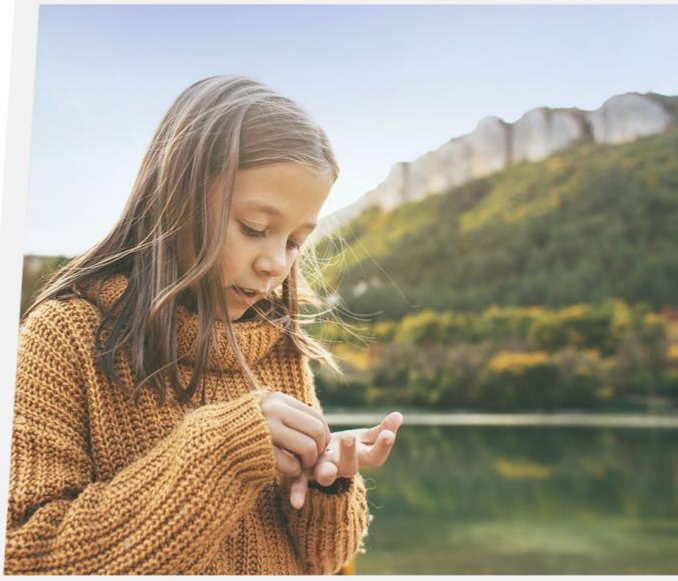
The Coalition for the Promotion of Behavioral Health

Prevention Training Module 2:
Direct Practice in Prevention



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Acknowledgements

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Introduction

This module focuses on increasing students' direct-practice skills for implementing preventive interventions. It is part of a broader effort by the **Coalition for the Promotion of Behavioral Health** and the social work **Grand Challenge to Ensure Healthy Development for All Youth** to integrate prevention training into foundational curricula for MSW students. This broader effort includes training modules on:

Introduction to Prevention Theory and Concepts
Direct Practice in Prevention
Community Prevention Practice
Policy Prevention Practice

Each of these modules can be used as standalone instructional tools. However, to maximize learning we recommend that students be exposed to the Introduction to Prevention Theory and Concepts module prior to the direct practice, community, and policy modules.

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Objectives

Upon completion of this module, students will be able to:

- Search for effective direct-practice prevention programs
- Appraise the relevance and evidence for specific prevention programs
- Plan and facilitate an evidence-based prevention lesson
- Understand how to identify and adopt prevention strategies in direct-practice settings

This module addresses these Council on Social Work Education Educational Policy and Accreditation Standards:

- **Competency 4:** Engage in Practice-Informed Research and Research-Informed Practice
- **Competency 8:** Intervene with Individuals, Families, Groups, Organizations, and Communities

Materials needed:

- Internet connection
- Large dry-erase board or butcher paper and relevant writing utensils
- Printed or electronic versions of handouts (see Appendix)

Total time:

2 hours, 25 minutes

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Exercise 1: Prevention Overview

1.1 Provide a brief overview of prevention. [5 minutes]

Facilitate a discussion with students by asking:

Why might prevention be important?

Many educators have been trained in a model of *intervention* or *treatment* that involves identifying young people with significant problems (e.g., diagnoses, incarceration, school dropout) and then providing interventions to treat those problems. There are several challenges inherent in this model:

- **Being reactive means the young person and their family have already suffered**. Whether significant mental health symptoms, juvenile incarceration, or school dropout, when problems have reached a high level, young people often experience isolation, hopelessness, and significant tension and conflict in their families and communities.

- **Treating problems once they are severe is very difficult.** Severe problems usually signify a pattern. Patterns of dysfunction can become normalized, and individuals adapt to accommodate those struggles. For example, a young person who lives in a community where they feel fearful and alone day after day may consider joining a gang. The gang may offer protection and a sense of community or connection. Changing those patterns once they are established is very difficult.

- **Treatment can be quite expensive.** At the point that someone needs mental health treatment, is incarcerated, or has dropped out of school, the costs to the young person, their family, and society are significant. The way we intervene at that point is typically intensive, requiring a great deal of infrastructure and personnel through hospitalization, incarceration, and unemployment services.

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Prevention allows us to address many of these challenges. Being proactive means more young people and their families **live healthy lives** with minimal suffering. Addressing problems before they occur (or in some cases when very early signs appear) means that fewer young people experience the serious symptoms and consequences of the problem. This prevents suffering and stigma associated with most social problems.

- **Prevention is effective**. Many years of rigorous research has shown that preventative strategies are effective in helping young people avoid such problems as substance use, school dropout, and delinquency. Interventions have been developed to help young people build social–emotional skills and strong connections to others that buffer them in risky situations (Jenson & Bender, 2014).

- **Prevention saves money.** Prevention programs—often carried out in schools or community settings—can usually be provided to groups of young people, making them more affordable than individual treatment. Cost studies (**Washington State Institute for Public Policy**, n.d.) have shown that prevention saves money by preventing "deeper end" system involvement (e.g., in hospitals, justice facilities, etc).

1.2 Discuss the key concepts in prevention. [5 minutes]

Most prevention efforts are guided by a *risk and protection framework* that is based on understanding the characteristics that increase the likelihood of developing problem behaviors and on factors that protect young people from participating in problem behavior. For most major social problems, researchers have identified factors that either increase risk or buffer young people from risk.

This framework introduces students to a few new concepts.

Risk factors | Characteristics of an individual, peer-group, family, school, or community that makes it *more* likely that a young person will experience a problem. These factors place a person at increased risk for a certain problem.

Q **What are examples of risk factors in the lives of the youth you work with?**

Brainstorm using a dry-erase board.

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Protective factors | Characteristics of an individual, peer-group, family, school, or community that make it *less* likely that one will experience a problem; or, characteristics/experiences that reduce a risk factor's impact. These factors serve to *buffer* an individual when faced with risk. Protective factors are sometimes called *assets*.

Q **What are examples of protective factors in the lives of the youth you work with?**

Brainstorm using a dry-erase board.

EXPLAIN

This work fits within an ecological systems theory framework. Risk and protective factors exist within the individual and within their ecological contexts (family, peer groups, schools, communities).

For example, in understanding aggression, we see individual-level risk factors such as behavior problems, family-level risk factors such as low attachment, peer-level risk factors such as rejection, school-level risk factors such as poor teacher attachment, and community-level risk factors such as gangs. All of these factors can contribute to risk for aggression in young people. Share the following image with students (see Appendix for the handout).

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Ecological Systems Theory Framework

Risk happens at different levels, so prevention can happen at different levels:

Universal prevention | Preventing a problem before it has happened. The aim is to prevent the problem for everyone (although we are rarely successful in reaching every young person).

Selected prevention | Preventing a problem among a group of people that have been identified as particularly at risk for the problem.

Indicated prevention | Preventing significant problems for a group of people who are already showing some indication that they have early stages of the problem.

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Exercise 2: Prevention Case Study

2.1 Discuss the case scenarios [20 minutes]

Tell students: Now that we have reviewed some basic prevention concepts, let's begin to apply prevention to direct practice.

READ ALOUD TOGETHER

Place students in small groups of 4-5 and hand out one case study per group. Ask groups to read their assigned case study together. (See Appendix for case studies handout.)

Case Scenario 1

Matt is a 13-year-old male who identifies as mixed race (Latinx and White). He has grown up with his mother and three brothers in Denver's Montbello neighborhood. Matt's neighborhood is composed of mostly lower-income or working-class individuals and families. It is a tightknit neighborhood, and his family is close with several of Matt's immediate neighbors, who have known each other for many years. He sees many of them at church on Sundays. Sometimes neighbors let Matt stay at their house when Matt's mom needs to work late at her job at a local grocery store. Matt's mom wants him to spend most of his time at home because it is common for older adolescents to be seen selling drugs or getting into fights at the neighborhood park, and she doesn't want him to have any part of that. Just a few blocks from Matt's home are apartments where people come and go frequently; police were called to a recent shooting there, but no one was arrested.

Matt's father passed away five years ago, and Matt and his family still feel the loss. However, Matt is close with several of his aunts, uncles and cousins who live in a neighboring community. Although he doesn't see them daily, Matt celebrates birthdays and holidays with his extended family. He'll sometimes watch his cousins when his aunt is working and enjoys spending time with this uncle who has been teaching him how to play the guitar.

Matt spends his weekdays at the local neighborhood school. He secretly likes learning although he would never admit it because most of his friends prefer skipping school and frequently get into conflicts with their teachers when they did attend. To save face with

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his friends, Matt blames his mom for his good school attendance saying that she'll "let him have it" if he was caught skipping. Although Matt keeps his head down most of the time at school, he really likes his computer teacher, who taught him about coding and gaming. Unfortunately, the school recently lost funding for the afterschool computer club.

Despite Matt trying to stay out of trouble, after school is a rough time for him. His mom works late, and his brothers have their own friends. His neighbors don't often get home until 6 p.m., so Matt spends a lot of time at home alone. When he gets bored or lonely, he'll text his friends and meet them at the park or the arcade down the street. His friends recently began hanging out with older kids who were associated with a local gang. Matt's friends have started wearing gang colors and stealing things or tagging public places with spray paint to impress gang leaders. Although Matt feels uncomfortable breaking the law and is fearful that he would get caught by police or his mom, Matt also wants to fit in and belong. When this sort of thing happens, Matt has been skilled at making up excuses for needing to be home, where he entertains himself with TV or playing video games.

Case Scenario 2

Jessie is a 14-year-old female who identifies as White. She recently moved with her mom, dad, and little sister to Denver's Montbello neighborhood. Jessie's new neighborhood is composed of mostly lower-income or working-class individuals and families. It appears to be a tightknit neighborhood, but her family isn't yet close with any of Jessie's immediate neighbors. Folks wave to Jessie when she walks home with her sister, but she doesn't know much about them, and they don't know much about her either.

Jessie gets along with her parents for the most part, but she doesn't see them often. Both of her parents work long hours, and her mother travels most weeks. They leave her money to buy dinner and pay for movies. It is nice to have funds, but Jessie is bored and lonely. She knows her parents care about her, but it seems like they don't really know much about her or how she spends her time. Having moved from the east coast, Jessie's extended family is far away, and she talks to them by phone infrequently. She is particularly sad about moving away from best friend, Kia, and it makes her sad that they talk less and less often since the move.

After school, Jessie spends time taking care of her sister, surfing the internet and texting with a boy, Rich, she met at school this year. With few friends at her new school, it was a relief when Rich showed an interest in her. She worries that he hangs out with some of the neighborhood kids who are known for seeing drugs and getting into fights, but he always sends her nice messages that make her feel noticed and special. Rich was at the

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apartments down the street when there was a shooting last week and the police were called. He texted her, telling her he was safe and that the police didn't stop him.

Last week, Rich came over after school even though her parents told her she shouldn't have anyone over when they aren't home. Rich was kind and showed Jessie a lot of attention. He also smoked weed at her house, which made Jessie feel uncomfortable, as she worried her parents would smell it when they got home. Rich offered Jessie a joint. Jessie wanted Rich to feel comfortable at her house, so she didn't say anything about the drugs and even tried a little when he offered.

Jessie does ok in school, and really excels in math. She considered joining the math club to meet other kids, but she has to be home afterschool to watch her sister and worries that Rich might think math club isn't cool. Reading is more difficult for Jessie. She feels like it takes her longer than most kids her age to read and understand her homework. It is hard for Jessie to stay motivated to do her homework when no one else is holding her accountable for it.

Case Scenario 3

Raleigh is a 14-year-old male who identifies as Black. He has grown up with his mom and dad in Denver's Montbello neighborhood. Raleigh's neighborhood is composed of mostly lower-income or working-class individuals and families. Neighbors are close in his community; they've watched Raleigh grow up and seem to be keeping an eye on him when he is hanging out with friends after school. His family meets up with family friends at the local community center where Raleigh likes to play chess and his parents join potlucks and barbeques.

Lately many neighbors have been talking about crime in the neighborhood, particularly around the park where older adolescents have been seen selling drugs and getting into fights. There was a recent shooting and the police were called, but no one was arrested. For the most part, Raleigh has avoided these crowds, involving himself in other activities after school and walking home the long way to avoid the park.

Raleigh gets along well with his parents. They check in often to ask about Raleigh's day at school and try to eat dinner together when extracurricular activities like soccer don't get in the way. During one of these conversations, Raleigh came out to his parents as gay. His parents were surprised and had a lot of questions. It is still awkward for him to talk with them about this, but they have generally been supportive.

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Things have not gone as well at school. After months of talking online with Graham, another student at school, Raleigh started dating Graham in public and eating lunch with him at school. Word spread quickly, and Raleigh quickly became a target for harassment and bullying. Friends from soccer stopped hanging out with him completely. One good friend from chess has had Raleigh's back and has stepped in when others are making fun of him.

A strong student, the recent bullying has made Raleigh dislike being at school. He started skipping one class where a couple of kids are especially loud and cruel. His work in this class has fallen behind, and his grades are slipping. Raleigh knows his homeroom teacher well; Raleigh sees him and his family at the neighborhood recreation center on weekends. Raleigh wants to tell his teacher about his struggles at school, but he doesn't want to be a snitch and isn't sure how his teacher will respond.

Raleigh finds refuge in spending time with his parents and Graham, but he is starting to feel uncomfortable in many of the other social groups in his life. He feels anxious at soccer and at the rec center, trying not to do or say the wrong thing in case someone will pick on him. Raleigh finds this exhausting and has had trouble sleeping.

Tell students: To address complex problems, we have to figure out causes of these problems (or factors that increase risk for the problem or buffers that protect youth from problems).

Q **What risk and protective factors do you see in the life of the youth in your story?**

List them on the board. Encourage students to identify factors at all ecological levels.

Q **What interventions might you try to reduce risk or bolster protective factors with the youth in your story and their family?**

Give students some time to think through these ideas; the point is not to find a right answer but to recognize that there could be many possible answers and it might be helpful to have some guidance about how to intervene.

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2.2 Share examples of effective programs. [10 minutes]

Tell students: Good news—effective programs exist to prevent behavioral health problems for youth. They are organized and available via a registry, **Blueprints for Healthy Youth Development.**

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BREAKOUT

Have students return to their small groups of 4-5 students each. Direct students to the Blueprints website and ask them to search for an effective program to address risk factors they identified in the life of the youth in their assigned case study. Ask them to name the program, what it does, and what risk and protective factors are addressed.

If time allows, have a few groups report back on the programs they found and why they chose that specific programs. Reinforce those students who are considering the match to relevant risk/protective factors, relevant problems, demographic matches, and strong evidence.

Exercise 3: LifeSkills Training

3.1 Introduce students to LifeSkills Training (LST). [15 minutes]

LifeSkills Training may arise as a model program among student groups. If it doesn't, ask students to investigate LifeSkills Training as one potential intervention. Introduce LST by asking students to find key components:

Q **Where is LST meant to be provided?**

Answer: classroom

Q **What level of prevention does it offer?**

Answer: universal

Q **What problems does it prevent?**

Answer: alcohol and substance use, violence

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Q **What age group is LST designed for?**

Answer: middle school students

Q **How long does it take to implement LST?**

Answer: 30 sessions to be taught over three years (15, 10, and 5 sessions); additional violence prevention lessons also are available

Q **What major components are included in LST?**

Answer: (1) personal self-management skills, (2) social skills, and (3) information and resistance skills specifically related to drug use

Q **How are these components taught?**

Answer: Skills are taught using instruction, demonstration, feedback, reinforcement, and practice

BREAKOUT

Break students back into their small groups of 4-5 students each. Ask groups to explore LST and think through the following:

Q **How relevant is LST for the youth in their story?**

Which risk and protective factors are addressed by LST?

Q **Who it has LST worked for, and what outcomes has it achieved?**

Prompt students to consider whether the evidence supports using LST with the youth in their story. (Is this an appropriate intervention for their youth given their background and identities?)

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Q **How strong is the evidence supporting LST, and what makes it so?**

Emphasize that the evidence for LST meets the highest level of evidence for a program and therefore is considered to be a strong evidence-based program.

3.2 Plan a section of LifeSkills Training. [20 minutes]

Tell students: We will practice implementing the LST assertiveness module, as assertiveness skills seem relevant to buffering the young people, in each of the case scenarios, from risks in their environments. You will stay in small groups and take turns practicing facilitation with your fellow group members. First, you will have time to prepare!

EXPLAIN

This is just one module of a full program; it is copyrighted and not for public use. The developer has given permission to share this module in this lesson as a way of introducing students to direct-practice prevention.

Point students to the **teacher guide** and **student guide** for the assertiveness module. In their small groups, ask the students to use the teacher guide to divide up responsibilities for facilitating specific sections of the module. [If students are in groups of four, each student would facilitate 3 sections of the assertiveness module while the other group members role-play middle school students.]

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Module sections:

1. Assertive situations
2. Understanding assertiveness
3. Reasons for not being assertive
4. Benefits of being assertive
5. Verbal assertive skills
6. Making requests and asserting rights
7. Expressing feelings
8. Nonverbal assertiveness skills
9. Resisting peer pressure to use drugs
10. Demonstrating and practicing drug refusal skills
11. Developing action plans

Tell students: After you've identified your designated sections, you should review the teacher guide and student guide for those sections and plan how you would implement the material to your group who, in about 20 minutes, will role-play middle school students. (See the Appendix for the handout.)

3.3 Practice a session of LST. [60 minutes]

Direct students to begin practicing their assertiveness module as if they are "real" facilitators working with "real" middle school students (their group members). Ask them to try to stick to the timing allotted in the teacher guide, and remind them that as group members, when you are not facilitating, you are a middle school student (remember what that's like!).

Tell students: We all understand that this material is new to everyone. The point is not to do it perfectly, but to try it out and practice something new so we can learn together what it feels like to provide direct-practice prevention.

After the practice session is finished, debrief with students:

Q **What did you enjoy in this practice session?**

Q **What was difficult as a facilitator?**

Q **When you were playing a youth, what did the facilitator do well?**

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Q **How do you imagine the youth in your story might have responded?**

Q **How might this assertiveness module help the youth in your story confront those who might be putting them at risk?**

Q **What did you notice about how assertiveness skills were built?**

Note that generalized skills are taught first, and then youth get to apply those skills to specific issues that could arise for young people, such as refusing substances.

Exercise 4: Module Debrief & Processing

4.1 Guide students in reflecting on how prevention may fit into their work. [25 minutes]

Ask students:

Q **Why might some youth, families or communities be cautious or skeptical about engaging in prevention programming?**

Examples include: Some communities may be skeptical of the dominant narrative of science and of the medical model after generations of oppression and historical abuse by such systems. Efforts to provide standardized prevention programs could be viewed as control-oriented or as if programs are advocating for a one size fits all solution without recognizing individual or community-level differences. Such experiences could feel particularly threatening to communities with histories of oppression or colonization.

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Q **What might you do, as someone interested in supporting communities in developing prevention strategies, to build trust and partnership in light of potential hesitations about evidence-based prevention programs?**

Examples include: social workers must prioritize relationship building, must partner with community members and informal leaders as well as existing agencies who are already working to improve the health of the community. Social workers should frame prevention from a health and wellness perspective, helping communities build on their strengths and assets. Social workers should build their awareness of the values, norms and perspectives of the families and communities with whom they work (and consider how these align to prevention) to reduce skepticism that new programs do not value communities' world views.

Q **What societal or environmental factors might influence the health of the communities you are working in that you would want to consider as a context for providing evidence-based prevention programs?**

Social determinants of health are conditions in environments where young people are born, live, play, go to school, and grow up that can explain why some people have greater behavioral health than others. Poverty in communities, for example, might limit access to healthy food, quality education, affordable housing, and public safety. *Oppressive systems can lead to differential access to protective factors in some communities (e.g., lack of social–emotional skill trainings or evidence-based teaching approaches in lower income schools). Implicit and explicit bias of adults positioned for bonding and support can impact behavioral health (e.g., educational administrators providing harsher discipline, educators making more behavioral referrals for students of color, health care providers minimizing health complaints or expecting non-compliance from families of color).*

Q **How do you see prevention fitting into your role as a social worker?**

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Q **How do you access these kinds of evidence-based programs? How do you advocate for your agency or school to adopt an evidence-based program?**

Review cost/implementation information on Blueprints and discuss how to convince school or agency administrators to adopt such programs.

Q **You may find yourself employed in a setting other than schools. Where would you find information about an evidence-based program for a practice setting other than schools?**

Q **What if you need to adapt an evidence-based program to fit your setting? How do you implement appropriate adaptations without compromising the program?**

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References

Botvin, G. J. (2013). *LifeSkills Training. Middle school program, teacher's manual 1.* Promotion Health Press.

Botvin, G. J. (2013). *LifeSkills Training. Middle school program, student guide 1.* Promotion Health Press.

Hawkins, J. D., Jenson, J. M., Catalano, R., Fraser, M. W., Botvin, G. J., Shapiro, V., … Stone, S. (2015). *Unleashing the Power of Prevention* (Discussion Paper). Washington, DC: Institute of Medicine and National Research Council. Retrieved from **http://nam.edu/perspectives-2015-unleashing-the-power-of-prevention/**

Hawkins, J. D., Jenson, J. M., Catalano, R., Fraser, M. W., Botvin, G. J., Shapiro, V., … Stone, S. (2015). *Unleashing the Power of Prevention* (Commentary). Washington, DC: Institute of Medicine and National Research Council. Retrieved from **http://nam.edu/perspectives-2015-a-challenge-to-unleash-the-power-of-prevention/**

Howell, J. C. (2009). Preventing and reducing juvenile delinquency: A comprehensive framework (2nd ed.). Thousand Oaks, CA: SAGE Publishing.

Jenson, J. M., & Bender, K. A. (2014). *Preventing child and adolescent problem behavior. Evidence-based strategies in schools, families, and communities.* New York, NY: Oxford University Press.

Washington State Institute for Public Policy. (n.d.) http://wsipp.wa.gov

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Additional Resources

Botvin LifeSkills Training. Evidence-Based Prevention Programs for Schools, Families, and Communities. Information available at: **https://www.lifeskillstraining.com/**

Communities That Care. *Program Guide.* Available at:
https://www.communitiesthatcare.net/Prevention%20Strategies%20Guide/introduction.pdf

Social Development Research Group, University of Washington. Information available at:
http://www.sdrg.org

Appendix

Share the following handouts with students in print or electronically.

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Ecological Systems Theory Framework

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Case Scenario 1

Matt is a 13-year-old male who identifies as mixed race (Latinx and White). He has grown up with his mother and three brothers in Denver's Montbello neighborhood. Matt's neighborhood is composed of mostly lower-income or working-class individuals and families. It is a tightknit neighborhood, and his family is close with several of Matt's immediate neighbors, who have known each other for many years. He sees many of them at church on Sundays. Sometimes neighbors let Matt stay at their house when Matt's mom needs to work late at her job at a local grocery store. Matt's mom wants him to spend most of his time at home because it is common for older adolescents to be seen selling drugs or getting into fights at the neighborhood park, and she doesn't want him to have any part of that. Just a few blocks from Matt's home are apartments where people come and go frequently; police were called to a recent shooting there, but no one was arrested.

Matt's father passed away five years ago, and Matt and his family still feel the loss. However, Matt is close with several of his aunts, uncles and cousins who live in a neighboring community. Although he doesn't see them daily, Matt celebrates birthdays and holidays with his extended family. He'll sometimes watch his cousins when his aunt is working and enjoys spending time with this uncle who has been teaching him how to play the guitar.

Matt spends his weekdays at the local neighborhood school. He secretly likes learning although he would never admit it because most of his friends prefer skipping school and frequently get into conflicts with their teachers when they did attend. To save face with his friends, Matt blames his mom for his good school attendance saying that she'll "let him have it" if he was caught skipping. Although Matt keeps his head down most of the time at school, he really likes his computer teacher, who taught him about coding and gaming. Unfortunately, the school recently lost funding for the afterschool computer club.

Despite Matt trying to stay out of trouble, after school is a rough time for him. His mom works late, and his brothers have their own friends. His neighbors don't often get home until 6 p.m., so Matt spends a lot of time at home alone. When he gets bored or lonely, he'll text his friends and meet them at the park or the arcade down the street. His friends recently began hanging out with older kids who were associated with a local gang. Matt's friends have started wearing gang colors and stealing things or tagging public places with spray paint to impress gang leaders. Although Matt feels uncomfortable breaking the law and is fearful that he would get caught by police or his mom, Matt also wants to fit in and belong. When this sort of thing happens, Matt has been skilled at making up excuses for needing to be home, where he entertains himself with TV or playing video games.

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Case Scenario 2

Jessie is a 14-year-old female who identifies as White. She recently moved with her mom, dad, and little sister to Denver's Montbello neighborhood. Jessie's new neighborhood is composed of mostly lower-income or working-class individuals and families. It appears to be a tightknit neighborhood, but her family isn't yet close with any of Jessie's immediate neighbors. Folks wave to Jessie when she walks home with her sister, but she doesn't know much about them, and they don't know much about her either.

Jessie gets along with her parents for the most part, but she doesn't see them often. Both of her parents work long hours, and her mother travels most weeks. They leave her money to buy dinner and pay for movies. It is nice to have funds, but Jessie is bored and lonely. She knows her parents care about her, but it seems like they don't really know much about her or how she spends her time. Having moved from the east coast, Jessie's extended family is far away, and she talks to them by phone infrequently. She is particularly sad about moving away from best friend, Kia, and it makes her sad that they talk less and less often since the move.

After school, Jessie spends time taking care of her sister, surfing the internet and texting with a boy, Rich, she met at school this year. With few friends at her new school, it was a relief when Rich showed an interest in her. She worries that he hangs out with some of the neighborhood kids who are known for seeing drugs and getting into fights, but he always sends her nice messages that make her feel noticed and special. Rich was at the apartments down the street when there was a shooting last week and the police were called. He texted her, telling her he was safe and that the police didn't stop him.

Last week, Rich came over after school even though her parents told her she shouldn't have anyone over when they aren't home. Rich was kind and showed Jessie a lot of attention. He also smoked weed at her house, which made Jessie feel uncomfortable, as she worried her parents would smell it when they got home. Rich offered Jessie a joint. Jessie wanted Rich to feel comfortable at her house, so she didn't say anything about the drugs and even tried a little when he offered.

Jessie does ok in school, and really excels in math. She considered joining the math club to meet other kids, but she has to be home afterschool to watch her sister and worries that Rich might think math club isn't cool. Reading is more difficult for Jessie. She feels like it takes her longer than most kids her age to read and understand her homework. It is hard for Jessie to stay motivated to do her homework when no one else is holding her accountable for it.

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Case Scenario 3

Raleigh is a 14-year-old male who identifies as Black. He has grown up with his mom and dad in Denver's Montbello neighborhood. Raleigh's neighborhood is composed of mostly lower-income or working-class individuals and families. Neighbors are close in his community; they've watched Raleigh grow up and seem to be keeping an eye on him when he is hanging out with friends after school. His family meets up with family friends at the local community center where Raleigh likes to play chess and his parents join potlucks and barbeques.

Lately many neighbors have been talking about crime in the neighborhood, particularly around the park where older adolescents have been seen selling drugs and getting into fights. There was a recent shooting and the police were called, but no one was arrested. For the most part, Raleigh has avoided these crowds, involving himself in other activities after school and walking home the long way to avoid the park.

Raleigh gets along well with his parents. They check in often to ask about Raleigh's day at school and try to eat dinner together when extracurricular activities like soccer don't get in the way. During one of these conversations, Raleigh came out to his parents as gay. His parents were surprised and had a lot of questions. It is still awkward for him to talk with them about this, but they have generally been supportive.

Things have not gone as well at school. After months of talking online with Graham, another student at school, Raleigh started dating Graham in public and eating lunch with him at school. Word spread quickly, and Raleigh quickly became a target for harassment and bullying. Friends from soccer stopped hanging out with him completely. One good friend from chess has had Raleigh's back and has stepped in when others are making fun of him.

A strong student, the recent bullying has made Raleigh dislike being at school. He started skipping one class where a couple of kids are especially loud and cruel. His work in this class has fallen behind, and his grades are slipping. Raleigh knows his homeroom teacher well; Raleigh sees him and his family at the neighborhood recreation center on weekends. Raleigh wants to tell his teacher about his struggles at school, but he doesn't want to be a snitch and isn't sure how his teacher will respond.

Raleigh finds refuge in spending time with his parents and Graham, but he is starting to feel uncomfortable in many of the other social groups in his life. He feels anxious at soccer and at the rec center, trying not to do or say the wrong thing in case someone will pick on him. Raleigh finds this exhausting and has had trouble sleeping.

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Role Play

Practice the LST assertiveness module. First, access the module **teacher guide** and **student guide**. In your small group, use the teacher guide to divide up responsibilities for facilitating specific sections of the module. For example, if you are in a group of four, each student will facilitate three sections of the assertiveness module while the other group members role-play middle school students.

Module sections:

1. Assertive situations
2. Understanding assertiveness
3. Reasons for not being assertive
4. Benefits of being assertive
5. Verbal assertive skills
6. Making requests and asserting rights
7. Expressing feelings
8. Nonverbal assertiveness skills
9. Resisting peer pressure to use drugs
10. Demonstrating and practicing drug refusal skills
11. Developing action plans

After you've identified your designated sections, review the teacher guide and student guide for those sections and plan how you would implement the material to your group.

You have 20 minutes to plan and prepare.

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