



SALUD PARA TODOS

IMPLEMENTATION GUIDE



INTRODUCTION

This guide provides all of the information needed to facilitate the five sessions in the *Salud Para Todos* curriculum. It includes sections on mental health, stress, domestic and intimate partner violence, substance abuse, and the relationship between mental health and chronic disease. These are topics that are not often talked about, but have a serious impact on our overall well-being. Many times our physical health affects our mental health or our mental health affects our physical health. For example, a person with diabetes might feel a lot of stress or sadness around dealing with the disease. Or, a person dealing with a lot of stress might get stomachaches. This guide will help you understand the relationship between mental and physical health.

Session Format

Each session covers one topic and is designed to be approximately two hours. It is recommended that the groups meet each week and that each group is between ten to fifteen people. Some sessions contain more information than others, but each one includes participatory activities that will help the participants understand and process the information. Your role as a facilitator is not just to ‘teach,’ but also to guide conversations to support the participants as they analyze their thoughts and feelings. With good facilitation, people are usually eager to share their own stories, points of view, or ask questions. The interaction among the participants is an important part of each session because it helps participants learn from each other and it is often the most moving part of the training. Be prepared to facilitate these conversations.

Although people are willing to share their thoughts and experiences, many of the topics included in the *Salud Para Todos* curriculum are difficult for people to talk about. As you read through this guide and become familiar with the information and activities, it is important to think about the atmosphere you will create during each session to help people feel comfortable discussing these difficult topics. Establishing rules of participation, your demeanor, and your ability to facilitate a supportive environment will all play a role in establishing this kind of environment.

There is a lot of information to cover in each session. *Promotores(as)* have found it easiest to use a PowerPoint to review the information. If you would rather not use the PowerPoint, or don’t have the equipment to, it is recommended that you provide some other visual tool for the participants to help them better understand the information. The visual tool can be posters or handouts.

How to Use this Guide

This guide includes a review of all of the information that will be covered in each session, notes and preparation steps for the facilitator, and the session plans. There is a lot of information in this guide, but it is important to read through all of it to make sure you are fully prepared to facilitate the sessions.

The sections for each session are broken up into two parts:

- ◆ The first part contains a review of the information you will need to present.
- ◆ The second part contains the overview and session plan, including:
 - Facilitators notes based on the experiences of other *Promotores(as)* that will help you prepare for the session
 - The objectives for the session
 - What materials you will need
 - What handouts you will need to print to distribute
 - The session agenda
 - The session plan
- ◆ The appendix includes templates for program forms that may be useful to you. The forms can be modified as needed to meet your program's needs.

Make sure you fully understand all of the information in the first part of each chapter so that you can accurately present it to the group. If you have any doubts or questions, consult your supervisor. Remember that even after reviewing this information you still won't know everything, and that's okay! If someone asks a question that you don't know the answer to during a session, tell them that you will get back to them. Never guess or make up information. It is ok to say that you will ask your supervisor and get back to them. Of course, make sure you do follow up and provide the correct information in the next session!

Once you are completely comfortable with the information, review the session plan at least several days before you will facilitate the session. This will give you plenty of time to gather and prepare materials and make sure you have all of the equipment you will need for the session.

Recruitment of Participants

Having an active presence and strong network in the community of interest is key to identifying potential participants. Some suggested places to recruit participants include community centers, churches, school districts, and Head Start centers. Contact with participants of the target audience or with people who may know people who would be interested can be made in these places.

Confidentiality

Protecting each participant's confidentiality helps create a space where participants can share their thoughts without fear or judgment. Therefore, confidentiality is extremely important within the group. Having the group establish their own rules is important to promote ownership of the group and to reinforce trust and confidentiality. The facilitator should also be clear that they cannot share any information that is discussed during the group sessions. The only exception to this is if a participant expresses a serious desire to harm themselves or another person. Any participant information collected during the sessions should be kept in a secure, protected, and locked location, and/or adhering to agency policy on addressing participant confidentiality.

TABLE OF CONTENTS & POWERPOINTS

Each session in this facilitator's guide has an available external powerpoint presentation that can be used to help conduct the session. Please click on the links to download the presentation. (Must be connected to the internet in order to download!)

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STANDALONE POWERPOINT

This standalone powerpoint on CHRONIC DISEASE AND MENTAL HEALTH can be used independently of this facilitator's guide and its sessions. Click [here](#) to download the standalone powerpoint on chronic disease and mental health.

Need help starting or strengthening a CHW program? Get in touch with MHP Salud!

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SESSION ONE: MENTAL HEALTH



I. REVIEW

Not all of the problems a person may suffer from are physical. Some people also suffer from mental health problems. This session will discuss health that has to do with the mind and the body. These are connected. Physical health problems can sometimes lead to mental health problems. For example, if someone has high blood pressure or diabetes, this can cause them to feel stressed or depressed. Similarly, mental health problems can lead to physical health problems. Someone with a lot of stress can develop headaches or high blood pressure. The body, mind, spirit, and emotions share a strong connection. Physical problems can sometimes lead to problems with mental health and vice versa.

What is Mental Health?

The Centers for Disease Control and Prevention (CDC) define mental health as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”¹ In other words, mental health is when a person is able to cope with the stress of everyday life without any interruption to their daily activities. The CDC estimates that 17% of adults living in the U.S. are considered to be in a state of good mental health.² Evidence suggests that positive mental health is associated with better health outcomes.

What is a Mental Illness?

When a person’s emotional, psychological, and/or social state prevents them from completing daily activities, such as going to work or taking care of their kids, this can be considered a mental illness. The CDC defines mental illness as “collectively all diagnosable mental disorders” or “health conditions that are characterized by alteration in thinking, mood, or behavior (or some combination of these) associated with distress and/or impaired functioning”.³ As mental illnesses refer to a health condition, they are sometimes referred to as mental health conditions as well. Depression is the most common type of mental illness, affecting more than 26% of the adult population in the U.S.⁴ There is more and more evidence that shows mental illness may be related to chronic diseases.

1 Centers for Disease Control and Prevention (2013). Mental health basics. Available from: <http://www.cdc.gov/mentalhealth/basics.htm>

2 Ibid

3 Ibid

4 Ibid

It is important to understand that mental health and mental illness are not the same thing. Someone may have poor mental health, but that doesn't necessarily mean they have a mental illness. We will talk more about specific mental illnesses later, but for now think about this example: after a traumatic event someone may feel very sad for a period of time. This is a normal reaction and does not necessarily mean that that person suffers from a mental illness.

What Causes a Mental Illness?

The causes of mental illnesses are not easy to identify, but it is known that a mental illness is not the result of just one thing. The roots of the illness are usually related to a combination of risk factors. These may include:

- Genetics
- Environment
- Stress
- Exposure to traumatic experiences
- The use of drugs and alcohol
- Childhood abuse or neglect
- Lack of social support

There are also certain events in our lives that affect our mental health but don't necessarily lead to a mental illness, such as:

- Loneliness
- Isolation (living in rural areas or not speaking English)
- Losing a loved one
- The separation or divorce of spouses
- Money
- Problems at work or a lack of work
- Poor housing or living conditions
- Stress
- Education and well-being of children
- Physical illness or health conditions

Coping with any of these situations may affect our mental health for a period of time. Keep in mind that experiencing one, or even a few of any of the symptoms discussed later in this section, doesn't necessarily mean that a person has a mental illness. It is normal to react to situations or stressors in our lives and environments. It is important to recognize how all of these factors can affect a person, but remember only trained clinicians can diagnose a mental illness.

Anxiety Disorders

Anxiety is a human emotion that is normal and that everyone experiences sometimes. Many people feel anxious or nervous when they have problems at work, before taking an exam, or when they have to make a big decision. However, anxiety disorders are different. The level of anxiety someone that has an anxiety disorder feels is very intense and does not go away. They feel a very intense fear or dread that is irrational or excessive. Their fear is constant, overwhelming, and oppressive. Their anxiety interferes with their ability to lead a healthy life. Approximately 18 percent of the population (40 million people) have been diagnosed with an anxiety disorder in the U.S. Women are twice as likely to have anxiety disorders as men.⁵

⁵ National Alliance on Mental Health. Available from <https://www.nami.org/Learn-More/Mental-Health-Conditions/Anxiety-Disorders> (Accessed February 9, 2016)

Symptoms of an Anxiety Disorder

Each anxiety disorder has some specific symptoms that distinguish it, however one characteristic they all have in common is persistent fear. Here are some other general physical symptoms people with anxiety disorders may have:

- Dizziness
- Lower sexual desires
- Irritability
- Increased tension in the muscles
- Rapid breathing or difficulty breathing
- Heart palpitations
- Increased blood pressure
- Numbness
- Nausea
- Diarrhea
- Fatigue or exhaustion
- Sweating
- Pain in the chest
- Uncontrolled trembling
- Headaches
- Insomnia

Panic Disorder

A person with a panic disorder will suffer from panic attacks. During a panic attack a person will experience feelings of terror that come on, sometimes repeatedly, without warning. Other symptoms that could occur during a panic attack are excessive sweating, chest pain, heart palpitations, dizziness, shortness of breath, and an upset stomach. During a panic attack a person may feel as though they are having a heart attack or like they are going to die.

Phobias

A phobia is a very intense fear of a specific object or situation. Some well-known phobias are of snakes, heights, or flying. The level of fear that a person with a phobia feels is irrational and not appropriate to the situation. Their response to the object or situation can be panic. Their fear is usually triggered by several things, so this person may go to extreme measures to avoid any of these triggers. The attempt to avoid the triggers can become so extreme it interferes with the person's ability to complete basic and necessary daily tasks. In some extreme cases, the person may not even be able to leave their house without having a panic attack.

Generalized Anxiety Disorder (GAD)

This mental illness is characterized by excessive and constant worrying about everyday life. People with this disorder often worry about the same things everyone worries about, like money, family problems, or the health and well-being of loved ones. However, their worrying starts to consume hours of their day and is so exaggerated that they can't concentrate on other things. The constant worrying can even start to make the person feel physically ill, such as having an upset stomach, not being able to sleep, or causing headaches. Many people with GAD are able to function normally, but the illness impacts their quality of life. This is a common mental illness and there are many treatments for it, including therapy and medication.

Social Anxiety Disorder

People that suffer from a social anxiety disorder have irrational worries about social humiliation that prevent them from interacting with people. They are often excessively worried about things like "saying something stupid" or "not knowing what to say". While many of us feel these fears sometimes, the fear is so overwhelming for people with a social anxiety disorder that they will avoid social situations and may even suffer from a panic attack as a reaction to social situations. This condition can cause them to become very isolated.

Post-Traumatic Stress Disorder (PTSD)

This is a mental illness that develops after a person has experienced a traumatic event. The traumatic event triggers a period of severe depression and anxiety that may last months or even years. Some people with PTSD may have flashbacks, vivid nightmares, or terror inducing thoughts that cause them to re-experience the event. They will go out of their way to avoid anything that may remind them of the event. On the contrary, other people with PTSD have trouble remembering the event at all and may feel emotionally numb. It is also common for people with PTSD to be 'hyper aroused', constantly feeling on edge, not sleeping, and have angry outbursts. They will also exhibit the symptoms of anxiety and depression. Many people know that soldiers or civilians that have experienced war or a terrorist attack can suffer from PTSD, but they don't realize that people who have survived a natural disaster, an accident, a violent

crime, witnessed a violent crime, or experienced any other life-threatening situation can suffer from PTSD as well.

Depression

Depression is a serious mental health condition. Depression usually comes for a period of time known as a depressive episode. It is possible that a person may experience only one depressive episode throughout their lifetime, but it is more common for a person with depression to have reoccurring depressive episodes that last for months or years throughout their lifetime. These episodes are more than just feeling sad or dealing with difficult life events. The feelings of sadness, hopelessness, guilt, and/or failure that a person with depression feels alters the way they think and feel about themselves dramatically. These feelings will dominate their thoughts and make concentrating on other tasks difficult. Depression affects people of all races, socioeconomic backgrounds, religions, and ages. However, women and teens or young adults (aged 16-25) are more likely to experience depression.⁶

Symptoms of Depression

Symptoms of depression include:

- Changes in sleep (sleeping much more or less than normal)
- Changes in appetite (eating much more or less than normal)
- Lack of concentration
- Loss of energy
- Lack of interest in things they once were interested in – this may include sex, eating, or recreational activities
- Low self-esteem
- Intense feelings of guilt, helplessness, or shame
- Agitation – this may include pacing or insomnia
- Physical aches and pains like headaches or stomach aches

⁶ National Alliance on Mental Illness. Depression. Available from: <http://www.nami.org/Learn-More/Mental-Health-Conditions/Depression> (Accessed August 29, 2016).

Causes of a Depressive Episode

It is possible for a life event or trauma to trigger a depressive episode, but they also may occur without warning. There is no single cause of depression, but the following factors contribute to depression:

- A traumatic experience (such as being the victim of a violent crime)
- Genetics
- Life circumstances
- Brain structure and chemical balance in the brain
- Other medical conditions (people with anxiety disorders frequently develop depression)
- Drug and alcohol abuse
- For mothers, the birth of a baby can cause hormonal changes that lead to a kind of depression known as post-partum depression

Other Mental Illnesses

Bipolar Disorder

Bipolar disorder is a mental illness that is characterized by extreme mood swings. People that have bipolar disorder will experience episodes of both depression and mania. Each episode may last for weeks or months. During a depressive episode, someone who is bipolar will exhibit the symptoms of depression. During an episode of mania, or a manic episode, the person will become hyperactive, easily agitated, or irritated. They may not be able to concentrate, may be very talkative, euphoric, and may engage in risky and dangerous behaviors. Someone with bipolar disorder will move between these two extremes. This experience is often compared to being on a roller coaster.

Schizophrenia

Schizophrenia is a serious mental illness that changes the way a person interprets reality. This means it changes the way people think, feel, behave, and understand their reality. Schizophrenia is typically so disruptive to the way a person thinks and acts that it is disabling. Symptoms of schizophrenia may include:

- Hallucinations
- Disorientation
- Jumbled and illogical thoughts
- Agitated body movements
- 'Flat affect' (showing no emotions)

- Reduced feelings of pleasure in everyday life
- Difficulty beginning or sustaining activities
- Speaking less
- Inability to understand information
- Inability to make decisions
- Problems with short term memory

There is no cure for schizophrenia. Once someone has been diagnosed with it, they will have it for life. However, there are ways to manage the condition.

Mental Illnesses in Teenagers and Children

Twenty percent of teens between the ages of 13 to 18 live with a mental health condition.⁷ It is common for mental illnesses to first appear during adolescence, but normal changes that occur during adolescence can either imitate or disguise the symptoms of a mental illness. Understanding that changes in behavior and mood are completely normal at this age, parents should be aware of any alarming or significant changes in their teenager's behavior and mood and consult with a professional as needed. Warning signs include:

- Feeling very sad and withdrawn for more than two weeks (crying regularly, feeling extra fatigued, feeling unmotivated)
- Trying or planning to harm or kill themselves
- Out-of-control behaviors that cause harm to themselves or others
- Sudden and overwhelming fear for no reason
- Not eating, throwing up, or using laxatives to lose weight
- Significant weight gain or loss
- Severe mood swings that cause problems in relationships
- Repeated use of drugs or alcohol
- Dramatic changes in behavior, personality, or sleeping habits
- Extreme difficulty concentrating or staying still in school
- Intense worries or fears that get in the way of daily activities like going out with friends or going to school

⁷ National Alliance for Mental Illnesses. Mental Health Facts: Children and Teens. Available from <https://www.nami.org/NAMI/media/NAMI-Media/Infographics/Children-MH-Facts-NAMI.pdf>

Many mental illnesses do not first appear until teenage years or adulthood, however it is possible for children to suffer from a mental health condition. A child that suffers from a mental health condition may:

- Sleep very little or too much
- Have frequent headaches or stomach aches
- Have noticeable changes in behaviors
- Have changes in their energy levels
- Start performing poorly in school
- Feel scared, sad, angry, or worried often
- Wet the bed
- Hurt themselves or other

Children are growing so some of these behaviors or changes may be normal. Children may also exhibit some of these symptoms as they adjust to new situations, like moving to a new place or the birth of a sibling. If a parent is concerned about their child, it is best to seek help from a doctor or counselors and staff at their school.

Attention Deficit Disorder (ADD) & Attention Deficit Hyperactive Disorder (ADHD)

ADD and ADHD are common behavioral disorders in which a child has extreme difficulty focusing. A child with ADHD will not only have extreme difficulty concentrating, but also has significantly larger amounts of energy than other kids their age, is impulsive, and is hyperactive. ADD and ADHD can begin in infancy and continue all the way to adulthood. They can lead to difficulties in school and relationships. Both conditions are commonly diagnosed and treated.

Treatment for a Mental Illness

There are treatments and ways to manage mental illnesses, so it is important to seek professional help if you believe you or someone you know is suffering from one. Treatments could include therapy and/or medications. Many people also seek spiritual guidance from their church to help alleviate the symptoms of depression. This can be a very important part of recovery for someone with a mental illness, but depending on the severity of the condition, the person may need to seek other treatments as well. Other things that can help a person manage their illness include support from family and friends, exercise, eating well, peer support programs, or staying socially and physically active.

Stigmas

A stigma refers to prejudices society puts on certain conditions or attributes that make them seem different. Some stigmas about people with mental illnesses are that they are

'weird' or 'crazy' or even dangerous or unstable. Men sometimes feel there is a stigma that mental illnesses make them appear weak. Stigmas may prevent someone from talking about a condition they have or prevent them from seeking help. Ultimately this can make the condition even worse.

Suicide

There are many treatments available to alleviate the pain that a mental illness can cause, however if a person doesn't receive treatment, this pain could lead to suicide. Each year there are over 42,000 suicides in the United States, and this number does not include attempted suicides. It is estimated that for every suicide, there are 25 attempted suicides. Although women are more likely to attempt suicide, men are 3.5 times more likely to die by suicide than women. Men accounted for 7 out of 10 suicides in 2013.⁸

⁸ American Foundation for Suicide Prevention (2016). Suicide Statistics. Available from: <http://afsp.org/about-suicide/suicide-statistics/> (Accessed February 9, 2016).

II. SESSION OVERVIEW

Facilitator's Notes:

As you prepare for the first session, remember that sometimes you cannot provide the level of support a person may need. Be sure to have a list of mental health resources to give to participants after this session and make referrals as needed. Start by researching mental health resources in your community. Create a printed list of resources with contact information for the different resources you find. If using the PowerPoints, include the list on the appropriate slide at the end of the session. Collect pamphlets, flyers, or brochures from any local agencies to distribute as well. Whenever possible, provide participants with a direct referral and follow-up on it.

This session has more information than other sessions. Allowing time for discussion and to answer questions is an important part of each session, so time has been built into the session plan to accommodate conversation. However, because this session has so much information, it is important to keep conversation moving in order to stay within the time limit. If people are very engaged and deep in conversation, you can modify this session by cutting out the planned discussion questions or condensing the 'Mental Health Scenarios' activity, but do your best to include all items in the session plan. If you do have to cut out any information, be sure that you are still including all of the information from the pre/post-tests.

Session Objectives:

- Participants will understand the difference between mental health and mental illness
- Participants will become familiar with different kinds of mental illnesses, including the symptoms of the different conditions
- Participants will understand how mental illnesses present themselves in teenagers and children
- Participants will be able to identify treatment and management options for people suffering from mental illnesses

Materials:

- PowerPoint slides, computer, and projector (optional)
- Sign-in Sheet (see Appendix A)
- Confidentiality Form (See Appendix B)

- Photo Release Form (See Appendix C)
- Flipchart Paper
- Markers
- Pre-Test
- Strips of paper - Approx. 5-7 for each participant
- Balloons – 1 per participant
- Writing utensils for participants (pens, color pencils, crayons, or markers)
- Flyers, brochures, or other printed information from local resources

Handouts:

- PowerPoint Notes Page (optional)
- Mental Health Scenarios
- List of Resources

Session Agenda:

1. Welcome and Introductions
2. Session Rules
3. Program Expectations
4. Pre-test
5. *Dinámica*
6. Introduction to Mental Health
7. Mental Illness
8. Mental Illness Activity
9. Management & Treatment
10. Balloon Stress Reliever Activity

Time: 2 hours

Session Plan:

| | |
|--|------------------------|
| Activity: Welcome and Introductions | Time: 5 minutes |
| Objective: To set the tone of the session by introducing the program, your organization, and the facilitator. | |
| Materials: Sign-in sheet, confidentiality form, and photo release form | |
| Slides: 1 - 3 | |

1. Explain the purpose and format of the program, as well as the topics that will be covered (slide 1).
 - *Purpose of the program:* Educate the community on issues related to mental health and provide resources to help participants understand and cope with mental health issues
 - *Format:* Interactive group sessions that will include lectures, discussion, and activities. Everyone is encouraged to participate
 - *Topics:* Mental health, stress, intimate partner and domestic violence, substance abuse, and chronic disease
2. Introduce yourself and the organization you represent (slide 2).
 - Your name, title, and relevant experience
 - A brief description of your organization
3. Review the agenda for the session (slide 3).
4. Ask participants to sign-in and complete forms. Make sure they understand why you are asking them to fill out each sheet.
 - *Sign-in sheet:* They will be asked to sign-in each week for your records.
 - *Confidentiality form:* Review the agreement and make sure everyone understands.
 - *Photo release:* The participants don't have to sign and return this form if they don't want their picture taken, just make sure that you have a signed photo release for every face that appears in a photo.

Facilitator's Note: To save time, start passing the sign-in sheet around as people enter before the session starts. People can also work on filling these forms out as you move onto the next activity. You can collect them during the break or while they are doing group work.

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| Activity: Session Rules | Time: 10 minutes |
| Objective: To establish rules for the conduct of group members that will help create and maintain a safe and comfortable atmosphere. | |
| Materials: Flipchart paper and marker | |
| Slide: 4 | |

1. Ask the participants for suggestions on rules for the group that will help everyone feel safe and comfortable contributing to group discussions and participating in activities. Let them know that you will be discussing some difficult topics in each session, so the rules should help make sure that everyone's thoughts and opinions are heard and respected.
2. Write down the rules they suggest on flipchart paper. ***Make sure to save this paper so that you can post the rules before each of the sessions in the future.***
3. If the group members have not already put these rules on the list, add them:
 - Turn off your cell phone
 - Listen to everyone
 - Don't interrupt
 - One person speaks at a time
 - Treat everyone with respect
 - Maintain the confidentiality of each participant. This means that nobody should repeat what anyone has said outside of the session!
 - Do not judge or criticize the other participant's comments

| | |
|---|------------------------|
| Activity: Session Expectations | Time: 5 minutes |
| Objective: For participants to evaluate what they hope to gain from the program and for the facilitator to understand the participant's expectations for the sessions. | |
| Materials: Flipchart paper and marker | |
| Slide: 5 | |

1. After telling the participants what you have planned for the sessions, explain that you would like to know what they hope to get out of the group.
2. Ask them to share their expectations for the program. Write down what they say so you can come back to this at the end of the program. ***Make sure to save this paper so that you can review it at the end of the last session.***

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| Activity: Pre-test | Time: 20 minutes |
| Objective: To collect information on what the participants knew about mental health before the session to serve as a baseline for comparison. | |
| Materials: Pre-test | |
| Slide: 6 | |

1. Explain that the pre- and post- test are only used to help us know how much you learned in the sessions so we know how well we are doing and can continue to make our programs better. They don't need to worry if they don't know the answers now because by the end of the session they will.
2. Hand out the pre-test and make sure that everyone stays quiet until the last test is in. If participants need assistance, you can read the questions out loud.

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|--|------------------------|
| Activity: <i>Dinámica</i> | Time: 5 minutes |
| Objective: Establish a level of comfort and familiarity among participants. | |
| Materials: None | |
| Slide: 7 | |

1. Let everyone know that you hope everyone will feel comfortable contributing their thoughts and stories during the sessions because learning from each other's experience will be an important part of each session. First we will get to know each other.
2. Give each participant the opportunity to introduce themselves and share a few words that describe their personality. Include yourself in this activity.

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|--|-------------------------|
| Activity: Introduction to Mental Health | Time: 10 minutes |
| Objective: Participants will understand the differences between mental health and mental illness and factors that affect our mental health. | |
| Materials: PowerPoint Notes Page (optional) | |
| Slides: 8 - 13 | |

1. Using the slides 8 - 10 from the PowerPoint presentation, review the basics on mental health, including:
 - The relationship between physical, mental, spiritual, and emotional health
 - The definitions of mental health and mental illness
2. Discussion Question: Ask participants to discuss this question as group. The answer is provided below (slide 11):
 - What is the difference between mental health and mental illness?

Mental health refers to how a person copes with everyday stressors and whether or not they are able to function normally. A mental illness is a

disorder that can be diagnosed by a clinician in which a person's moods, behaviors, or thoughts are altered to the point where they can no longer function normally. Remember, only trained clinicians can diagnose a mental illness.

3. Use slides 12 - 13 to discuss the cases of mental illnesses, including these topics:

- Risk factors for a mental illness
- Situations that can affect mental health
- Coping with stressors

4. Ask participants if they have any questions or comments.

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| Activity: Mental Illness | Time: 25 minutes |
| Objective: Participants will become familiar with different kinds of mental illnesses, including the symptoms of the different conditions. | |
| Materials: PowerPoint Notes Page (optional) | |
| Slides: 14 - 30 | |

1. Using slides 14 – 20, go over the different anxiety disorders and symptoms, including:

- A general explanation of anxiety disorders, emphasizing the difference between normal anxiety that everyone feels versus someone with an anxiety disorder
- General symptoms of an anxiety disorder
- Panic disorder
- Phobias
- Generalized Anxiety Disorder
- Social Anxiety Disorder
- Post-Traumatic Stress Disorder

2. Pause and ask if anyone has questions or comments.

3. Use slides 21 - 26 to discuss depression, being sure to cover the following information:
 - A general explanation of depression, including what a depressive episode is
 - Symptoms of depression
 - Causes of a depressive episode
 - Bipolar disorder
 - Schizophrenia
4. Again, ask if anyone has questions or comments.
5. Use slides 27 - 30 from the presentation to talk about mental illnesses in teenagers and children, including this information:
 - A general explanation of mental illnesses in teenagers and children
 - Signs of a mental health condition
 - ADD and ADHD
6. Ask if anyone has any questions or comments.

Facilitators Note: Promotores(as) have found that participants are particularly interested in learning about children and mental illnesses, so this topic generates a lot of questions and discussion. Anticipate questions in this section and budget time to allow for extra discussion.

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|--|--------------------------|
| Activity: Mental Illness Scenarios | Time: 20 Mbinutes |
| Objective: Participants will be able to recognize the symptoms of the different mental health conditions. | |
| Materials: PowerPoint Notes Page, Mental Illness Scenarios | |
| Slide: 31 | |

1. Divide participants into six groups and give each group a scenario.
2. Give each group a few minutes to read the scenario and identify warning signs of a mental illness. Tell them that *if* they believe the person in the scenario is

suffering from a mental illness to identify which one.

3. After a few minutes, ask each group to read their scenario and share their answer. Ask the other groups if they agree. If there is some disagreement, allow them to discuss their different points of view before giving the correct answer.
4. If the group got the answer wrong, give the right answer and explain why. If they got it right, ask them to explain how they got to that answer.
5. After each group has had their turn, make sure to remind them it is important to be able to identify the warning signs of a mental illness, but mental illnesses can present themselves in many different ways and are very complicated. Just because someone may seem to have some of the symptoms of a mental illness doesn't necessarily mean they have one. Likewise, just because the symptoms of a mental illness aren't very obvious, it doesn't mean that someone may not be struggling with one. Emphasize that we can support someone that is suffering from a mental illness, but that only a professional can give a diagnosis and recommend the appropriate treatment.

| | |
|---|-------------------------|
| Activity: Management & Treatment | Time: 10 minutes |
| Objective: Participants will be able to identify treatment options for mental illnesses. | |
| Materials: PowerPoint Notes Page (optional) | |
| Slides: 32 - 34 | |

1. Use slides 32 - 34 to discuss ways that different mental illnesses can be treated and managed, including:
 - Different forms of treatment
 - Different forms of management
 - Stigmas
 - Suicide
2. Ask if there are any questions or comments.

| | |
|--|-------------------------|
| Activity: Balloon Stress Reliever | Time: 10 minutes |
| Goal: To encourage participants to partake in stress relieving activities. | |
| Materials: A balloon for each participants, 5-7 small strips of paper for each participant, markers or color pencils, list of resources, flyers, brochures, or other printed information from local resources | |
| Slide: 35 - 37 | |

1. Give each participant a balloon, several strips of paper, and a writing utensil (slide 35).
2. Tell them to write down one negative thought they have on each piece of paper.
3. Once they have finished writing down their negative thoughts, tell them to put their strips of paper inside of the balloon, inflate it, and tie it.
4. Next, explain that while negative emotions and thoughts are a natural part of life, we can't let them dominate our lives, so today we are going to practice getting rid of these thoughts. Have everyone sit on their balloons until they pop. By the end of the activity there should be lots of smiles and laughs.
5. Explain that laughter is a method of maintaining good mental health.
6. Review a list of local resources (slide 36).
7. End the session by thanking everyone for their time and reminding them of when and where the next session will be (slide 37).

Salud Para Todos Pre-Test

1. Mental health conditions can cause physical health problems and physical health problems can cause mental health conditions.
 - A.) True
 - B.) False
2. Which of the following is NOT a risk factor for developing a mental illness?
 - A.) Genes
 - B.) Stress
 - C.) Gloomy weather
 - D.) A traumatic experience
3. Anxiety is a natural human emotion and that everybody feels sometimes.
 - A.) True
 - B.) False
4. "Stigma" refers to:
 - A.) Pressure from society that can prevent people in need from speaking up or seeking help
 - B.) A plan of treatment agreed to by patient and doctor
 - C.) Lack of knowledge about mental health
 - D.) A type of mental illness
5. Which of the following is NOT a symptom of stress?
 - A.) Headaches
 - B.) Having mood swings between being very depressed or very happy
 - C.) Not being able to sleep
 - D.) Muscle tension
6. How many women will experience intimate partner violence in their lifetime?
 - A). 1 in 25
 - B.) 1 in 40
 - C.) 1 in 8
 - D.) 1 in 3

7. Using threats to control what your partner does, who they talk to, and where they go is a form of abuse.
- A.) True
 - B.) False
8. Which type of drug abuse is the biggest problem in the US?
- A.) Marijuana abuse
 - B.) Cocaine abuse
 - C.) Alcohol abuse
 - D.) Prescription drug abuse
9. Which of the following is true?
- A.) Someone who is addicted to drugs can stop using them whenever they want
 - B.) People that are addicted to drugs don't care about their families
 - C.) People that are addicted to drugs don't have moral principles
 - D.) Addiction is a disease
10. Which two mental illnesses are most commonly diagnosed with a chronic disease?
- A.) Depression and bipolar disorder
 - B.) Anxiety and depression
 - C.) Post-traumatic stress syndrome and depression
 - D.) None

Mental Health Scenarios

1. Ana has always been a worrier, concerned about decisions that seem small and unimportant. Lately she hasn't been getting much sleep because she has become increasingly worried about many things in her life. She recently lost a job, and although she has started a new one, she still spends many of the hours of the day worrying about money and her job. She is worried that she won't be able to provide for her children, but she also worries that she won't be able to spend enough time with her children because she is working. She has become so anxious that she is getting headaches, which then makes her worry about her health, which causes her chest to tighten and her heart will sometimes begin to race. These conditions and thoughts end up causing her to not be able to concentrate while at home and while at work. All of the anxiety and lack of sleep has made her very irritable and tense as well.

2. Luis recently moved from Mexico to the United States for work. He left his wife, two young children, parents, siblings, and friends behind. He is living with one of his brothers, but they both work long hours and don't end up spending much time together. He doesn't speak English well, so he is struggling to adjust to his new home. While he had been a very outgoing and friendly person while living in Mexico, Luis has had trouble meeting new friends in his new home. He finds he is too tired to go out much, and just wants to sleep. He has largely lost his appetite and is losing weight. When his friends and family talk to him on the phone they can tell from his voice that he sounds sad. His parents are worried so they suggested that he play soccer on the weekends, an activity that he used to love. Luis did this last weekend with some neighbors and found that it did make him feel a lot better. He still feels lonely, but he is looking forward to playing a game next weekend with some friends from work.

3. Two month ago Manuel was walking home from work late at night when he was attacked by three men. They beat him up and stole his wallet. Manuel is grateful to be alive, but he hasn't been the same since the attack. He has been having horrible nightmares that cause him to wake in a state of terror at night. In response to the dreams, Manuel has hardly been sleeping and is very agitated. He has been picking fights with his family. He has also lost his appetite and is losing weight quickly. His wife has noticed that he also seems to be very down on himself. He speaks about himself very negatively, blaming himself for the attack.

4. Cristina's parents have noticed some significant changes in her behavior in the last year, especially since she began attending a local university. They have noticed that for weeks at a time it seems like she is almost always frantic and busy. She is always out, sometimes all night. She says that she spends a lot of time studying and is involved in many student groups. When they look at her Facebook they see pictures of her at parties. From the pictures it is clear that she has been drinking. She has also received two speeding tickets and has been in one car accident in the last year. Her parents confronted her about her behavior and she exploded with anger. She threw a book across the living room, stormed out the door, and then sped away in her car. The next week her mother noticed that she didn't go to class all week. Cristina said she was sick and stayed in bed all day. A friend stopped by to drop off class notes, but Cristina didn't even want to get out of bed to thank the friend. Her parents aren't sure what's going on with her.

5. Andrea has missed so much work lately that her boss had to tell her that they couldn't keep her on if she missed much more. She simply doesn't have the energy to get up and get dressed in the morning, and when she does her whole body aches. She used to meet friends on the weekends, but more and more often she has been canceling activities they have planned. She also used to go to an aerobics class every Saturday, but hasn't been for two months. A friend stopped by over the weekend, and when Andrea opened the door it looked as if she had been crying. She initially told her friend she had just been busy, but when her friend pressed her for more information, she said that lately she had just been feeling like there was a giant weight on her chest and that she was worried about a lot of things in her life, so she didn't feel like going out.

6. Enrique has been having some problems at school. He has always been a very active child. He started walking before his older sisters, and did get into more trouble than them, but he was a boy after all. His parents thought that this was typical behavior of a boy, but the teacher has called his parents in for a conference at school because she can't control him. He is climbing on tables and chairs, biting and pushing other children, not listening to directions, and acting out in class. He never works on an assignment quietly for more than ten minutes, and often doesn't complete tasks that are assigned to him during clean up time. He can be especially unpredictable during transitions, such as going from recess or gym class back to class. This morning he got in trouble because he wouldn't line up to come inside after recess. When another student told him to get in line, he pushed the child down to the ground and ran away. It took the teachers fifteen minutes to get him back inside because he kept running from them. Enrique's father thinks this is just how little boys behave and that it's just a phase, but his mother is worried it is more than that.

Mental Health Scenarios Answer Key:

- 1. Generalized Anxiety Disorder:** Ana's symptoms are excessive and constant worry that prevents her from enjoying or completing daily activities, headaches, tightness in her chest, heart palpitations, lack of sleep, irritability.
- 2. None:** Luis is reacting to stressors in his life during a difficult time, but he has shown that he is able to cope with them in a healthy way.
- 3. Post-Traumatic Stress Syndrome:** Manuel's symptoms started after a traumatic event, indicating that it may have been the trigger. The symptoms are terror-inducing nightmares, lack of sleep, irritability, dramatic changes in behavior (picking fights), loss of appetite and weight loss, and an overwhelming sense of guilt.
- 4. Bipolar Disorder:** Cristina's symptoms are mood swings between mania and depression, engaging in risky behaviors that endanger her, and her inability to control her emotions.
- 5. Depression:** Andrea's symptoms are her overwhelming feelings of sadness that have caused her to miss work and other activities, a loss of interest in activities she once enjoyed, and sleeping too much.
- 6. ADHD:** Enrique's symptoms are hyperactivity, inability to control his impulses, inability to stay focused or follow instructions, and having significantly more energy than other children his age.

SESSION TWO: STRESS



I. REVIEW

Stress is a combination of emotions and physical reactions caused by tension or pressures in daily life. Everyone feels stress because there are many things that may cause stress in our lives. We can feel stress briefly, for several months, years, or chronically. Changes in our lives or things like work, family, or moving cause us to feel stress. Sometimes good things, like getting married or starting a new job, may cause us to feel stressed too. Stress is a normal and natural part of life. It can be a good motivator to get things done, but too much stress can be a bad thing that leads to poor mental and physical health.

What Causes Stress?

Stress is caused by many different things, including changes in your life, your environment, events, or situations. Some common stressors that people face are:

- Marriage
- Divorce
- Birth of a child
- Death of a loved one
- Relationship problems
- Caring for parents or grandparents as they age
- Serious illness
- Moving to a new place
- Getting a new job
- Losing a job
- Money
- Racism
- Worrying about the education and well-being of your children
- Problems finding or getting medical care

How Does Stress Affect Us?

Stress affects us mentally, physically, and spiritually. If we have too much stress in our lives, we can suffer from the following symptoms:

Physical symptoms

- Upset stomach and stomach pain
- Headache
- Sweating
- Muscle tension
- Back pain, especially the lower back
- Increase in heart rate
- Shakiness, trembling hands
- Difficulty sleeping
- Feeling fatigued and exhausted often
- Eating too much or too little

Psychological Symptoms

- Feelings of fear and anxiety
- Difficulty concentrating
- Depression
- Irritability
- Memory loss
- Pessimism
- Problems having sex
- Increased use of substances
- Isolation
- Losing interest in things that used to be enjoyable

Over time, high levels of stress can develop into more serious issues, including:

- Migraines
- High blood pressure
- Heart disease
- Stroke
- Ulcers
- Depression
- A weak immune system that leads to colds or the flu

Managing Stress

There are many different ways that people manage stress. A few of them include therapy, spa visits, exercise, doing activities that make you happy, meditation, yoga, being in nature, laughter, spending time with loved ones, and music. Anything or any activity that helps people cope with the stressors of everyday life in a healthy way can be used as a strategy to manage stress. This is also known as self-care.

Who Is Affected By Stress?

People of all ages, genders, races, backgrounds, religions, and socioeconomic status feel stress. There are things in every person's life that cause them to feel stress, whether it's not speaking English well or dealing with the demands and pressures from work or family.

II. SESSION OVERVIEW

Facilitator's Notes: This session has more activities than others. It may be useful to practice facilitating these activities with your peers before the session.

Before the start of the session, remember to post the rules that the participants developed in the first session in a place that is visible. Also, consider setting up the room so that it will be easy for people to make themselves comfortable for the muscle relaxation and breathing activities in this session.

Session Objectives:

- Participants will be able to identify signs and symptoms of feeling too much stress
- Participants will become familiar with the causes of stress
- Participants will be able to name health problems that result from stress
- Participants will identify practices that can reduce stress

Materials:

- PowerPoint slides, computer, and projector (optional)
- Flipchart Paper
- Markers
- Sign-in Sheet
- Markers or color pens or pencils for participants

Handouts:

- PowerPoint Notes Page (optional)
- Wheel of Life
- Progressive Muscle Relaxation Exercise Instructions Handout
- Breathing Exercise Instructions Handout

Session Agenda:

1. Welcome and Introductions
2. *Dinámica*
3. Introduction to Stress
4. Wheel of Life

5. How Stress Affects Us
6. Progressive Muscle Relaxation Exercise
7. Managing Stress
8. Deep Breathing
9. Who is Affected by Stress

Time: 2 hours

Session Plan:

| | |
|--|------------------------|
| Activity: Welcome and Introductions | Time: 5 minutes |
| Objective: To make everyone feel welcome and included in the group. | |
| Materials: Sign-in sheet | |
| Slides: 1 - 4 | |

1. Welcome everyone to the group (slide 1).
2. Pass out a sign-in sheet.
3. If there are new people, briefly introduce yourself and your organization and collect any necessary paperwork from them (slide 2).
4. Remind participants of the rules that were established in the first session (the poster with the rules should be posted somewhere visible) (slide 3).
5. Review the topic of today's session and the agenda (slide 4).

| | |
|--|------------------------|
| Activity: <i>Dinámica</i> | Time: 5 minutes |
| Objective: Establish a level of comfort and familiarity among participants that will set the atmosphere for the sessions. | |
| Materials: None | |
| Slides: 5 | |

1. Ask everyone to introduce themselves and give two examples of positive words.

| | |
|--|-------------------------|
| Activity: Introduction to Stress | Time: 10 minutes |
| Goal: By the end of this activity participants will be able to define stress and understand what causes it. | |
| Materials: PowerPoint Notes Page (optional) | |
| Slides: 6-8 | |

1. Use slide 6 to define stress.

2. Discussion Question: Ask people to answer this question as a group (slide 7).

- *What causes you to feel stress?*

3. Review the information on slide 8 to discuss the causes of stress.

| | |
|---|-------------------------|
| Activity: Wheel of Life | Time: 30 minutes |
| Goal: By the end of this activity participants will be able to identify stressors in their own life and how they can balance them. | |
| Materials: Wheel of life handout & markers, crayons, or color pencils | |
| Slides: 9 | |

1. Introduce the activity by explaining that we will now each create our own ‘Wheel of Life’. Remind the group that we all have responsibilities and things in our lives that cause us stress, which is normal. It becomes a problem when we aren’t able to balance the stress. This activity will help us better understand the sources of stress in our lives and how we can balance them.
2. Pass out the ‘Wheel of Life’ handout and coloring utensils.
3. The first step to completing the ‘Wheel of Life’ is thinking about different aspects of your life that are important to include. This may include roles you play in your life, such as husband/wife, father/mother, friend, or community leader. It could also include areas of your life that are important to you, such as your environment, community, health and fitness, career, artistic expression, or education. Participants can include both roles and areas of importance if they like. Choose eight and write one at the top of each ‘spoke’ of the wheel on the dotted line. The wheel spokes are the lines that move from the center to the outer edge of the circle.
4. Now tell them to rate each of the aspects they wrote by marking how satisfied with this aspect of their life they are on a scale of 1 – 10, with ten being the most satisfied, by marking appropriate spot on each wheel spoke in the same color.
5. Now tell them to draw a line from one each place they marked to the next in the same color.
6. Repeat steps 4-5 with a different color, but instead of rating how satisfied they feel, they should mark the ideal level of attention they would like to give to that aspect of their life. Let them know that a perfectly balanced wheel doesn’t necessarily mean that each category will be the same. There will always be different areas of our life that will need more attention than others, and this will change over time.

7. Once their wheels are complete, ask how balanced their wheels are. Were there big differences between the two colored lines? Are there areas for improvement in managing stress and time?
8. Now each person can complete the table below the Wheel of Life. First they can start by listing things they will start doing to regain balance in their lives, and then they can list the things they will stop doing, reprioritize, or delegate to others.
9. Ask if anyone would like to share what they wrote down. This is a great opportunity to learn from each other!

Facilitator's Note: It can be helpful to have an example of a completed wheel to share with the group as you give instructions, so consider completing an example one ahead of time.

| | |
|--|-------------------------|
| Activity: How Does Stress Affect Us | Time: 10 minutes |
| Goal: By the end of this activity participants will understand how stress affects us. | |
| Materials: PowerPoint Notes Page (optional) | |
| Slides: 10-12 | |

1. Discussion Question: Start off by asking participants to answer this question in small groups, and then share with the larger group (slide 10).
 - *How does stress affect you?*
2. Use slides 11-12 to review causes of stress and point out any that they did not already identify.

| | |
|--|-------------------------|
| Activity: Progressive Muscle Relaxation | Time: 20 minutes |
| Goal: By the end of this activity participants will be able to replicate muscle relaxation exercises to manage stress on their own. | |
| Materials: Progressive Muscle Relaxation Exercise Instructions Handout | |
| Slides: 13 | |

1. Explain that this exercise will help the participants realize how our bodies hold on to stress, but it can also be used as a relaxation technique.
2. Instruct everyone to get into a comfortable position, either seated or laying down.
3. Guide them through the following series of instructions:

- *Take a few deep breaths.*
- *Take a deep breath through your nose and "scrunch up" or tense your scalp. Hold to a count of ten and then release and breathe out.*
- *Next, take a deep breath through your nose. Close your eyes and look up toward the center of your head. You'll feel a strain on your eyeballs. Hold to a count of ten and release and breathe out.*
- *Take a breath through your nose. Tense the inside of your neck. Be aware that tensing this muscle group will cut off the airflow. Hold to a count of ten and release and breathe out.*
- *Take a breath through your nose. Try to expand your lungs front and back by exerting pressure. Hold to a count of ten and release and breathe out.*
- *Breathe in. Create tension in your stomach. Exert pressure on your stomach like you were tensing it around a small ball. Hold to ten and release and breathe out.*
- *Breathe in. Create tension by squeezing the pelvic area. Hold to count of ten. Release and breathe out.*
- *Breathe in. Create tension on the buttocks by squeezing them together. Hold to ten. Release and breathe out.*
- *Breathe in. Create tension on the thighs by squeezing them together. Hold to a count of ten. Release and breathe out.*
- *Breathe in. Create tension in the calves. BE CAREFUL. Squeeze to create tension only. It's easy to cramp this area. Release and breathe out.*
- *Breathe in. Create tension in the feet by scrunching up your toes. Hold to a count of ten. Release and breathe out.*
- *Breathe in. Create tension in your hands by making fists and holding tight. Hold to ten. Release and breathe out.*
- *Breathe in. Create tension in wrists and forearms by bending wrists either forward or backward towards forearms. Hold to ten. Release and breathe out.*
- *Breathe in. Create tension in your upper arms. Hold to count of ten. Release and breathe out.*
- *Breathe in. Create tension in your shoulders and neck by lifting your shoulders up and tensing your neck. Hold to count of ten and release and breathe out.*
- *Take a deep breath and release. Continue to breathe deeply. Wiggle your finger and toes. Roll your head around. Feel the relaxation.*

4. Explain that this is an exercise that they can do on their own as well. They can do it anywhere, lying or sitting down.
5. Discuss the activity using these questions:
 - *Did you feel changes in your body from the beginning of the exercise to the end?*
 - *Did you notice that your body seemed to hold onto stress in any particular area?*
 - *Do you think you could use this exercise on your own to relax? Why or why not?*
6. Pass out the ‘Progressive Muscle Relaxation Exercise Instruction’ handout.

| | |
|---|------------------------|
| Activity: Managing Stress | Time: 5 minutes |
| Goal: By the end of this activity participants will be able to identify at least 5 strategies to effectively manage stress in their own lives. | |
| Materials: Flipchart paper and marker, PowerPoint Notes Page (optional) | |
| Slides: 14-15 | |

1. Use slide 14 to review information about stress management.
2. Discussion Question: Ask participants to answer this question as a large group and write their answers down (slide 15).
 - *What are some ways that you manage stress?*

| | |
|---|-------------------------|
| Activity: Deep Breathing | Time: 20 minutes |
| Goal: By the end of this activity participants will be able to replicate deep breathing exercises to manage stress on their own. | |
| Materials: Deep Breathing Exercise Instruction Handout | |
| Slides: 16 | |

1. Explain that the next exercise will focus on deep breathing, which is a way to relieve and manage stress. If you have already done the muscle relaxation activity, the participants will already be in relaxed positions so they can remain where they are. If not, instruct them to make themselves comfortable either seated or lying down.
2. Guide them through the exercise using these instructions.
 - *Get comfortable, either seated or lying down. Uncross your arms and legs. Let yourself feel heavy in your body. Close your eyes if you want to.*
 - *Pay attention to any tension you feel in your body. You should feel the tension less and less as you begin to breathe deeply.*

- *Place one hand on your stomach in the middle of your waistline and put one hand on your chest.*
- *Inhale slowly and deeply through your nose so that your stomach pushes up your hands as much as feels comfortable. Your chest should only move a little. Now exhale. Continue to breathe deeply like this.*
- *(After a minute or two has passed) Once you are breathing comfortably you should smile slightly and inhale through their nose and exhale through your mouth, making a quiet, relaxing, whooshing sound like the wind as you gently blow out. Your mouth, tongue, and jaw should start to become relaxed.*
- *Continue taking long, slow, deep breaths that raise and lower your abdomen. You should focus on the sound and feeling of breathing as you become more and more relaxed (Allow them to continue breathing this way for 5-10 minutes).*
- *Using a soft voice, ask everyone to bring their attention to any tension they feel in their bodies now and ask them to compare this to how they felt before.*

3. Discuss the activity using these questions:

- *How can this exercise help people manage stress?*
- *Are there ways you can incorporate this exercise into your life?*

4. Pass out the 'Deep Breathing Exercise Instructions' handout.

| | |
|--|-------------------------|
| Activity: Stress Affects Everyone | Time: 10 minutes |
| Goal: By the end of this activity participants will identify who is affected by stress. | |
| Materials: PowerPoint Notes Pages (optional) | |
| Slides: 17-20 | |

1. Discussion Question: Answer as a large group (slide 17):

- *Who do you think is affected by stress?*

2. In the same way that we all experience stress, we can help each other relax. Many people look to their friends and family to help them relax. One of many reasons that people turn to friends and family to relax is because they feel comfortable and are able to laugh with them.

3. Explain that the last activity of the day will focus on helping each other laugh a little bit to relax (slide 19).

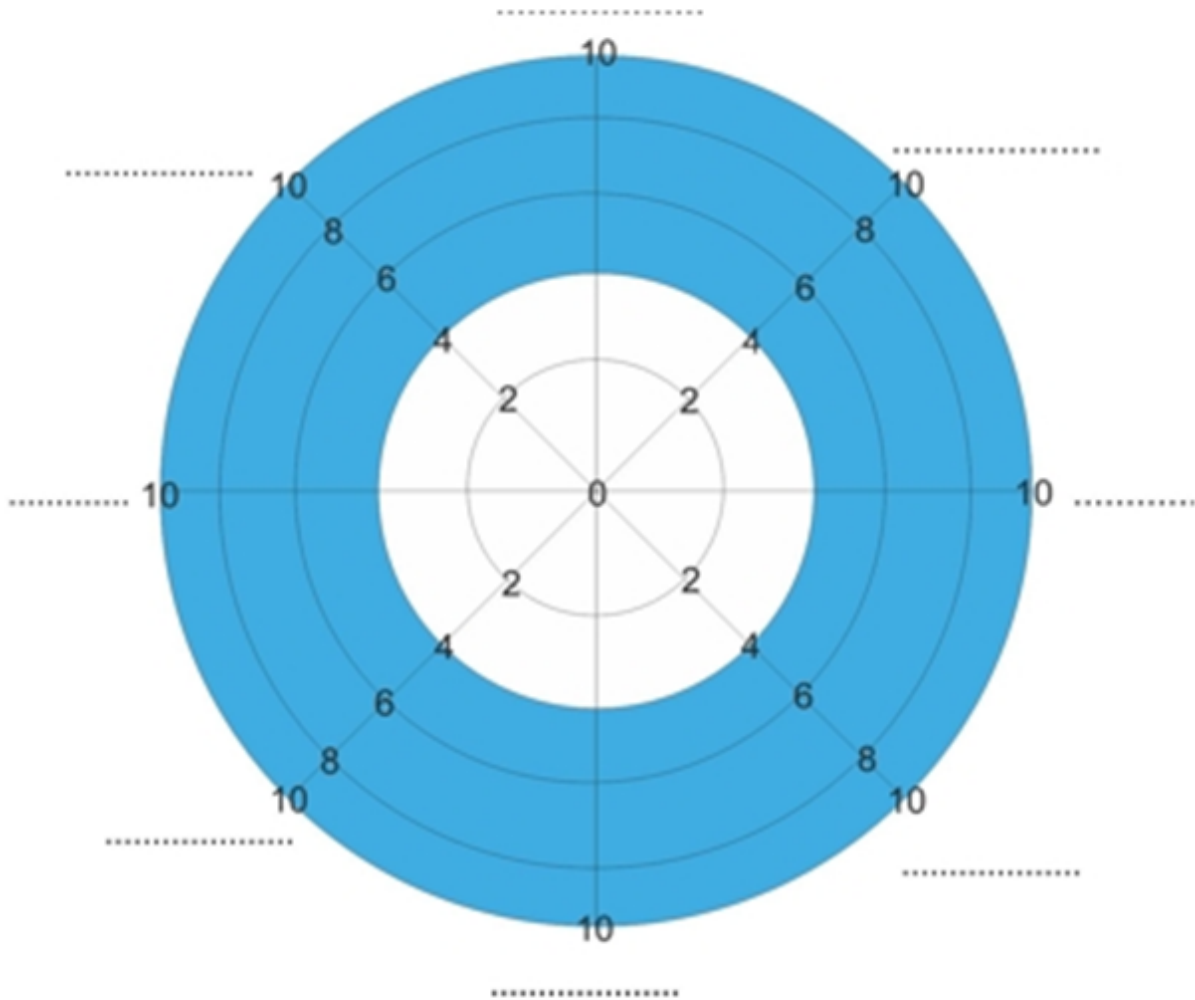
4. Ask everyone to form a circle.

5. Tell everyone to 'groan' as loudly as possible and hold it for at least 5-10 seconds

on the count of three. Give examples of how to 'groan' and let them know that they can make body or facial gestures as well.

6. Count to three and have everyone 'groan' simultaneously and hold until you tell them to stop.
7. Observe laughter or smiles from participants and explain that this a great exercise to do with their kids, especially when situations or events start feeling stressful. Of course, it's a fun activity for adults too.
8. Make any closing remarks for the session and remind people of when and where the next session will be held (slide 20).

THE WHEEL OF LIFE



| Things I will start doing to create balance in my life | Things I will stop doing, reprioritize, or delegate to create balance in my life |
|---|---|
| | |

Progressive Muscle Relaxation Exercise Instructions

1. *Take a few deep breaths.*
2. *Take a deep breath through your nose and "scrunch up" or tense your scalp. Hold to a count of ten and then release and breathe out.*
3. *Next, take a deep breath through your nose. Close your eyes and look up toward the center of your head. You'll feel a strain on your eyeballs. Hold to a count of ten and release and breathe out.*
4. *Take a breath through your nose. Tense the inside of your neck. Be aware that tensing this muscle group will cut off the airflow. Hold to a count of ten and release and breathe out.*
5. *Take a breath through your nose. Try to expand your lungs front and back by exerting pressure. Hold to a count of ten and release and breathe out.*
6. *Breathe in. Create tension in your stomach. Exert pressure on your stomach like you were tensing it around a small ball. Hold to ten and release and breathe out.*
7. *Breathe in. Create tension by squeezing the genital area. Hold to count of ten. Release and breathe out.*
8. *Breathe in. Create tension on the buttocks by squeezing them together. Hold to ten. Release and breathe out.*
9. *Breathe in. Create tension on the thighs by squeezing them together. Hold to a count of ten. Release and breathe out.*
10. *Breathe in. Create tension in the calves. BE CAREFUL. Squeeze to create tension only. It's easy to cramp this area. Release and breathe out.*
11. *Breathe in. Create tension in the feet by scrunching up your toes. Hold to a count of ten. Release and breathe out.*
12. *Breathe in. Create tension in your hands by making fists and holding tight. Hold to ten. Release and breathe out.*
13. *Breathe in. Create tension in wrists and forearms by bending wrists either forward or backward towards forearms. Hold to ten. Release and breathe out.*
14. *Breathe in. Create tension in your upper arms. Hold to count of ten. Release and breathe out.*
15. *Breathe in. Create tension in your shoulders and neck by lifting your shoulders up and tensing your neck. Hold to count of ten and release and breathe out.*
16. *Take a deep breath and release. Continue to breathe deeply. Wiggle your finger and toes. Roll your head around. Feel the relaxation.*

Deep Breathing Exercise Instructions

1. *Get comfortable, either seated or lying down. Uncross your arms and legs. Let yourself feel heavy in your body. Close their eyes if they want to.*
2. *Pay attention to any tension you feel in your body. You should feel the tension less and less as you begin to breathe deeply.*
3. *Place one hand on your stomach in the middle of your waistline and put one hand on your chest.*
4. *Inhale slowly and deeply through your nose so that your stomach pushes up your hands as much as feels comfortable. Your chest should only move a little. Now exhale. Continue to breathe deeply like this.*
5. *Once you are breathing comfortably you should smile slightly and inhale through their nose and exhale through your mouth, making a quiet, relaxing, whooshing sound like the wind as you gently blow out. Your mouth, tongue, and jaw should start to become relaxed.*
6. *Continue taking long, slow, deep breaths that raise and lower your abdomen. You should focus on the sound and feeling of breathing as you become more and more relaxed. Continue breathing this way for five to ten minutes.*
7. *Bring your attention to any tension you feel in your body now and compare this to how you felt before.*

SESSION THREE: INTIMATE PARTNER & DOMESTIC VIOLENCE



I. REVIEW

Intimate partner violence is when one person in a relationship purposefully hurts the other person physically and/or emotionally. It's important to clarify that both men and women suffer from intimate partner violence (IPV), however women are more often abused by a male partner, either a husband, ex-husband, boyfriend, or ex-boyfriend. IPV occurs in both hetero- and homo-sexual relationships. IPV can also occur between un-married couples. This is known as dating violence and is a form of IPV. Domestic Violence (DV) refers to violent or aggressive behavior that happens in a home. DV may include IPV, but may also include elder or child abuse.

How Common is IPV or DV?

IPV and DV are widespread issues across the nation. IPV and DV can happen in any community, regardless of cultural background or socioeconomic status.

- Every 9 seconds a women is assaulted or beaten in the U.S.
- Each year 10 million people are physically abused by an intimate partner
- 1 in 3 women and 1 in 4 men have been victims of IPV in their lifetime
- Women between the ages of 18 – 24 are most commonly abused by an intimate partner
- 1 in every 15 children are exposed to DV each year
- 72 percent of all murder-suicides are related to DV
- 1 in 5 women in the U.S. have been raped in their lifetime¹

¹ National Coalition Against Domestic Violence. National statistics. Available from: <http://ncadv.org/learn-more/statistics> (Accessed August 30, 2016).

Myths About IPV and DV

There are a lot of myths about IPV and DV that are widely believed in the U.S. Because of this, survivors of IPV or DV are generally misunderstood in our society, which makes it even harder for them to leave the relationship. Here are some of the common myths:

- *Victims of abuse must have mental illnesses themselves if they choose to stay in an abusive relationship.*

To someone on the outside, the way a victim of abuse acts may seem strange. For example, many women stop talking to or seeing their family and friends. It's important to understand that under the constant threat of abuse or death, women often start using survival strategies to cope with their daily life. They do not view their situation in the same way someone on the outside does.

- *Couples counseling is a solution for IPV.*

Couples counseling is actually not recommended for couples in violent situations. This is because the abuser is accustomed to overpowering the victim and gaining control of any situation. There are appropriate counseling services for both batterers and survivors separately.

- *It is mostly poor and uneducated women that experience IPV or DV.*

Women of all socioeconomic and educational backgrounds experience IPV and DV. Neither has any impact on the abuse.

- *Someone who abuses their partner must be a violent person all around.*

Many abusers don't use violence to solve conflict in other situations or with other people. They can control themselves enough to pick their target. Their attacks are often planned so they won't leave visible marks or bruises.

- *An abuser is violent because they were under a lot of stress, not because they actually meant to hurt their partner.*

Many abusers will use this as an excuse for their violence, but many people who are under a great deal of stress do not use violence. Also, abusers who are under a great deal of stress usually do not use violence with others, such as their coworkers or boss. The truth is that abusers use violence to help them gain and maintain power and control over their partner, not because they have lost control of their emotions.

- *Drinking or drug abuse causes IPV or DV.*

Drinking and/or drug abuse can cause people to act in ways they otherwise wouldn't, so it does increase the likelihood of violent behavior. However, there is never an excuse for hurting someone else.

- *Most victims of abuse have grown up in violent and abusive households.*

There is evidence that children that have witnessed or experienced DV are more likely to enter into abusive relationships as adults. However, there are many survivors of IPV or DV that have not.

- *The victim of the abuse must have done something to make their partner act violently.*

Abusers choose their actions and the abuse is never the fault of the victim.

- *An abuser must not be a very loving partner.*

In many relationships, the violence and abuse is not always constant. The abuser is often actually very loving and affectionate in between periods of violence and abuse. They also are likely to express remorse for their actions. Unfortunately, seeing this side of the abuser allows the partner to believe that this is the true nature of their partner, that they are capable of love, and that they can change their partner. The hope that a partner can and will change often keeps someone in an abusive relationship.

Types of Abuse

Domestic or intimate partner violence is a pattern of abuse used to gain control over another person. There are five forms of domestic or intimate partner violence, including physical, sexual, psychological, emotional, and economic.

- Physical Violence: When one person uses physical forms of violence against the other person, such as hitting, shoving, grabbing, biting, restraining, shaking, choking, burning, forcing drug/alcohol use, and assault with a weapon.
- Sexual Violence: Sexual violence refers to any unwanted or non-consensual sexual behavior or bodily contact. This can refer to rape or assault, but it also includes sexual harassment and sexually demeaning behavior, coercing (or pressuring someone) to engage in sexual behavior, or preventing the use of contraceptive methods.

- **Psychological Abuse:** This form of abuse is characterized by using fear to control the other person's behavior. This may come in the form of threats, forced isolation, damaging property, abusing pets, constant supervision, controlling where the victim goes, what they do, or who they talk to. Nearly half of all women in the U.S. have experienced at least one form of psychological aggression by an intimate partner.²
- **Emotional Abuse:** This is when the partner does or says things to deliberately lower a person's self-esteem or self-worth. This may include constant criticism, name-calling, humiliating the other person, mocking them, or treating them as if they were a servant.
- **Economic Abuse:** Economic abuse is when the abuser withholds financial resources from the other person to make them dependent on the abuser. This could include controlling and limiting access to financial resources or preventing or forbidding the victim from working or gaining an education.

Why Do People Stay in Abusive Relationships?

Many people struggle to understand why people that suffer from IPV don't leave their abusers. Some people even think it's the victim's fault that they are in the situation they are in because they could leave at any time, but it's not that easy. There are a lot of reasons why a person stays in an abusive relationship, including:

- Fear that their abuser's actions will become more violent or lethal if they attempt to leave
- Unsupportive friends and family
- Financial dependency on the abuser
- Fear of losing custody of their children
- Inability to provide for their children without their partner
- Having nowhere else to go
- If they grew up in an abusive household, this kind of treatment may seem normal
- Religious or cultural beliefs that don't support divorce or separation
- Belief that two parent households are better for children, despite abuse
- Isolation from social supports
- If the abuse is inconsistent, they may believe the relationship is an acceptable mix of good and bad times.

² American Psychological Association (2016). Intimate Partner Violence: Facts & Resources. Available at: <http://www.apa.org/topics/violence/partner.aspx>

- The belief that their abuser can and will change, usually reinforced by promises and temporary lifestyle changes from their partner
- Fear of taking any legal action or seeking services from local agencies because of their legal status in the country
- Feeling embarrassed or ashamed of their situation and feeling that they will be judged or stigmatized if they reveal the abuse
- Feeling helpless to stop the abuse or escape the situation

Children and Domestic Violence

Children suffer from emotional stress when they witness domestic violence. They feel anxious and confused about the violence they see in the home. They don't know what will trigger the abuse, so they are always fearful. Many children that grow up in abusive homes also learn that violence is an effective way to resolve problems.

This can lead to problems with their friends or at school. They are at higher risk for alcohol or drug abuse, suffering from an emotional or mental health condition, juvenile delinquency, and for running away. Children that witness abuse at home are also more likely to either become an abuser or to enter into an abusive relationship.

With help, children can be supported in healing after witnessing or experiencing this kind of violence. The following supports can help a child recover from this trauma:

- A safe and secure home.
- To be surrounded by adults who will listen to them, believe them, and shelter them. This may include parents, but also teachers, social workers, or relatives. Close and dependable relationships help children cope with violence by feeling loved and getting attention. They learn that the violence was not their fault and that they are not alone.
- Routine and normalcy. Routines may include going to school or participating in recreational activities.
- Support services. Interventions that meet all of the child's needs, including physical, emotional, and social.
- Learning that violence is not an acceptable solution to a problem and that there are non-violent methods of resolving conflict. Alternative role models can be a key to helping kids learn what a healthy relationship looks like and how to avoid violence in personal relationships.
- Adults to advocate for them. Children aren't always able to voice and express what they need. They need someone on their side to advocate for them. They need hope for the future.

II. SESSION OVERVIEW

Facilitator's Notes: This topic is one of the most difficult to talk about in this program. It is likely that at least some people in the group will have been affected by IPV or DV in some way, so this topic may be very emotional for some people. It is important to check-in with the group and monitor for any signs of distress. If anyone is becoming too emotionally distressed, it is always okay to take a break.

Prior to facilitating this session, get the contact information for local resources. If possible, bring any brochures, flyers, or other printed information from local shelters or other agencies. Offer this information to everyone at the session, but don't push anyone to take it with them.

Session Objectives:

- Participants will become familiar with what intimate partner violence and domestic violence are
- Participants will be able to distinguish myths from facts regarding intimate partner violence
- Participants will be able to identify different kinds of abuse
- Participants will become familiar with the barriers an individual faces in leaving an abusive relationship
- Participants will understand the effects of domestic violence on children

Materials:

- PowerPoint slides, computer, and projector (optional)
- Sign-in Sheet
- Tape
- A 'True' and a 'False' sign
- 5 pieces of flipchart paper, each with one of the following words written across the top: physical, sexual, psychological, emotional, economic
- Brochures, flyers, or other printed information for local resources

Handouts:

- PowerPoint Notes Page (optional)
- Facts About Intimate Partner and Domestic Violence
- Power and Control Wheel

- Immigrant Power and Control Wheel
- Types of Abuse Scenarios
- In Her Own Words
- ‘Take My Power Back’
- List of Resources

Session Agenda:

1. Welcome and Introductions
2. *Dinámica*
3. Myths about IPV
4. Understanding Abuse
5. From the Survivor’s Perspective
6. Children and Domestic Violence
7. Taking My Power Back

Time: 2 hours

Session Plan:

| | |
|--|------------------------|
| Activity: Welcome and Introductions | Time: 5 minutes |
| Objective: To make everyone feel welcome and included in the group. | |
| Materials: Sign-in sheet | |
| Slides: 1-4 | |

1. Welcome everyone to the group (slide 1).
2. Pass out a sign-in sheet.
3. If there are new people, briefly introduce yourself and your organization and collect any necessary paperwork from them (slide 2).
4. Remind participants of the rules that were established in the first session (the poster with the rules should be posted somewhere visible) (slide 3).
5. Review the topic of today’s session and the agenda. These topics may be especially difficult for some people to talk about, so emphasize that they are free to step out for a few moments if they need to (slide 4).

| | |
|--|-------------------------|
| Activity: <i>Dinámica</i> | Time: 10 minutes |
| Objective 1: Establish a level of comfort and familiarity among participants that will set the atmosphere for the sessions. | |
| Objective 2: Participants will understand how common IPV and DV is in our society. | |
| Materials: Facts About Intimate Partner and Domestic Violence handout | |
| Slides: 5 | |

1. Ask that everyone forms groups of 3-4 people.
2. Pass out the ‘Facts About Intimate Partner and Domestic Violence’ worksheet.
3. Give the groups 5 minutes to fill in the blank spaces on the worksheet. The word in parenthesis next to each blank space indicates what should be put in the blank space (i.e. a number or a percentage).
4. After 5 minutes, go through each question as a larger group and ask for the groups to share their answers. After each group has shared their answer, give them the correct answer.
5. Discussion Questions:
 - *Were you surprised by these numbers?*
 - *Did you think they would be higher or lower?*

| | |
|---|-------------------------|
| Activity: Myths About IPV | Time: 25 minutes |
| Objective: Participants will identify misconceptions about IPV and be able to provide the correct information regarding the myths. | |
| Materials: True and False Signs, PowerPoint Notes Page (optional) | |
| Slides: 6-7 | |

1. Use slide 6 to provide a basic explanation of what IPV and DV are.
2. Explain that there are a lot of misconceptions about IPV and DV in our society that make it even harder for a person to leave an abusive relationship. We may not even realize that we believe in some of these myths too.
3. Ask everyone in the group to stand up. Point out the signs on each side of the room that say ‘True’ or ‘False’. Tell everyone that you will read a statement and that they should stand near whichever sign they believe is the correct answer (so if they believe the statement is false they should stand near the ‘False’ sign). If they are really not sure they can stand in the middle. Before starting, refer back to the rules and remind everyone to accept other people’s point of view because we are all here to learn from each other.

4. Read each of the following statements and give participants a chance to make their decision about whether it is true or false. After each statement have a brief (1-3 minute) discussion about the statement, then provide the group with the correct answer and an explanation of why (slide 7).
 - a. *Victims of abuse must have mental illnesses themselves if they choose to stay in an abusive relationship.*
 - b. *Couples counseling is a solution for IPV.*
 - c. *Mostly poor and uneducated women experience IPV or DV.*
 - d. *Someone who abuses their partner must be a violent person all around.*
 - e. *An abuser is violent because they are under a lot of stress, not because they actually mean to hurt their partner.*
 - f. *Drinking or drug abuse causes IPV or DV.*
 - g. *Most victims of abuse have grown up in violent and abusive households.*
 - h. *The victim of the abuse must have done something to make their partner act violently.*
 - i. *An abuser must not be a very loving partner.*
5. At the end of the activity check-in with participants and ask if anyone has any questions or comments.

| | |
|--|-------------------------|
| Activity: Understanding Abuse | Time: 30 minutes |
| Objective: Participants will be able to identify different kinds of abuse. | |
| Materials: Power and Control Wheel handout, Immigrant Power and Control Wheel handout, 6 Pieces of flip chart paper with one type of abuse written at the top of each one, Types of Abuse Scenarios, tape, PowerPoint Notes Page (optional) | |
| Slides: 8-15 | |

1. Use slides 8-13 to review the different kinds of abuse.
 - Physical
 - Sexual
 - Psychological
 - Emotional
 - Economic
2. Pass out the 'Power and Control Wheel' and 'Immigrant Power and Control

Wheel' handouts. Use the diagram of the 'Power and Control Wheel' on slide 14 to explain how an abuser uses power and control in an abusive relationship.

- Explanation: *The forms of intimate partner violence that we usually think of are physical and sexual violence, and they are typically the most apparent forms of abuse that alert others of the problem. That's why in this wheel they appear on the outer circle. However an abuser will typically use several forms of abuse to gain power and control over their partner. In fact, physical and/or sexual violence often occur less than other kinds of abuse. This diagram shows the abusive and violent behaviors that an abuser will use to gain and maintain control over their partner. As seen in the immigrant wheel of power and control, the layers of abuse become even more complex.*

3. Ask participants if they have any questions or comments.
4. Hang up the 5 pieces of flipchart paper with the different types of abuse written on them and give each person one of the scenarios from the 'Types of Abuse' handout (slide 15).
5. Ask each person to tape their scenario under one of the following categories based on what type of abuse they think it is, or whether they think it is abuse at all.
6. Go through each one and ask the group to come to a consensus on where each scenario belongs.
7. Check-in with the group by asking for questions or comments.

| | |
|---|-------------------------|
| Activity: From the Survivor's Perspective | Time: 20 minutes |
| Objective: Participants will become familiar with the barriers an individual faces in leaving an abusive relationship. | |
| Materials: In Her Own Words handout, PowerPoint Notes Page (Optional) | |
| Slides: 16-17 | |

1. Explain that it is very difficult for people on the outside to understand why a person stays in an abusive relationship, but that there are many reasons. Use slide 16 to review these reasons.
2. Divide the group into smaller groups and pass out the 'In Her Own Words' Handout (slide 17).
 - a. Explain that these stories are true accounts from women who have suffered from IPV. Ask for a volunteer to read Lynn's story out loud.
 - b. Discussion Questions: Ask each group to discuss these questions:
 - *What was the impact of abuse on these women? Did it change their mental and emotional state?*

- *Did they face any barriers that stopped them from leaving the relationship? If so, what were they?*

- Ask for a second volunteer to read Donna's story out loud and ask the group to answer the same questions.
- As a larger group, ask the groups to share what they talked about for each story.
- Discussion Question: As a larger group, ask them to reflect on this question:

- *What impacted you most about these stories?*

| | |
|--|-------------------------|
| Activity: Children and Domestic Abuse | Time: 15 minutes |
| Objective: Participants will understand the effects of domestic violence on children. | |
| Materials: PowerPoint Notes Page (optional) | |
| Slides: 18-19 | |

- Use slides 18-19 to discuss how children are affected by domestic violence. Include the following topics:
 - Effects of DV on children
 - Recovery
- Ask participants if they have any questions or comments

| | |
|---|-------------------------|
| Activity: Taking My Power Back | Time: 10 minutes |
| Objective: Participants will reflect ways someone with domestic violence can overcome their situation. | |
| Materials: 'Taking My Power Back' handout, list of resources and flyers, brochures, and pamphlets from local resources | |
| Slides: 20-22 | |

- IPV and DV may seem hopeless, but there are many resources to help anyone who has survived this kind of violence. Pass out the resources from local organizations (slide 20).
- Pass out the "Taking My Power Back" Handout (slide 21).
- Ask for a volunteer to read the poem.
- Discussion Question: As a large group, discuss this question:
 - *What can you do to help a survivor take their power back?*
- Thank the group for their participation, make closing remarks, and remind them of when and where the next session will be (slide 22).

Facts About Intimate Partner and Domestic Violence

1. Every (period of time) _____ a woman is assaulted or beaten in the U.S.
2. Each year (number) _____ people are physically abused by an intimate partner.
3. 1 in (number) _____ women and 1 in (number) _____ men have been victims of physical violence at the hands of an intimate partner in their lifetime.
4. Women between the ages of (age range) _____ are most commonly abused by an intimate partner.
5. 1 in every (number) _____ children are exposed to domestic violence every year.
6. _____ (Percentage) of all murder-suicides are related to domestic violence.
7. 1 in (number) _____ of women in the U.S. have been raped in their lifetime.

Facts About Intimate Partner and Domestic Violence Answer Key:

1. 9 seconds
2. 10 million
3. 3, 4
4. 18-24
5. 15
6. 72%
7. 5

POWER AND CONTROL WHEEL

Physical and sexual assaults, or threats to commit them, are the most apparent forms of domestic violence and are usually the actions that allow others to become aware of the problem. However, regular use of other abusive behaviors by the batterer, when reinforced by one or more acts of physical violence, make up a larger system of abuse. Although physical assaults may occur only once or occasionally, they instill threat of future violent attacks and allow the abuser to take control of the woman's life and circumstances.

The Power & Control diagram is a particularly helpful tool in understanding the overall pattern of abusive and violent behaviors, which are used by a batterer to establish and maintain control over his partner. Very often, one or more violent incidents are accompanied by an array of these other types of abuse. They are less easily identified, yet firmly establish a pattern of intimidation and control in the relationship.



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IMMIGRANT POWER AND CONTROL WHEEL



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Types of Abuse Scenarios

| |
|--|
| Always criticizing your partner, telling them that they can never do anything right |
| Not allowing your partner to access family bank accounts |
| Telling your partner that they must not love you if they don't want to do the things you ask them to in bed |
| Controlling how your partner dresses and wears their hair |
| Waiting for your partner outside of their place of work at the end of the work day |
| Refusing to use a condom during sex |
| Forbidding your partner from seeing their friends after work |
| Threatening to hurt or kill your partner's mother if she ever stops by the house without an invitation again |
| Grabbing your partner's arm when they try to walk away from you during an argument |

Throwing the car keys at your partner after they have come home an hour late

Telling your partner that you don't want them to go out without you anymore because you think that they're cheating

Deliberately smashing dishes that were passed down to your partner from their grandmother

Refusing to give your partner more than an allowance to spend each week

Laughing at your partner when they tell you they hope that one day they will be able to go back to school to finish their degree

Pulling your partner's hair when you feel like they are not paying attention to you

Threatening to commit suicide if your partner were to leave

Not allowing your partner to learn English

Telling people in the community that your partner has a history of prostitution

Monitoring your partner's cell phone to see who they are talking to and texting

Telling your partner that since they are married they don't have to give their consent to have sex anymore

Types of Abuse Scenarios Answers

Always criticizing your partner, telling them that they can never do anything right:

Emotional

Not allowing your partner to access family bank accounts: **Economic**

Telling your partner that they must not love you if they don't want to do the things you ask them to in bed: **Sexual**

Controlling how your partner dresses and wears their hair: **Psychological**

Waiting for your partner outside of their place of work at the end of the work day: **Psychological**

Refusing to use a condom during sex: **Sexual**

Forbidding your partner from seeing their friends after work: **Psychological**

Threatening to hurt or kill your partner's mother if she ever stops by the house without an invitation again: **Psychological**

Grabbing your partner's arm when they try to walk away from you during an argument: **Physical**

Throwing the car keys at your partner after they have come home an hour late: **Physical**

Telling your partner that you don't want them to go out without you anymore because you think that they're cheating: **Psychological**

Deliberately smashing dishes that were passed down to your partner from their grandmother: **Psychological**

Refusing to give your partner more than an allowance to spend each week: **Economic**

Laughing at your partner when they tell you they hope that one day they will be able to go back to school to finish their degree: **Emotional**

Pulling your partner's hair when you feel like they are not paying attention to you: **Physical**

Threatening to commit suicide if your partner were to leave: **Psychological**

Not allowing your partner to learn English: **Economic**

Telling people in the community that your partner has a history of prostitution: **Emotional**

Monitoring your partner's cell phone to see who they are talking to and texting: **Psychological**

Telling your partner that since they are married they don't have to give their consent to have sex anymore: **Sexual**

In Her Own Words

Lynn's Story:

My two sons, my mother, and I moved into a wonderful home last month. There were many times that I didn't think it would be possible. I had given up any hope of my life being any different. My abuser, the father of my younger son, controlled everything I did and everything my children did. He would come home on Friday after drinking with his friends and start in on me, first yelling, then punching me until I cried. Every weekend I suffered two days of terror and fear. I knew about a domestic abuse shelter but I didn't want to take my kids away from their home. I didn't want them living in a shelter. The thought was scary. Every weekend, I would tell myself that this would be the last weekend I would go through this. I couldn't take anymore. Then, I thought that if I left, I didn't have very much money. I'd probably end up sleeping in my car. If I did that, the State would take my children away from me. I felt like I had no choice but to stay. I felt like there was nothing I could do to get the violence to stop. One Monday morning, the school called. The Assistant Principal wanted me to come down and meet with him and the guidance counselor that day. I was at my job and explained that I couldn't get off just to come down there. He said that I didn't have any choice. I explained to my boss that I had a family emergency, but she said that I had had too many emergencies lately - missing work or coming in late. She said if I left, I didn't need to come back. I didn't want to lose my job, but I had to go see about my son. When I got to the school, the guidance counselor asked me questions about my son's behavior saying that he has become very withdrawn from his classmates and seems depressed and sad all the time.

When my son and I got home from school that afternoon, I had to tell my husband that I had been fired from my job and he went into a rage. He swung at me and when I fell, I could see him reach onto the top shelf of the bookcase where he kept his pistol. My son saw it too and jumped onto his dad's back. I don't clearly remember the rest, except for the sound of the gun when it went off. There was a bunch of shouting and punching and then I heard my son yell "run," and he yanked me up off the floor. We took off for the back door and didn't look back.

Source: <http://www.fcadv.org/about/stories-of-domestic-violence>

Donna's Story (Adapted)

I met him when I came to the United States when I was 21. He was seven years older than me, and I thought he was very attractive. In the early days, things were good. We did the usual things, like going out or seeing a movie. Because I was new to the area, he showed me around and gave me lots of little gifts, like flowers.

There were a lot of early signs of the abuse now that I look back. One time we were supposed to meet, but for some reason he thought we were going to meet somewhere else. I waited and waited for him but he never showed, so I left. When I saw him later he got really, really upset. He grabbed my bag and threw it, yelling 'You're so stupid. Where were you? I was waiting for you for so long!' I was so scared that I just didn't know what to do. He just thought that he was right and I was wrong. He later explained his reaction by saying "I love you so much. I worry about you so much. You are a stranger here and if anything happened to you I wouldn't be able to forgive myself".

I really did feel alone, so it was easy to overlook his anger and believe that he was trying to help me. At least, I needed to believe that to feel ok about being in a foreign country. But things slowly kept getting worse. One time I was at his house and suddenly for no reason he said I was making a mess in his room and became very angry. He picked up something and threw it at me, cutting my knee. His excuse later was that he was under a lot of stress at work. He apologized and said he just needed to get away, so that weekend he actually took me to the beach. Everything felt ok again.

I left the area for a few months for a new job, but we kept dating. After a few months he said he loved me so much that he couldn't live without me and asked me to marry him. We had our problems, but we also had our good times, and I fell for his promises that he would change. I even thought I could rescue him if I loved him enough. I really believed he needed me there. He also started saying things like he would commit suicide if I ever left. So we got married and I moved back with him.

What I found out is that I wanted to glorify things and look only at the good side. I tried to block all the bad things because it's easier not to think about being hurt. You get so comfortable with this person that anything different starts to become unfamiliar and unknown. And living far from home, I didn't have a support network where I could go back and talk to my siblings, parents, or best friends. I couldn't say, "What is happening? Do you think this is normal?" Instead, when I talked to them on the phone, I pretended everything was happy and great.

The more I stayed with him the more I began to lose my self-esteem, and even myself.

I convinced myself that I was useless, dumb, ugly, or whatever he had been calling me. With that sort of brainwashing I became very dependent on him, thinking that there was no way I could ever survive without him. I thought that he was the only person that would love me because I was such a horrible person.

I'd just given birth to our baby. I was tired and he thought I wasn't good in bed anymore and that he didn't love me anymore. One night he came home when I was asleep and jumped on me and said "I'm going to kill you. I don't want to divorce you because I don't want to give you all my money". He tried to kill me that night.

I didn't call the police because I thought 'what would they do?' Plus, I was worried that if he was charged for assault it would ruin his career. He had told me he wanted to get rid of me because I had ruined his personal life, and I thought that if I ruined his career as well he would try to kill me again. So instead, I called the local community center. I was going to see a counselor, but they told me you need to come in because your life is in danger and so is your kid's. When I heard a professional person tell me my life and my kid's lives were in danger, that's when I finally realized I needed to get out of there.

Source: <http://www.dvrcv.org.au/stories/donnas-story>

Taking My Power Back

I am holding my head high
And I am taking my power back

he stripped me of my dignity
he denied me of my first kiss
he stole my trust in others
he took away my voice

But
I am holding my head high
And I am taking my power back

i said no but he demanded yes
he made me a statistic
he turned me into a victim
he left me to rot like a piece of trash

But
I am holding my head high
And I am taking my power back

the police told me I was wrong
they said I provoked him
they implied that I wanted it
they said that I lied

But
I am holding my head high
And I am taking my power back

i let him keep me in his grasp for
years
i used to cower and hide
i jumped at my own shadow
i double-checked the locks

But
I am holding my head high
And I am taking my power back

i learned to hate the world
i learned to like being alone

i put up a wall around me
i became a soldier of one

But
I am holding my head high
And I am taking my power back

i am a woman, proud and strong
i refuse to remain a victim
i will not be silent anymore

For
I am holding my head high
And I am taking my power back

i am becoming a butterfly
emerging from a cocoon
i am ready to spread my wings
i have found my voice again

FOR
I AM HOLDING MY HEAD HIGH
AND I AM TAKING MY POWER BACK!

Anonymous

SESSION FOUR: SUBSTANCE ABUSE



I. REVIEW

Drugs are chemicals that affect a person's mind, body, and behavior. People use drugs to celebrate, to relax, because they enjoy them, because they are bored, or to help cope with problems. Drug use can be harmful when it becomes a person's main way to deal with problems, when it interferes with their ability to carry out daily tasks, or causes harm to them or their family. Over time, alcohol and drug use can have serious effects on a person's mental and physical health.

There are many different legal and illegal drugs. Alcohol, tobacco, and prescription medicines are legal drugs. In some states marijuana is legal and in others it isn't. Drugs that are not legal anywhere include heroin, cocaine, and other drugs mentioned in this session.

Alcohol

Alcohol abuse is the biggest drug problem in the U.S. There are many different kind of alcohol, including beer, liquor, wine, and wine coolers. Alcohol is a depressant. That means that it slows down reactions. Even if while a person is drinking they feel excited for a while, the drug is actually making the body slower. Alcohol affects the part of the brain that helps a person control themselves, so drinking may cause the person to be loud or violent. The feeling of loss of control may actually be what someone who is addicted to alcohol enjoys most about the drug.

Alcohol is something that people often use in social settings, for example at celebrations and gatherings with family and friends. We see it everywhere, all the time.

The Effects of Alcohol

The short-term effects of drinking alcohol are:

- Feeling relaxed and at-ease
- Impaired judgement
- Becoming more talkative, confident, and outgoing
- Talking slowly and becoming hard to understand (slurred speech)
- Having trouble doing simple tasks, like walking or driving
- Being less productive at work

- Dehydration, especially in the sun
- Having slower reflexes and reaction time
- Having trouble getting an erection
- Losing balance and coordination
- Throwing up or feeling sick
- Passing out
- Not remembering what happened while they were drinking
- Having a 'hangover' the next day (headache, sick to stomach, muscle aches)

Once somebody drinks enough to become intoxicated, the only way to become sober is to wait for the effects of the alcohol to wear off. How long this takes will be different for every person, but on average, a drink of alcohol will stay in your body's system for two hours after it is consumed.

The long-term effects of drinking alcohol are:

- Malnutrition
- Becoming overweight
- Diabetes – drinking too much alcohol can make diabetes worse
- Liver disease, including cirrhosis and alcoholic hepatitis
- Damage to the heart, kidney, stomach and brain
- Accidents, like falling, driving, or fighting while drinking
- Alcohol poisoning leading to seizure, coma, and death
- Cancer

Over time, the complications and illnesses that come from drinking heavily for many years can lead to death.

Alcohol affects people differently. Some factors that influence how much alcohol will affect you if you do drink are:

- How much you drink
- How quickly you drink
- How much you weigh
- How much you are used to drinking (your tolerance)
- How much you eat before you drink
- What kind of mood you were in before drinking

- Whether or not you used other drugs before or while drinking
- How old you are – alcohol affects people more as they age
- Whether you are male or female – alcohol tends to affect women more quickly than men
- Other health conditions or problems

'Low-risk' and 'High-risk' Drinking

There is low-risk and high-risk drinking. First, it's important to clarify that 'low-risk' *does not* mean 'no-risk'. Because alcohol is a drug, there is always a risk if you drink it. If you drink too quickly, have other health problems, or are older, alcohol can have a more dangerous effect on you. However, for most people, the National Institute of Health (NIH) considers 'low risk' drinking to be men that don't have more than 4 drinks in one day and women that don't have more than 3. Overall, the NIH recommends that men should not have more than 14 drinks per week and women should not have more than 7. Anything above these recommendations or that is above a person's individual tolerance is 'high risk' drinking.¹

Pregnancy and Alcohol

Pregnant women should not drink because it increases the chances of having a baby with health problems, like low birth weight and birth defects. It can also lead to miscarriage or pre-term birth. Alcohol use during pregnancy is the leading known cause of developmental disability and birth defects in the U.S. These are known as Fetal Alcohol Spectrum Disorders (formerly called Fetal Alcohol Syndrome) and can cause growth deficits, brain damage, heart lung and kidney defects, and learning disabilities, among other things.

There is mixed information about drinking and pregnancy in the media. There are some people who say certain types of alcohol, like wine, are okay to drink in small quantities at certain points during the pregnancy. While many people take different stances on this topic, the only way to be 100 percent sure that there will be no complications from alcohol is for pregnant women to avoid drinking any alcohol. This is why the Center for Disease Control and Prevention says there is no safe time or safe amount to drink while pregnant.

12 National Institute of Health. (2016). Drinking levels defined. Available from: <https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking>

Tobacco

Nicotine is a drug found in tobacco. It is a highly addictive drug – possibly the most addictive drug there is. It enters the body when a person smokes cigarettes, cigars, or pipe tobacco. Tobacco can also be chewed or inhaled through the nose. These forms of tobacco can be just as harmful as smoking. Short term effects of tobacco are: coughing, shortness of breath, and frequent colds or illnesses. Long term effects include:

- Lung cancer
- Other kinds of cancer
- Serious lung problems like bronchitis and emphysema
- Eye problems, like glaucoma
- A heart attack or other heart disease
- Stroke
- Death

Although the consequences of smoking can be very serious, as soon as someone quits smoking their body starts to repair itself. Even if the person has been smoking for many years or is older, their body will still start to heal.

Secondhand Smoke

Secondhand smoke is the smoke that comes off of the lighted end of a cigarette pipe, or tobacco product. This smoke is more toxic than the smoke that the smoker inhales. That's why even if someone doesn't smoke, they can still get sick from secondhand smoke. It may lead to headaches, eye irritations, throat or nose irritation, coughing, allergic reactions, bronchitis, or breathing problems. It can be especially harmful to children because their bodies are still growing. Secondhand smoke can cause permanent damage to the growing body.

E-Cigarettes

E-cigarettes have become a popular substitute for cigarettes, especially among teenagers and young adults. E-cigarettes are powered by batteries. They use a heating element to heat a liquid substance, releasing a chemical-filled vapor that contains nicotine and/or other substances. At this time, e-cigarettes are not regulated by the Federal Drug Administration, so what is in e-cigarettes is not standard across the market. There is also little known about the long-term effects of using e-cigarettes or inhaling the vapor it releases second-hand. Because there is little known about them and because some

e-cigarettes contain cancer-causing chemicals, it is best to stay away from them. This is especially important for youth because the exposure to nicotine in this form may lead to smoking cigarettes later on in life.

Marijuana

Other names for marijuana that you may have heard are weed, dope, grass, bud, reefer, pot, hierba, hash, and mota. Over the last few years marijuana has become legal in some parts of the country. However, it is still a drug that can have health consequences on those who use it. Some effects of marijuana are:

- Forgetfulness
- Laziness
- Increase in appetite
- Loss of motivation
- Harm to the lungs

Marijuana is considered a gateway drug. This means that although marijuana is not considered to be an addictive drug, people that start smoking marijuana may form habits that lead them to take more addictive drugs.

Cocaine

Cocaine is a drug that comes in different forms and can be taken into the body in different ways. Cocaine sometimes comes in the form of white powder that is inhaled through the nose. The powder can also be melted and then injected into the body using a needle. Other names for cocaine are coke, snow, blow, or crack. Crack is a cheap form of cocaine that is usually smoked. The effects of cocaine only last for five to thirty minutes, so users always crave more, making it highly addictive. At first cocaine may make the user:

- Feel more alert
- Feel really good, almost invincible
- Unable to sleep
- Not feel hungry
- Feel overconfident
- Have a lot of energy
- Feel strong
- Feel irritated or excited
- Be moody
- Feel paranoid

Over time, the long-term effects are more serious and include:

- Weight loss
- Depression
- Paranoia
- Damage the inside of the nose
- Heart problems
- Lung problems or even failure
- Breathing problems
- Heart attack (regardless of the person's age)
- Convulsions (very hard shaking)
- A stroke
- If people have been injecting it, they may be at risk for AIDS

An overdose of cocaine can lead to death.

Heroin

Heroin is another highly addictive drug. It is usually injected, but can also be snorted or smoked. Heroin causes the user to feel euphoric, followed by a state of feeling wakeful but also drowsy. Because heroin is typically injected, users are at a high risk for contracting HIV or hepatitis. Other long-term effects are

- Collapsed veins
- Heart problems
- Abscesses
- Liver or kidney disease
- Permanent damage to the lungs, liver, kidneys
- Brain damage

An overdose can also lead to death. It is difficult to stop using this drug because it leads quickly to a physical dependence, a state in which the body has adapted to the presence of the drug, creating the sense that the user needs the drug to survive. Stopping its use can lead to withdrawal, which includes muscle and bone pain, insomnia, diarrhea, cramps, vomiting, cold flashes, convulsions, and restlessness.

GHB & Rohypnol

GHB and Rohypnol are known as 'date rape' drugs. Rohypnol is a powerful sedative that is sometimes prescribed to help people sleep. Another name for it is 'roofies'. These drugs are dangerous because people can slip them into another person's drink without them seeing or tasting it. The drugs cause people to do things they wouldn't normally do, such as have sex. These drugs are typically slipped into peoples' drinks at clubs or bars for the purposes of rape. GHB or Rohypnol can cause:

- Blackout (forget everything that happened while on the drug)
- Low blood pressure
- Stomach problems
- Relaxation of muscles
- Tiredness
- Confusion
- Headaches
- Slurred speech

- Dizziness
- Nightmares
- Tremors
- Difficulty walking
- Agitation

People can even die from using GHB or Rohypnol with alcohol.

Drug Use, Abuse, and Addiction

Drug use means a person uses a drug in some way. For example, someone may be prescribed a pain medication by a doctor for a condition, or someone may have a drink at a wedding or party. **Drug abuse** means someone uses drugs in a way that is harmful to them or in a way that they are not supposed to. For example, someone who has been taking pain medicines that have not been prescribed by a doctor or someone who is drinking heavily and then driving. **Drug addiction** means a person uses drugs so much that their mind and body need the drug to feel normal. They have a lot of trouble stopping their drug use and they need to use more and more to feel high. They may become so used to the drug that they do not know how to function without it. They will continue to use the drug, even if it causes problems in their life. Addiction is a disease.

Effects of Addiction

The body can't tolerate long-term abuse or addiction to alcohol or drugs. No matter which drug is being abused, addiction can lead to:

- Depression
- Isolation from friends, family, and the community
- Poverty (many addicts spend all their money on drugs)
- Arrest and possible imprisonment
- Hurting others
- Death

Signs of Addiction

Signs of addiction are:

- Not being able to quit using the drug
- Not being able to control how much of the drug is used and when
- Thinking about the drug all the time
- Needing the drug to handle stressful situations or cope with negative emotions
- Believing the drug can help you get through the day
- Sacrificing family, money, friends, free time, and hobbies to get the drug
- Not being able to control your body without the drug
- Going to extremes to get the drugs (such as stealing)

Understanding Addiction

Some people who use drugs don't get addicted, but others do. They may use drugs or alcohol to cover up feelings of shyness, sadness, or loneliness. They may not be able to feel good or deal with emotions without drugs. For this reason, it is common for people with mental illnesses to become drug abusers or addicts. People who are addicts are not bad people, but they do need help.

For outsiders, it is very difficult to understand addiction, especially because it causes so many problems for the addict and their loved ones. Some people assume that drug users lack moral principles or willpower and that they have the power to stop using the drug at any time. This is not the case. Addiction is a disease that can affect any person from anywhere. It is a very complicated disease that actually alters the way your brain functions. The use of the drug changes the person's brain chemistry over time. This means that the drug actually changes how different parts of the brain communicate with each other, making it impossible for an addict to resist the intense impulse they feel to take the drug, no matter how unhappy it may make them feel when they are not on the drug.

Although addiction is a very serious disease, there are many effective treatments. The treatment will depend on the drug and other factors, such as how long the person has used the drug. For some drugs, like heroin, the withdrawal symptoms are so severe the person may become very sick if they simply stop using the drug. In this case, other drugs and medications will be used to help the person's body return to a normal and healthy state again. Almost all treatment approaches involve some kind of counseling therapy. Peer support groups, like Alcoholics Anonymous, have also been very effective in helping people with addiction recover. These groups also provide support for an addict's loved ones.

II. SESSION OVERVIEW

Facilitator's Notes: Before you begin this section, find resources in your community for people dealing with substance abuse issues and ask them if they have any flyers, brochures, and pamphlets you can distribute to participants. Also create a printed list of resources with contact information for the different resources you find to distribute at the end of the session. If using the PowerPoints, include the list on the appropriate slide at the end of the session.

Session Goals/Objectives:

- Participants will be familiar with short term and long term effects of alcohol and other drugs
- Participants will identify the various family and work problems that can result from alcohol and drug abuse
- Participants will be able to describe the signs of addiction and problems caused by addiction

Materials:

- PowerPoint slides, computer, and projector (optional)
- Sign-in Sheet
- Flipchart Paper
- Markers
- 'True' and 'False' signs
- 'Nuggets' Video (can be accessed here: <https://www.youtube.com/watch?v=HUnGLgGRJpo>)
- Flyers, brochures, or other printed information from local resources
- PowerPoint Notes Page (optional)
- Effects of Addiction
- Resource List

Session Agenda:

1. Welcome and Introductions
2. Pre-test
3. *Dinámica*
4. Introduction to Drugs and Alcohol
5. Addiction
6. Understanding Addiction

Time: 1.5 – 2 hours

Session Overview:

| | |
|---|-----------------|
| Activity: Welcome and Introductions | Time: 5 minutes |
| Objective: To make everyone feel welcome and included in the group. | |
| Materials: Sign-in sheet | |
| Slides: 1-4 | |

1. Welcome everyone to the group (slide 1)
2. Pass out a sign-in sheet.
3. If there are new people, briefly introduce yourself and your organization and collect any necessary paperwork from them (slide 2).
4. Remind participants of the rules that were established in the first session (the poster with the rules should be posted somewhere visible) (slide 3).
5. Review the topic of today's session and the agenda (slide 4).

| | |
|---|------------------|
| Activity: <i>Dinámica</i> | Time: 10 minutes |
| Objective: Establish a level of comfort and familiarity among participants that will set the atmosphere for the sessions. | |
| Materials: None | |
| Slides: 5 | |

1. Ask everyone to form a circle.
2. Explain the directions of the activity:
 - The first person will say a word. The next person will say a word that they associate with that word. The next person will do the same, and so on. For example, if the first person said red, the next person could say tomato, the next person could say soup, and so on.
3. Give the starting word. It should be something related to this unit, such as 'drugs', 'alcohol', or 'addiction' and move clockwise through the circle until each person has had a turn.

4. Depending on time, you can start again with a second word.

| | |
|--|------------------|
| Activity: Introduction to Drugs and Alcohol | Time: 30 minutes |
| Objective: Participants will become familiar with short term and long term effects of alcohol and other drugs. | |
| Materials: True and False signs | |
| Slides: 6-27 | |

Facilitator's Note: Read the statements in step 4 of this activity ahead of time so that you can be sure to cover all of this information when you complete step 1.

1. Use slides 6-26 discuss the following information:
 - a. Define what drugs are
 - b. Identify illegal and legal drugs
 - c. Review information about alcohol, tobacco, cocaine, heroin, and GHB & Rohypnol
2. Ask if anyone has any questions or comments.
3. To review this material ask everyone to stand up. Tell them you are going to read them a statement and they should decide if it is true or false. If they think the statement is true then they should stand by the true sign and they should stand by to the false sign if they think it is false. If there is disagreement allow the participants to discuss their answers. Always give the correct answer after each statement (slide 27).
4. Read the following statements.
 - *Rohypnol and tranquilizers are drugs that people take to feel more energetic (F)*
 - *Drinking alcohol for many years can lead to death (T)*
 - *Children who spend time around cigarette smoke are more likely to get sick (T)*
 - *A women that drinks alcohol during her pregnancy will harm the development of her child. (T)*
 - *Coffee, cold showers, and running in the fresh air help someone who is drunk get sober. (F)*
 - *A person who uses drugs or alcohol is more likely to get HIV. (T)*

- *A person who has been using drugs or alcohol may get dehydrated or sick from the sun more easily. (T)*
- *As soon as a person stops smoking, even if they are very old, their body begins to repair the damage done by cigarettes. (T)*
- *Alcohol has a stimulating effect, or speeds up your body. (F)*
- *Use of drugs like marijuana can lead people to try other drugs they normally wouldn't use, like heroin or cocaine. (T)*
- *Smokeless tobacco, such as chewing tobacco or e-cigarettes, is less harmful than smoking cigarettes. (F)*

| | |
|--|------------------|
| Activity: Addiction | Time: 20 minutes |
| Objective: Participants will become familiar with short term and long term effects of alcohol and other drugs. | |
| Materials: Effects of Addiction Handout, PowerPoint Notes Page (optional) | |
| Slides: 28-32 | |

Facilitator's Note: If the link provided no longer works, search for the 'Nuggets' video by Andreas Hykade.

Use slide 28-31 to discuss the following information:

- Define drug use, abuse, and addiction
 - Effects of addiction
 - Signs of addiction
1. Ask if there are any questions or comments.
 2. Pass out the 'Effects of Addiction' handout (slide 32).
 3. Divide participants into small groups of 2-4 people and ask them to write the effects of addiction in each of the boxes.
 4. Ask groups to share their answers.

| | |
|---|------------------|
| Activity: Understanding Addiction | Time: 30 minutes |
| Objective: Participants will understand that addiction is a disease. | |
| Materials: 'Nugget' video or handout, resource list, Flyers, brochures, or other printed information from local resources, PowerPoint Notes Page (optional) | |
| Slides: 33-37 | |

1. Use slide 33 to discuss the following points:
 - Why people become addicted to drugs
 - Addiction as a disease
2. Play the 'Nugget' video (slide 34).
3. Discussion Questions: As a large group ask participants:
 - a. *What is happening in this video?*
 - b. *What emotions do you think this animation is trying to show?*
 - c. *After watching this video, how do you think someone who is an addict views their own situation?*
 - d. *What did you learn about addiction from this animation?*
4. Explain that as difficult as addiction can be, there are treatments for addiction. Use slide 35 to review:
 - a. Medications
 - b. Therapies
 - c. Peer support programs
5. Provide the participants with local resources related to drug abuse and addiction (slide 36).
6. Thank the group for their participation, make any closing remarks, and remind the participants of when and where the next session will be (slide 37).

Effects of Addiction

| INDIVIDUAL | FAMILY |
|-------------------|---------------|
| | |
| FRIENDS | WORK |
| | |
| COMMUNITY | OTHER |

SESSION FIVE: Chronic Disease & Mental Health



I. REVIEW

Our mental health is connected to our physical health. As we learned in the first session, many mental health conditions cause physical symptoms in our body. For example, anxiety can cause headaches, muscle tension, heart palpitations, and stomach pain. Physical illnesses can also lead to mental health conditions. For example, people that have diabetes may also suffer from depression. In this way, mental illnesses and chronic diseases are a lot alike. Both cause psychological and physical symptoms in our bodies and both are chronic, which means that the condition will last for a long time. In this chapter we will focus on this relationship. It may be helpful to review the information from the first session before starting this one.

Chronic Disease

A chronic disease is a health condition that is present in a person's body over a long period of time, or that re-occurs over a long period of time. Some chronic conditions can never be completely cured, but can be managed, like diabetes. Some other common chronic diseases are heart disease, cancer, arthritis, and asthma.

Chronic Disease and Mental Health

There is more and more evidence showing that chronic diseases and mental health conditions are related. When one person has two illnesses at the same time, it is said that they are co-occurring. Depression and anxiety disorders most often co-occur with chronic diseases. For example:

- Depression is found to co-occur in 17 percent of cardiovascular disease cases, 23 percent of stroke cases, 27 percent of diabetes cases, and over 40 percent of cancer cases.¹
- Research has shown that depression increases the likelihood of developing a chronic condition and of experiencing difficulty successfully treating it.²
- Adults in the U.S. living with a serious mental illness die an average of 25 years earlier than those without a mental illness, largely due to treatable medical conditions.³

1 Center for Disease Control and Prevention (2012). Mental Health and Chronic Diseases. Available from <http://www.cdc.gov/nationalhealthyworksites/docs/Issue-Brief-No-2-Mental-Health-and-Chronic-Disease.pdf>

2 Perry, G., Presley-Cantrell, L. & Dhingra, S. (2010). Addressing Mental Health Promotion and Chronic Disease Prevention and Health Promotion. *American Journal of Public Health, 100*, 2337 – 2339. DOI: 10.2105/AJPH.2010.205146

3 National Alliance on Mental Health (2015). Mental Health by the Numbers. Available from <https://www.nami.org/Learn-More/Mental-Health-By-the-Numbers#sthash.IjZNkMzb.dpuf>

- There is a link between positive mental health practices and good health. For example, people who are optimistic are less likely to develop heart disease.⁴

Causes of Mental Illnesses and Chronic Disease

While the causes of mental illness are not always known, there is more certainty about what causes chronic diseases. For example, we can say with certainty that consistent exposure to cigarette smoke can cause cancer.

Like mental illnesses, the causes of chronic diseases are usually a combination of risk-factors, most of which can be prevented. The chart below shows the risk factors that can lead to the development of a mental illness or chronic disease.

| Mental Illness Risk Factors | Chronic Disease Risk Factors |
|---|---|
| <ul style="list-style-type: none"> • Family history • Stressful life conditions • Having a chronic disease • Traumatic experience • Use of drugs and alcohol • Childhood abuse or neglect • Lack of social support | <ul style="list-style-type: none"> • Family history • Lack physical activity • Tobacco use • Use of drugs and alcohol • Environment (living conditions) • Socioeconomic status • Age • Poor eating habits |

Looking at this chart, there is a clear relationship between many the risk factors for both types of illnesses, demonstrating the powerful connection between the mind and body.

Chronic Disease and Mental Health Symptoms

Many of the symptoms from chronic diseases and mental illnesses are either related or the same. People experience symptoms for the same illness differently and each condition has symptoms that are specific to it, but there are some common symptoms that appear with many mental health conditions and chronic diseases:

- Changes in sleep
- Changes in appetite
- Changes in energy level
- Stomach pains or digestive problems
- Achiness or tension in muscles
- Feelings of anxiety or depression

As many of the symptoms of these two conditions overlap, it is often hard to diagnose both conditions. This is why many of the signs of a mental health conditions go undiagnosed in people that have chronic diseases.

The Relationship between Mental Health and Physical Health

While it is clear that mental health and physical health are related, it is not known if mental illness or chronic disease comes first. However, it is known that there are certain factors related both to mental health conditions and physical health conditions that influence the other. That is to say, some risk factors that lead to mental health conditions are caused by getting a chronic disease, and vice versa. Some symptoms of mental health conditions may cause or affect the likelihood of getting a chronic disease and vice versa.

People with mental health conditions are more likely to engage in high-risk health behaviors that increase the chances of developing a chronic disease, such as:

- Smoking, drinking, or using other drugs
- Physical inactivity
- Irregular sleep patterns
- Poor dietary habits

People with chronic diseases are likely to experience a change in lifestyle. Changes in mobility, physical endurance, and other health restrictions prevent them from participating in activities or doing the same things they were once able to do.

Sometimes the changes are dramatic and permanent. They could lead to a change in employment, put strain on relationships, cause financial difficulty, and limit the recreational and social activities a person can participate in. People with chronic diseases also experience physical pain many days. These conditions are likely to cause:

- Stress
- Isolation
- Negative feelings about themselves and their future
- Feelings of anxiety
- Feelings of failure, guilt, inadequacy, and frustration

These are all risk factors for developing a mental illness. Additionally, if someone is suffering from a mental health condition, they are often less able or willing to participate in a treatment plan.

Children and Teens with Mental Health Conditions and Chronic Disease

Obesity, asthma, and diabetes are the most common chronic illnesses diagnosed in children or teens. In recent years, rates of children that are diagnosed with obesity or diabetes have been steadily rising. Children who have a chronic illness are up to four times more likely to develop a mental health condition than other children. The presence of both of these conditions can have a negative impact on the child's behavioral, emotional, social, and educational development and functioning. It also affects how well a child can manage their chronic disease, which can lead to medical complications.⁵

Children that experience abuse, neglect, or household dysfunction (household dysfunction includes witnessing domestic violence or substance abuse in the home, or experiencing the effects of mental illness, a divorce, or the incarceration of a parent) during childhood are more likely to smoke, be obese, be physically inactive, suffer from depression, and attempt suicide as adults. The more a child is exposed to any of these three events, the more likely it is that as adults they will develop heart disease, cancer, chronic bronchitis, and emphysema.

During adolescence, it is common for teens to experiment and engage in risky behaviors, like smoking or drinking. However, teens that have been diagnosed with a chronic condition are more likely to engage in risky behaviors like smoking, drinking, drug use, and sexual risk behaviors, all of which cause complications for their medical condition and put them at risk for mental health conditions.

Teens that suffer from mental health conditions are also more likely to engage in risky

⁵ Bennet, S., Shafran, R., Coughtrey, A., Walker, S. & Heyman, I. (2015). Psychological interventions for mental health disorders in children with chronic physical illness: A systematic review. *Archives of Disease in Childhood*, 100, 308-316.

behaviors, like substance abuse, fighting, and sexual risk-taking. All of these behaviors lead to poor mental and physical health. For children or teens that are at risk for developing a mental health condition or a chronic disease, the following can help:

- Stable home environment
- Supportive adults that also serve as role models
- Engaging in positive recreational and social activities
- Eating well and developing healthy eating habits
- In some cases, therapy and other social services can help
- Teens may also benefit from peer support groups

Management and Treatment

Just like mental illness and chronic disease are related, good mental health and good health outcomes are related. Activities that maintain mind and body health, like eating well, exercising, and effectively managing stress, can help keep a person's mind and body healthy. For those who have a chronic disease, a mental health condition, or both, there are ways to treat and manage the conditions. Some strategies include:

- Receive treatment that involves both mind and body
- Learn how to effectively manage their disease – in many cases this means learning appropriate diet and exercise
- Peer support programs
- Practicing stress management techniques
- Therapy
- Learn how to appropriately use medication for either or both conditions
- Receive support with health related decision-making
- Improve health literacy and learn how to communicate with health care providers
- Receive support from family and friends

II. Session Overview

Facilitator's Notes: This lesson plan assumes that participants have completed the first session on mental health. If there are participants present that did not, it may be worth it to include a brief review of mental health in the beginning of the session. You can make this an interactive review by asking participants who were there for the first session to explain the basic concepts from the first session.

Session Goals/Objectives:

- Participants will demonstrate an understanding of the relationship between mental health conditions and chronic disease
- Participants will identify the ways that mental health and chronic disease can influence the other
- Participants will become familiar with mental health conditions and chronic diseases in teens and children
- Participants will identify different management and treatment options for people that have both mental health conditions and a chronic disease

Materials:

- PowerPoint slides, computer, and projector (optional)
- Sign-in sheet
- Half sheet of paper – 1 per participant
- Tape
- Writing utensils for participants (markers, color pencils, crayons)
- Food (optional)
- Signed certificates of completion

Handouts:

- PowerPoint slides with notes pages (optional)
- Chronic Disease and Mental Health Scenes
- Post-Test

Session Agenda:

1. Welcome and Introductions
2. *Dinámica*
3. Connecting Mental Health and Chronic Diseases
4. The Relationship between Chronic Disease and Mental Health
5. Effects on Teens and Children
6. Management & Treatment
7. Post-test
8. Celebration

Time: 1.5 – 2 hours

Session Overview:

| | |
|--|------------------------|
| Activity: Welcome and Introductions | Time: 5 minutes |
| Objective: To make everyone feel welcome and included in the group. | |
| Materials: Sign-in sheet | |
| Slides: 1-4 | |

1. Welcome everyone to the group (slide 1).
2. Pass out a sign-in sheet.
3. If there are new people, briefly introduce yourself and your organization and collect any necessary paperwork from them (slide 2).
4. Remind participants of the rules that were established in the first session (the poster with the rules should be posted somewhere visible)
5. Review the topic of today's session and the agenda (slide 3).

| | |
|--|-------------------------|
| Activity: <i>Dinámica</i> | Time: 10 minutes |
| Objective: Establish a level of comfort and familiarity among participants that will set the atmosphere for the sessions. | |
| Materials: None | |
| Slides: 5 | |

1. Ask everyone to form a circle.
2. Everyone will start looking down. When you say “look up”, they have to immediately look up at someone in the circle. When you look up, if make eye contact with someone, both people are out of the game and should step out of the circle.

3. You will then call out “Look down” and everyone should look down again and adjust the circle so that there are no empty spaces. Ideally this should be a fast paced game with the time between you calling “look up” and “look down” only being a few seconds.
4. Continue calling out “look up” and “look down” until there are only two people left.

| | |
|--|-------------------------|
| Activity: Connecting Mental Health and Chronic Disease | Time: 10 minutes |
| Objective: Participants will demonstrate an understanding of the relationship between mental health conditions and chronic disease. | |
| Materials: PowerPoint Notes Page (optional) | |
| Slides: 6-10 | |

1. Use slides 6-9 to introduce the relationship between mental health conditions and chronic disease. Include the following information:
 - Review the definition of mental health
 - Define chronic disease
 - Discuss how often chronic diseases and mental illnesses co-occur
 - Review the causes of mental health conditions
2. Discussion Question: Discuss this question in small groups of 3-4 people first, and then as a larger group (slide 10):
 - *What similarities are there between mental illnesses and chronic diseases?*

Facilitator’s Note: If participants have moved to form groups in this activity, they can stay in those groups for the next activity.

| | |
|---|-------------------------|
| Activity: The Relationship between Chronic Disease and Mental Health | Time: 20 minutes |
| Objective: Participants will identify the ways that mental health and chronic disease can influence the other. | |
| Materials: Chronic Disease and Mental Health Scenes Handout, PowerPoint Notes Page (optional) | |
| Slides: 11-15 | |

1. Use slides 11-12 to discuss the symptoms of mental health conditions and chronic diseases.
2. If the participants are not already in small groups, divide them into groups of 3-4 (slide 13).
3. Give each group a cut-out of one of the pictures from the “Chronic Disease and Mental Health Scenes” handout.
4. Ask participants to spend a few minutes discussing what is happening in the scene. Tell them to identify any high-risk behaviors or symptoms of a chronic disease or mental health condition.
5. After approximately 3-5 minutes, ask each group to describe the scene that they have and what symptoms they were able to identify to the larger group.
6. Discussion questions:
 - *Was it difficult to tell if the person was suffering from a chronic disease or mental health condition? If so, why?*
 - *Did you find symptoms that were the same for both chronic diseases and mental health conditions?*
 - *How do you think chronic diseases and mental health conditions influence each other?*
7. Use slides 14-15 to discuss the relationship between mental illnesses and chronic disease.
8. Ask participants if they have any questions or comments.

| | |
|---|-------------------------|
| Activity: Effects on Children and Teens | Time: 15 minutes |
| Objective: Participants will become familiar with mental health conditions and chronic diseases in teens and children. | |
| Materials: PowerPoint Notes Page (optional) | |
| Slides: 16-17 | |

Use slide 16-17 to discuss the co-occurrence of mental health conditions and chronic diseases in children in teens. Include:

- The relationship between chronic disease and mental health in teens and children
- Support for children and teens suffering from these two conditions

1. Ask if there are any questions or comments.

| | |
|---|-------------------------|
| Activity: Management and Treatment | Time: 25 minutes |
| Objective: Participants will identify different management and treatment options for people that have both mental health conditions and a chronic disease. | |
| Materials: Half sheet of paper, tape, and markers, color pencils, or crayons, PowerPoint Notes Page (optional) | |
| Slides: 18-19 | |

1. Use slide 18 to review ways that someone with a mental illness and chronic disease can manage and treat their conditions.
2. Ask if there are any questions or comments.
3. Explain that support from family and friends is very important because, among other things, it helps raise someone's self-esteem. This is what the 'Pat on the Back' activity will focus on (slide 19).
4. Give each person a half piece of paper and ask them to draw a symbol that represents themselves. Give them roughly 5 minutes to come up with the symbol and draw it.
5. Next, tell each person to tape the paper on their backs with the symbol showing.
6. Once everyone's paper is taped to their back, give the group about 10 minutes to go around and write something nice about the person on their paper. They do not need to sign their names.
7. Finally, give everyone a chance to read their comments.

8. Discussion Questions:

- *How did this activity make you feel?*
- *How can you count on friends and family to help keep you healthy?*

| | |
|--|-------------------------|
| Activity: Post-Test | Time: 20 minutes |
| Objective: To demonstrate how much participants have learned. | |
| Materials: Post-test | |
| Slides: 20 | |

1. Pass out the post-test and ask for silence while everyone completes it. If necessary, you can help participants by reading the questions out loud.
2. Go over the answers.

| | |
|--|------------------------------------|
| Activity: Celebration! | Time: As long as you want 😊 |
| Objective: To reflect on what the participants have learned celebrate their achievements. | |
| Materials: Certificates and Food (optional) | |
| Slides: 21 | |

1. Review the expectations for the program from the first session and discuss as a group what participants learned from the sessions.
2. Thank the group for their participation and make closing remarks.
3. Provide each participant with a certificate of completion and celebrate

Chronic Disease and Mental Health Scenes



Salud Para Todos Post-Test

1. Mental health conditions can cause physical health problems and physical health problems can cause mental health conditions.
 - A) True
 - B) False
2. Which of the following is NOT a risk factor for developing a mental illness?
 - A) Genes
 - B) Stress
 - C) Gloomy weather
 - D) A traumatic experience
3. Anxiety is a natural human emotion and that everybody feels sometimes.
 - A) True
 - B) False
4. “Stigma” refers to:
 - A) Pressure from society that can prevent people in need from speaking up or seeking help
 - B) A plan of treatment agreed to by patient and doctor
 - C) Lack of knowledge about mental health
 - D) A type of mental illness
5. Which of the following is NOT a symptom of stress?
 - A) Headaches
 - B) Having mood swings between being very depressed or very happy
 - C) Not being able to sleep
 - D) Muscle tension
6. How many women will experience intimate partner violence in their lifetime?
 - A) 1 in 25
 - B) 1 in 40
 - C) 1 in 8

D) 1 in 3

7. Using threats to control what your partner does, who they talk to, and where they go is a form of abuse.
- A) True
 - B) False
8. Which type of drug abuse is the biggest problem in the US?
- A) Marijuana abuse
 - B) Cocaine abuse
 - C) Alcohol abuse
 - D) Prescription drug abuse
9. Which of the following is true?
- A) Someone who is addicted to drugs can stop using them whenever they want
 - B) People that are addicted to drugs don't care about their families
 - C) People that are addicted to drugs don't have moral principles
 - D) Addiction is a disease
10. Which two mental illnesses are most commonly diagnosed with a chronic disease?
- A) Depression and bipolar disorder
 - B) Anxiety and depression
 - C) Post-traumatic stress syndrome and depression
 - D) None

Answers to the Pre/Post Test

1. A
2. C
3. A
4. A
5. B
6. D
7. A
8. C
9. **D**
- 10.

Appendix A:

Salud Para Todos Sign-In Sheet

Group Name: _____

Date: _____

| Print Name | Signature | E-Mail | Phone Number |
|------------|-----------|--------|--------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |
| 11. | | | |
| 12. | | | |
| 13. | | | |

Appendix B:

Salud Para Todos Confidentiality Form

Name: _____

Date: _____

I understand that all information that I receive here must be kept confidential and I will disclose this information only with *Salud Para Todos* staff. I understand that the duty to report necessary information to the Texas Department of Family and Protective Services or any law enforcement agency will be delegated to *Salud Para Todos* staff.

Yo entiendo y estoy de acuerdo que cualquier información que yo reciba aquí, debe mantenerse confidencial y yo daré esta información a los trabajadores de Salud para Todos si es necesario y a nadie más. Entiendo que la obligación de reportar información necesaria al departamento de Texas de Familia y protección o cualquier otra agencia de orden pública será delegada al personal autorizado de Salud Para Todos.

I understand and agree to the confidentiality rules listed above./ Yo entiendo y estoy de acuerdo con las reglas de confidencia mencionadas anteriormente.

Signature/firma

Date/fecha

I have reviewed this form with the participants in detail and feel confident that s/he understands the confidentiality rules.

Salud Para Todos Staff/Witness

Date

Appendix C:

Photo Release

DATE _____

I hereby authorize (organization name) to take pictures. I understand that these pictures will be used to promote the organization's work and programs. I also understand that these pictures might or might not be printed in MHP Salud publications and/or the Web.

Please PRINT and SIGN name below:

Yo autorizo a MHP Salud para tomar fotos. Tengo entendido que estas fotos son para promover el trabajo de la organización y nada más. Yo estoy acuerdo y entiendo que estas fotos podrán ser publicadas en una o en varias de las publicaciones de MHP Salud y/o la página(s) de Internet.

Por favor IMPRIMIR su nombre y FIRMAR abajo:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.