

Facilitator's Guide

T.A.M.I.

Talking About Mental Illness

“Talking about Mental Illness” is an awareness program that has been proven to bring about positive change in the students’ knowledge and attitudes about mental illness.

Facilitators: _____

Date: _____

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Day One – What is Stigma?

General Introduction to T.A.M.I.

(speaker(s) will introduce the program)

- have a student thank the member of TAMI for introducing the program
- once speakers have left, again welcome students, thank them for being a part of the workshop. Remind them of basic rules i.e. respect, don't talk while someone is talking. Remind them they will not be forced to share personal experiences but are welcome too at any time. Remind them this can be a very sensitive topic.
- remind students they have been given a workbook, they are responsible for following along and filling in the worksheets provided (given them reminders throughout the program)
- this program/information is also part of their learning strategies credit
- review the following points to assure they understand the purpose of T.A.M.I.
- the program T.A.M.I. aims to provide the kind of information that helps to break down stereotypes and stigmatization of all major mental illnesses (i.e. eating disorders, suicide, phobias, depression, etc.)
- provide support, ideas, and resources for teachers to deliver new mental health-related curricula
- communities make a difference through education and awareness programs and this guide includes ideas and tools that can help teachers increase awareness about mental illness and the stigma that surrounds it
- 9 to 10 community agencies partnership in Durham (TAMI Coalition)
- Pre-test will be explained, completed and handed in
- remind students they will also do a post-test

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Free Association Exercise

The purpose of this activity is to get an idea of the students' knowledge about mental illness. The purpose of these five days is to increase their knowledge and decrease stigmas around mental illness. With this activity we hope that the students will explore their fears and misconceptions about mental illness.

*** Important to emphasize that there is no wrong answers *** (the exercise is to encourage dialogue between classmates)

1. Have the following four headings on the board (explain what each heading means).
 1. Myths
 2. Misconception or Misunderstanding
 3. Hurtful or Disrespectful
 4. Factual Information
2. Have the students write down on cue cards the first thing that comes to their mind when they think of the term mental. (In groups if possible)
3. After all the responses are written down on the cue cards, have students read them out loud
4. Then have the students tape the cue cards on the board under the heading they feel is most appropriate.
5. Have students discuss and share opinions.

* Give students the definition of mental illness. **Mental illness** is a disturbance in thoughts and emotions that decreases a person's capability to cope with the challenges of every day tasks and living.

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What is Stigma?

The word “stigma” is Greek in origin and it’s meaning had nothing to do with mental health. It referred to the practice of burning or cutting a mark into the flesh of criminals and slaves. The mark served to make their status apparent to all; a label that would set them permanently apart.

In some ways, we haven’t made much progress. We still brand people. The physical markings may be gone, but an invisible stamp of the other is often squarely applied to the forehead of someone with a mental disorder. Some say the stigma is worse than the disorder.

Definition: The term stigma refers to any attribute, trait or disorder that causes a person to be labelled as unacceptably different from “normal” people.

Stigma continues to be a huge problem for people living with mental illness. Stigma undermines a person’s sense of self, relationships, well-being and prospects for recovery. Stigma of people with mental illness are just as inaccurate and dehumanizing as stereotypes of women, racial minorities, people with physical and developmental disabilities, and people from other diverse groups.

Stigma includes stereotypes, prejudice, and discriminatory thoughts and attitudes. (Make sure the students are aware of the difference between the three – provide examples with the definitions to create a better understanding.

Stereotype: a person or thing that conforms to a fixed impression or attitude

Prejudice: a preconceived opinion

Discrimination: unfavourable treatment based on prejudice

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Reflection about the stigmatization around Mental Illness

Ask the students the following questions:

1. What are some of the negative things you have heard about people with mental illness? *(If not mentioned by the group, repeat any examples from the free association exercise)*
 - crazy
 - psych
 - violent
 - scary
 - nuts

2. What are some of the positive things you have heard about people with mental illness?
 - creative
 - artistic*(Although this may be possible remind the students that it is also a form of stereotype because that would be generalizing that all people with Mental Illness are the above.)*

3. Why do you think people with mental illness are stigmatized?
 - they are seen as different
 - people don't know what mental illness is (ignorance)
 - media
 - mental illness is feared by many
 - mental illness is misunderstood

4. Can you think of any other health condition or social issues that have been stigmatized throughout history?
 - homosexuality
 - divorce
 - leprosy
 - unwed motherhood
 - AIDS

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5. What do you think influences perceptions about people with mental illness?
 - media, news (i.e. media reports stories about “a schizophrenic killed someone today” do you ever hear “a diabetic killed someone today” - reports only negative views of mental illness
 - newspapers
 - stories that associate people with mental illness with violence or suicide
 - the fact that people with mental illness sometimes behave differently
 - people are afraid of what they don't understand

6. How do you think stigma affects the lives of people with mental illness?
 - makes them unhappy
 - may not be able to get a job
 - lose their friends
 - prevent them from seeking help
 - negatively affect the family

Famous People with a Mental Illness

Allow the students time to brainstorm of whom they might know that is famous and who has a mental illness. Examples follow: (all are diagnosed or believed to have mood disorders, unless otherwise specified)

- Drew Carey
- Jim Carey
- Roseanne
- Winona Ryder
- Robin Williams
- Michelangelo
- Barbara Bush
- Emily Dickinson
- Joan Rivers
- Sheryl Crow
- Sara McLaughlin
- Princess Diana
- George Stephanopolous
- Alanis Morissette
- Janet Jackson
- Kurt Cobain
- Axl Rose
- Ray Charles
-
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< <http://www.frii.com/~parrot/living.html>>

**** Make sure you leave time at the end of the class to allow the students the opportunity to ask questions or share comments regarding any of the discussed topics.****

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Day Two – What is Mental Illness?

Mental illness is a disturbance in thoughts and emotions that decrease a person's capability to cope with the challenges of every day tasks and living.

Many students do not know basic facts about mental illness and therefore have misconceptions that need to be corrected. Sometimes teens are afraid to talk about stuff because they are afraid people may think they are crazy. Mental illness is still feared and misunderstood. The sad thing is this prevents them from finding out how common and normal their struggles can be. Even sadder, it means that when people are actually experiencing a mental illness it prevents them from receiving the kind of help that will allow them to get better. You will benefit from learning about the causes of mental illness and the kinds of treatments available to people with mental illness.

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“Fact or Fiction” Work Sheet

- Remind students their worksheet is in their workbook.
 - Have students work in small groups or work together as one big group. (Depends on the number of participants.)
 - When students have completed their worksheets discuss answers as a group. Did they learn any new information?
1. **One person in 100 develops schizophrenia**
TRUE - One percent of the general population develops schizophrenia.
 2. **A person who has one or both parents with a mental illness is more likely to develop mental illness.**
TRUE - Mental illness can be hereditary.
 3. **Mental illness is contagious**
FALSE - Mental illness is not contagious. Heredity can, and often does, play a factor in the development of the disease.
 4. **Mental illness tends to begin during adolescence.**
TRUE - The first episode usually occurs between the ages of 15 and 30 years. Early intervention is currently thought to be one of the most important factors related to recovery from mental illness.
 5. **Poor parenting causes schizophrenia.**
FALSE - Childhood abuse and neglect does not cause mental illness such as schizophrenia.
 6. **Drug use causes mental illness.**
TRUE and FALSE - Alcohol and drugs sometimes play a role in the development of some symptoms, but do not usually cause the illness. However, long term drug and alcohol use can lead to the development of drug induced psychosis.
 7. **Mental illness can be cured with willpower.**
FALSE - Mental illness is associated with chemical imbalances in the brain and requires a comprehensive treatment.

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8. **People with mental illness never get better.**
FALSE - With the right kind of help, many people with a mental illness do recover and go on to lead healthy, productive and satisfying lives.
9. **People with mental illness tend to be violent.**
FALSE - People who experience a mental illness at times behave differently from people who do not. While some of their behaviours are bizarre, people with a mental illness are no more violent than the rest of the population.
10. **All homeless people are mentally ill.**
FALSE - although it has been indicated that 17 to 70% of people who are homeless have mental illness, it is clear that being homeless doesn't automatically indicate a mental illness.
11. **Developmental disabilities are a form of mental illness.**
FALSE - Mental illness does not affect an individual's intellectual capacity. However, people with developmental disabilities are more susceptible to developing a mental illness.
12. **People who are poor are more likely to have mental illness than people who are not.**
FALSE - Income is not a factor in overall rates of mental health problems. However, people with lower incomes experience slightly higher rates of depression.

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General Statistics about Mental Health

- read to the students
- remind them that they will not be aware of some of the disorders mentioned but that they will be given information about them later in the program
- Canadian adolescents, like teens throughout the world, are at high risk for mental illness.
- In Ontario about one in five 4-16 year olds suffer from some type of psychiatric disorder.
- One in four persons requires professional help for a mental health problem in any given year.
- 22% of Ontarians have experienced at least one mental health problem in their lifetime.
- 31% of 15-24 year olds have experienced a mental health problem
 - 27% have anxiety problems
 - 7.5% have affective problems
 - 15-24 year olds are more likely to have social phobias and bipolar disorder
- 52% of Ontarians whose parents have experienced a mental health problem also experience a mental health disorder
- 1/3 to 1/2 of all people who are off work and collecting disability are doing so for reasons of mental health
- Nearly half who have severe mental illness do not seek treatment
- Males and females are equally diagnosed (males tend to have an earlier onset in their teens or early twenties, women; in their twenties and early thirties)
- **Behind all these statistics are faces, maybe even you, or someone you love.**

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What is “MENTAL ILLNESS”?

Mental illness is a disturbance in thoughts and emotions that decreases a person’s capability to cope with the challenges of everyday tasks and living.

There are different kinds of mental illness that are commonly seen in adolescence, all of which have significant effects on a teen’s day to day living. Some of these include:

Descriptions of Mental Illnesses

1. **Mood Disorder:** persistent changes in mood caused by biochemical imbalances. (Very common)

Many teens feel down and blue at times, but for some these feelings do not seem to go away. The symptoms can be there day and night and life can become a chore. These teens may not realize that what they are experiencing are symptoms of a potentially treatable disease.

Types of mood disorders include:

- **Major depressive disorder** – depressed mood including symptoms such as loss of interest, irritability, difficulty sleeping or sleeping too much, decreased or increased appetite, sense of worthlessness, guilt and even maybe thoughts of suicide.
 - **Bipolar Disorder** – cycle of depressed mood, “normal” mood and mania. (Mania is an exaggerated mood accompanied by inflated self-esteem or confidence, decreased need for sleep, increased energy, poor judgment, etc.)
2. **Psychosis:** active state of experiencing hallucinations or delusions and can be organic or drug induced (in which case it is not considered mental illness)
 - **Schizophrenia** – involves hallucinations, delusions, disorganized and/or catatonic behaviour

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Delusions are false beliefs or misinterpretations of situations and experience.

Hallucinations are auditory, visual, olfactory, gustatory or tactile but auditory are the most common.

3. **Anxiety Disorder:** associated with feelings of anxiousness, worry, combined with psychological symptoms that interfere with everyday activities.

Many physical symptoms (e.g. headaches, stomach aches, racing heart) can be associated with anxiety in adolescents. Feelings of fear and dread can become so intense that they keep you from going to school, from being in a group, and from many activities that would not be a problem otherwise. Anxiety can be tied to a past trauma (e.g., car accident, incident of abuse), or an identifiable source (e.g. snakes, heights).

Anxiety disorders are the most commonly reported mental health problem.

- **Obsessive Compulsive Disorder:** repeated obsessions and/or compulsions that interfere with everyday living.

Obsessions are disturbing and intrusive ideas or thoughts that cause marked anxiety.

Compulsions are repeated behaviours or mental acts intended to reduce the anxiety.

- **Post-Traumatic Stress Disorder:** re-experiencing a traumatic event, accompanied by feelings of extreme anxiety, increased excitability and the desire to avoid stimuli associated with the trauma. (examples include car accidents, death, etc.)
4. **Personality Disorder:** pattern of inner experience and behaviour that is significantly different from the individual's culture; is stable over time; leads to distress and impairment over time. (usually begins in adolescence or early adulthood)

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- **Dissociative Identity Disorder** (Multiple Personality Disorder): having the presence of two or more distinct identities that alternate in controlling a person's behaviour.

5. **Eating Disorder:** involve an obsession with food, weight and appearance that negatively affect a person's health, relationships and daily life.

Two psychiatric eating disorders, anorexia nervosa and bulimia, are on the increase among Canadian teenage girls. They also occur in boys but much less often. Both disorders are characterized by a preoccupation with food, and a feeling of lack of control over aspects of one's life. The teenager with anorexia nervosa is often perfectionistic but suffers from low self-esteem and an irrational belief of being overweight, regardless of how thin he or she becomes. Teenagers with bulimia binge on huge quantities of food and then purge their bodies of dreaded calories by self-induced vomiting, laxative use, or excessive exercising.

Eating disorders can be fatal, and adolescents with these disorders are typically very good at hiding the problem. Denying the presence of their problem delays much needed help.

- **Anorexia Nervosa:** irrational fear of body fat and weight gain with a strong determination to become thinner and thinner, a refusal to maintain a normal weight and a distorted body image.
- **Bulimia Nervosa:** characterized by cycles of binge eating (eating excessive amounts of food rapidly in an automatic and helpless manner) and purging (induced vomiting, exercising, laxatives and restrictive dieting)

**** Important to Note:**

Accidents represent the number one cause of death in Canadian teens and are often caused by different types of risk-taking behaviour. Risk taking is a broad category of behaviours that includes among others: alcohol and substance abuse, unprotected sex, thrill seeking, and delinquent behaviours. Such behaviours can be a sign of various mental illnesses and can result in some of the real tragedies of adolescence. As well, if a person engages in one risk-taking behaviour they are likely to engage in more than one.

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Factors that may contribute to the development of mental illness (MI)

Nobody is quite sure of the exact cause of mental illness, but most current theories suggest it has something to do with the chemistry of the brain.

1. Chemical Imbalance:

- M.I. may partially be caused by a chemical imbalance in the brain (talk about serotonin and how some people are born with low levels)
- Some respond well to medication.
- Those who respond to medication, symptoms are reduced or eliminated.
- Symptoms may be eliminated with medication, however, the medication needs to be monitored regularly. There is a possibility of relapse if you stop taking the medication cold turkey or if you don't take it regularly.

2. Substance Abuse:

- A VERY LARGE FACTOR as it is seen as a TRIGGER
- Some people with mental illnesses may use alcohol or drugs to relieve their symptoms
- Symptoms may actually worsen and even induce psychotic behaviours
- May delay proper diagnosis – what one comes first; mental illness or substance use?
- Some studies have found that substance use is associated with higher rates of relapse and hospitalization.

3. Traumatic Life Events:

- Often make people more vulnerable to develop a mental illness
- Instead of recovering (situational depression) some may develop clinical depression

4. Heredity / Genetic Factors:

- Chances of developing a mental illness is greater if one or both parents have a mental illness. (e.g. Schizophrenia, Obsessive Compulsive Disorder, bipolar, depression, etc.)

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5. **Stress:**

Stress also plays a part and although we don't know if it can cause a mental illness, we do know it can act as a trigger for the illness or make it worse.

6. **Other Illnesses:**

- People with illness such as Alzheimer's, Parkinson's and brain damage experience memory loss and confusion.
- People with physical illnesses (e.g. cancer, osteoporosis, diabetes, etc.) can also develop chronic depression because their level of functioning is impaired to a certain extent

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How can we treat people with mental illness?

While there isn't really a "cure" for mental illness yet, people can and do get better with help and treatment. The most important thing is to get help. Medical treatment is a stepping stone to wellness not a cure. Most people should combine good medical care with their own coping methods.

A. Biological Treatment

- **Medications:** usually fall under one of the following antipsychotics, antidepressant, mood stabilizers and anti-anxiety.
- **Psychotherapy:** "talk therapy" is done with a therapist to relieve distress by expressing feelings, help change negative attitudes, and to promote constructive ways of coping.

B. Psychosocial Interventions

- **Self Help Groups:** offer the chance to meet others who understand the same issues and challenges.
- **Family Support and Involvement:** Informal relationships with friends, family, coworkers and others play a vital role. Family and friends need as much support and information for themselves so they can assist and support their loved ones.
- **Community Support:** access to social services, education, public housing, social support and family services to those with mental illnesses. There are also community groups and organizations that contribute to community life (e.g. Sports clubs, Kiwanis, singing, etc.).

It is important to note that a combination of a number of these will be most effective. For example if someone is on medication it may control their emotions and behaviours for the time being. But for the future that person may need to learn coping skills in case the doctor decides to decrease the dose or even terminate the use of their prescribed medication at some point. Seeking psychotherapy support. (i.e. psychologist)

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Day Three – It's your turn to experience...

Schizophrenia is the most serious disorder in the mental health world. It's symptoms can be bizarre and frightening both to the sufferer and those close to them. It commonly strikes in late teens, early twenties. As with other mental illnesses there is currently no "cure" – although between 1/4 to 1/3 of people with this diagnosis find their symptoms disappear over time with treatment.

Watch one of the suggested movies below regarding schizophrenia.

- Shattered Dreams (National Film Board, 28 mins)
This movie is a powerful and emotional exploration of the experience of a family forced to deal with the tragedy of schizophrenia in a loved one - not once but twice. The Martini family lived through the turmoil of losing their youngest son Ben to schizophrenia and eventually suicide, only to discover six years later that a second son, Liv, had developed the disease. Clem Martini, a third brother, narrates the film, sharing with us his family's journey through a world of confusion, guilt, loss and ultimately, hope.
- No Place to Go (Can be accessed from the media library at the Durham District School Board, 28 mins)
- Schizophrenia in a World Alone (Oshawa Public Library, 30 mins)
- The Torment of Schizophrenia (Oshawa Public Library, 52 mins)
- discuss movie after you watch it

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Activity: “Auditory Hallucinations” (hearing voices or “messages”)

The purpose is to get students to experience the fear, frustration and confusion of auditory hallucinations. By doing this activity the students will get an understanding of what it may feel like to experience this.

Instructions:

1. Have the students get into groups of four and have each student take on one of the following roles:
 - 1 - friend
 - 2 - person with schizophrenia
 - 3 - voice 1
 - 4 - voice 2
2. Provide the students playing voice 1 and voice 2 with a copy of the “Voices” script (provided on the next page)
3. Have each “voice” sitting on either side of the “person with schizophrenia”. The person playing the role of the “friend” sits across from the “person with schizophrenia”.
4. Tell the “friend” and the “person with schizophrenia” to have a conversation with each other about anything. (e.g. school, friends, holidays, etc.)
5. Tell “voice 1” and “voice 2” to read the script twice to the “person with schizophrenia” at the same time while being fairly quiet but still loud enough for the “person with schizophrenia” to hear.
6. Let the activity run for about 5 to 10 minutes and remind the group member to take turns playing the roles of different characters. This should allow enough time for the students to take turns with the roles.

After completing the exercise lead the class into a discussion. Below are some useful questions.

1. What was it like being the “person with schizophrenia”?
2. What was it like being the “friend”?
3. What were some of the things being said? (most voices are not commanding and are sometimes themes)
4. How would you feel if you were experiencing auditory hallucinations while trying to write an exam or during a job interview?

If there was an observer:

What kinds of non-verbals (facial expressions, posture, body movements) did you take note of?

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“Voices” Script

VOICE 1

You jerk!
Stupid!
Everyone knows it.

They're all looking at you.
They know you're stupid

They are laughing at you
You're ugly!
Hide your face
Run away

You're no good.
You lazy, good for nothing.

Get a job you bum
Do something
Don't listen to them

Go for a coffee
Have a cigarette
This is boring

Hurt yourself
You deserve it
You're useless
No one cares

REPEAT!!

VOICE 2

Save these people
They're devils
They must be persecuted
God works through you
You can save the world
You are Jesus, son of God

Cleanse yourself
Save the world
Dirty! Dirty!

Take your clothes off
Purify yourself
Go naked in the presence of God
Naughty! Naughty!

You're tired
Get out of here
Go to sleep

They're staring at you with evil eyes
Run away

Hit them now
Hit! Hit!
Before they hurt you

REPEAT!!

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Day Four – Guest Speakers

Teacher and students identify the major strength of the awareness program as the opportunity to interact with people personally affected by mental illness. The guest speakers will give a unique kind of experiential learning that will hopefully break down barriers by bringing the community into the classroom.

PLEASE be sure to go over the rules of conduct with the students before the speakers arrive.

Remind students to use respectful language (terms like crazy, mental, psycho and so on, are **NOT ACCEPTABLE**)

It is also important that the students respect the presenters' and the other students' privacy. Because this is a time to share, some students may also want to share their experiences and in case this occurs remind the students that these stories are confidential and should not be discussed outside the classroom.

Choose a student to thank the presenters after they have told their stories.

Remind students there will be a question and answer period after the speakers are finished. Encourage them to write the name of speaker, any important points or questions they may have in their workbooks.

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Guest Speaker #1

Name _____

Guest Speaker #2

Name _____

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Day Five – Debriefing the TAMI Week and Speaker Presentations, plus Support Services and Resources (teacher guide)

It is important for the students to have a chance to speak about their thoughts and feelings regarding the past week's experience and specifically about hearing the experiences of people living with mental illness. The purpose of this last session is to debrief experiences, learn positive mental health language, strategies to support someone with a mental illness and to develop their own personal support network using personal and community resources.

Debrief with Students regarding TAMI week and Speaker Presentations

The purpose of this activity is to allow students to share their thoughts and feelings regarding the past TAMI week's experience and specifically about hearing the experience of people living with a mental illness and the impact of a stigma.

Instructions:

Facilitate a discussion on the following 3 questions.

- (a) What did you think of the speaker's presentations?
- (b) What's one thing that stood out the most for you?
- (c) Give some examples of stigma against mental illness you heard in the speaker stories?

Activity #1: Do's and Don'ts

The purpose of this activity is to encourage students to think about taking steps toward changing their language and behaviour and promoting a more accepting community.

Instructions:

1. Have the students brainstorm ideas about ways of talking about and behaving toward people with mental illness that are inappropriate, disrespectful and disempowering.
2. Then have the students brainstorm ideas about ways of talking about and behaving toward people with a mental illness that are empowering and respectful.

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There is a DOs and DON'Ts suggestion list provided if prompts are necessary.

Encourage students to fill out the blanks in their workbook.

DO's and DON'Ts Suggestion List:

Disempowering Language

- “the mentally ill”
- victims, suffering
- crazy, wacko, lunatic, psycho, psychopath, demented

Empowering Language

- consumer
- survivor
- people / person with mental illness

Disrespectful Language

- schizophrenic
- manic-depressive
- handicapped person
- slow
- retarded
- challenged
- special

Respectful Language

- person with schizophrenia
- person with bipolar disorder

Don't

- refer to people by their illness
- talk about people
- be judgmental

Do

- put the person first
- talk with the person
- become informed about mental illness
- take action in your community and school

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Activity #2: Support Strategies and Resources:

Support Strategies - how can you be supportive to someone with mental illness (brainstorm additional ideas)

- Be supportive, understanding and non-judgmental
- Spend time with the person. Listen to him/her
- Never underestimate the person's abilities and strengths
- Become informed about mental illness
- Put the person's life before your friendship
- Encourage the person to follow his/her treatment plan and seek out support services
- Become informed/educated about services available
- Understand your own limits in ability to support others (i.e. Do not take it all on yourself, be helpful in linking a person to the supports they need).
- Help others become educated about mental illness, this will help reduce stigma and promote understanding.
- Challenge your peers and others views if they are making fun of a person with a mental illness.
- Other ideas to support:

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Establishing Your Own Support System:

Instructions:

Youth are often not aware of the services in the community to support them during challenging times. Also the youth service guide can be overwhelming and it is beneficial for students to have practice locating community based services.

Introduce that everyone needs to develop their own personal support system to assist during stressful periods in their lives.

Hand out the Youth Service Guide, which contains numbers to important youth services agencies in Durham Region.

Where and Who can you turn to when you are experiencing stress?

Make up a list of five personal supports (i.e. teachers, friends, family, counsellors, etc.) including both their names and phone numbers. This is to ensure that when you are in crisis you know whom you feel safe with and trust.

Open the Youth Service Guide and locate a couple of agencies in your area who you could call if you were experiencing stress and/or loss. Record them under #5 Community Agencies and include their phone numbers.

Contact Name	Phone Number
1. Parents	
2. Trusted Adult (i.e. coach, relative, friend's parents, etc.)	
3. School Personnel (i.e. guidance counsellor, vice-principal, teacher, school board social worker/psychologist, etc.)	
4. Doctor	
5. Community Agencies: _____ _____ _____	

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- Thank students for participating.
- Brainstorm what they have learned.
- Mention post tests to be down in one week.