

Unit 1BHEA: Personal health

The focus for Health Studies Unit 1BHEA is **personal health**.

This unit explores personal health influences, factors that enable and reinforce health behaviours and approaches to improving health. Students are provided with opportunities to assess risks to personal health and plan the actions necessary for improving health. Opportunities are also provided for examining the current healthcare system and the provision of health care as a consumer. The unit reflects the influence of different factors on the formation of beliefs, attitudes and values towards personal health behaviour.

This alcohol and other drug support material must be read in conjunction with the Health Studies Course documentation (www.curriculumcouncil.wa.gov.au).

The information and activities have been designed to be used within the Health Studies Unit 1BHEA. They are intended to be used in conjunction with other learning activities and contexts and as such, do not cover all content areas outlined for Unit 1BHEA.

HEALTH STUDIES COURSE

| Stage P | | Stage 1 | | | | Stage 2 | | Stage 3 | |
|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Unit PAHEA | Unit PBHEA | Unit 1AHEA | Unit 1BHEA | Unit 1CHEA | Unit 1DHEA | Unit 2AHEA | Unit 2BHEA | Unit 3AHEA | Unit 3BHEA |

CURRICULUM FRAMEWORK - OVERARCHING LEARNING OUTCOMES

COURSE OUTCOMES

| Outcome 1: | Outcome 2: | Outcome 3: | Outcome 4: |
|------------------------------|-------------------------------|--|----------------|
| Knowledge and understandings | Beliefs, attitudes and values | Self-management and interpersonal skills | Health inquiry |

CONTENT AREAS

| Health concepts | Attitudinal and environmental influences over health | Health skills and processes |
|--|--|---|
| <ul style="list-style-type: none"> An holistic/social view of health Health principles, frameworks, models and theories Actions and strategies for health Healthcare systems | <ul style="list-style-type: none"> Personal beliefs, attitudes and values influence health behaviour Social and cultural norms and expectations influence health behaviour | <ul style="list-style-type: none"> Self-management skills Interpersonal skills Health inquiry skills and processes |

Health Studies Course: Scope and sequence

Context: Drug education

| Content organiser | Stage 1 Units | | | |
|---|---|--|---|---|
| | 1AHEA Introduction to health | 1BHEA Personal health | 1CHEA Personal, peer and family health | 1DHEA The health of groups and communities |
| An holistic/ social view of health | <ul style="list-style-type: none"> definitions of health and wellness dimensions of health (physical/biological, social, mental, emotional and spiritual) that promote an understanding of a holistic concept of health characteristics necessary for good health (for each dimension) | <ul style="list-style-type: none"> measurement of personal health status for each dimension of health personal health influences personal factors that enable and reinforce behaviours that determine health i.e. predisposing, enabling and reinforcing factors | <ul style="list-style-type: none"> determinants of health i.e. social, environmental and biological the influence of health determinants that support or detract from personal, peer and family health status | <ul style="list-style-type: none"> relationships between social, environmental and biological determinants of health |
| Health principles, frameworks, models and theories | <ul style="list-style-type: none"> health and wellness continuums/dynamic nature of health | <ul style="list-style-type: none"> introduction to health promotion individual approaches to improving health i.e. health education social responsibility of individuals for their own health models that enhance and promote personal health i.e. Stages of Change Model. | <ul style="list-style-type: none"> models that enhance and promote health i.e. Health Promoting Schools Model | <ul style="list-style-type: none"> public health with emphasis on prevention and health promotion characteristics of communities and groups e.g. common features, diversity health promotion in your community: agents and agencies and their role in promoting health e.g. local drug action groups, non-government organisations (NGOs), community action groups for special events - Leavers use of models to inform practical programs to promote health of groups and communities i.e. promoting health at school using Health Promoting Schools (HPS) |
| Actions and strategies for health | <ul style="list-style-type: none"> individual responsibility for health role of lifestyle factors actions to reduce the risk of lifestyle factors | <ul style="list-style-type: none"> personal health risk assessment i.e. recognising constructive and destructive risks to health: calculating risks to health readiness for change strategies for building motivation to change behaviour personal action plans to protect and promote and optimise personal health i.e. aims/goals, developing strategies, SMART goal setting, identifying and overcoming barriers | <ul style="list-style-type: none"> preventive actions to cope with influences on personal health behaviour and enhance health i.e. resilience, social competence, assertiveness | <ul style="list-style-type: none"> assessment of the health and wellbeing of young Australians measures of health status in Australia i.e. life expectancy, morbidity and mortality, incidence and prevalence of disease current Australian health priorities strategies for improving life expectancy with focus on prevention, importance of intervention, healthy environments group techniques for health promotion e.g. developing personal skills, workshops, seminars, self-help groups |

Content areas covered in the Choices support materials are in bold and pink.

Health Studies Course: Scope and sequence

Context: Drug education

| Content organiser | Stage 1 Units | | | |
|---|---|---|---|---|
| | 1AHEA Introduction to health | 1BHEA Personal health | 1CHEA Personal, peer and family health | 1DHEA The health of groups and communities |
| Healthcare systems | <ul style="list-style-type: none"> range and types of health facilities and services selection of health products and services that meet personal needs and priorities criteria for selecting personal health products and services | <ul style="list-style-type: none"> structure of current healthcare system i.e. two tiered system of state/federal private health insurance and how it fits into the system rights and responsibilities as a healthcare consumer criteria for choosing a healthcare professional | <ul style="list-style-type: none"> importance of health care as prevention versus health care as treatment range and types of preventative health care options and access to alternative health care | <ul style="list-style-type: none"> local, state and federal government responsibilities for health issues around responsibilities for health care in Australia e.g. workforce shortages, waiting lists, funding for health |
| Personal beliefs, attitudes and values influence health behaviour | <ul style="list-style-type: none"> defining personal beliefs, attitudes and values and their relationship to health behaviour differences in personal values and attitudes formation of personal beliefs, attitudes and values about health relationship between knowledge, beliefs, attitudes and health behaviour | <ul style="list-style-type: none"> influence of personality, individual and situational factors on the formation of personal beliefs, attitudes and values influence of physical and structural factors on personal beliefs, attitudes and values towards health behaviour impact of personal beliefs about health on health behaviour | <ul style="list-style-type: none"> peer and family influence on the formation of personal beliefs, attitudes and values towards health behaviour differences between adolescents' perceptions of physical and structural factors influencing behaviour and motivation of self and others relationship between beliefs, attitudes, values and health behaviour cognitive conflict/dissonance | <ul style="list-style-type: none"> influence of groups and community upon personal beliefs and attitudes and ability to pursue values impact of multiple beliefs and attitudes of self and others on health behaviour |
| Social and cultural norms & expectations influence on health behaviours | <ul style="list-style-type: none"> definitions of social and cultural norms and expectations formation of social and cultural norms influence of general social and cultural norms on personal behaviour | <ul style="list-style-type: none"> influence of peer-group and cultural norms and expectations on personal health behaviours | <ul style="list-style-type: none"> influence of peer group, personal, cultural, school, parental and religious norms and expectations on health behaviour of self and others | <ul style="list-style-type: none"> role of wider community in construction, transmission and promotion of beliefs, attitudes and values |
| Self-management skills | <ul style="list-style-type: none"> self-assessment of strengths and challenges in health styles of decision-making in determining personal health priorities and goals e.g. impulsive, intuitive, rational factors affecting choice of decision-making style decision-making models | <ul style="list-style-type: none"> skills for building self-confidence and personal motivation i.e. goal setting for short and longer term, resilience and coping with change impact of decisions and behaviours of the peer group on personal decision-making impact of values and cultural awareness on personal decision making. | <ul style="list-style-type: none"> skills for seeking social support among peers and family for behaviour change i.e. self-confidence skills for monitoring and modifying health behaviour i.e. time management, decision-making, planning | <ul style="list-style-type: none"> solution-focused approaches to decision-making prediction of barriers and enablers to healthy decision-making practical decision-making tools and strategies i.e. PMI, cost-benefit analysis, Six Thinking Hats |

Content areas covered in the *Choices* support materials are in **bold and pink**.

Health Studies Course: Scope and sequence

Context: Drug education

| Content organiser | | Stage 1 Units | | | |
|-----------------------------|-------------------------------------|---|--|---|---|
| | | 1AHEA Introduction to health | 1BHEA Personal health | 1CHEA Personal, peer and family health | 1DHEA The health of groups and communities |
| Health skills and processes | Interpersonal skills | <ul style="list-style-type: none"> importance of effective communication for better health and wellbeing non-verbal and verbal communication skills and strategies for effective relationships i.e. speaking, listening | <ul style="list-style-type: none"> assertive, passive and aggressive communication use of 'you' and 'I' statements skills for working in pairs and groups i.e. cooperation, negotiation | <ul style="list-style-type: none"> communication skills that build cooperation and collaboration in achieving group goals i.e. active listening, empathy, respect for others and compromise, managing conflict barriers to effective communication effective use of communication channels e.g. mobile phones, email, internet | <ul style="list-style-type: none"> skills for effective communication in groups i.e. mediation, negotiation, supporting others, managing group dynamics codes of behaviour in groups |
| | Health inquiry skills and processes | <ul style="list-style-type: none"> basic health terms/language identification of reliable sources of health information basic gathering and searching techniques i.e. defining and using keywords and effective use of internet search engines summarising information presentation of health information in simple report formats | <ul style="list-style-type: none"> common health terminology identification of health issues and concerns criteria for choosing reliable sources of health information effective data collection techniques i.e. keywords and phrases that define the issue combination and summary of information techniques for drawing of general conclusions reporting of findings to others in simple ways | <ul style="list-style-type: none"> identification of health concerns and issues effective searching techniques using a variety of reliable and accurate sources and perspectives combination of information and connecting similar ideas/information drawing of conclusions communication of findings in differing styles e.g. poster presentation, oral, PowerPoint | <ul style="list-style-type: none"> development of health focus questions inquiry plans i.e. type of information to be collected, timeline and audience for inquiry tools for organising information e.g. mind and concept maps, grouping like information techniques for referencing combination, summary and analysis of information including identification of trends and patterns techniques for developing substantiated conclusions communication of findings using common health discourse and styles to suit different audiences |

Content areas covered in the *Choices* support materials are in **bold and pink**.

Unit overview

The following table shows the links of the specific content areas to the content organisers, the suggested activities and strategies, and the assessment tasks covered in this unit.

| | Content area | Suggested activities | Resources | Page |
|--|---|--|---|--|
| Health concepts | Health principles, frameworks, models and theories <ul style="list-style-type: none"> Individual approaches to improving health i.e. health education models that enhance and promote personal health i.e. <i>Stages of change</i> model | Activity: It depends Explains how the combination of factors can contribute to a drug use experience and affect drug taking behaviours and decisions. Identifies potential risks and harm reduction strategies in drug-related situations. | <ul style="list-style-type: none"> Teacher notes: <i>Interaction model</i> Activity sheet: <i>It depends</i> Resource sheet: <i>It depends</i> | 151 152 154 |
| | | Activity: Changing behaviour Explores behaviour change through the Stages of change model. | <ul style="list-style-type: none"> Teacher notes: <i>Stages of change</i> Activity sheet: <i>Changing behaviour</i> Resource sheet: <i>Stages of change model</i> Resource sheet: <i>Stages of change signs</i> Resource sheet: <i>Case studies</i> | 165 166 167 168 169 |
| | | Activity: My personal action plan Uses a model to develop a personal action plan aimed at changing behaviour. | <ul style="list-style-type: none"> Activity sheet: <i>My personal action plan</i> Resource sheet: <i>Action plan template.</i> | 170 173 |
| | | Activity: Risky business Clarifies the concept of risk and identifies the level of risk in alcohol and other drug situations. | <ul style="list-style-type: none"> Teacher notes: <i>Risk assessment</i> Activity sheet: <i>Risky business</i> Resource sheet: <i>Risk assessment process</i> Resource sheet: <i>Risk assessment template</i> Resource sheet: <i>Risk cards</i> Resource sheet: <i>Risk signs</i> Masking tape | 157 158 160 161 162 164 |
| Attitudinal and environmental influences over health | Actions and strategies for health <ul style="list-style-type: none"> personal health risk assessment i.e. recognising constructive and destructive risks to health; calculating risks to health | Activity: Thinking about alcohol and other drugs Identifies concerns, attitudes and values related to alcohol and other drugs and situations where associated risks to these may occur. | <ul style="list-style-type: none"> Teacher notes: <i>Values education</i> Activity sheet: <i>Thinking about alcohol and other drugs</i> Resource sheet: <i>Values continuum signs</i> Resource sheet: <i>Scenarios</i> | 143 144 145 146 |
| | | Activity: Behaviour ranking Explores the impact of personal beliefs and attitudes about health on health behaviours. | <ul style="list-style-type: none"> Activity sheet: <i>Behaviour ranking</i> Resource sheet: <i>Behaviour ranking</i> | 147 148 |

| | Content area | Suggested activities | Resources | Page |
|-----------------------------|---|--|--|---------------------------------|
| Health skills and processes | Interpersonal skills <ul style="list-style-type: none"> assertive, passive and aggressive communication skills for working in pairs and groups i.e. cooperation, negotiation | Activity: You decide Explores communication styles and their appropriate use in alcohol and other drug situations. | <ul style="list-style-type: none"> Teacher notes: <i>Communication styles</i> Activity sheet: <i>You decide</i> Media examples of communication styles e.g. TV show, newspaper, magazines or movies | 149 150 |
| | Assessment: Production (40 marks) Task 1: Investigate a health issue related to personal consumption of a legal drug (e.g. caffeine, analgesics, nicotine, alcohol). | | <ul style="list-style-type: none"> Assessment task: <i>Production</i> Resource sheet: <i>Action plan template</i> Part A Marking key: <i>Pre-contemplation and contemplation</i> Part B Marking key: <i>Preparation</i> Part C Marking key: <i>Action and maintenance</i> | 171 173 174 175 176 |
| | Part A: Pre-contemplation and contemplation Part B: Preparation Part C: Action and maintenance | | | |

Teacher notes: Values education

The information and activities are designed to cover the following content from the Health Studies Unit 1BHEA:

Personal beliefs, attitudes and values influence health behaviour

- influence of personality, individual and situational factors on the formation of personal beliefs, attitudes and values
- impact of personal beliefs about health on health behaviour.

What is values education?

Values education provides a process whereby students can begin to understand what they value and why. Exploring attitudes and values enables student to gain insight into those beliefs that influence their own and others' decisions and behaviour.

Developing attitudes and values

The following activities aim to develop attitudes and values consistent with a safe and healthy lifestyle within an alcohol and other drug context. Students are provided with opportunities to develop an understanding of the benefits of taking a harm minimisation approach to the use of alcohol and other drugs, and having a positive attitude towards their responsibilities. For more information about harm reduction see *Background information* page 227.

Processing

Sessions must conclude with some processing (debriefing) or summary. Debriefing allows students to share feelings, summarise the important points learnt and personalise the issues/dilemmas to real-life situations.

Processing is essential and it is better to stop an activity in order to have a debriefing than to have students leave the session without discussing issues that arose during the activity.

Note: Further information on values education is on page 273.

Activity: Thinking about alcohol and other drugs

This activity will help students to:

- guide students to acknowledge their own concerns, attitudes, values and beliefs related to alcohol and other drugs.
- predict risks in drug related situations.

Resources

- Resource sheet: *Values continuum signs* – one set
- Resource sheet: *Scenarios*

How is it implemented?

1. There are many choices to make about alcohol and other drugs. There are also different levels of risk and types of risks involved with these. This activity is designed to help students think about the issues and acknowledge their own concerns, attitudes and beliefs. The classroom environment needs to be such that the students feel confident and comfortable to express their ideas and understandings to the group.
2. Set up a values continuum by placing the three signs in a line across the room i.e. agree, unsure, disagree.
3. Read one of the statements from Resource sheet: *Scenarios* to the class.
4. Ask students to move to a place along the continuum that best reflects their attitude to the statement. Choose some of the processing questions below to explore students' reasons for their choice.
5. Explain to the students that it is important for them to think about why they agree, disagree or are unsure. It is essential to discuss the issues raised by the students and remind them that they will not be judged for their ideas. Students can change their minds at any time throughout the activity.
6. Repeat this process for the remaining statements on the resource sheet.
7. Conclude with a range of the suggested processing questions or others that may have arisen in the discussion.

Processing questions

- *Why have you placed yourself in that position on the continuum?*
- *What knowledge and understandings do you have that brings you to that conclusion?*
- *Would you feel differently if you had more information?*
- *Was it easy to choose your position? Why or why not?*
- *How does it feel to share your opinions with others?*
- *Has listening to others' opinions and thoughts changed how you think about these issues? Why?*
- *Do you think your attitudes to this issue are influenced by others? Why or why not?*
- *Who else may influence your attitudes?*



Agree

Disagree

Unsure



Scenarios

Drinking one alcoholic drink each night for a few weeks is safer than drinking a large amount of alcohol in a single night.

FACT: Drinking a large amount of alcohol in a single night increases the risk of vomiting, passing out and alcoholic poisoning.

Having drinks with your parents or other adults is safer than drinking with your friends.

FACT: While this may not be true in every situation, parents and other adults usually have more experience with alcohol. They may also know how it affects people and how to handle a situation in which someone is drunk.

There is less risk involved in drinking at the beach or in a park than in drinking at home or at a party.

FACT: You are likely to have more options if you need assistance at home or at a party. You are also likely to have more control over the environment.

Girls are more affected by alcohol than boys.

FACT: On average, a girl's metabolism and body type and size make her more likely to be affected by alcohol than a boy.

Drinking alcoholic soda is less risky than drinking other alcoholic drinks.

FACT: The risk is similar. Alcoholic soda contains a similar volume of alcohol to other drinks, including full strength beer and mixed spirits.

Taking ecstasy with friends is safe.

FACT: You are taking an illegal drug and can't be sure of the chemicals you are actually swallowing. There are many factors to consider, including whether your friends are responsible enough to look after you and if they know what to do if something goes wrong. Remember, there is no such thing as safe drug use.

Activity: Behaviour ranking

This activity will help students to:

- explore the impact of personal beliefs and attitudes about health on health behaviours
- challenge personal beliefs and attitudes about health behaviour by discussing similarities and difference and negotiating an agreed group.

Resources

- Resource sheet: *Behaviour ranking* – one per student

How is it implemented?

1. Students individually rank the behaviour for each character described on Resource sheet: *Behaviour ranking*. Explain there are no right or wrong answers and that this activity is based on personal attitudes and beliefs.
2. In groups of four, students discuss the behaviour of each character and share an explanation of the rank they allocated.
3. The group negotiates and formulates an agreed group ranking for each character based on the discussion and explanations provided by individuals.
4. Each group gives a brief outline of the discussion and justification for the ranking of each character.
5. Conclude with a range of the suggested processing questions or others that may have arisen in the discussion.

Processing questions

- *How do these scenarios reflect cultural and societal attitudes about drug use?*
- *To what extent do you think peers would have an impact on these drug-related scenarios?*
- *How could the scenarios affect the character?*
- *How could they affect the community?*
- *What costs could occur as a result of the characters actions? For example could there be any financial costs from property damage?*
- *Is there a possibility of physical or emotional harm?*
- *Do any of the characters place other members of the community at risk of harm?*



Behaviour ranking

On a scale of 1 to 5, with 1 being the least acceptable and 5 being the most acceptable, rank each character's behaviour.

Character

Personal ranking

Group ranking

1 Sue, a mother of a 16 year old girl, buys her daughter some alcohol to take to an end of school year party.

2 Brett and his team mates are celebrating winning their junior football grand final in the club change rooms. Some of the older players bring in a carton of beer to share.

3 18 year old Kristen and her friends are at the park. They are having a good time drinking alcohol while watching the fireworks on Australia Day.

4 Chris decides to take an ecstasy tablet before driving to a party.

5 23 year old pregnant Jillian is relaxing at home, smoking a joint with her partner.

In groups, discuss your ranking of each character's behaviour then negotiate an agreed group ranking.

Teacher notes: Communication styles

The information and activities are designed to cover the following content from Health Studies Unit 1BHEA:

Interpersonal skills

- assertive, passive and aggressive communication
- skills for working in pairs and groups i.e. cooperation, negotiation.

Assertive communication

Assertion is a specific way of communicating that can be learnt and practised. It enables people to express their thoughts, feelings and values about a situation openly and directly while taking into consideration other people's feelings and values. Assertion is one of three types of behaviours a person may choose to adopt in a conflict situation. The three types of behaviours may be described as assertive, aggressive or passive.

The table shown here describes each of the communication styles and reasons why people may choose to communicate in that way and the possible results. It is important to explain to students that it is the behaviour not the person that is called assertive, passive or aggressive.

Why people behave aggressively

- afraid of failure
- lack of confidence
- success in the past with aggression
- demonstrate power
- release anger
- manipulate others

Possible results of being aggressive

- conflict in relationships
- loss of self respect
- lose respect of others
- increased stress
- possible violence
- do not achieve desired results

Why people behave passively

- fear of disapproval
- fear of criticism
- out of politeness
- avoid conflict
- manipulate others
- unskilled in being assertive

Possible results of being passive

- loss of confidence
- feel angry, hurt, frustrated
- lose control in relationships
- lead to aggressive responses
- feeling of low self worth
- never get your own way

Why people behave assertively

- feel good about themselves
- feel good about others
- build mutual respect
- achieve personal goals
- minimise hurting others
- feel in control of situations
- be honest to self and others

Possible results of being assertive

- unpopular for expressing feelings
- labelled pushy or independent
- could threaten relationships
- strengthen relationships
- perceived as in control
- thought of as being decisive

Activity: You decide

This activity will help students to:

- distinguish the characteristics of different communication styles
- explore passive, assertive and aggressive communication styles and their appropriate use.

Resources

- Media examples of different communication styles i.e. newspaper, TV show, magazine or excerpt from movies

How is it implemented?

1. Use a media stimulus to show examples of assertive, passive and aggressive communication. Discuss the characteristics of each style of communication.
2. Identify the benefits of assertive communication. Discuss in what circumstances it is best to use assertive communication and why.
3. In groups of three or four, students generate alcohol and other drug scenarios for discussion. Two examples are provided.
 - You are driving some intoxicated friends home and their behaviour in the car is worrying you.
 - Two people are at a party drinking alcohol. One person starts to kiss and touch the other person who is drunk.
4. Groups swap scenarios. Students must write a conversation related to the situation that demonstrates the most appropriate style of communication.
5. Students role-play their conversations demonstrating effective communication.
6. Conclude with a range of the suggested processing questions or others that may have arisen in the discussion.

Processing questions

- *Do people always use the same communication style in every situation? Why or why not?*
- *What factors do you think may influence people's choices of communication style?*
- *What are some possible benefits of using an assertive communication style?*
- *Can you think of a situation when it may be appropriate to use an aggressive communication style? Why?*
- *Where might it be appropriate to use a passive communication style?*
- *Why did you choose that communication style for the scenario?*
- *What are some of the factors in this situation that influenced your choice of communication style?*

Teacher notes: Interaction model

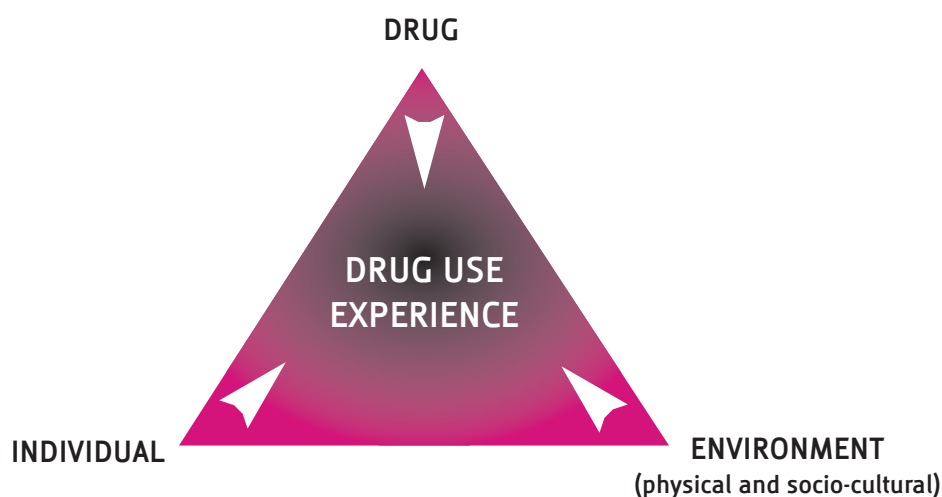
The information and activities are designed to cover the following content from Health Studies Unit 1BHEA:

Health principles, frameworks, models and theories

- models that enhance and promote personal health i.e. *Stages of change* model.

Interaction model

The *Interaction model* was developed by Zinberg in 1984. This model is derived from Social Learning Theory and explains that the way a person (individual) experiences alcohol or other drugs does not depend only on the drug itself or factors to do with the drug. The experience will vary depending on the drug factors, individual factors and the factors in the environment.



There are three sets of factors:

- **the drug** (classification – effect on the Central Nervous System (CNS), type, amount consumed, frequency, potency, route of administration, interaction with other drugs)
- **the individual** (gender, age, general health, attitudes, values, previous experience, mood, expectations, tolerance)
- **the environment** (time of day, location, who with, how much, cost, availability, culture, family background, laws)

The model can be used to explain both the subjective drug using experience as well as drug taking behaviour, and emphasises the importance of environmental factors (i.e. culture, price, availability, role models and legality). Previous models emphasised the drug or the individual factors in explaining drug use experience and behaviour and the environmental factors were overlooked.

The *Interaction model* can demonstrate how people may have different drug use experiences even when using the same drug and the same amount. It can also be used to explain how a person using the same drug on different occasions may have a range of experiences.

Activity: It depends

This activity will help students to:

- understand how a combination of factors can contribute to a drug use experience and affect drug taking behaviour and decisions
- identify potential harms of alcohol and other drug use and possible harm reduction strategies.

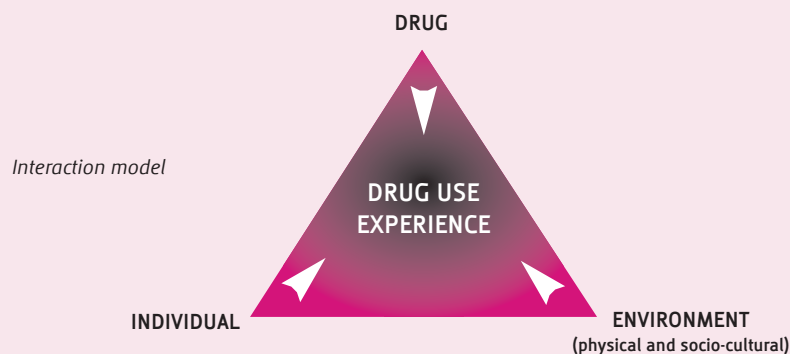
Resources

- Resource sheet: *It depends* – photocopied and cut into cards

How is it implemented?

1. Draw the *Interaction model* on the board.
2. Explain that the way a person experiences alcohol and other drug use will vary depending on the drug itself (drug), the setting or environment (environment) and the characteristics of the user (individual).

Emphasise that this model explains how it is possible, for example, that the same person using the same drug may have a different experience in another environment. Equally, two people in the same environment using the same amount of the drug may have a different experience. There are no guarantees about how any drug will affect any individual at any time.



3. Ask students to brainstorm the drug, the individual and the environment factors that could contribute to risk of injury in an alcohol or other drug situation. The table below provides possible responses.

| Drug | Individual | Environment |
|--|-------------------------------------|---|
| • 6 beers in one hour | • 16 yr old small female | • at the beach |
| • 2 joints of cannabis | • 19 yr old feeling sad | • at home alone |
| • ½ bottle of wine | • 15 yr old celebrating with family | • at a football grand final |
| • 4 analgesic tablets (e.g. paracetamol) | • 28 yr old pregnant woman | • at a party with people you don't know |
| • 1 ecstasy tablet | | • at a nightclub |

Activity: *It depends*

4. Using the generated examples or alternatively Resource sheet: *It depends*, students form groups of three with a drug, individual and environment card in each group. Each group constructs a scenario using the variables shown on the cards. The level of risk for the individual should be discussed.
5. Ask some groups to share the scenario their cards created and the associated risks with that situation.
6. Choose a factor (e.g. the environment) and ask each student holding that card to move to a different group.
7. Repeat the process and explore how changing one factor may change the alcohol or other drug experience and therefore associated consequences and outcomes.
8. Conclude with a discussion of questions raised through this activity.



It depends

Individual

Environment

Drug

20 year old male uni student

at a night beach party

3 stubbies of full strength beer (375ml) in an hour

30 year old male business executive

first nightclub experience

2 cannabis cookies

16 year old male

at a party where only 3 other guests are known

a joint (marijuana)

23 year old pregnant woman

home alone

1 marijuana joint and 2 cans full strength beer

14 year old female

busy pub at a Sunday session

half an ecstasy tablet

20 year old male tradesperson

sporting club end of season BBQ

ecstasy purchased by a friend



It depends

| Individual | Environment | Drug |
|--|---|--|
| <p>I</p> <p>13 year old girl</p> | <p>E</p> <p>party with friends</p> | <p>D</p> <p>5 paracetamol tablets</p> |
| <p>I</p> <p>tall, solid adult male</p> | <p>E</p> <p>at a family get together</p> | <p>D</p> <p>4 cans of an energy drink</p> |
| <p>I</p> <p>female, small body</p> | <p>E</p> <p>at the beach with friends on New Years Eve</p> | <p>D</p> <p>9 standard drinks in 2 hours</p> |
| <p>I</p> <p>teenage girl upset about splitting up with her boyfriend</p> | <p>E</p> <p>with family at a dinner party</p> | <p>D</p> <p>5 energy drinks and vodkas</p> |
| <p>I</p> <p>18 year old male who enjoys playing basketball</p> | <p>E</p> <p>at a friend's party</p> | <p>D</p> <p>2 joints (marijuana) after drinking 4 standard drinks of spirits</p> |
| <p>I</p> <p>pregnant 20 yr old</p> | <p>E</p> <p>in the club room after losing the grand final</p> | <p>D</p> <p>3 dexies (Dexamphetamine) that have not been prescribed</p> |



It depends

Individual

Environment

Drug

17 year old female recovering from a cold

celebrating after winning the grand final

4 cans of full strength beer after taking 2 cold and flu tablets

15 year old male who suffers from asthma

after sport

2 speed pills

14 year old female at her first mixed party

with strangers

5 standard drinks in 3 hours

15 year old male who doesn't drink alcohol

camping in the bush

a magic mushroom omelette

14 year old male new to the school

celebrating Australia Day at the Sky show

2 standard drinks of rum

16 year old female who has drunk alcohol just once before

at night in the local park

2 cold and flu tablets and 2 analgesics taken before smoking a joint (marijuana)

Teacher notes: Risk assessment

The information and activities are designed to cover the following content from Health Studies Unit 1BHEA:

Actions and strategies for health

- personal health risk assessment i.e. recognising constructive and destructive risks to health: calculating risks to health.

What is risk education?

The concept of risk underpins many aspects of health education. It involves recognising what can cause harm to self or others, assessing risk by the probability of harm, and explaining how to control risks.

Understanding risk is all about helping young people to make sound judgements when coping with danger and uncertainty. It is an important life skill which can be taken into adult life.

The goal of health educators should be to encourage young people to engage in constructive risk-taking behaviour rather than alternative destructive behaviour, to be able to assess risk and put in place control measures to reduce the likelihood and severity of the risk.

The challenge is to channel youth risk-taking into positive, health enhancing experiences and to provide realistic alternative options to destructive behaviour.

Constructive risk-taking is:

- an essential tool in the life of an adolescent as it allows for discovery and establishment of identity
- health enhancing in nature and may result in positive outcomes
- behaviour includes activities that fulfil the need for thrill seeking that are healthy and legal
- demonstrated in activities such as wilderness hiking and camping, swimming, bicycling, riding a motorcycle or rock climbing.

Risk assessment

Wanting to go out, socialise and party is a normal rite of passage for most young people. 'Planning ahead' for what could go wrong when socialising with friends and having a 'damage control' plan if things do go wrong can keep things under control.

While the following activities relate to safer partying, the risks involved in socialising with friends may not only happen at parties. They may occur at under-aged events, sports clubs, the park or beach, when small groups of friends or couples get together at home, or anywhere that alcohol and other drugs may be consumed.

Planning ahead, when socialising with friends is an effective harm reduction strategy. However, unforeseen circumstances can arise, in which case a new plan and decisions need to be formulated quickly in order to reduce the harms.

Activity: Risky business

This activity will help students to:

- clarify the concept of risk
- identify the level of risk in particular scenarios.

Resources

- Resource sheet: *Risk assessment process* – one per student
- Resource sheet: *Risk assessment template* – one per student
- Resource sheet: *Risk cards* – enough for one card per student
- Resource sheet: *Risk signs* – one set
- Masking tape approximately 4 metres

How is it implemented?

1. Give each student a copy of Resource sheet: *Risk assessment process* and discuss.
2. As a whole group, use Resource sheet: *Risk assessment template* to work through the process using the following situation. Students should complete the template as each step is discussed.
 - *A group of 16 year olds binge drinking at a beach party.*

Processing questions

- *What were some of the risks that you didn't identify?*
- *How easy would it be to reduce some of the risks associated with this particular situation?*
- *What situation have you been involved in where you assessed the risk without realising?*

3. Brainstorm possible risks associated with the use of alcohol and/or other drugs (e.g. regrettable behaviours, embarrassment, violence, vomiting and injury).
4. Place a line (e.g. masking tape) on the ground to indicate a continuum. Place the high-risk card at one end and the low risk card at the other.
5. Give each student a card from Resource sheet: *Risk cards*. The cards deliberately use various drug names (e.g. cannabis, marijuana, dope, pot, etc) so students become aware of and are familiar with, different terminology for the same drug. Teachers may ask for other names for some of the drugs as these often vary from region to region and within subcultures.
6. Ask students to consider their scenario and then place themselves along the risk continuum.

Activity: Risky business

7. Students discuss their scenario with the person next to them. Encourage students to adjust their position on the continuum after hearing other scenarios and the associated risks.
8. Select one of the higher risk activities and discuss the steps that could be taken to reduce the likelihood of harm.
9. Conclude with a range of the suggested processing questions or others that may have arisen during the activity.

Processing questions

- *Why do you think some people choose to behave in a way that may cause harm to themselves or others?*
- *Do you think people perceive risks differently? Why?*
- *How easy or difficult do you think it is to reduce the risks associated with alcohol or other drug situations? Why?*



Risk assessment process

How to reduce the likelihood of risk

The purpose of risk assessment is to determine what measure should be taken to reduce the risk. It takes into account the identified strategies and their effectiveness. Reducing a risk does not necessarily mean that the risk can be eliminated.

Recognise risks

A risk is something with the potential to cause harm. Some risks are obvious because they are objects or situations e.g. binge drinking at a beach party at the beach. Other risks are only apparent because of the effect they have on something else e.g. *the designated driver is seen drinking alcohol.*

Factors involved in risk assessment

- a) **The drug** e.g. the types of drug, the amount consumed, the strength, the purity, the amount of time over which it's consumed, the route of administration, frequency and other drugs used.
- b) **The individual** e.g. male or female, body size (weight, height), age, previous experience, mood, expectations, attitudes and beliefs, whether they have consumed food or not and the general health of the individual.
- c) **The environment** e.g. when (time of day), where (place used), who with, how much (price, availability), culture, family and laws.

Assess risk

A risk is the likelihood of potential harm being realised. The extent of the risk will depend on:

- 1) the likelihood of that harm occurring
- 2) the potential severity of that harm
- 3) the number of people who might be affected.

How likely is it that the risk will happen?

- Very likely
- Likely
- Unlikely
- Very unlikely

What are the possible ...

high consequences? (death, criminal record, violence)

medium consequences? (major injury to self or others, inability to work, damage to relationships)

low consequences? (minor injury to self or others, embarrassment, short-term memory loss)

Some consequences are more serious than others and should be considered when weighing up possible outcomes.

Some people see drug use as having some positive consequences. For example, some people might say that smoking helps them to relax and de-stress.

- *With this attitude, when does drug use become a problem for people?*
- *How do you make a judgement and how do you know that drug use has become a problem?*
- *What criteria do you use?*
- *What steps can people take to overcome the problem?*

Situation

Coming home after school and having a smoke (of Cannabis)

Perceived positives

- *Feeling relaxed*
- *Escaping*
- *De-stressing*

Possible consequences

- *Lack of motivation*
- *Not finishing an assignment*
- *Not doing any study*



Risk assessment template

Situation: _____

Recognise risks

Factors involved in risk assessment

- a) the drug _____
- b) the individual _____
- c) the environment _____

Assess risk

How likely is it that the risk will happen?

- Very likely
- Likely
- Unlikely
- Very unlikely

What are the possible ...

- high consequences? _____
- medium consequences? _____
- low consequences? _____

Some consequences are more serious than others and should be considered when weighing up possible outcomes.

Some people see drug use as having some positive consequences. For example, some people might say that smoking helps them to relax and de-stress.

- *With this attitude, when does drug use become a problem for people?*
- *How do you make a judgement and how do you know that drug use has become a problem?*
- *What criteria do you use?*
- *What steps can people take to overcome the problem?*

| Situation | Perceived positives | Possible consequences |
|-----------|---------------------|-----------------------|
| | | |



Risk cards

Smoking cannabis when you are pregnant.

Getting into a car with a driver who has been drinking.

Drinking alcohol while you are using other drugs.

Leaving your drink unattended at a party or pub.

Playing drinking games at the beach.

Sharing an ecstasy tablet with a friend.

Drinking a whole cask of wine in the park.

Drinking a whole bottle of wine in the park.

Smoking joints with someone you don't know.

Driving home after smoking joints with a friend.

Letting your 4 year old brother or sister drink some grog.

Taking your big brother's car for a spin after using amphetamines.

Taking more paracetamol than recommended on the packet when you are feeling anxious or sad.

All your friends piling into one car to get home from a late night party.

Having a couple of alcoholic drinks with a friend.

Taking a tablet from an unknown person at a party.

Having a fight with your partner at a party and leaving.

Smoking pot while feeling depressed after failing an exam.



Risk cards

Spiking someone's drink with alcohol.

Drinking alcohol at work.

Having sex without a condom when you're drunk.

Drinking 4 energy drinks after playing a hard game of sport.

Putting your 18th party details on the internet.

Driving home after being awake for 18 hours.

Selling 'dexies' at school.

Using marijuana to cope with exam stress.

Having a big party when your family is away.

Gate-crashing a party.

Sleeping over at a party.

Sharing a razor and toothbrush with a friend at camp.

Using caffeine tablets to cram for exams.

Using crystal meth for the first time.

A person with a family history of mental health problems using cannabis.

Drinking alcohol while on medication.

Drinking a bottle of vodka at a pool party.

Going home alone after being at a nightclub.



Risk signs

Low risk

High risk

Teacher notes: Stages of change

The information and activities are designed to cover the following content from Health Studies Unit 1BHEA:

Health principles, frameworks, models and theories

- models that enhance and promote personal health i.e. *Stages of change model*.

What is the *Stages of change model*?

Prochaska and Diclemente's (1986) work has provided a useful model for understanding how people change. It illustrates behaviour change as a process that involves five stages: pre-contemplation, contemplation, preparation, action and maintenance. The model is spiral, which means that people may enter and exit the model at any point.

Prochaska and Diclemente referred to the stages of change as a cycle. They found that people often went through the cycle a few times and the length of time in each stage in the cycle varied.

The model indicates that intervention strategies are more effective when they are matched to the stage of change. It is important to assess carefully where students are at in their behaviour.

A key factor in this movement through stages is that people do go back on their change or they 'relapse'. Rather than a stage of change, relapse is a process that can happen at any stage and its duration will vary depending on the person and his or her circumstances. It is widely believed that the longer a person has sustained certain behaviour, the harder it is to change. People will relapse more often than not and research indicates that 75% of people will relapse to their previous levels of behaviour within the first year of attempting change.

This model is shown on Resource Sheet: *Stages of change model* (p167).

Activity: Changing behaviour

This activity will help students to:

- understand the Stages of change model
- investigate the stages in the behaviour change process.

Resources

- Resource sheet: *Stages of change model* – one per student
- Resource sheet: *Case studies* – one per group
- Resource sheet: *Stages of change signs* – one set

How is it implemented?

1. Brainstorm with students why behaviours are sometimes difficult to change (e.g. exercising more regularly).
2. Introduce the *Stages of change model* to explain that usually there is a set of steps or stages that people go through when they intend to change their behaviour.
3. Using the example of 'exercising more regularly', work through the stages of change. Ask students to identify which stage they relate to in terms of the example given and stand by the appropriate sign placed around the room.
4. Students then share the reasons why they believe they are at that stage of the model with others in the same group.
5. Groups discuss possible strategies that could assist them to move to the next stage.
6. In groups of three or four, students read through a case study from Resource sheet: *Case studies* and discuss what stage of change this person is demonstrating and why.
7. Students report their discussion to the whole group and compare conclusions.
8. Ask students to identify strategies that may assist to move the case study person to the next stage of change. Consider what support this person may require. If students have decided that the person is currently in maintenance they will need to identify strategies that would help to keep them in that stage. If in relapse, what would need to happen for them to move into a stage of change.
9. Conclude with a range of the suggested processing questions or others that may have arisen in the discussion.

Processing questions

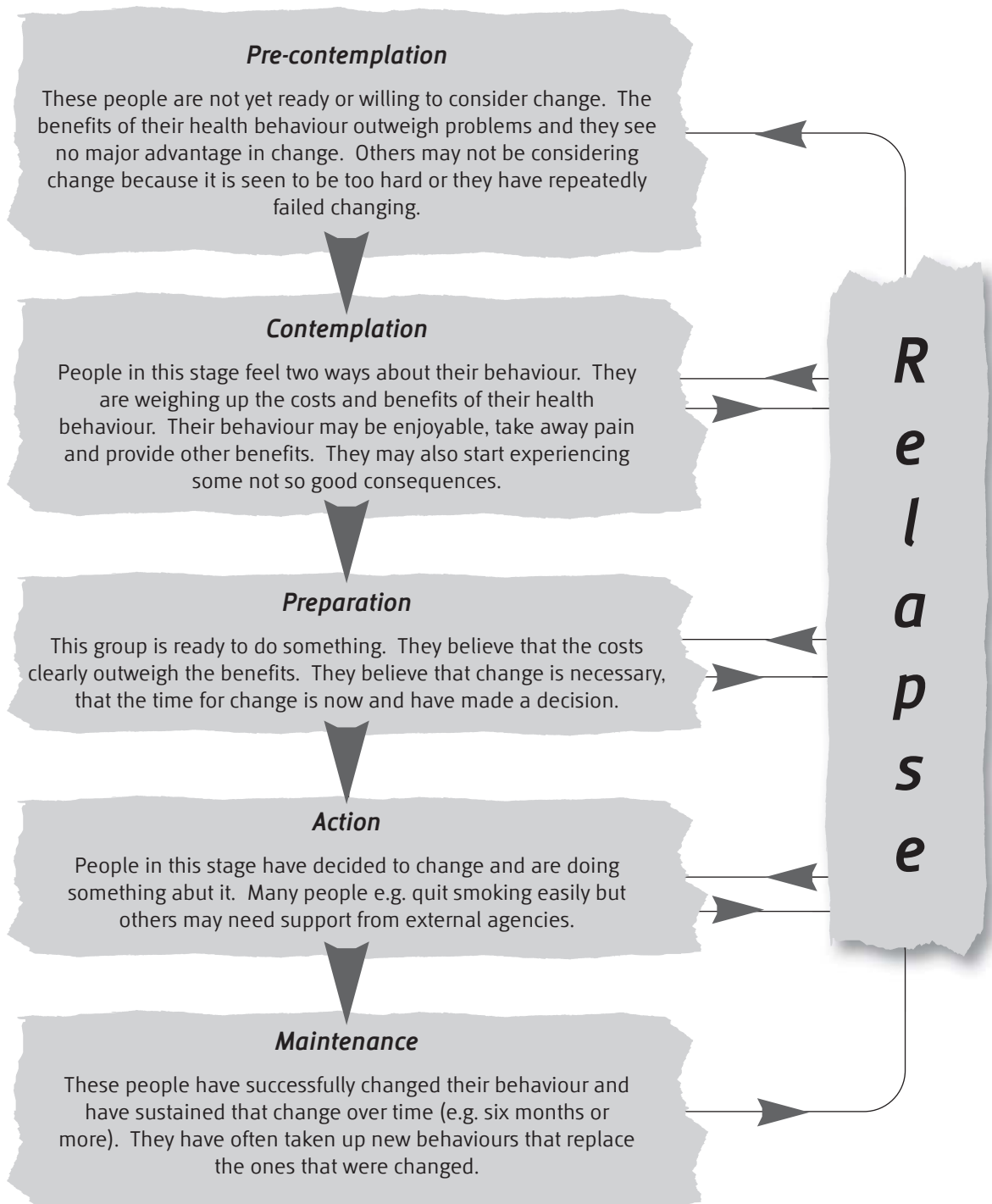
- *What can motivate a person to move through the stages of change?*
- *What barriers can hinder a person's desire to move through the stages of change?*
- *What strategies can be implemented to support someone at each stage?*



Stages of change model

Prochaska and DiClemente's work has provided a useful model for understanding how people change. Readiness to change is not constant and people move through stages of change. Behaviour change is a process that involves five stages.

A key factor in this process is that people may go back on their change; that is, they relapse. Rather than a stage of change, relapse is a process that can happen at any stage and its duration will vary depending on the person and their circumstances.





Stages of change signs

Pre-contemplation

Contemplation

Preparation

Action

Maintenance

Relapse



Case studies

Bailey

Bailey is 16 years old. He drinks heavily on weekends and will often have half a carton of beer with friends during the week. He has noticed that he never has any money to spend on his car which he has been fixing for the past six months.

Lately he has been making excuses to his friends that he can't go out with them but he feels they will soon start putting pressure on him to go out. He hates feeling sick in the morning after drinking and wants more money for his car but he enjoys the feeling of getting drunk.

He feels confident that he can cut down on the amount he is drinking but he is not sure how or what to tell his friends that he doesn't want to drink with them.

Lauren

Lauren is 17 years old and has been smoking cannabis for just over a year. She started smoking with her friend Louis on the weekends. Lauren doesn't like drinking alcohol. She has now started smoking nearly every day after school.

She used to be a B+ student but her grades have now dropped to a C-. She has been feeling tired and run down and as a result has been missing school. She now hates the way she is feeling and remembers that she was achieving much better results before she started to smoke cannabis. She now feels that her teachers are starting to think poorly of her. She believes that she had her life and in particular her school life under better control when she only smoked on the weekends.

She knows that it is time to cut down on her cannabis smoking and to only smoke on weekends.

Activity: My personal action plan

This activity will help students to:

- apply the Stages of change model to a personal behaviour change
- develop a personal action plan and monitor progress.

Resources

- Resource sheet: *Action plan template* (page 173) – one per student

How is it implemented?

1. Give each student a copy of Resource sheet: *Action plan template*.
2. Ask students to identify a behaviour that they would like to change.
3. Explain that the three actions and resources should help students to be successful in achieving their goal. Remind students of SMART goals, i.e. Specific, Measurable, Attainable, Realistic and Timely. Resources should be considered in terms of physical resources (what) and human resources (who). Explain that barriers may hinder the achievement of the identified goal and in some cases stop the achievement of the goal.
4. Discuss how progress will be monitored including the identification of short-term goals that will assist in working towards achieving the long-term goal of behaviour change. Also identify strategies that could be applied if relapse occurs (i.e. reverting back to old behaviour) or while in maintenance to help stay in that stage.
5. Working in pairs and using the resource sheet, students develop an action plan to achieve the identified behaviour change.
6. Conclude with a range of the suggested processing questions or others that may have arisen in the discussion.

Processing questions

- *What is the benefit of setting SMART goals?*
- *Why is it important to seek help and support?*
- *What relapse strategies may be applicable across a range of behaviour change situations? Why?*
- *What have you learnt from this activity and how will it help you in the future?*



Type of assessment

Production

Students explore ideas and control and manage the processes of the task.

At the end of the unit you will be required to demonstrate how you would apply your knowledge in a stages of change portfolio activity. The activity will provide the opportunity for you to demonstrate your understanding of production type assessment.

This assessment task is worth 40 marks.

Outcomes: Outcome 1: Knowledge and understandings; Outcome 2: Attitudinal and environmental influences over health; Outcome 3: Self-management and interpersonal skills; Outcome 4: Health inquiry.

Content: Health concepts; Attitudinal and environmental influences over health; Health skills and processes.

Context: Drug education

Task 1: Investigate a health issue related to personal consumption of a legal drug (e.g. caffeine, analgesics, nicotine, alcohol).

What you need to do

Complete Part A, B and C of the assessment task described below.

Part A: Pre-contemplation and contemplation

Choose a health behaviour that you would like to change. Identify underlying beliefs, attitudes and values and benefits of change, and how self-management skills can support change.

15 marks

Part B: Preparation

Describe a goal to change health behaviour.

5 marks

Part C: Action and maintenance

Develop an action plan to achieve goals and monitor the progress towards these goals.

20 marks



Part A: Pre-contemplation and contemplation

1. Choose a current health behaviour you would like to change. Describe this behaviour in specific terms. For example:
 - a. I would like to reduce the amount of drinks I consume that contain caffeine/guarana.
 - b. I would like to manage my minor pain with alternate strategies first rather than reaching for an analgesic (paracetamol, ibuprofen) as a quick fix.
2. Explain how your current behaviour affects your physical, social and emotional health.
3. Explain how changing this behaviour will improve your health now and in the future.
4. Describe your personal beliefs, attitudes and values with respect to the behaviour. Explain how these influence your behaviour.
5. Identify where you are on the *Stages of change* model and why.
6. List some ideas that may assist you to move to the next stage.

(15 marks)

Part B: Preparation

1. Set a goal to change health behaviour.
2. Describe the goal for change that you have set.
3. Describe how it is SMART (Specific, Measurable, Achievable, Realistic and Timely).

(5 marks)

Part C: Action and maintenance

Make an action plan to achieve your goal using Resource sheet: *Action plan template*.

1. Explain three actions that will help you to help to achieve your goal.
2. Describe three resources you will need to achieve your goal. Consider physical resources (what) and human resources (who).
3. Describe three barriers you may face in achieving your goal and suggest ways to avoid and/or overcome these barriers.
4. Describe how you will monitor your progress. This includes how you will know if you are working toward achieving your goal.
5. Describe two strategies you will apply if you relapse (go back to old behaviour).
6. Describe two strategies you could implement to remain in maintenance stage.

(20 marks)



Action plan template

Goal e.g. reduce my consumption of drinks that contain caffeine and/or guarana

| Actions to achieve goal | Resources (what and who) | Barriers | Ways to overcome barriers | Ways to monitor progress |
|-------------------------|-----------------------------|----------|------------------------------|-----------------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| | | | | |

Strategies for relapse (two strategies required)

1. _____
2. _____

Part A Marking key: Pre-contemplation and contemplation

Name: _____

| Criteria | Marks allocated | Marks awarded |
|---|--|---------------|
| 1. Description of current behaviour is: <ul style="list-style-type: none"> • Clear and detailed • Satisfactory and clear | 2 1 | |
| 2. Explanation of how current behaviour affects health is: <ul style="list-style-type: none"> • Clear and detailed; comprehensive for all dimensions of health • Satisfactory and clear; includes at least two dimensions of health • Satisfactory and mostly clear; includes one dimension of health | 3 2 1 | |
| 3. Explanation of benefits to change is: <ul style="list-style-type: none"> • Clear and detailed; comprehensive focus on short and long term benefits of change • Satisfactory and clear; some focus on short and long term benefits of change • Satisfactory and mostly clear; short term focus | 3 2 1 | |
| 4. Description of personal beliefs, attitudes and values and influence on behaviour is: <ul style="list-style-type: none"> • Clear and detailed; clear link between beliefs, attitudes and values and influence on behaviour • Satisfactory; mostly clear link between beliefs, attitudes and values and influence on behaviour • Limited; unclear link between beliefs, attitudes and values and influence on behaviour | 3 2 1 | |
| 5. Description of two self-management skills is: (2 marks per skill; total 4 marks) <ul style="list-style-type: none"> • Clear and detailed; clear link to next stage of change • Satisfactory; mostly clear link to next stage of change | <i>Skill 1 Skill 2</i> 2 2 1 1 | |
| Total mark | | /15 |

Teacher feedback:

Part B Marking key: Preparation

Name: _____

| Criteria | | |
|---|---|-----------|
| 1. Explanation of goal for change is: | | |
| • Clear and detailed; clear and accurate justification of SMART goal | 5 | |
| • Satisfactory and clear; clear and mostly accurate justification of SMART goal | 4 | |
| • Satisfactory goal; mostly accurate justification of SMART goal | 3 | |
| • Limited or unclear goal; unclear or inaccurate justification of SMART goal | 2 | |
| • Poor, unclear or unsatisfactory goal | 1 | |
| Total mark | | /5 |

Teacher feedback:

Part C Marking key: Action and maintenance

Name: _____

| Criteria | Marks allocated | Marks awarded | | | | | | | | |
|--|--|---------------|------------|---|---|---|---|---|---|--|
| 1. Description of four actions to achieve goal is: <ul style="list-style-type: none"> • Comprehensive, detailed and clear; all four actions are relevant to goal • Mostly accurate, clear and relevant to goal; or three actions are detailed and clear • Satisfactory and generally relevant to goal; or two actions are detailed and clear • Basic, limited; not relevant to goal; or one action is detailed and clear | 4 3 2 1 | | | | | | | | | |
| 2. Description of three resources is: <ul style="list-style-type: none"> • Comprehensive, detailed and clear; include balance of physical resources (what) and human (who); includes discussion of three resources • Mostly accurate, clear and relevant to actions; OR detailed and clear description of three resources • Satisfactory and generally relevant to actions; OR detailed and clear description of one resource | 3 2 1 | | | | | | | | | |
| 3. Description of barriers (<i>1 mark per barrier</i>) and suggestions (<i>1 mark per suggestion</i>) to avoid/overcome is: <ul style="list-style-type: none"> • Detailed, accurate and clear for all three barriers/suggestions; appropriate to goal and actions • Satisfactory, generalised for two barriers/suggestions • Basic, limited for one barrier/suggestion | <table border="1"> <thead> <tr> <th>Barrier</th> <th>Suggestion</th> </tr> </thead> <tbody> <tr> <td>3</td> <td>3</td> </tr> <tr> <td>2</td> <td>2</td> </tr> <tr> <td>1</td> <td>1</td> </tr> </tbody> </table> | Barrier | Suggestion | 3 | 3 | 2 | 2 | 1 | 1 | |
| Barrier | Suggestion | | | | | | | | | |
| 3 | 3 | | | | | | | | | |
| 2 | 2 | | | | | | | | | |
| 1 | 1 | | | | | | | | | |
| 4. Description of ways to monitor progress is: <ul style="list-style-type: none"> • Comprehensive, detailed, clear and appropriate to actions and goal • Clear and appropriate • General and mostly appropriate | 3 2 1 | | | | | | | | | |
| 5. Description of two strategies for relapse are (<i>2 marks per strategy</i>): <ul style="list-style-type: none"> • Detailed, clear and appropriate to successful achievement of goal • General and mostly appropriate to achievement of goal | <table border="1"> <thead> <tr> <th>Strategy 1</th> <th>Strategy 2</th> </tr> </thead> <tbody> <tr> <td>2</td> <td>2</td> </tr> <tr> <td>1</td> <td>1</td> </tr> </tbody> </table> | Strategy 1 | Strategy 2 | 2 | 2 | 1 | 1 | | | |
| Strategy 1 | Strategy 2 | | | | | | | | | |
| 2 | 2 | | | | | | | | | |
| 1 | 1 | | | | | | | | | |
| Total mark | | /15 | | | | | | | | |

Teacher feedback:

| Part A | Part B | Part C | Total assessment mark |
|--------|--------|--------|-----------------------|
| /15 | /5 | /15 | /40 |