paper
- ☐ Condoms —at least one out of the package, and some still in the package.
- ☐ Bananas
- ☐ *Ways to Contract AIDS* handout (attached)
- ☐ *You Cannot Get AIDS From...* handout (attached)
- ☐ *How to Use a Condom* handout (see previous activity)

Tips for Instructors

Only present this material if you are comfortable with it.

Encourage participation but do not insist that all individuals participate verbally. Even the quietest participant may benefit from listening to the discussion.

Be prepared to address potentially embarrassing topics. Remember, all questions are appropriate.

Invite a local HIV/AIDS health professional to help you present this material.

Steps

1. Begin the activity by asking the participants, "Has anyone here ever heard of HIV or AIDS?"
2. Ask the participants, "Can anyone tell me what HIV means?" Explain to the participants that HIV stands for "human immunosuppressant virus." Break this term down by making the following points. List key words on a chalk board or chart paper:
 - ◆ **Virus**—A virus is a germ that is invisible. It is passed from person to person. Some viruses can make us sick or cause colds.
 - ◆ **Immuno**—The word "immuno" refers to the system in our bodies that fights bad germs that can cause sickness.
 - ◆ **Suppressant**—The word "suppressant" means "to stop or to slow down."
 - ◆ **Immunosuppressant**—The word "immunosuppressant" means that the sickness fighting system in our bodies is stopped or slowed down.
 - ◆ **Human**—A human is a man or a woman.
 - ◆ **HIV**—HIV means a germ (a "virus") that attacks people ("humans") and causes their sickness fighting system (their "immune system") to stop or slow down (to be "suppressed").
3. Ask the participants, "Can anyone tell me what AIDS stands for?" Explain to the participants that AIDS stands for "acquired immune deficiency syndrome." Break this term down by making the following points. List key words on a chalk board or chart paper:
 - ◆ **Acquired**—The word "acquired" means "to get" or "to catch," like you can catch a cold from your sister's or brother's germs.
 - ◆ **Immune**—The word "immune" refers to the system in our bodies that fights germs that cause sickness.
 - ◆ **Deficiency**—The word "deficiency" means shortage or lacking or weakness.
 - ◆ **Syndrome**—The word "syndrome" means a group of sicknesses.
 - ◆ **AIDS**—AIDS means a set of sicknesses (a "syndrome") that shows up in the body when the system that fights sickness (the "immune system") does not work right or becomes weak ("deficient"). A person catches ("acquires") the germs (HIV) from someone else.

4. Ask the participants, “Does anyone know someone who has AIDS?” It may be helpful to know who has been personally touched by the disease as their experience may prove valuable to the entire group. Be sensitive to the individuals who share their personal experiences. Skillful monitoring will be necessary.
5. Explain to the participants that most people who have the HIV virus in their body are not sick. They might not even know that they have HIV but they can pass HIV to other people without either of them knowing it. Emphasize the fact that once you have HIV in your body, you will always have a chance of getting AIDS and that HIV will always stay in your body.
6. Explain to the participants that the HIV virus lives in four places:
 - ◆ In semen—the fluid that comes out of the male’s penis during sex. This fluid carries sperm that combines with an egg from the female during sex to start making a baby.
 - ◆ In vaginal fluid—the fluid that is found naturally in a woman’s vagina. It keeps the vagina moist during sex.
 - ◆ In blood—the red fluid that carries nutrients throughout your body.
 - ◆ In breast milk—the food that mothers carry in their breasts for their babies.
7. Explain to the participants that there are only a few ways to get HIV:
 - ◆ By having sex with someone who has HIV. HIV can be passed through anal sex, vaginal sex, or oral sex.
 - ◆ By sharing IV drug needles with someone who has HIV. When needles are shared, blood is shared.
 - ◆ By being born to a mother with HIV. A pregnant woman shares blood with her unborn child and can pass HIV by breast feeding.
 - ◆ By receiving blood or blood products from someone with HIV. Since 1985, the risks from blood transfusions have become very low due to improved screening for HIV.
8. Explain to the participants that the HIV virus is different from a cold virus because it gets into your body differently. List the following key

points on a chalk board or chart paper:

You Can't Get HIV From:

- ◆ Kissing;
- ◆ Sweat;
- ◆ Telephones;
- ◆ Toilet seats;
- ◆ Cups, glasses, or forks;
- ◆ Touching, hugging, or rubbing bodies;
- ◆ Door knobs;
- ◆ Swimming pools; or
- ◆ Masturbating.

9. Explain to the participants that there are ways you can reduce your chance of getting HIV. You can say "no" to sex and drugs. Or, you can make sex safer by using protection.
10. Explain to the participants that they can protect themselves during sex by using a latex condom. A condom forms a barrier between you and dangerous bodily fluids from your sex partner. Condoms can be purchased at any drug store and at most grocery stores and they are inexpensive. Hold up samples of condoms—some in the packages and some that have been removed from their packages.
11. Explain the following points about condom use. Write key words on the chalk board or chart paper.
 - ◆ Use latex condoms only.
 - ◆ Open the package carefully and check for leaks.
 - ◆ Read the instructions.
 - ◆ Apply the condom on an erect penis, pinching off the end of the condom so there is room to catch the semen.
 - ◆ Completely unroll the condom.
 - ◆ Use a water based lubricant on the condom before inserting.
 - ◆ Remove the penis immediately following ejaculation while the penis is still erect.
 - ◆ While removing the condom, make sure to pinch it off so that no fluid spills.
 - ◆ Throw the condom away immediately and do not reuse.

- ◆ Do not store condoms in a wallet.

12. Demonstrate putting on a condom, using a banana to simulate an erect penis.

Conclusion

Conclude the session by reviewing the main concepts using a question and answer format. Ask the participants, “What is HIV?” “What is AIDS?” “Where does HIV live?” “What are some of the ways you can get HIV?” “Can you get HIV from toilet seats? doorknobs? touching a person with HIV?” “How can you reduce your chances of getting HIV?”

Variations

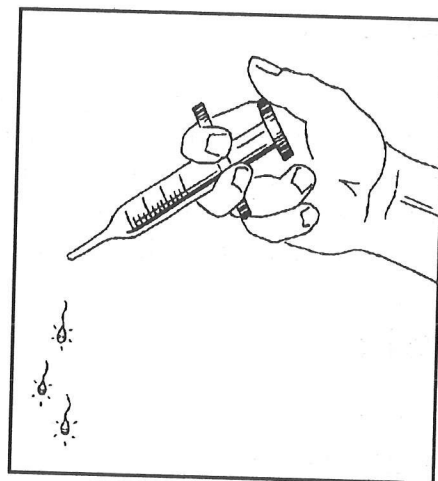
As with every activity in this book, modify the points to meet the particular age, background and functioning level of your participants.

- ◆ There are many excellent videos about HIV/AIDS prevention. Show a video about the topic as a follow-up to this discussion.

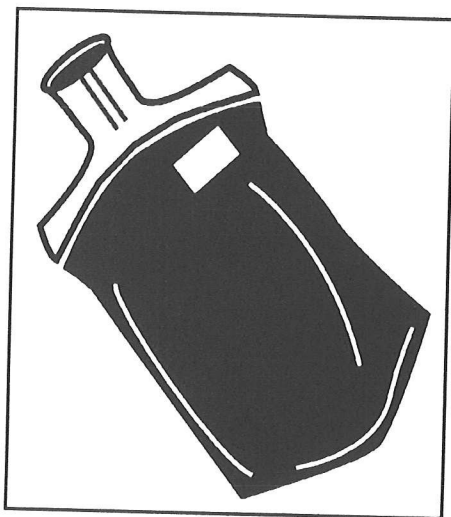
Ways to Contract AIDS



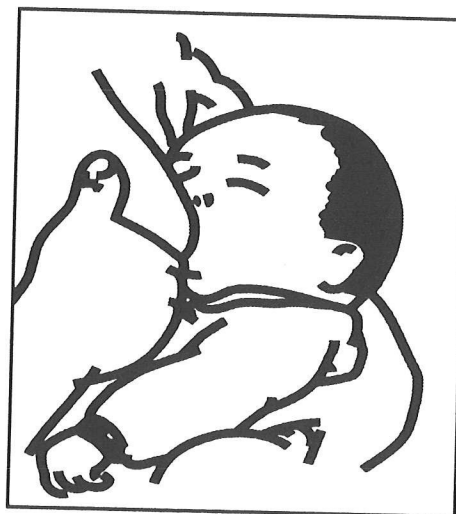
SEX



**IV DRUG USE/
SHARING NEEDLES**



**BLOOD TRANSFUSION
BEFORE 1986**



MOTHER TO CHILD

You Cannot Get AIDS From...



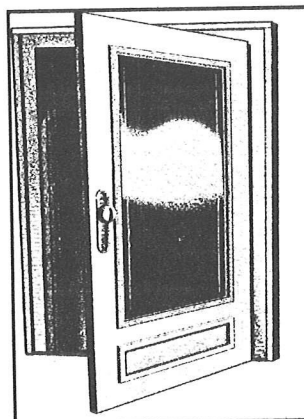
KISSING



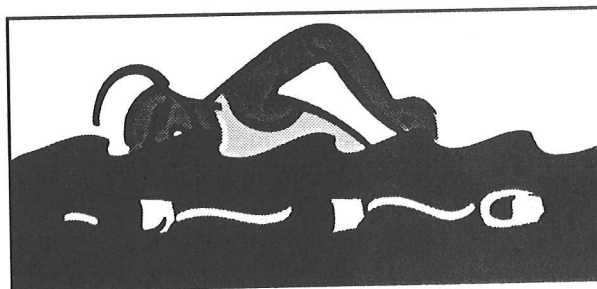
HUGGING



TELEPHONES



DOORKNOBS



SWIMMING POOLS

Life Areas



Introduction

Substance abuse creates harmful consequences in more than one life area. It is important for participants to explore the different components of a person's life and how the use of alcohol, tobacco and other drugs can impact those life areas. This will help dispel myths such as, "Amy's drug use doesn't affect anyone but herself," and "I only drink beer; it's only the 'hard' drugs that hurt people." By understanding all of the potential consequences of alcohol, tobacco and other drug use, participants will be better equipped to make informed decisions about these substances.

Objectives

- ◆ To learn that an individual's life has many interrelated components.
- ◆ To learn how using alcohol, tobacco, and other drugs can affect all areas of a person's life.
- ◆ To explore the consequences of ATOD use.

Materials Needed

- ☐ Newsprint or other paper
- ☐ Markers
- ☐ Tape
- ☐ *Consequences of Substance Use/Abuse* handout (attached)
- ☐ *Life Areas Chart* (attached)
- ☐ Flash cards (optional)
- ☐ *LifeFacts* posters (optional)

Tips for Instructors

Encourage all group members to participate in the brainstorming sessions.

During the brainstorming sessions, be certain to fill in consequences that participants may omit.

Be prepared for some participants to share personal experiences about their own alcohol or drug use or the use of someone close to them.

Steps

1. Begin the activity by explaining to the participants that “life areas” are the different components of a person’s life. There are many life areas, such as: social life, finances, family life, work/school, legal, physical health, and emotional health.
2. Ask the participants, “What are consequences?” Explain that consequences are the results of something that you do. Ask the participants to brainstorm possible consequences to the following situations:
What Could Happen If...
 - ◆ Your mom asks you to clean your room and you don’t do it
 - ◆ You show up at work three hours late
 - ◆ Your teacher asks you to have your parent sign a permission slip for a field trip and you forget to take it home
 - ◆ You have too much to drink at a party
 - ◆ You buy a pack of cigarettes from a grocery store and smoke them
 - ◆ A friend asks you to try marijuana and you do
3. Explain that using alcohol, tobacco and other drugs can impact a person in all of his or her life areas. It can also affect the people who are close to that person.
4. Divide the participants into small groups. Give each group a large piece of newsprint, markers, and tape.
5. Ask the groups to choose one of the following life areas (or assign life areas to the groups): social life, finances, family life, work/school, legal, physical health, and emotional health. Instruct the group to brainstorm as many consequences as they can related to using alcohol, tobacco and other drugs and how it can affect that one life area. Groups should list their consequences on the newsprint.
6. When the groups are finished, ask them to present their lists to the entire class. Participants in other groups can add consequences that may have been missed. Compare the list of consequences to those found on the *Consequences of Substance Use/Abuse* handout.

Conclusion

Conclude the session by reviewing the main concepts using a question and answer format. Ask the participants, "What is a consequence?" "Does using alcohol, tobacco and drugs affect just one area of our lives?" Make sure each participant can list at least one consequence of ATOD use in each life area.

Variations

As with every activity in this book, modify the points to meet the particular age, background and functioning level of your participants. Instructors may wish to consider using the following variations:

- ◆ Make flash cards listing consequences of ATOD abuse on each card. Have participants pick a card. Ask the participant with the flash card to describe how that consequence affects different life areas. Utilizing the *Life Areas Chart*, put an X under each life area that is affected by the consequence listed on the flash card. Repeat this exercise with additional participants holding new flash cards. There will be dozens of Xs on the chart. This visual should help reinforce how ATOD causes many problems.
- ◆ If working with a group of individuals who have already begun using ATOD, ask the participants to list their own consequences from ATOD use. Participants can also draw upon experiences with family members or loved ones who have used ATOD. Consequences can be listed on paper by the participants or on the board by the participants so that after all life areas are discussed, each of the participants can count the number of negative consequences already experienced. This activity could also lead into a discussion on how ATOD use affects others close to the user.
- ◆ For lower functioning groups, select a small number of life areas for discussion. Some groups may respond well to pictures illustrating life areas. We recommend the *LifeFacts 3: Substance Abuse* posters. These can be obtained from writing to the publisher:

James Stanfield & Company Inc.
P.O. Box 1983
Santa Monica, CA 90406

Recommended Poster Numbers: 25, 22, 36, 15, 11, 2, 19, 5, 26, and 43.

Consequences of Substance Use/Abuse

Social

Poor communication
Secretive
Loss of social skills
Change in friends
Activity changes
Loss of respect
Defensive
Arguing
Loss of friends
Bad reputation

Relationships

Estranged from family
Neglect of obligation
Poor role model
Poor money decisions
Divorce
Separation
Physical abuse
Sexual abuse
Changed roles
Arguments
Sex life
Hiding use
Mistrust
Verbal abuse
Misunderstood

Work and School

Sick days
Low productivity
Endanger others
Poor hygiene
No promotion
Poor reputation
Expelled, fired
No raise
Suspension

Medical

Weight problems
Bowel problems
Other infections
Heart problems
Liver problems
Rapid aging
Using against medical advice
Ulcers
Poor nutrition
Traumatic injuries
Lung problems
Nausea
Risk for AIDS
Hemorrhoids
Combining drugs
Hole in nasal passage
Hangover
Disability
Blackouts
Heartburn
Overdose
Tolerance
Poor hygiene

Financial

Loss of money due to drugs
DUI
Loss of wages
Divorce
Medical bills
Alimony

Legal

Jail
Public intoxication
Possession of drugs
Fines
Underage drinking
Breaking and entering
Probation
Trafficking
Stealing

Emotional

Decreased self-esteem
Defensive
Compromised values
Anger
Guilt/shame
Secretive
Paranoia
Lonely
Exhaustion
Attempted suicide

Life Areas Chart

EMOTIONAL	
LEGAL	
FINANCIAL	
HEALTH	
WORK	
FAMILY	
SOCIAL	



Section 4:



Appendices

Disabilities and Risks

Attention Deficit Disorder

If attention deficit disorder (ADD) persists into later adolescence, alcohol and other drug abuse and oppositional-defiant behavior (adjustment to disability) occur in over 50 percent of the diagnosed persons (Hechtman, et al., 1984). Additionally, many young people with ADD are prescribed medications for behavior control, and this also may be a risk factor for some forms of subsequent alcohol and other drug abuse.

Blindness and Visual Impairment

Increased risk for alcohol and other drug abuse problems among people who are blind have been associated with isolation, excess free time, and underemployment (Nelipovich and Buss, 1989). People with visual impairments may face fewer consequences from alcohol and other drug abuse due to the enabling of others, social isolation, and constraints (social and architectural barriers) imposed by the disability. The treatment requirements may differ for those whose alcohol and other drug abuse has preceded, rather than followed, the onset of the visual impairment (Glass, 1980-81).

Deafness and Hearing Loss

People with severe hearing loss or deafness do not have ready access (social and architectural barriers) to appropriate alcohol and other drug information. When problems exist, treatment also is inaccessible (Sylvester, 1986). Alcohol and other drug abuse prevention materials frequently do not take into account the cultural, language, or communication differences (communication barriers) indigenous to people who are deaf or have a hearing loss. There is also concern that people who are deaf attempt to avoid the additional social stigma (isolation) associated with an

alcohol and other drug abuse label, thereby making detection of problem use more difficult (Boros, 1981).

Hidden Disabilities

For people with hidden disabilities, there are increased risks for alcohol and other drug abuse which may not be immediately apparent. These can include decreased tolerance for mood altering drugs, atypical childhood experiences, lower resistance to peer pressure, overprotection (enabling) by family members, and the use of long-term medications. These risks are increased when teachers, employers, or peers do not understand how needs or behavior are related to a disability that is not obvious.

Learning Disabilities

People with learning disabilities are more prone to misunderstanding alcohol and other drug education and prevention materials because of language processing problems, placing these individuals at greater risk for injuries and other consequences of abuse. Unfortunately, people with learning disabilities may be in greater need of prevention information. This is because unsuccessful peer group (peer group differences) and school experiences (social barriers) can hasten the use of alcohol and other drugs in order to cope (adjustment to disability) with feelings of low self-esteem, perceived underachievement, and rejection.

Mental Illness

People with mental illness appear to experience recurring alcohol and other drug abuse problems at rates which are double that of the general population. Over 50 percent of young, mentally ill patients are reported to experience alcohol and other drug abuse problems (Brown et al., 1989). They commonly experience feelings of isolation, enabling behaviors from family and friends, secondary complications from long-term medication use and delays in social development. Family life is often stressful for this individual.

Mental Retardation and Developmental Disability

Research indicates that people with mental retardation and developmental disabilities use alcohol and other drugs less than or similarly to the general population (DiNitto and Krishef 1984; Edgerton, 1986; Westermeyer et al., 1988). However, the legal, social, and work problems related to alcohol and drug use are more readily experienced than by non-disabled peers or family members, even when the person with mental retardation is consuming less (decreased tolerance). This is because judgment and other social skills (delay in social development) require more concentration (cognitive limitations) to begin with, and therefore are more influenced by even small amounts of alcohol consumption. Other risks faced by this population include communication barriers, medication use, increased family stress, enabling behaviors from family and friends and secondary complication from combining therapeutic medications with illicit drugs or alcohol.

Mobility Limitations

People with a variety of disabilities may have mobility limitations (e.g., spinal cord injury, arthritis, cerebral palsy). As many as 50 per-

cent of spinal cord injuries are caused by an injury involving alcohol or other drugs (predisposition to substance abuse). Many continue to be at risk for alcohol and other drug abuse problems after the injury (Heinemann et al., 1988; Sparadeo and Gill, 1989). Some people with mobility limitations are required to take several medications for health management. This situation greatly increases risk for complications (secondary complications) arising from alcohol or other drug misuse (Moore and Siegal, 1989).

Serious Emotional Disturbance

Formerly labeled Severe Behavioral Handicap (SBH), people with serious emotional disturbances often have one or more other disabilities. Stressful family situations and unsuccessful school experiences put these individuals at high risk for substance abuse. The increased risks for alcohol and drug abuse have been related to the inability to develop healthy peer and family relationships, social isolation, oppositional-defiant behavior, use of psychotropic medications, and social and communication barriers.

Traumatic Brain Injury

Alcohol abuse has been associated with traumatic brain injury (TBI) in over half of all occurrences (predisposition to substance abuse). It appears to be associated in many cases with lifestyles where alcohol and other drug abuse and risk taking were common (Sparadeo, et al., 1990). Specialized alcohol and other drug abuse treatment often is necessary (communication barriers) for people with TBI. These individuals face many of the same risks faced by individuals with MR/DD and mental illness.

Reprinted with permission from the Resource Center on Substance Abuse Prevention and Disability.

Learning Disability (LD)		Mental Retardation/Developmental Disability (MR/DD)
Incidence and Prevalence	Learning disabilities affect between 5% and 10% of the population Prevalence of substance abuse is suspected to be higher than average Constitutes largest, single disability group for children	Affects between 1% and 3% of the population with approximately 85% of those being affected being in the mild range Use of ATOD is slightly less than the general population, but consequences occur more frequently and with greater severity for same amount consumed
Specific Substance Abuse Issues and Concerns	Disability may be "hidden" Peer pressure Self-esteem issues Poor school performance School failure correlated with early drug use Communication difficulties Impulsiveness Enabling	Early use generally originates from family pressure or exposure to use in the home Communication limitations Peer pressure or social isolation High risk when transitioning to independent living Limited social skills to limit consequences of use Medication use including anticonvulsants Over-protection by family Lack of understanding about prescription and other drugs Enabling
Prevention and Treatment Strategies	Standard curricula could be adapted utilizing alternate learning modalities Decrease reading requirements Use consequence based interventions Reinforce non-use socialization Resistance skills training	Provide basic education about ATOD risks and consequences for use Consequence-based approach may be best Mainstreaming or inclusion in prevention/ treatment may not be appropriate for all Use support groups specific to MR/DD Provide medication use information Explore alternatives to use Utilize family interventions Teach peer pressure resistance Teach anxiety reduction
Teaching Strategies	Consider cognitive and academic levels Language processing can be difficult: keep language clear, concrete and concise Stay focused on key learning points Be repetitive and redundant Sequence tasks from easiest to most difficult Reinforce lessons in resource room sessions	Specify limited number of objectives before beginning activity Visual prevention materials developed for the Deaf can be quite useful for MR/DD populations, too Peer mentors can assist with some learning activities Be redundant in directions and presentation Use memory supports Simplify vocabulary Emphasize supportive vs. confrontational approach Minimize written and reading tasks Reinforce lessons in resource room sessions
References	Waldron (1995) American Psychiatric Association (1994) Prendergast, Austin, & de Miranda (1990)	Waldron (1995) American Psychiatric Association (1994) Moore & Ford (1991) Moore & Polsgrove (1991) Edgerton (1986)

Attention Deficit Disorder (ADD) Attention Deficit Hyperactivity Disorder (ADHD)		Hidden Disabilities
Incidence and Prevalence	<p>Affects approximately 3% of children If ADD/ADHD persists into later adolescence, conduct disorder and then substance abuse may occur 50% of the time</p>	<p>Variety of disabilities including epilepsy, diabetes, cystic fibrosis, asthma and others Very little is known about substance use, which is likely to vary by condition</p>
Specific Substance Abuse Issues and Concerns	<p>Socially unacceptable behavior Effects of ADD/ADHD may continue into adulthood Risk-taking behaviors Limited attention span Poor impulse control Use of medication Family of origin influence Substance abuse higher among aggressive individuals Enabling</p>	<p>Unusual childhood experiences Over-protection Decreased tolerance for ATOD Lowered self-esteem Medication use may cause problems Chronic pain Medical relapse Not viewed as disabled, therefore often faced with unreasonable expectations Enabling Overprotection by adults can lead to restricted social skills or peer resistance skills</p>
Prevention and Treatment Strategies	<p>Address and control anti-social behavior Screening for substance abuse with behavior problems Respect and allow for attention limitations Adapt standard curricula with augmentations allowing for behavior and attention problems</p>	<p>Education about medication risks Options for chronic pain Explore reasons for frequent hospitalizations Utilize consequences-based interventions Use support groups for specific disability Readjust definition of abuse re: medication and physical condition</p>
Teaching Strategies	<p>Specify objective before beginning activity Limit number of instructions Keep students involved—one step at a time Use memory supports Shorten tasks—reduce stimuli Consider cognitive and academic levels</p>	<p>Consider cognitive level Consider stamina re: attention span and motivation May need to shorten activities Individual may identify accommodation required</p>
References	<p>Waldron (1995) American Psychiatric Association (1994) Loney (1988) Gittelman et al. (1986) Hechtman et al. (1984)</p>	<p>Howell (1990) Simon (1988) Stern et al. (1987) Greer (1986)</p>

Mobility Impairments		Traumatic Brain Injury (TBI)
Incidence and Prevalence	<p>Over 10 million people experience significant mobility impairment</p> <p>Prevalence of substance abuse greater than general population</p> <p>Approximately half of all spinal cord injuries occur while a person has been using alcohol or other drugs</p>	<p>An estimated 2 million persons experience head injuries each year</p> <p>Alcohol abuse is believed to be related to one half or more of traumatic brain injuries</p>
Specific Substance Abuse Issues and Concerns	<p>Accessibility of resources</p> <p>Continued ATOD use affects outcome of rehabilitation</p> <p>Medication use</p> <p>Chronic pain</p> <p>Age of disability onset affects substance abuse risk</p> <p>Recurring medical problems</p> <p>Adjustment to disability</p> <p>Enabling by others</p> <p>Injury prevention co-existing with substance use very relevant</p>	<p>Memory and cognitive difficulties</p> <p>Adjustment to disability</p> <p>Disability onset may be related to substance abuse</p> <p>Continued ATOD use affects outcome of rehabilitation</p> <p>Lifestyle and previous use may be major issue</p> <p>Injury, re-injury prevention very relevant</p> <p>Enabling</p>
Prevention and Treatment Strategies	<p>Education about ATOD and medications</p> <p>Help in coping with chronic pain</p> <p>Substance abuse screening for trauma-related disability</p> <p>Professional education focusing on identification and treatment of substance abuse</p> <p>Support groups</p> <p>Readjust definition of abuse re: medication and physical condition</p>	<p>Substance abuse screening for all with TBI</p> <p>Substance abuse education during rehabilitation</p> <p>Substance abuse education for all family members</p> <p>Respect attention limitations</p> <p>Frequent repetition of basic information will be necessary</p> <p>Utilize behavior oriented techniques</p> <p>Use consequence-based interventions</p>
Teaching Strategies	<p>Consider cognitive level, not just physical accommodations</p> <p>Assign classmate buddy for mobility needs</p> <p>Encourage participation in modified form, e.g. using assistive technology</p>	<p>Consider cognitive level</p> <p>Use age appropriate materials, but simplified</p> <p>Use visual cue cards for important concepts</p> <p>Use memory supports</p> <p>Reduce stimuli</p> <p>Anticipate unexpected behavior and perseverance</p> <p>Reinforce lessons in resource room sessions</p>
References	<p>Resource Center on Substance Abuse Prevention & Disability (1995)</p> <p>Moore & Ford (1991)</p> <p>Nasbel (1989)</p> <p>Heinemann et al (1988)</p>	<p>Rehabilitation Institute of Chicago (1992)</p> <p>Sparadeo et al. (1992)</p> <p>Langley (1991)</p> <p>Kreutzer et al. (1990)</p>

Hearing Impairment		Visual Impairment
Incidence and Prevalence	<p>Low incidence disability among youth</p> <p>Approximately 16 million people experience hearing impairment or deafness (2 million profoundly deaf)</p> <p>Number of persons with hearing impairments increasing due to increased life expectancy and environment</p> <p>Substance abuse rates suspected to be high, but unproven</p>	<p>Approximately 11 million people experience visual impairment</p> <p>2% of the population is legally blind</p> <p>20% of legally blind are totally blind</p> <p>Substance abuse prevalence unknown</p> <p>Adult tendency toward alcohol rather than illegal drugs</p> <p>Low incidence condition among children</p>
Specific Substance Abuse Issues and Concerns	<p>Significant communication difficulties</p> <p>Cultural issues re: Deaf community</p> <p>Fear of additional stigma of substance abuse that would "doubly isolate"</p> <p>Lack of appropriate prevention materials</p> <p>Very wide range of learning abilities represented</p> <p>Enabling</p>	<p>Isolation</p> <p>Excess free time</p> <p>Employment issues</p> <p>Communication barriers</p> <p>Adjustment to disability</p> <p>Transportation</p> <p>Current prevention materials mostly visual in nature</p> <p>Visual impairment can result from substance abuse</p> <p>Enabling</p>
Prevention and Treatment Strategies	<p>Include substance abuse screening in services for Deaf and hearing impaired</p> <p>Several prevention curricula available especially for the Deaf</p> <p>Adult role models who are Deaf can be quite successful</p> <p>Support groups for Deaf</p> <p>Separate and specialized treatment programs for Deaf</p> <p>Prevention activities conducted by staff knowledgeable in sign language</p> <p>Consequence based interventions</p>	<p>Explore non-use activities</p> <p>Alternative learning modalities</p> <p>Visually impaired support group</p> <p>Education focusing on role ATOD plays in affective states</p> <p>Involve vocational and social rehabilitation agencies</p> <p>Professional and family education focusing on enabling</p>
Teaching Strategies	<p>Involve interpreter in planning how to present activity</p> <p>Consider cognitive and academic levels</p> <p>Use graphics and visuals</p> <p>Speak slowly in a normal voice to the student not the interpreter</p> <p>Demonstrate directions step by step using pictures or written instructions</p> <p>Avoid idiomatic language</p> <p>Make certain alcohol/drug signs are current and well understood</p>	<p>Provide Braille translation and/or tapes and headsets</p> <p>Obtain Braille or cassette copies of prevention materials</p> <p>Some state/federal prevention sources will convert materials upon request</p> <p>Consider cognitive and academic levels</p> <p>Use textural materials that student can feel</p> <p>Assign peer tutor to help student stay on task and clarify directions</p> <p>Adult role models who are blind can be successful additions to prevention team</p>
References	<p>Cosmoc (1992)</p> <p>Task Force on Medical Rehabilitation Research (1990)</p> <p>Steitler (1984)</p> <p>Boros (1989)</p>	<p>Resource Center on Substance Abuse Prevention & Disability (1995)</p> <p>Burns & de Miranda (1991)</p> <p>Nelipovich & Buss (1989)</p> <p>Glass (1980-1981)</p>

Behavioral Disabilities Severe Behavioral Handicap (SBH) or Serious Emotional Disorder (SED) and/or Mental Illness (MI)	
Incidence and Prevalence	SBH or SED may be fastest growing disability category among youth Over 10% of all special education students in this category Approximately 10% of population experiences mental illness that impairs functioning Some experts believe that 50% or more of people experiencing recurring Episodes of mental illness also experience recurring substance abuse problems
Specific Substance Abuse Issues and Concerns	Medication use/misuse Self-medication with alcohol Denial of MI or substance abuse problems MI symptoms similar to substance abuse symptoms High correlation of this disability with substance abuse Mental health relapses Isolation Lowered self-esteem Unemployment
Prevention and Treatment Strategies	Education about medications and their reactions with alcohol and other drugs Dual diagnosis support groups Include substance abuse and mental health assessments Involve family members in interventions Include substance abuse goals in mental illness rehabilitation plan Alternate treatment models
Teaching Strategies	Consider cognitive and academic levels Keep learners involved Simplify instructions Keep tasks short and give immediate positive feedback Plan both group and individual activities Keep materials relevant to experience of children Have planned "timeouts" if individual becomes overstimulated Reinforce lessons in resource room sessions
References	Waldron (1995) Brown et al. (1989) Regier et al. (1988) Christie et al. (1988)

ANTIBIOTICS		ANTIDEPRESSANTS
Specific Drug Name	penicillin ampicillin Bactrim Cipro Duricef Macroclantin	<i>tricyclics</i> Elavil Sinequan Prozac Desyrel Pamelor <i>monoamine oxidase inhibitors</i> Marplan Parnate Nardil
Use	Treatment of infections	Treatment of depressive illnesses Some special uses for chronic pain Some uses for panic attacks and eating disorders Some use for panic attacks
Precautions/Possible Side Effects	Rash Hives Nausea/vomiting Gastric upset Avoid milk products within two hours of taking medications	Blurred vision Nausea/vomiting Tremors Difficulty urinating Check with physician before taking any other medications Dizziness when standing Drowsiness Overdose very dangerous Dizziness when standing up Check with physician before taking any other medication including over-the-counter medication
Interactions with Alcohol	Potentiate effects of alcohol	Antagonize antidepressant effects Increase central nervous system depression Can be lethal
Interactions With Other Drugs	<i>Barbiturates:</i> decrease effects of antibiotics	<i>Some blood pressure medication:</i> hyperexcitability, fever, blood pressure fluctuations <i>Anticoagulants:</i> internal bleeding <i>Minor tranquilizers:</i> severe sedation <i>Tagamet:</i> Increase drug levels <i>Opioids:</i> increase opioid effect <i>Demerol:</i> Produce lethal fever <i>Some foods:</i> initiate hypertension and stroke Other antidepressants: can be lethal

MINOR TRANQUILIZERS (ANTI-ANXIETY DRUGS)		NEUROSPASMATICS	ANTICONVULSANTS
Specific Drug Name	Librium Valium Serax Xanax Ativan Tranxene Miltown lithium	baclofen Lioresal Flexerll Parafon Soma	Dilantin Tegretol Tuinal Depakene phenobarbital Klonopin
Use	Treatment of anxiety Treatment of muscle spasms	Controls muscle spasms	Prevention and control of seizures
Precautions/Possible Side Effects	Severe effects on central nervous system Excessive amount may cause death Severe hypotension Deep sedation	Gastric distress Lightheadedness Blurred vision Take with food Drowsiness	Mental confusion Slurred speech Nervousness Blood abnormalities Liver damage Decreased blood clotting Bone problems with long-term use
Interactions with Alcohol	<i>Antidepressants</i> : exaggerates sedative effects <i>Antihistamines</i> : exaggerates sedative effects	Increase depressant action Decrease judgment Decrease alertness Respiratory arrest	Chronic alcohol use diminishes drug effects Concurrent alcohol use enhances drug effects
Interactions With Other Drugs	<i>Barbiturates</i> : decrease effects of antibiotics	<i>Sedatives and hypnotics</i> : increase depressant action	<i>Antidepressants</i> : high doses may worsen seizures <i>Diazepam</i> : potentiates effects <i>Haldol</i> : potentiates effect of Tegretol

ANTICOAGULANTS		MAJOR TRANQUILIZERS	SEDATIVE HYPNOTICS
Specific Drug Name	warfarin Coumadin heparin Persantine Lovenox	neuroleptics Thorazine Trilafon Mellaril Haldol Navane Prolixin	Dalmane Seconal Luminal Restoril Halcion Nembutal
Use	Prevention of the formation of blood clots	Short-term management of mania Schizophrenia	Produce a relaxed calming effect Induce sleep
Precautions/Possible Side Effects	Hemorrhage Nose bleeds Discolored urine Bruises Excessive menstrual bleeding	Drowsiness Fatigue Tremors Weight gain Photosensitivity (sunburn) Dizziness when standing Difficulty maintaining body temperature under extreme conditions	Psychological dependence Dizziness Slurred speech Impaired judgment Sleep disturbance with discontinued Irritability
Interactions with Alcohol	Increase or decrease blood thinning effects	Severe effects on central nervous system May cause death	Potentiate drugs effects Toxic interactions Impairment of coordination Easily lead to overdose Can be lethal
Interactions With Other Drugs	Birth control pills: decrease blood thinning Aspirin: increases bleeding Antiarrhythmics: increase possibility of hemorrhage Barbiturates: decrease drug effects	Antidepressants: exaggerate sedative effects	Antidepressants: exaggerate sedative effects Antihistamines: exaggerate sedative effects

H2 RECEPTOR BLOCKERS		ANTIANGINA	
Specific Drug Name	Tagamet Pepcid Axid Zantac	<i>beta blockers</i> Lopressor Inderal Tenormin <i>nitrates</i> Nitro-bid Nitro-dur	<i>calcium blockers</i> Cardizem Procardia Calan Isoptin
Use	Treatment of ulcers Regulation of gastric secretions	Treatment of chest pain resulting from myocardial ischemia Increases oxygen supply to myocardia Decreases heart rate and force of contraction	
Precautions/Possible Side Effects	Drowsiness Dizziness Constipation Serious side effects are rare	<i>Beta blockers</i> bronchoconstriction excessive cardiac depression <i>Nitrates</i> headache dizziness nausea	<i>Calcium blockers</i> headache flushing dizziness muscle fatigue weakness
Interactions with Alcohol	Increase stomach acid	Make drug action inactive Severe hypotension Cardiovascular collapse	
Interactions With Other Drugs	Tagamet slows inactivation of many drugs including diazepam, lidocaine, tricyclic antidepressants, propranolol, theophylline, chlordiazepoxide Oral anticoagulants: increases risk of bleeding with Tagamet Cigarettes: reverse the effects of Tagamet and Zantac	<i>Beta blockers</i> Other hypertensives: increases hypertensive effects Tagamet: increases plasma levels <i>Nitrates</i> Antihypertensives: increase risk of hypotension and heart failure Oral anticoagulants: increase anticoagulant effects	

ANALGESICS		ANTIDIABETICS
Specific Drug Name	<i>opioids</i> morphine codeine Demerol Percocet methadone Darvon Talwin <i>over the counter</i> acetaminophen aspirin ibuprophen	insulin Glucotrol
Use	Raise the threshold of pain and helps suppress anxiety about the pain Decrease inflammations that cause pain	Management of diabetes
Precautions/Possible Side Effects	Dizziness Drowsiness Euphoria Nausea/vomiting Addiction potential Decreased respirations	Lightheadedness Nervousness
Interactions with Alcohol	Respiratory depression Dizziness Increased drowsiness <i>Aspirin:</i> Induces gastric bleeding	Can be lethal Symptoms of low blood sugar Drowsiness Severe nausea/vomiting
Interactions With Other Drugs	<i>Stimulants:</i> convulsions <i>MOA inhibitors:</i> must reduce opioid dose and must avoid Demerol—can be lethal <i>Anticoagulants:</i> increase bleeding <i>Arthritis medications:</i> decreases drug's effect <i>Oral antidiabetic drugs:</i> increase effect of antidiabetic drugs	<i>Birth control pills:</i> decrease the effects of antidiabetic drugs

ANTIARRHYTHMICS		ANTIHISTIMINES
Specific Drug Name	Biquin Procan quinidine Isoptin Calan	Bromarest Chlor-Trimeton Benadryl Seldane Marzine
Use	Prevent or eliminate abnormal contraction or rhythm in the heart	Relief of the signs and symptoms of seasonal allergies Over the counter sleep aid
Precautions/Possible Side Effects	Dizziness Fatigue Nausea/vomiting Skin rash Overdoses can depress the strength of the heart muscle	Dizziness Drowsiness Muscle weakness Gastric disturbances
Interactions with Alcohol	Can slow the rate of absorption of the drug	Increase depressant action Increase drowsiness Possible respiratory depression
Interactions With Other Drugs	<i>Lithium:</i> decreases serum levels of lithium <i>Nitrates:</i> increase antianginal effect <i>Beta blockers:</i> increase antianginal and antihypertensive effects	<i>Sedatives:</i> exaggerate sedative effect

ANTI-ALCOHOL		STIMULANTS AMPHETAMINES	ANTIHYPERTENSIVES
Specific Drug Name	Antabuse (disulfiram) ReVia (naltrexone)	methylphenidate (Ritalin) Adderall methamphetamine Desoxyn dextroamphetamine Dexedrine Cylert	beta blockers clonidine (Catapres) guanfacine (Tenex) propranolol (Inderal) Lopressor Tenormin Corgard calcium channel blockers Vasocor Norvasc Procardia
Use	Alcoholism Decreases craving for alcohol Blocks effects of opioids	Diminishes motoric hyperactivity, impulsivity, inattentiveness Improves cognition, behavior, academic & occupational performance, social skills	Decreases aggression Decreases symptoms of Tourette's Syndrome Decreases adverse effects of some sleep disorders Treatment of hypertension
Precautions/Possible Side Effects	Extremely unpleasant reactions in persons who ingest even small amounts of alcohol	Insomnia Psychosis Decreased appetite Weight loss Rebound effects Tics (rare) Abnormal muscle movements Liver toxicity (1%)	Sedating effects Less effective on cognition Dizziness Fatigue Hypotension Edema Palpitations
Interactions with Alcohol	Fatalities have occurred when drinking alcohol while on Antabuse Even small amounts of alcohol (found in toothpaste, mouthwash or some foods) may cause severe reactions	Potentiating of intoxicating effects May cause death	Alcohol may potentiate hypertension Decreases therapeutic effects of some hypotensive medications
Interactions With Other Drugs	Opioids: blocks intoxicating effects	Insulin: interferes with effects Cardiac Medications: may counteract therapeutic effects Potentiating of intoxicating effects May cause death	Over-the-counter decongestants: may induce hypertension

Information for the Medication Chart was compiled with the help of many people, including:

J.A. Ford, MRC, CCDC III
D.C. Moore, Ed D.
J.C. Demers RN, BSN, MS
Christopher Good, RPH
Renee Tyree Gross, CDRS
Mary Francis, CCDC II, OPCC



Section 5:



Resources

Resources

.....

The following are excellent resources for teaching prevention to young people with disabilities.

Adapting Curriculum & Instruction in Inclusion Classrooms: Staff Development Kit
The Center for School and Community Integration

Institute for the Study of Developmental Disabilities
The University Affiliated Program of Indiana
2853 East Tenth Street
Bloomington, Indiana 47408-2601
(812) 855-6508 Voice

Designed to complement a 75 minute workshop, these materials include nine types of adaptations for participants with disabilities, seven steps to adapting, creative adaptations from familiar lessons, a general menu of strategies and strategies for adapting tests and quizzes.

Everybody Counts!

SWO Special Education Regional Resource Center
1301 Bonnell, Third Floor
Cincinnati, OH 45215

This school-based curriculum was designed to teach children (K-8) about various disabilities and how children with these disabilities cope with them. Consisting of nine different sections, one disability or condition is presented each year. Students experience simulation activities to understand in a small way how people with disabilities experience common situations.

LifeFacts

James Stanfield Publishing Company
P.O. Box 1995H
Santa Monica, CA. 90406
(800) 421-6534 (California callers call collect 213-395-7466)

This curriculum for youth in special education gives basic drug awareness information and teaches refusal skills. Forty-seven 11 x 14 laminated teaching pictures are included, as are 47 slides. Fifteen student worksheets are available for lesson follow-up.

Me Too! A Substance Abuse Prevention Project For Deaf Youth

The Community Network
452 W. Market Street
Xenia, Ohio 45385
(937) 376-8700 (V/TTY)

Designed to reduce the likelihood that Deaf youth will become harmfully involved with alcohol and other drugs, this project focuses on awareness, education and development of positive self-esteem.

Positive Resiliency in Special Education (PRISE)

Northwest Suburban Special Education Organization
799 W. Kensington Road
Mt. Pleasant, IL 60056
(708) 255-6350 Voice

This curriculum was developed for teachers working with special education students in grades K-12. It involves students in a series of classroom activities designed to increase personal resiliency/ It contains six instructional units. Guidelines are provided for the activities, including variations for adapting materials for students with special needs and learning styles.

Project Oz Drug Education Curriculum

Project Oz

404 E. Grove, Bloomington, IL 61701
(309) 827-0377

This drug education curriculum targets students in grades 1-12 who have learning disabilities or behavior disorders. It includes lessons about alcohol, tobacco, fetal alcohol syndrome, peer pressure, and other coping and decision making skills. A resource guide and parents' component are included.

Resistance Education Strategies and Interventions Systematically Taught (RESIST)

Department of Special Education
Utah State University, Logan, Utah 84322
(801) 750-1933

RESIST is a school based curriculum designed to prevent the use of alcohol and other drugs by students in special education programs. It contains 11 lessons in the areas of assertiveness skills, resistance skills, communication skills, goal-setting and decision making skills, coping skills, risk factor information, consumer awareness, and drug information. It also includes a parent involvement and training component.

Do you need more information about young people with disabilities and prevention? The following organizations can provide information and assistance.

Prevention Resources

Al-Anon Family Groups Headquarters

P.O. Box 862, Midtown Station
New York, NY 10018
(212) 302-7240 Voice
(800) 356-9996 Toll Free

Self-help groups for family members and friends of alcoholics. Programs include Al-Anon for adults, Al-Anon for adult children of alcoholics, and Alateen for youth. Local groups are listed in most telephone directories.

American Council for Drug Education

204 Monroe St., Suite 110
Rockville, MD 20850
(800) 488-3784 Toll Free

Provides materials on drug prevention and education for families and youth. A catalogue is available. There is a charge for materials.

Association for the Care of Children's Health

7910 Woodmont Avenue, Suite 300
Bethesda, MD 20814-3015
(301) 654-6549 Voice

A multidisciplinary organization dedicated to improving the ways in which the health care community responds to the unique emotional and developmental needs of children. The Association sponsors an annual conference and Parent Network Meeting. Resources available include books for adults, bibliographies and directories, films and videotapes, and resources for children.

Resources

NCADI—National Clearinghouse for Alcohol and Drug Information

P.O. Box 2345
Rockville, MD 20847
(800) 729-6686 Voice
(800) 487-4889 TTY

NCADI is the Nation's "one-stop-information-shop" to provide public access to state-of-the-art alcohol, tobacco, and other drug prevention materials and information. Most materials and services are free of charge. Assistance in identifying and locating materials and referrals to appropriate organizations are provided by an information specialist. NCADI is a service of the Federal Center for Substance Abuse Prevention, Department of Health and Human Services.

National Families in Action

2296 Henderson Mill Road
Suite 204
Atlanta, GA 30345
(770) 934-6364 Voice

Operates a drug information center with a quarterly publication. To receive the publication, there is a \$30 yearly fee.

The National PTA

330 North Wabash Avenue, Suite 2100
Chicago, IL 60611-3890
(312) 670-6782 Voice

Provides information to parents to assist them in developing the skills they need to raise their children. Encourages parent and public involvement in the public schools, promotes education for children with special needs. Produces a newsletter, brochures, and pamphlets promoting child advocacy.

National School Safety Center

4165 Thousand Oaks Boulevard, Suite 290
Westlake Village, CA 91362
(805)373-9977 Voice

Offers technical assistance, legal and legislative aid, publications, films, and national focus for cooperative solutions that help combat problems of crime and violence in schools.

Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice

810 7th Street, NW
Washington, DC 20531
(202) 307-1150 Voice

<http://www.ncjrs.org/ojjhome.htm>

Provides national leadership, coordination, and resources to develop, implement and support effective juvenile delinquency and victimization prevention programs.

Parents Resource Institute for Drug Education (PRIDE)

10 Park Place South
Suite 340
Atlanta, GA 30303
(404) 577-4500 Voice

An information center for parents, teachers and the media. Provides workshops for parents to prepare to deal with today's drug environment. Holds training sessions for young people to teach positive life skills. Provides resource materials for parents, teachers and the community. Also produces drug surveys for schools.

Partnerships Against Violence NET (PAVNET) Online

(800)851-3420 Toll Free
<http://www.pavnet.org/>

Provides information on over 550 specific federal, local and private programs and initiatives that deal with violence prevention.

Safe and Drug Free Schools Programs

U.S. Department of Education
600 Independence Avenue, SW—Suite 604
Portals

Washington, DC 20202-6123
(202)260-3954 Voice
<http://www.ed.gov/offices/OESE/SDFS>

Serves as the federal government's primary vehicle for preventing drug use and violence among youth through school-based education and prevention activities. Supports a comprehensive approach to drug and violence prevention through a state formula grant program that funds state and local education agencies and governors, and through discretionary initiatives that respond to emerging national needs. This agency also collaborates with other federal agencies and organizations to develop national prevention initiatives and materials, and distributes prevention materials to educators, administrators, parents, and others, free of charge.

Substance Abuse Resources and Disability Issues (SARDI)

Wright State University School of Medicine
P.O.Box 927

Dayton, OH 45401-0927
(937) 259-1384 Voice and TTY

Provides technical assistance, training, research, and "collaborative consultation" to agencies, facilities, systems, or individuals in need of information and/or resources relating to substance abuse and its impact on people with disabilities.

Disability Resources

Beach Center on Families and Disability

3111 Haworth Hall
University of Kansas
Lawrence, KS 66045
(913) 864-7600 Voice

Conducts research and develops materials training and other products. Also publishes a newsletter, *Families and Disabilities* three times a year. No charge.

CEC— Council for Exceptional Children

1920 Association Drive
Reston, VA 22091
(703) 620-3660 Voice and TTY

Strives to improve educational outcomes for individuals with exceptionalities. A major publisher of special education literature such as newsletters, journals, and catalogs. Also provides an information center specializing in projects that gather, translate and disseminate information.

The Learning Disabilities Association of America (LDA)

4156 Library Road
Pittsburgh, PA 15234
(412) 341-1515 Voice

Provides information and referral services for people with learning disabilities. Available through state chapters to work directly with school systems to implement programs and better services for students with learning disabilities. LDA provides information through conferences, a referral network, state parent training centers as well as a journal and a newsletter.

Resources

National Parent Network on Disabilities

1600 Prince Street, #115
Alexandria, VA 22314-2836
(703) 684-6763 Voice and TTY

Coalition of parent organizations and parents established to provide a presence and national voice for parents of people with disabilities. Shares information and resources. Produces a newsletter. Sliding scale fee based on income for membership.

NICHCY—National Information Center for Children and Youth with Disabilities

P.O. Box 1492
Washington, DC 20013
(800) 695-0285 Voice and TTY

Provides free information to assist parents, educators, caregivers and others in helping youth with disabilities. Provides responses to specific questions, referral services, and information packets.

National Center for Youth with Disabilities

University of Minnesota
420 Delaware St., SE
Box 721
Minneapolis, MN 55455
(800) 333-6293 Voice

Programs include a National Resource Library, workshops, conferences and presentations, publication of a newsletter, technical assistance and consultation.

Relevant Readings

For additional information on substance abuse resources and disability issues, the following readings are an excellent resource:

Baumgart, D., Brown, L., Pumpian, I., Nisber, J., Ford, A., Sweet, M., Messina, R., & Schroeder, J. (1982). "Principle of partial participation and individualized adaptations in educational programs for severely handicapped students." *The Journal of the Association for Persons with Severe Handicaps*, 7, 17-26.

Benard, B. (March, 1987). "Protective factor research: What can we learn from resilient children?" *Illinois Prevention Forum*, 7(3).

Boros, A. "Activating solutions to alcoholism among the hearing impaired." In Schecter, A.J. (Ed). (1981). *Drug dependence and alcoholism: Social and behavioral issues*. New York: Plenum Press.

Bosworth, K., & Sailes, J. (1993). "Content and teaching strategies in 10 selected drug abuse prevention curricula." *Journal of School Health*, 63: 247-53.

Botvin, G., Baker, E., Dusenbury, L., Tortu, S., & Botvin, E. (1992). "Preventing adolescent drug abuse through a multimodal cognitive-behavioral approach: Results of a three year study." *Journal of Consulting and Clinical Psychology*, 58:437-46.

Botvin, G., Schinke, S., Epstein, J., & Diaz, T. (1994). "Effectiveness of culturally focused and generic skills training approaches to alcohol and drug abuse prevention among minority youths." *Psychology of Addictive Behaviors*, 8:116-27.

- Botvin, G., & Wills, T. (1983). *Prevention of adolescent substance abuse through the development of personal social competence*. National Institute for Drug Abuse Research Monograph. Washington, DC: DHHS Publications.
- Catalano, R., & Hawkins, J.D. (1995). *Communities that care: Risk-focused prevention using the social development strategy*. Seattle, WA: Developmentla Research and Programs, Inc.
- Chalmers, L. (1992). *Modifying curriculum for the special needs student in the regular classroom*. Moorhead, MN: Practical Press.
- Coleman, J. (Aug/Sept, 1987). "Families and schools." *Educational Research*.
- Cowen, E., & Work, W. (1988). "Resilient children, psychological wellness, and primary prevention." *American Journal of Community Psychology*, 16.
- Daugherty, R., & O'Bryan, T. (1987). *Blueprints for change: Exploring the models for prevention of alcohol and drug problems*. Prevention Research Institute.
- Daugherty, R., & O'Bryan, T. (1994). "A brief history of prevention theory and efforts." *Prime for Life! In The Workplace*.
- DiNitto, D. M., & Krishef, C. H. (1983-84). "Drinking patterns of mentally retarded persons." *Alcohol Health & Research World*, 8 (2), 40-42.
- Edgerton, R. B. (1986). "Alcohol and drug use by mentally retarded adults." *American Journal of Mental Deficiency*, 90 (6), 602-609.
- Elmquist, D., Morgan, D., and Bolds, P. (1992). "Alcohol and other drug use among adolescents with disabilities." *The International Journal of the Addictions*, 27(12), 1475-1483.
- Ferguson, D., & Baumgart, D. (1991). "Partial participation revisited." *Journal of the Association for Persons with Severe Handicaps*, 16(4), 218-227.
- Ford, J., & Moore, D. (1992). *Substance Abuse Resources and Disability Issues Training Manual*. Dayton, OH: Wright State University School of Medicine.
- Garmezy, N. (March/April 1991). "Resiliency and vulnerability to adverse developmental outcomes associated with poverty." *American Behavioral Scientist* 34(4).
- Glass, E. J. (1980-81). "Problem drinking among the blind and visually impaired." *Alcohol Health & Research World*, 8(2), 20-25.
- Hawkins, J.D. & Catalano, R. F. (1991). "Broadening the vision of education: Schools as health-promoting environments." *Journal of School Health*.
- Hechtman, L. & Weiss, G. (1986). "Controlled prospective fifteen-year follow-up of hyperactives as adults: Non-medical drug and alcohol use and anti-social behavior." *Canadian Journal of Psychiatry*, 31(6), 557-67.
- Heinemann, A. W., Keen, M., Donahue, R., & Schnoll, S. (1988). "Alcohol use by persons with recent spinal cord injury." *Arch Phys Med Rehabilitation*, 69(8), 619-24.
- Hoover, J. (1987). "Preparing special educators for mainstreaming: An emphasis on curriculum." *Teacher Education and Special Education*. 10(2), 58-64.
- Jenkins, J., & Heinen, A. (1989). "Student's preference for service delivery: Pull-out, in-class, or integrated models." *Exceptional Children*, 55(6), 516-523.

- Kumpfer, K. (in press) *Substance abuse prevention theory and research-based programs: What works!* Report Prepared for the National Institute on Drug Abuse.
- Margolis, H., & McGettigan, J. (1988). "Managing resistance to instructional modifications in mainstreamed environments." *Remedial and Special Education*, 9(4), 15-21.
- Masten, A., Best, K., & Garmezy, N. (1990). "Resilience and development: contributions from the study of children who overcome adversity." *Development and Psychopathology*, 2.
- McIntyre, K., White, D., & Yoast, R. (1990). *Resilience among high risk youth*. Wisconsin Clearinghouse.
- Mize, C., Ford, J., Moore, D., & Taylor, E. (1994). *Drug free schools training manual*. Dayton, OH: Wright State University.
- Moore, D., & Siegal, H. (1989). "Double trouble: Alcohol and other drug use among orthopedically impaired college students." *Alcohol Health & Research World*, 13(2), 118-123.
- Munichin, S. (1981). *Family therapy techniques*. Cambridge, MA: Harvard Universal Press, 73-77.
- Neary, T., Halvorsen, A., Krongerg, R., & Kelly, D. (1992). *Curriculum adaptations for inclusive classrooms*. San Francisco University: California Research Institute.
- Nelipovich, M., & Buss, E. (1989). "Alcohol abuse and persons who are blind." *Alcohol Health & Research World*, 13(2) 128-131.
- Northeast Regional Center for Drug Free Schools and Communities. (1996). *Developing the resilient child: A prevention manual for parents, schools, communities and individuals*. Washington, DC: U.S. Department of Education.
- Parker, G., et al. (1990). "Test correlates of stress resilience among urban school children." *Journal of Primary Prevention*, 11(1).
- Project OZ. (1996). *Best practices in violence prevention: Grades 4 - 5*. Bloomington, IL: Author.
- Project OZ, (1996). *Best practices in violence prevention: Grades 6 - 7*. (Vol. 3). Bloomington, IL: Author.
- Schumm, J. S., & Vaughn, S. (1991). "Making adaptations for mainstreamed students: General classroom teachers' perspectives." *Remedial and Special Education*. 12(4), 18-27.
- Second Report. (November, 1988). *Talking with your students about alcohol: One, two, and three year follow-up data on students taught in either the seventh grade or the ninth grade*. Prevention Research Institute and the Kentucky Affiliate, National Council on Alcoholism.
- Shinsky, J. (1990). *Techniques for including students with disabilities*. Lansing, MI: Shinsky Seminars, Inc.
- Slaven, R., Karweit, N., & Madden, N. (1989). *Effective programs for students at risk*. Allyn and Bacon.
- Stainback, S., & Stainback, W. (1992). *Curriculum considerations in inclusive classrooms facilitating learning for all students*. Baltimore: Paul H. Brookes Publishing Co.
- Sylvester, R. A. (1986). "Treatment of the deaf alcoholic: A review." *Alcoholism Treatment Quarterly*, 3(4), 1-23.
- Terman, B., et al. (Spring, 1996). *The future of children*. Vol. 1, No. 6.

- Udvari-Solner, A. (1992). *Curricular adaptations: Practical tools to influence education classroom*. Paper presented to the meeting of the Association for Persons with Severe Handicaps, San Francisco, CA.
- Villa, R., Thousand, J., Stainback, W., & Stainback, S. (Eds.) (1992). *Restructuring for caring and effective education*. Baltimore, MD: Paul H. Brookes Publishing Co.
- Wagner, M., D'Amico, R., Marder, C., et. al. (1992). *What happens next? Trends in postschool outcomes of youth with disabilities*. The second comprehensive report from the national longitudinal transition study of special education students. Menlo Park, CA: SRI International.
- Wang, M., Reynolds, M., & Schwartz, L. "Adapting instruction: An alternate approach for students with special needs." In J. Graden, J. Zins, & M. Curtis (Eds.) (1988). *Alternative educational delivery systems: Enhancing instructional options for all students*. Washington, DC: National Association of School Psychologists.
- Werner, E., (1990). *Protective factors and individual resilience*. Handbook of Early Childhood Intervention, Cambridge University.
- Westermeyer, J., Phaobtong, T., & Neider, J., *Substance use and abuse among mentally retarded persons: A comparison of patients and a survey population*. AM. Drug Alcohol Abuse, 14(1), 109-123, 1988.
- Wolin, S. J., & Wolin, S. (1993). *The resilient self: How survivors of troubled families rise above adversity*. New York, NY: Random House, Inc.
- Work, W., et al. (1990). "Stress resilient children in an urban setting". *Journal of Primary Prevention*, 11(1).
- York, J., Doyle, M., & Kronberg, R. (1992). "A curriculum development process for inclusive classrooms." *Focus on Exceptional Children*, 25(4), 1-16.



Section 6:



References

References

- Benard, B. (August, 1991). *Fostering resiliency in kids: Protective factors in the family, school and community*. Far West Laboratories.
- Brown, V. B., Ridgely, M.S., Pepper, B., Levine, I. S., & Ryglewicz, H. (1989). *The dual crisis: Mental illness and substance abuse, present and future directions*. Washington, DC: American Psychological Association, Inc., 44 (3), 565-69.
- Ebeling, D. G., Deschene, C., & Sprague, J. (1994). *Adapting curriculum and instruction in inclusive classrooms*. The Center for School and Community Integration Institute for the Study of Developmental Disabilities. Bloomington, Indiana.
- Hawkins, J.D., Catalano, R. F., & Miller, J. R. (1991). *Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention*. University of Washington.
- Kessler, D. & Klein, M. (1995). "Drug use patterns and risk factors of adolescents with physical disabilities." *The International Journal of the Addictions*. 30(10), 1243-1270.
- Morgan, D., Genaux, M. and Likins, M. (1994). *Substance abuse prevention for students with behavioral disorders: A survey of classroom practices*. Logan, UT: Utah State University, Department of Special Education.
- National Institute on Drug Abuse (March, 1997). *Preventing drug abuse among children and adolescents, a research-based guide*. Washington, DC: U.S. Department of Health and Human Services.
- National Parents' Resource Institute for Drug Education (PRIDE) (1996). *1995-96 PRIDE survey: Ninth annual survey of students in grades 6-12*. Atlanta: GA. On-line: Internet. Available: <http://www.prideusa.org/press95>.
- RRTC on Drugs and Disability (1996). *Substance abuse among consumers of vocational rehabilitation systems*. Executive summary of epidemiological study. Dayton, OH: Wright State University.
- Sparadeo, F. R., Strauss, D., & Barth, J. T. (1990). "The incidence, impact and treatment of substance abuse in head trauma rehabilitation." *Journal Head Trauma Rehabilitation*, 5(3), 1-8.
- University of Michigan Research Center. (1997). *1997 Monitoring the Future Study*. Washington, DC: National Institute on Drug Abuse.
- U.S. Department. of Health and Human Services: Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention (1992). *Tips for Teens*. Washington, DC: Author.
- Utah Department of Special Education (1992). *Resistance education strategies and interventions systematically taught (RESIST): A curriculum to prevent the use of alcohol, tobacco, and other drugs by students in special education programs*. Logan, UT: Utah State University.

