

HB 367 Opioid Abuse Prevention: A Module for Teachers and Teacher Candidates

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OVERVIEW OF THE MODULE

- Overview of the opioid epidemic at the national and state levels
- School prevention strategies
- Foundations of Addiction and Substance Use Disorder
 - Defining addiction
 - Understanding risk and protective factors
 - Recognizing the impact of addiction on students, families and communities
 - Reviewing common types of treatment
- Prevention in Your School
 - Identifying warning signs
 - Implementing prevention efforts
 - Helping students develop individual and relational resources
 - Resources for teachers and other school professionals



The Opioid Epidemic

In 2014,

- An estimated 1.3 million U.S. adolescents ages 12 to 17 had a substance use disorder in 2014 (**5% of all adolescents**).
<https://www.samhsa.gov/specific-populations/age-gender-based>
- An estimated 6,000 adolescents had a heroin use disorder.

In 2015,

- 276,000 adolescents were current nonmedical users of pain relievers, with 122,000 (**approximately 44%**) having an addiction to them.
- An estimated 21,000 adolescents used heroin in the past year, and an estimated 5,000 were *current* heroin users.

Center for Behavioral Health Statistics and Quality. (2016). *Key substance use and mental health indicators in the United States: Results from the 2015 National Survey on Drug Use and Health* (HHS Publication No. SMA 16-4984, NSDUH Series H-51). Retrieved from <http://www.samhsa.gov/data/>.

For the latest data on the Opioid Crisis visit:

<https://www.drugabuse.gov/drugs-abuse/opioids/opioid-crisis>



The Opioid Epidemic

Opioids are a class of drugs including prescription pain relievers, heroin, and fentanyl. The addictive nature of opioids, in conjunction with a variety of other factors, has led to an alarming national crisis with a drastic increase in overdose death rates.

<https://www.drugabuse.gov/drugs-abuse/opioids>

In 2012, **259 million prescriptions were written for opioids**-- enough for every American adult to have their own bottle of pills. (Center for Disease Control and Prevention, 2014). Opioid Painkiller Prescribing, Where You Live Makes a Difference. Atlanta, GA: Centers for Disease Control and Prevention. (<http://www.cdc.gov/vitalsigns/opioid-prescribing/>)

In 2015 alone, **12.5 million people misused prescription opioids**, 2.1 million of which misused them for the first time. Furthermore, 33,091 people overdosed on opioids, and 15,281 of those overdoses were on commonly prescribed opioids.

(<https://www.hhs.gov/sites/default/files/2017-opioids-infographics.pdf>)

Nearly 80% of Americans using heroin (including those in treatment) reported misusing prescription opioids first.

(<https://www.drugabuse.gov/publications/drugfacts/heroin>)

Of the 2,531 unintentional drug overdose deaths in Ohio in 2015, 667 were prescription opioid related (21.9%) and 1,424 were heroin related (46.7%).

Ohio Department of Health. (2015). *Unintentional drug overdose data* [Data file]. Available from <http://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/Mortality>





The Opioid Epidemic in Ohio: State and Local Data

Ohio is combating drug abuse through many initiatives on several fronts at the state and local levels Governor's Cabinet Opiate Action Team
<http://mha.ohio.gov/Portals/0/assets/Initiatives/GCOAT/Combatting-the-Opiate-Crisis.pdf>

- Ohio Department of Mental Health and Addiction Services
 - <http://mha.ohio.gov/Default.aspx?tabid=151>
- Ohio Board of Pharmacy county prescribing information
 - <https://www.ohiopmp.gov/County.aspx>
- Ohio Department of Health
 - <http://www.odh.ohio.gov/health/vipp/drug/dpoison.aspx>
 - <http://www.odh.ohio.gov/healthstats/dataandstats.aspx>
- Ohio Department of Public Safety
 - http://ocjs.ohio.gov/resources_reports.stm
- Network of Care:
 - <http://state.oh.networkofcare.org/mh/>



OHIO Opioid Prevention and Education Efforts

Given the state of affairs on opioid abuse and misuse, the state of Ohio has taken action in the area of **prevention**.

Prevention efforts from parents, caregivers, schools, and communities are **imperative** to helping youth lead healthy lifestyles.

House Bill 367 requires that health education curriculum now include education regarding *"Prescription opioid abuse prevention, with an emphasis on the prescription drug epidemic and the connection between prescription opioid abuse and addiction to other drugs, such as heroin."*

<http://archives.legislature.state.oh.us/bills.cfm?ID=130> HB 367

Prevention education initiatives in the state Ohio include:

- Start Talking! Building a Drug Free Future

<http://www.starttalking.ohio.gov/>

- Ohio Attorney General's Joint Study Committee on Drug Abuse and Prevention:

<http://www.ohioattorneygeneral.gov/getdoc/c722f75b-9863-4c62-b86e-2db1dc2b2c74>



School Prevention Strategies

The Governor's Cabinet Opioid Action Team (GCOAT) *Action Guide to Prevent Opioid Abuse*, identifies several steps to help parents and caregivers talk to children about drug abuse:

1. Sign up for free tips and resources such as:
 - a. *Know!* for parents (<http://starttalking.ohio.gov/TakeAction/ParentsGrandparentsCaregivers/ParentTipSignUp.aspx>)
 - b. *Teachable Moments* for educators (<http://starttalking.ohio.gov/TakeAction/Schools/TeachableMomentsSignup.aspx>)
2. Share state and national resources at *Parents360Rx* meetings that help people understand the risks to our youth and learn simple, effective strategies to act (<http://starttalking.ohio.gov/Prevention/PARENTS360Rx.aspx>).
3. Invite speakers to present at schools or other events in your area. For example, *5 Minutes for Life* (<http://starttalking.ohio.gov/Prevention/5MinutesforLife.aspx>), is a presentation by Ohio State Troopers, Ohio National Guard or local law enforcement
4. Encourage youth to become ambassadors who lead by example among their peers. As leaders in their school, they encourage students in their peer group to live a drug-free lifestyle (<http://starttalking.ohio.gov/TakeAction/KidsAmbassadorsStudents.aspx>)
5. Play public service announcements before sporting events. Radio announcements of 15 or 30 seconds are available in the Take Action section of the Start Talking! website: <http://starttalking.ohio.gov/TakeAction/AdditionalResources.aspx>.

Additional resources mentioned in the *Action Guide to Prevent Opioid Abuse*:

1. Ohio Strategic Prevention Framework: <http://pfs.ohio.gov>.
2. GenerationRx: www.GenerationRx.org

<http://mha.ohio.gov/Portals/0/assets/Initiatives/GCOAT/GCOAT-Health-Resource-Toolkit.pdf>



The Unique Role of Teachers in Prevention Efforts

- TEACHERS are on the front lines of the student community, helping students developing academic and social skills.
- TEACHERS are often the first to notice changes in student and family needs and resources.
- TEACHERS can help link students and their families to treatment by working with school counselors and mental health counselors.
- TEACHERS fulfill an essential role of helping students develop social and emotional learning competencies, fostering resilience, resource development, and problem-solving skills.



CONTENT ADDRESSED

- Defining Addiction
- Understanding Risk and Protective Factors
- Recognizing the Impact of Addiction on Students, Families and Communities
- Reviewing Common Treatment Approaches

FOUNDATIONS OF ADDICTION AND SUBSTANCE USE DISORDER



Defining Addiction

The **American Society of Addiction Medicine (2011)** defines addiction in the following way:

Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.



American Society of Addiction Medicine. (2011). Public policy statement: Definition of addiction. Chevy Chase, MD: Author. Retrieved from <https://www.asam.org/advocacy/find-a-policy-statement/view-policy-statement/public-policy-statements/2011/12/15/the-definition-of-addiction>

Risk Factors

There is no way to predict who will or will not develop a Substance Use Disorder. Nor is there a single “type” of person that experiences addiction. However, there are risk factors that make individuals more vulnerable. Knowing these risks, a school community can focus on enhancing protective factors with students.

- Existing diagnosed mental disorders (e.g., anxiety, depression)
- Living in poverty
- Family history of addiction
- Survivor of abuse, neglect, or other trauma
- Lack of family involvement
- Boys/men are more likely have problems with drugs, but progression of addictive disorders is faster in girls/women
- Peer pressure
- Availability of drugs
- Display of aggressive behaviors
- Experiencing a major life transition
- Association with other drug users
- Prenatal exposure to drugs

<http://www.drugrehab.org/the-45-warning-signs-of-prescription-drug-abuse/>

<http://www.mayoclinic.org/diseases-conditions/drug-addiction/basics/risk-factors/con-20020970>

<https://www.samhsa.gov/disorders/co-occurring>

<http://youth.gov/youth-topics/substance-abuse/risk-and-protective-factors-substance-use-abuse-and-dependence>



Protective Factors

Knowing the many risk factors, schools and communities can focus on developing and enhancing youth protective factors.

- Social support/relational strengths
 - Family
 - Peers
 - Mentors
- Extended family and kinship network
- Healthy coping and problem-solving skills
- Emotional self-regulation
- High self-esteem
- Personal connections to home
- Civic or community participation/volunteering
- School engagement
- Hobbies, traditions, interests
- Accessible community supports and resources
- School policies and practices to reduce bullying
- No family history of Substance Use Disorder
- School policies and practices that reduce bullying

- Youth.gov. (n.d.). *Risk & protective factors*. Retrieved from: <http://youth.gov/youth-topics/substance-abuse/risk-and-protective-factors-substance-use-abuse-and-dependence>
- Substance Abuse and Mental Health Services Administration, (2009). *Risk and protective factors for mental, emotional, and behavioral disorders across the life cycle*. Retrieved from http://dhss.alaska.gov/dbh/Documents/Prevention/programs/spfsig/pdfs/IOM_Matrix_8%205x11_FINAL.pdf
- O'Connell, M. E., Boat, T., & Warner, K. E. (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities*. Washington, DC: The National Academies Press and U.S. Department of Health.



Risk and Protective Factors

(National Institute on Drug Abuse)

Risk Factors	Domain	Protective Factors
Early Aggressive Behavior	Individual	Self-Control
Lack of Parental Supervision	Family	Parental Monitoring
Substance Abuse	Peer	Academic Competence
Drug Availability	School	Anti-drug Use Policies
Poverty	Community	Strong Neighborhood Attachment



<https://www.drugabuse.gov/publications/preventing-drug-abuse-among-children-adolescents/chapter-1-risk-factors-protective-factors/what-are-risk-factors>

The Impact of Addiction on Students, Families and Communities

- It is important to remember that addiction does not just impact one person, but the entire family and community.
- Addiction impacts community health, child safety, crime rates, incarceration, separated families, etc.
- This impact on the community means that both law enforcement and preventive efforts include a variety of professionals and organizations across communities.



https://www.ncbi.nlm.nih.gov/books/NBK64265/pdf/Bookshelf_NBK64265.pdf

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3725219/>

Legal Involvement and Incarceration

Family members of students in your school may be currently or previously involved with the criminal justice system.

Incarceration, parole, and probation are not forms of treatment, but are important to recognize, nonetheless.

Teachers should:

(http://youth.gov/sites/default/files/COIP_TipSheet-Teachers_508.pdf)

1. Recognize that children with an incarcerated parents may be in your classroom.
2. Know that having an incarcerated parent is recognized as an “adverse childhood experience” (ACE). Adverse childhood experiences can equal that of a trauma response (“fight or flight” reaction including heightened sensitivity/emotional response, shutting down, lashing out, depression, anxiety, lack of focus, etc.)
3. Recognize that children with a parent in prison may be subject to stereotypes and subconscious negative assumptions.
4. Be sensitive to certain trigger issues (e.g., conversations around current events, crime, criminals, and the police; statements about parental involvement)
5. Be aware of what researchers call the “conspiracy of silence” (i.e., caregivers intentionally do not tell children that the parent is incarcerated) and its impact.

For more tips about discussing an incarcerated caregiver with a student, visit:

http://youth.gov/sites/default/files/COIP_TipSheet-Teachers_508.pdf

<http://www.projectavary.org/top-ten/>



Helping Professionals

Many families are working or will work with helping professionals with a variety of specialty areas. Some of the helping professionals you may encounter in the school system include:

1. Mental Health Professionals

1. Licensed Professional Counselor
2. Licensed Social Worker
3. Licensed Psychologist
4. Licensed Psychiatrist

2. Chemical Dependency Professionals

1. Chemical Dependency Counselor Assistant
2. Licensed Chemical Dependency Counselor

3. Prevention Specialists

1. Ohio Certified Prevention Specialist/Consultant

4. Case Managers/Workers

1. May have any of the above licenses or other experience
2. May be managing a case from within another agency (e.g., Job and Family Services)

5. Medical Professional

1. Primary care providers and specialists
2. Medication assisted treatment providers



Note: Some criminal justice professionals (e.g., Probation Officer, Attorney) may serve as supports for the family as well.

Types of Treatment

Teachers can better understand the social experiences of students and their family members by familiarizing themselves with various treatments models. Treatment options include, but are not limited to:

1. Inpatient treatment

- a. Detoxification and Medically-managed withdrawal: Medical professionals manage acute and dangerous symptoms that arise when discontinuing use of a substance, and provide medications that can help to alleviate some of the unpleasant and dangerous symptoms of withdrawal; followed by referral to other treatment options
- b. Residential Treatment
 - i. Long-term (typically 6-12 month programs).
 - ii. Short-term (typically 3-6 week programs with continued outpatient treatment afterward).

2. Outpatient Treatment

- a. Intensive Outpatient: comparable to residential treatment services, but more cost-effective; typically a group setting
- b. Non-intensive Outpatient: varies in intensity, for those with supports and/or employment; individualized or group
- c. Other Options: Those in outpatient treatment may choose to utilize support recovery housing, online recovery community materials, or to attend support group meetings.

<https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/drug-addiction-treatment-in-united-states/types-treatment-programs>



Types of Treatment Cont.

3. Medication-Assisted Treatment (MAT) for Opioids (Substance Abuse and Mental Health Services Administration, 2015):

- a. Methadone: Methadone tricks the brain into thinking it's still getting the abused drug. In fact, the person is not getting high from it and feels normal, so withdrawal doesn't occur. It is the only drug used in MAT approved for women who are pregnant or breastfeeding.
- b. Buprenorphine [Suboxone]: Like methadone, buprenorphine suppresses and reduces cravings for the abused drug. It can come in a pill form or sublingual tablet that is placed under the tongue.
- c. Naltrexone [Vivitrol]: Naltrexone works differently than methadone and buprenorphine. If a person using naltrexone relapses and uses the abused drug, naltrexone blocks the euphoric and sedative effects of the abused drug and prevents feelings of euphoria.

Note: MAT is the use of medications *with counseling and behavioral therapies* to treat substance use disorders and prevent opioid overdose."

Frequency of MAT

- *Methadone, Suboxone, and oral Naltrexone are typically taken daily.*
- *Extended release Naltrexone (Vivitrol) is an injection received once per month.*

Combination with Behavioral Interventions

- Research has shown that methadone maintenance is more effective when it includes individual and/or group counseling, with even better outcomes when patients are provided with, or referred to, other needed medical/psychiatric, psychological, and social services.

[-https://www.samhsa.gov/medication-assisted-treatment/treatment#medications-used-in-mat](https://www.samhsa.gov/medication-assisted-treatment/treatment#medications-used-in-mat)

[-http://mha.ohio.gov/Portals/0/assets/Initiatives/GCOAT/SMA14-4443.pdf](http://mha.ohio.gov/Portals/0/assets/Initiatives/GCOAT/SMA14-4443.pdf)

[-https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/evidence-based-approaches-to-drug-addiction-treatment/pharmacotherapies](https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/evidence-based-approaches-to-drug-addiction-treatment/pharmacotherapies)



Addressing the Topic of Addiction

Talking about a subject that may hit too close to home for some students can be difficult. Below are some tips to help educators and other professionals start talking to (1) facilitate student awareness and (2) reduce the stigma of addiction.

USE

- Use **person-first** language.
 - For example, say “*person with a substance use disorder*” as opposed to “substance abuser” or “addict.”
- Say “**in recovery**” rather than “clean.”
 - Clean implies the opposite is ‘dirty’ or ‘unacceptable.’
 - Recovery can refer to sobriety or a person who is reducing the amount of substances used. A person is in recovery even if receiving medical or psychosocial services, including medication-assisted treatment.
- Some may choose to use ‘misuse’ in place of ‘abuse.’

AVOID

- The term “**drug habit,**” as it implies addiction is only a matter of choice.
- Terms like “**substitute**” or “**replacement**”
 - Drugs in “Medication Assisted Treatment” (MAT). Medications provided during treatment to assist in one’s recovery are assisting in returning one’s brain chemistry to a balance and in preventing cravings.
- Scare tactics
 - Normalize the disease and its impact, which differs from condoning behavior.

Office of National Drug Control Policy. (2017). *Changing the language of addiction*. Retrieved from <https://www.whitehouse.gov/sites/whitehouse.gov/files/images/Memo%20-%20Changing%20Federal%20Terminology%20Regrading%20Substance%20Use%20and%20Substance%20Use%20Disorders.pdf>

Additional resources for talking to youth about addiction:

- <https://store.samhsa.gov/shin/content/SMA12-4676B1/SMA12-4676B1.pdf>
- <http://publications.iowa.gov/10140/1/Parentskids.pdf>



CONTENT ADDRESSED

- Identifying warning signs
- Implementing prevention efforts
- Helping students develop individual and relational resources
- Resources for teachers and other school professionals

PREVENTION IN YOUR SCHOOL



Warning Signs

In addition to considering risk factors, knowing what to look for can help you in determining which families may be affected by the opioid epidemic. School personnel may notice several warning signs:

- Behavior Changes
 - Increased irritability/mood swings, forgetfulness/clumsiness, skipping class/work/regular activities, academic issues, change in focus, lying, avoiding eye contact, loss of interest in activities/people, poor hygiene, change in appetite, drastic change in friend choice, borrowing of money, stealing, engaging in reckless behavior.
- Physical Symptoms
 - Confusion, lack of coordination, dry mouth, weakness, sleepiness/nodding, constricted pupils, watery/droopy eyes, breathing difficulty, constipation, change in speech, dry/itchy skin, skin infection, bruises or injection marks
- Contextual signs school personnel may notice:
 - Change in family story (e.g., parents lose interest in school activities/events, parents are suddenly difficult to engage, student's stories about home are conflicting, difficult to follow, seem suspicious, or indicate that care has lessened).
 - Decrease in caregiver participation with child or school personnel.
 - Caregiver's suspected use of child's prescription medication.



<http://www.drugrehab.org/the-45-warning-signs-of-prescription-drug-abuse/>

<http://youth.gov/youth-topics/substance-abuse/warning-signs-adolescent-substance-abuse>

PREVENTION: TIPPING THE SCALE

An important goal of prevention is to change the balance between risk and protective factors so that protective factors outweigh risk factors.

(Source: National Institute on Drug Abuse; National Institutes of Health; U.S. Department of Health and Human Services)

Risk Factors

History of abuse, neglect, and/or trauma

Existing diagnosed mental disorders

Availability of drugs, normalization of use, and/or peer pressure

Protective Factors

Individual factors (e.g., self-control, self-efficacy, self-esteem, insight)

Social-emotional support (family, peer, teacher, school counselor)

Sources of interest and/or connection

Tools for responsible decision-making

Age and Developmental Stage



The potential impact of specific risk and protective factors changes with age. Some risk factors may be more powerful than others at certain stages in development. A breakdown of risk factors and protective factors at different ages at the individual, family, school, peer, and community level is available at: <http://youth.gov/youth-topics/substance-abuse/risk-and-protective-factors-substance-use-abuse-and-dependence>

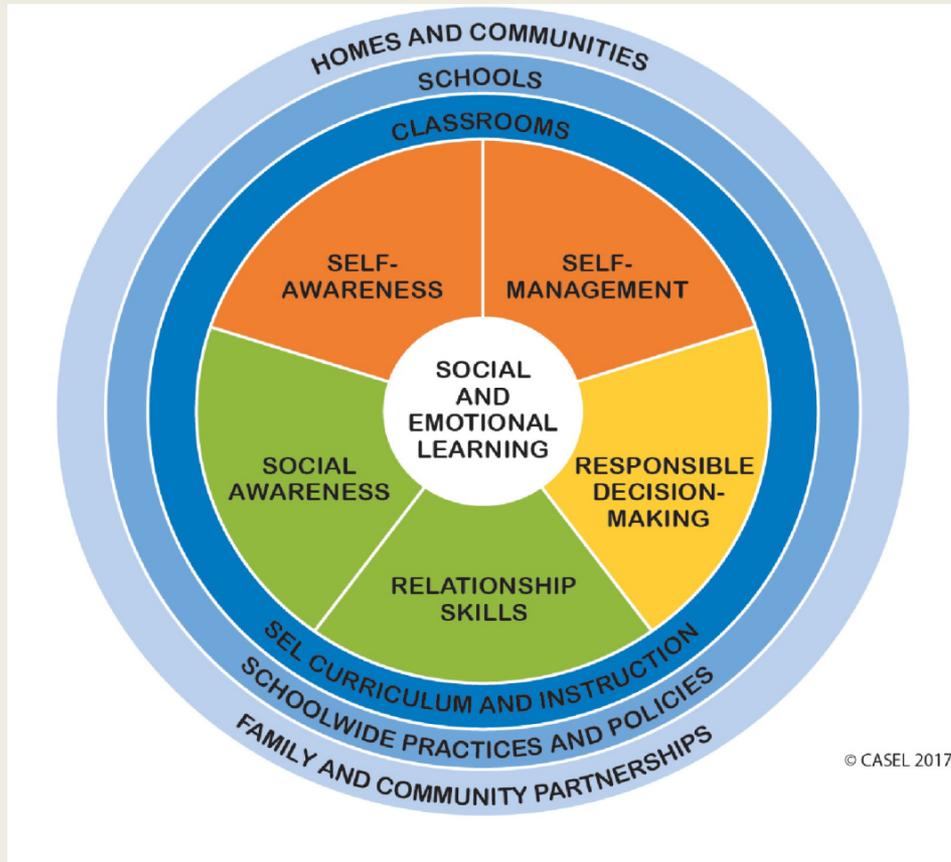
PREVENTION: TIPPING THE SCALE

- Prevention efforts in the school entail a variety of areas and partners.
- Homes, classrooms, schools and communities are active participants in healthy student development. Ohio's Safe Schools/Health Students focuses on: (<http://mha.ohio.gov/Default.aspx?tabid=843>)
 1. Promoting early childhood social and emotional learning and development
 2. Promoting mental, emotional and behavioral health
 3. Connecting families, schools, and communities
 4. Preventing and reducing alcohol, tobacco and other drug use
 5. Creating safe and violence-free schools

<http://mha.ohio.gov/Portals/0/assets/Treatment/TraumaInformedCare/strengthen-resiliency-tips.pdf>
- While there are many individual, familial and community factors that can influence substance abuse, teachers and schools can help students by promoting development of Social and Emotional Learning (SEL) Competencies.
- Skills observed in each of the SEL Competency domains (i.e., self-awareness, self-management, social awareness, relationship skills, and responsible decision-making) are identified protective factors.



Developing Social and Emotional Learning (SEL) Competencies



- **COMPETENCY AREAS**
 - Self-awareness
 - Self-management
 - Social Awareness
 - Relationship Skills
 - Responsible Decision-making

The “widely used *Framework for Systemic Social and Emotional Learning* identifies five core competencies that educate hearts, inspire minds, and help people navigate the world more effectively” (<http://www.casel.org/what-is-sel/>)

Teachers are active participants in the coordinated efforts across classrooms, schools, homes and communities, and districts in the development of students’ Social and Emotional Learning (SEL).



Fostering Social and Emotional Learning Competencies: Grades K-2

Teachers can:

- Help students learn to identify emotions and communicate in healthy ways through modeling and encouragement.
- Help students develop stress-management and impulse control skills for dealing with difficult situations.
- Assist students in listening to and demonstrating respect for others in the classroom.
- Provide a consistent balance of support and discipline in the classroom.
- Help students engage in reflection and identify sources of support using the “Tree of Importance” as a classroom, group or individual activity.

Self-Awareness & Self-Management

Social Awareness & Relationship Skills

Responsible Decision-Making

- <http://youth.gov/youth-topics/substance-abuse/risk-and-protective-factors-substance-use-abuse-and-dependence>
- <http://mha.ohio.gov/Portals/0/assets/Treatment/TraumaInformedCare/strengthen-resiliency-tips.pdf>
- <https://www.drugabuse.gov/publications/preventing-drug-abuse-among-children-adolescents/chapter-1-risk-factors-protective-factors/what-are-early-signs->
- <https://education.ohio.gov/getattachment/Topics/Early-Learning/Early-Learning-Content-Standards/Ohios-Kindergarten-Through-Grade-3-Learning-and-D/K-3-Standards.pdf.aspx>



Tree of Importance

Directions

The Tree of Importance is a classroom activity that can be done with *Kindergarten through 2nd grade*. This activity helps children identify the things in their lives that are protective factors, which are typically the things that help foster resilience. This activity can be done with a whole class, small group, or individually.

- **For Kindergarten – 1st Grade:**

Introduce the tree as something that shows all of the special or important things in the child's life. Help them by giving personal examples first. Explain that you will read each section of the tree one at a time. Students may be more comfortable drawing or writing the things they choose for each box. Depending on the ability level of the students, gauge how much one on one assistance they will need and how well they can do this activity independently. After they identify all the boxes, have them color the tree. If this is done as a group activity, students could share their finished product with their classmates.

- **For 1st - 2nd Grade:**

Introduce the tree as something that represents the things that are most important to them. Give examples from your own life. Have the students write 1-2 things for each box. They could also draw or decorate the boxes. Students can color the tree and present their finished product in a group setting or display it somewhere for everyone to see. It may be helpful to have a discussion about why it is important to have lots of people and things in your life to help support you through difficult times.

Tree of Importance

What helps you feel safe?

Who do you like to spend time with?

Who helps you when you are sad?

What makes you feel proud?

What do you like to do for fun?

Where is your favorite place to go?

Fostering Social and Emotional Learning Competencies: Grades 3-12

Teachers can:

- Assist students in recognizing personal strengths to develop a sense of self-efficacy through feedback, encouragement and challenging opportunities.
- Create opportunities to resolve conflict and problem-solve through teamwork and relationship-building activities.
- Encourage perspective-taking and empathy for culturally similar and different others.
- Foster a sense of individual and relational connectedness through social engagement.
- Help students identify problems, analyze situations, communicate needs, and problem solve in difficult situations.
- Help students develop individual and relational stress-management skills using the “Personal Treasure Map” as a classroom, group or individual activity. In completion of the activity, students demonstrate skills in each competency area.

Self-Awareness & Self-Management

Social Awareness & Relationship Skills

Responsible Decision-Making

- <http://youth.gov/youth-topics/substance-abuse/risk-and-protective-factors-substance-use-abuse-and-dependence>
- <http://mha.ohio.gov/Portals/0/assets/Treatment/TraumaInformedCare/strengthen-resiliency-tips.pdf>
- <https://www.drugabuse.gov/publications/preventing-drug-abuse-among-children-adolescents/chapter-1-risk-factors-protective-factors/what-are-early-signs->



Personal Treasure Map

Directions

The Personal Treasure Map is an activity that can be done with **grades 3 and up**. This map helps students identify the people and things (i.e., protective factors) in their lives that contribute to their own resilience. The map is used as a metaphor for obstacles and successes that come up in life and how they address those things in a way that makes sense to them.

- Help students understand the map by first giving them time to make a list of people and things in their lives that are important to them. Ask questions like:
 - Who are some of the most important people in your life?
 - Who makes you feel appreciated?
 - What are some things you like to do that make you feel happy?
 - What are some things you are proud of?
 - What gives you internal strength?
 - How do you get through difficult things?
- After the list has been created, give them the map. Explain that the map represents their life, not an actual treasure hunt. You can do this as a whole group activity or as silent work. Encourage them to write as many things in the boxes as they can, using the list and other ideas that come to mind while working through the map. Students can write a narrative that goes along with the map or present it orally to classmates. Encouraging students to share their maps could help them further identify personal assets in their life by gaining an understanding of how others cope with challenges. The identification of protective factors can not only help build resilience, but also boost self-esteem and self-awareness. These ultimately help reduce risk factors throughout the lifetime. Encourage students to continually build their maps throughout their lives.

Start here!

Need Supplies



Who helps you get what you need?

What things do you value most?

BEAR!!!



What helps you when you are scared?

Lost?



What helps when you are confused?

Finally Found Your Way



Who do share your good news with?

Surprise Visit



Where is a place you love to go?

Who is usually there?

Rushing River



What gets you through hard times?

Who helps you the most?

Take a Break



Where do you go for peace and quiet?

What relaxes you?

Swamp



What do you do when you get stuck?

Who can you depend on?

Set Up Camp



Where do you feel safe?

Who can you trust?

Crossing Mountains



What things give you strength?

What people help keep you strong?

You Found Your Treasure!



What is your favorite thing?

Who would you share it with?

Creating Your Resource Map as a Pre-Service or In-Service Teacher

To develop and/or participate in a comprehensive plan of prevention in your school, teachers should develop a team of resources and educators with knowledge about comprehensive school programs, prevention, and resources. Some recommended participants include:

- Educational Service Centers
 - <https://www.oesca.org>
- Health educator
 - <http://education.ohio.gov/Topics/Learning-in-Ohio/Health-Education>
- School counselor
 - <http://www.ohioschoolcounselor.org/>



School Resources

It is recommended that each school system clearly identify a team, committee, or coalition to address these concerns.

Knowing who to contact within your school system if you suspect a family may be affected by prescription drug abuse can assist in their rapid access to assistance and treatment.

Common school contacts include:

1. School Counselor (can assist in identifying appropriate referrals)
2. School Nurse/Medical staff
3. Principal/Vice-Principal
4. School Resource Officer
5. Prevention Specialists
6. School Social Worker
7. School-based Mental Health Counselor
8. Case Worker that works directly with your school



Community Resources

Awareness of community resources is beneficial for all students and their families, but especially for students and families who may be affected by prescription drug abuse. Community resources* can include:

1. Department of Job and Family Services

(http://jfs.ohio.gov/County/County_Directory.pdf)

1. County Department of Job and Family Services (CDJFS): financial assistance, child care
2. Public Children Services Agency (PCSA): child protective services, foster care/adoption services
3. OhioMeansJobs (OMJ) Center: finding a job, accessing job training

2. Health Department

3. Local law enforcement offices

4. Local primary care/medical providers

5. Local mental health/chemical dependency treatment providers

6. Local case management service providers

7. Local colleges or universities

8. Faith communities and religious/spiritual organizations

9. Community organizations meeting basic needs (e.g., food, clothing, housing)

*Community resources vary by location

Note: If discussing a particular student or family member, a release of records/information is required.



Additional Resources

- Substance Abuse and Mental Health Services Administration
<https://www.samhsa.gov/>
- Ohio Department of Mental Health and Addiction Services
<http://mha.ohio.gov/Default.aspx?tabid=55>
- Glossary for mental health and chemical dependency terms
<http://mha.ohio.gov/Default.aspx?tabid=178>
- Research Based Early Intervention Substance Abuse Prevention Programs
<https://www.drugabuse.gov/publications/principles-substance-abuse-prevention-early-childhood/chapter-4-research-based-early-intervention-substance-abuse-prevention-programs>
- Family Checkup: Positive Parenting Prevents Drug Abuse
<https://www.drugabuse.gov/family-checkup>



HB 367 Opioid Abuse Prevention: A Module for Teachers and Teacher Candidates

Presented by The George E. Hill Center for Counseling and Research
Contact staff at gehcenter@ohio.edu



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