

Unit 1CHEA: Personal, peer and family health

The focus for Health Studies Unit 1CHEA is **personal, peer and family health**.

This unit examines the influences on peer and family health, and their interaction on the individual. An exploration is made of how peers and family can positively influence health behaviour.

Opportunities are provided to develop skills and strategies to positively influence personal health and understand and manage influences from others, especially peers and family.

Through investigating relevant issues by the health inquiry process students have opportunities to develop accurate searching techniques, combine and make connections between information and communicate their findings in a variety of styles.

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

Information and activities have been designed to be used within the Health Studies Unit 1CHEA. 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 1CHEA.

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

Health concepts

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
Health concepts	<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
Attitudinal and environmental influences over health	<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
Health skills and processes	<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
Attitudinal and environmental influences over health	Personal beliefs, attitudes and values influence health behaviour <ul style="list-style-type: none"> relationship between knowledge, beliefs, attitudes and health behaviour cognitive conflict/dissonance 	Activity: I feel, I think, I can Investigates the links between feelings, thoughts and behaviour and the need to manage feelings before undertaking decision-making.	<ul style="list-style-type: none"> Teacher notes: <i>Beliefs, attitudes and values</i> Activity sheet: <i>I feel, I think, I can</i> Resource sheet: <i>Scenarios</i> 	182 183 184
		Activity: You're in the hot seat! Explore influences that may affect decision-making in a range of issues related to health and wellbeing.	<ul style="list-style-type: none"> Activity sheet: <i>You're in the hot seat!</i> Resource sheet: <i>Hot seat</i> Post-it notes 	185 186
	Social and cultural norms and expectations influence on 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 	Activity: Risk and protective factors Identifies the risk and protective factors in relation to health and wellbeing, and resilience as a protective factor for young people.	<ul style="list-style-type: none"> Teacher notes: <i>Promoting resilience</i> Activity: <i>Risk and protective factors</i> Resource sheet: <i>Risk and protective factors</i> 	187 188 189
Health skills and processes	Interpersonal skills <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 	Activity: How do I tell them? Explores the concept of assertiveness and using appropriate communication styles in different contexts.	<ul style="list-style-type: none"> Teacher notes: <i>Communication</i> Activity sheet: <i>How do I tell them?</i> Resource sheet: <i>Communication styles</i> Resource sheet: <i>How do I tell them?</i> 	191 192 193 194
Assessment: Inquiry (55 marks) Task 1: Investigate a health issue of concern for individuals and/or communities. <ul style="list-style-type: none"> Part A: Group planning template Part B: Interpersonal skills checklist Part C: Inquiry presentation 		<ul style="list-style-type: none"> Assessment task: <i>Inquiry</i> Resource sheet: <i>Group planning template</i> Part A Marking key: <i>Group planning template</i> Part B Marking key: <i>Interpersonal skills checklist</i> Part C Marking key: <i>Inquiry presentation</i> 	195 198 199 200 201	

Teacher notes: Beliefs, attitudes and values

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

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

Personal beliefs, attitudes and values influence health behaviour

- relationship between beliefs, attitudes, values and health behaviour
- cognitive conflict/dissonance.

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 other's decisions and behaviour.

Developing positive attitudes and behaviours

The following activities are designed 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.

Alcohol and other drug use issues require students to consider beliefs, values, attitudes and behaviours. The relationship between these is described below.

Beliefs...	determine values...	which underlie attitudes...	and are reflected in behaviours.
Beliefs are an underlying conviction about an issue or concept.	Values are something believed to be worthwhile.	Attitudes are feelings and inclinations towards actions, situations, people or things.	Behaviours are actions that reflect beliefs, values and attitudes.

Further information is provided on page 273.

Activity: *I feel, I think, I can*

This activity will help students to:

- understand the link between feelings, thoughts and behaviour
- understand the importance of managing feelings before undertaking any decision-making.

Resources

- Resource sheet: *Scenarios* – one card per group

How is it implemented?

1. Discuss how feelings such as anger, worry and helplessness can affect the decisions people make. Explain that knowing how to manage these emotions in oneself and recognise them in others is an important skill.
2. Explain that what students think or say to themselves (i.e. self-talk) can affect how they feel and act in situations, and that self-talk can either be helpful and positive, or unhelpful and negative. Discuss how helpful and positive thinking is important in dealing with emotions and assists in making choices that can result in helpful and positive behaviour.
3. Give each group of two or three students a card from Resource sheet: *Scenarios*.
4. After reading the scenario, students identify and write down three possible feelings they might have in this situation and then what they might think (i.e. self-talk) in this situation given the feelings that they have identified.
5. Students review how they may feel and the way they may think in this situation then decide what they could do to have a positive outcome.
6. Conclude with a range of the suggested processing questions or others that may have arisen in the discussion.

Processing questions

- *How do you think self-talk affects the decisions you make?*
- *How can practising positive self-talk assist you to make positive and helpful decisions?*
- *Why is it important to understand and identify your feelings before thinking about what you can do in a tricky situation?*



Scenarios

You are at a party with a group of friends you have known since primary school. You leave the room to go to the toilet but go into the bathroom by mistake where you see one of your friends injecting something into their arm.

You are playing basketball in the schoolyard when one of the students is injured. He is bleeding profusely from a head wound. You go to his assistance. As you are about to try to stop the bleeding, he tells you to stop because he has Hepatitis C.

A close friend puts details of your party on the internet. Gatecrashers arrive at the party.

Your parents have allowed you to host a party on the condition that no one swims in the pool. In fact, a cover has been put on the pool. Later in the evening you notice some friends removing the pool cover and getting ready to have a swim. They have all been drinking and smoking joints.

You have been invited on a date to see your favourite band. Your date tells you that the band is playing at a hotel but not to worry, as false ID has been organised for both of you.

Some friends have been to a dance party and stop at your place on the way home to tell you about it. One of your friends vomits and then passes out.

Your friend has been drinking heavily and goes to a room with someone he/she has just met.

You have a disagreement with your friend who is drunk, while driving them home. Your friend gets angry and insists on getting out of the car and walking the rest of the way.

Activity: You're in the hot seat!

This activity will help students to:

- demonstrate competing influences at play in the decision-making process
- explore decisions on a range of issues related to health and wellbeing.

Resources

- Post-it-notes – one per student
- Resource sheet: *Hot seat* – one set of cards

How is it implemented?

1. Give students one Post-it-note each and ask them to write down one thing they say to themselves (self-talk) when faced with a difficult decision. Students then stick the Post-it notes to the whiteboard.
2. Discuss the types of thoughts that students have identified on the Post-it notes and highlight general themes. Explain that what students think or say to themselves (i.e. self-talk) can affect how they feel and act in situations, and that self-talk can be either helpful and positive, or unhelpful and negative.
3. Choose three volunteers. One sits in the 'hot seat' (placed where all students can see). The other two students stand either side of the 'hot seat'.
4. The role of the people chosen to stand each side of the 'hot seat' is to be the 'for' and 'against' thoughts of the person in the 'hot seat'. Explain that these 'for' and 'against' thoughts or 'pros' and 'cons' are involved in most decision-making in life, and is known as cognitive dissonance or cognitive conflict.
5. Give the 'hot seat' student a scenario card to read aloud to the class.
6. The person in the 'hot seat' then listens to the arguments given by the students on either side of the chair. The 'hot seat' student must attempt to block out their own thoughts and make a decision based only on the arguments heard. This is similar to a debate happening between the arguments 'for' and 'against'.
7. When the arguments have been heard, ask the 'hot seat' volunteer to talk about the thoughts that were going through their mind, what comments or ideas influenced them most and, where appropriate, the decision they would make.
8. Use the processing questions below to elicit further advice and suggestions they might offer for each scenario.
9. Repeat with new volunteers and a new scenario.
10. Conclude with a range of the suggested processing questions or others that may have arisen in the discussion.

Note: Various drug names (e.g. cannabis, marijuana, dope, pot) have deliberately been used in scenarios so that students become aware of and familiar with different terminology for the same drug. Teachers may ask for other terms as these often vary from region to region and within subcultures.

Processing questions

- *What could you say to a person in this situation?*
- *What are some other possible arguments that could be relevant in this situation?*
- *How realistic is a situation like this?*
- *Give an example of a decision you've made where you have felt some 'cognitive conflict' or 'cognitive dissonance'. How did you end up making your final decision? How did you feel making the decision?*



Hot seat

You are at a party with friends and a person you are keen on asks if you'd like a lift home. This person has just turned 18 and has had their driver's licence for a short time. They have been drinking but do not appear drunk.

Do you accept the lift?

You are at a party where there is a sculling competition. Most of your friends have had a turn.

Do you join in?

You're the host of a party celebrating the end of school and your parents are away for the weekend. A group of six uninvited people gatecrash the party.

What do you do?

You are turning 18 and your parents are letting you have a party. They are providing wine and beer but they don't want any dope (cannabis) at the party. Some of your friends say dope is much safer than alcohol and that you don't need to tell your parents.

Do you ask them not to bring any dope?

You see one of your friends put something into another friend's drink.

What do you do?

Many of the people you have recently met take ecstasy on a regular basis. You and your friend have been offered half a tablet each.

Do you try it?

Your friend has become very secretive and has stopped talking to you. She is also getting into trouble at school. You wonder whether she is using drugs. You have tried talking to her about your concerns but she just gets angry and shuts down. While visiting her house you come across her diary.

Do you read it?

Teacher notes: Promoting resilience

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

Social and cultural norms and expectations influence on health behaviours

- influence of peer group, personal cultural, school, parental and religious norms and expectations of health behaviour of self and others.

Resilience

Resilience can be defined in many ways however a common definition is the ability to cope with and 'bounce back' from life's challenging and difficult experiences. Resilience-based prevention programs have been shown to be effective in reducing the number of young people who will become involved in longer term problematic alcohol or other drug use.

Risk and protective factors

Both risk and protective factors are 'contagious'. If a student has one risk factor they will tend to have many and similarly for protective factors i.e. they cluster. However, the 'weight' of a protective factor may contribute more to a young person's resilience rather than numerous protective factors with limited weighting.

Coping with failure and feeling bad are important aspects of a young person's development. Parents and teachers who protect young people from these difficulties are robbing them of opportunities for learning about themselves and others.

Transition from school to work may be troubling for many young people and particularly so for rural young people who move out of the local area to seek further education or employment. Developing programs in which ex-students provide support for one another (and where possible include current Year 12 students) can be a useful strategy.

Some key considerations for schools working with late adolescence students

Common concerns

- failing, freedom, finances, sexuality, sexual activity, bullying and mental health issue such as depression and anxiety.

Preventive measures

- adult support, individual mentoring, positions of responsibility, opportunities for meaningful participation.

Curriculum

- study skills –'work smarter not harder'
- stress management, coping strategies, positive role models, project and time management
- relationship issues
- disputing fatalistic and defeatist thinking e.g. 'There's more to life than Year 12'.

Academic

- role models, self-determining
- goal setting i.e. the importance of making commitments and fulfilling them.

Activity: Risk and protective factors

This activity will help students to:

- identify risk and protective factors that may determine a person's health and wellbeing .

Resources

- Resource sheet: *Risk and protective factors*– one set of cards per group

How is it implemented?

1. Outline that risk factors are negative factors in a person's life that increase the risk of social, behavioural and health problems occurring. Protective factors promote positive social development, reduce the impact of risk factors and decrease the risk of social, behavioural and health problems developing. Risk and protective factors are contagious, that is, if a person has one, they are likely to have more.
2. In groups of three or four, students are given a set of risk and protective factor cards. Students think about and discuss each card to decide if they believe it is a risk factor or a protective factor and why. Cards are arranged into two columns (risk and protective). Students will need to negotiate and ensure all ideas are considered. Card placements must be acceptable to the entire group.
3. Each group reads out the lists and provides a brief rationale for the placement of the cards.
4. Groups identify three protective factors that they believe to be of great value or importance to them and explain why.
5. Brainstorm what is meant by the term 'resilience'.
6. Discuss what elements or factors enable a person to develop resilience. Relate these to the protective factors identified previously.
7. Conclude with a range of the suggested processing questions or others that may have arisen in the discussion.

Processing questions

- *What made this task easy or difficult? Why?*
- *Are all of the risk and protective factors of equal value or importance?*
- *How do you think culture, family background, attitudes and belief could influence the value or importance of each risk and protective factor?*



Risk and protective factors

PROTECTIVE FACTORS	RISK FACTORS	
		<i>social skills</i>
<i>rebelliousness</i>	<i>opportunities for involvement</i>	<i>problematic behaviour from a young age</i>
<i>rewards for involvement</i>	<i>poor family management</i>	<i>perceived availability of drugs</i>
<i>academic failure</i>	<i>low commitment to school</i>	<i>belief in moral order</i>
<i>attachment</i>	<i>parental attitudes favourable towards anti-social behaviour</i>	<i>sense of belonging to a religion</i>
<i>family conflict</i>	<i>anti-social behaviour</i>	<i>sensation seeking</i>



Risk and protective factors

poor discipline

favourable attitudes towards drug use

family history of anti-social behaviour

perceived risk of drug use

education

member of a sporting club

friendship

positive self-concept

member of a sporting club

school attendance

feeling of connectedness

feeling of achievement

personal transitions and mobility

laws and norms favourable to drug use

limited range of coping strategies

feeling connected to family

aggressive temperament

parent regularly using drugs

Teacher notes: Communication

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

Interpersonal skills

- communication skills that build co-operation and collaboration in achieving group goals i.e. active listening, empathy, respect for others and compromise, managing conflict
- barriers to effective communication.

The role of the facilitator in communication is to:

- model effective communication
- identify the necessary elements of sending and receiving messages
- provide activities that allow practice in active listening
- identify possible barriers to communication
- focus on personal responsibility in effective communication
- establish an atmosphere of trust.

Judging involves imposing your values on another person and formulating solutions to their problems. When you judge, you don't listen to what someone is saying because you are appraising their appearance, the tone of their voice and the words they use. Other behaviours that are barriers to communication include:

- criticising – *Don't you understand anything?*
- name-calling – *That's because you're lazy.*
- diagnosing – *You're not really interested in this subject!*
- praising to manipulate the person – *With a little more effort you could do a lot better.*

In avoiding the concerns of others the listener does not address the problem. The individual's feelings and concerns are not taken into account. The listener does not want to deal with the fears, anxieties and worries of the individual. Examples include:

- advising – *It would be best if you*
- diverting – *What sport are you playing this term?*
- logical argument – *The only way to improve your results is to study more.* (The emphasis is on facts and feelings are avoided.)
- reassuring – *It will all work out.* (Making the person feel better but not dealing with the problem.)
- discounting – *Yes, but....*

Giving feelings a name is important as it helps to value and validate a person's own thoughts and feelings. Arguments or lack of understanding often arise because acknowledgement or expression of feelings is not communicated. Recognising feelings and then stating feelings in an assertive manner, is the first step in effective communication. For example, *'I feel angry/hurt/scared when I hear about a young person being hurt because of someone doing something dangerous!'*

Ineffective communication can result in loneliness, conflict and estrangement from peers and family. Poor communication skills can diminish a person's self esteem, their ability to cope with conflict and resolve problems.

Activity: How do I tell them?

This activity will help students to:

- explore the concept of assertiveness and to use an appropriate communication style in different contexts.

Resources

- Resource sheet: *Communication styles* – one per student
- Resource sheet: *How do I tell them?* – one per group

How is it implemented?

1. Discuss the definition of assertiveness.
2. Revise students' understanding of communication using Resource sheet: *Communication styles*. Remind students that assertiveness is sticking up for yourself to protect your own rights, while respecting the rights, feeling and thoughts of others. Aggressiveness is sticking up for yourself to protect your own rights, while not respecting the rights, feelings and thoughts of others.
3. Students work in pairs or small groups to provide examples of what the person could say in one of the scenarios on Resource sheet: *How do I tell them?*
4. Review student suggestions with the whole class.
5. Ask students to imagine they are a friend who wants to support the person in each scenario. Have students identify what they could say to their friend. Students then role-play the scenarios.
6. Conclude with a range of the suggested processing questions or others that may have arisen in the discussion.

Note: Various drug names (e.g. cannabis, marijuana, dope and pot) have deliberately been used in scenarios so that students become aware of, and are familiar with, different terminology for the same drug. Teachers may ask for other terms as these often vary from region to region and within subcultures.

Processing questions

- *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? If so, give examples.*
- *Are there any situations you can think of where it may be appropriate to use a passive communication style? If so, give examples.*



Communication styles

Why people behave aggressively

- afraid of failure
- lack of confidence
- success in the past with aggression
- wanting to dominate or humiliate or not wanting to be dominated or humiliated by others
- release anger
- to manipulate others
- feelings of anger and superiority
- don't consider the feelings of 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
- may achieve what you wanted by may be followed by feelings of guilt and embarrassment
- others may feel hurt and resentful
- win-lose situation

Why people behave passively

- fear of disapproval
- fear of criticism
- out of politeness
- wanting to avoid an unpleasant situation or decision
- manipulate others
- unskilled in being assertive
- not wanting to upset or hurt others
- not being confident

Possible results of being passive

- loss of confidence and feeling of low self-worth
- feel angry and may lead to aggressive responses
- lose control in relationships
- never get your own way and feel frustrated
- not expressing yourself as you would really like to
- may lead to feelings of anxiety, frustration, disappointment or resentment because you didn't get what you wanted
- lose-win situation

Why people behave assertively

- feel good about themselves
- feel good about others
- build mutual respect
- achieves personal goals
- minimises hurting others
- feel in control of situations
- honest to self and others
- leads to getting what you want while others get what they want

Possible result of being assertive

- unpopular for expressing feelings
- labelled pushy, independent
- could threaten or strengthen relationships
- perceived as in control and decisive
- others more likely to respect and appreciate you
- develop strong and respectful relationships
- win-win situation



How do I tell them?

I'm 18 and have a job babysitting for family who live about 6 kilometres away from my home. They always offer to drive me home but they often seem to be a bit drunk. They drive OK.

What should I do? I like the family and I don't want to lose the babysitting job.

What can this person say to the parents?

I've had this friend since kindergarten. We always used to agree about things, like how brain-fried people get after they've taken ecstasy and the risks involved in taking it.

Now I feel really let down because she's started taking 'eccies' and going to parties. I don't want to lose this friend. She says it's just that she sees things differently now. She wants me to try taking ecstasy before I criticise it.

What can this person say when their friend encourages them to take ecstasy?

I can't drink alcohol because of my religion. I don't see any point in drinking or smoking anyway.

My friends and I like to go to parties to dance and to have a good time.

What can this person say when people want them to drink alcohol?

My parents are pretty good. I'm turning 18 and they're letting me have a party with some beer and wine but they don't want any dope at the party.

Some of my friends say dope is much safer than alcohol. I've told them not to bring it but I know they aren't taking me seriously. They just say my parents will never find out.

What can this person say to their friends?



Type of assessment

Inquiry

Students plan, conduct and communicate the findings of a health inquiry.

At the end of the unit you will be required to demonstrate how you would apply your knowledge to investigate a health issue of concern for individuals and/or communities. The activity will provide the opportunity for you to demonstrate your understanding of an inquiry type assessment.

This assessment task is worth 55 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 of concern for individuals and/or communities

What you need to do

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

Part A: Group planning template

Use the template provided to prepare a group plan for a health inquiry. The plan will help to map the main aspects of the inquiry.

20 marks

Part B: Interpersonal skills checklist

Demonstrate interpersonal skills while working in a group.

10 marks

Part C: Inquiry presentation

Investigate focus questions and communicate the findings of a health inquiry.

25 marks



Part A: Group planning template

1. Brainstorm health issues of interest around alcohol and other drug use issues. A health issue is any situation or event that causes concern for individuals and /or communities.
2. Examples of health issues include:
 - **Stress management and its implications for mental health**
Mental health problems in young people, if not dealt with early, can affect learning ability, social development and physical health and can often also lead to risky behaviours, substance use and suicidal thoughts.
 - **Alcohol and other drug use at leavers**
The main reasons why students go to *Leavers* is to relax and socialise with friends and others. However, the period of celebration is often associated with antisocial behaviour and a range of harms, usually fuelled by excessive alcohol consumption and crowds.
 - **Body image and drug use**
Today there is more pressure than ever on adolescents, both male and female, to be physically perfect. Body image, eating behaviours, weight issues are about feelings of low self-worth, anxiety, feeling of depression and loneliness.
3. Explain your specific health issue and describe what makes it an issue.
4. Identify the type of information you require to investigate the issue. Use an explosion chart or mind map to list and organise the information. List some key areas to investigate. These areas will form the focus questions for the inquiry. Note them on the Resource sheet: *Group planning template* provided. Examples of focus questions may include the following.
 - *Who is affected by the health issue?*
 - *How does the issue affect the health of young people? (Consider physical, social and emotional dimensions of health.)*
 - *What are the current attitudes of people with regard to this issue? For example, what do people think about the issue and what is their behaviour with regard to the issue? What is the influence of others and what social norms and expectations contribute to people's behaviour?*
 - *What can young people do to promote and protect their health with regard to the issue?*

Be sure to use appropriate health language and identify recent, reliable and relevant resources to investigate the issue. Describe how you know these sources are accurate, reliable and cover different perspectives.

(20 marks)



Part B: Interpersonal skills checklist

1. Work with your group to complete the group planning template. Your teacher will use a checklist to assess your interpersonal skills in a group situation. The criteria for assessment include:
 - active listening during group interactions to gain complete and full understanding
 - focused attention on the speaker
 - positive response to questions and group suggestions
 - appropriate use of non verbal behaviour e.g. facial expressions, and body language that demonstrates interest and involvement in the group and respect for others
 - compromise between group members.

(10 marks)

Part C: Inquiry presentation

1. Review the feedback from your teacher from the group planning template and incorporate suggestions if necessary.
2. Use the resources identified to gather, record and collate information that will address the focus questions.
3. Present your work demonstrating the following:
 - **an understanding of the health issue**
This includes how well you answer the questions, discuss key issues and trends relevant to the health issue, and draw conclusions based on your investigation. (12 marks)
 - **suggested actions for young people**
This includes preventive actions you propose for young people to promote and protect their health. (9 marks)
 - **the use of appropriate health language** (2 marks)
 - **effective techniques for organising your work**
Include an introduction describing the health issue and stating the purpose of the inquiry, and a conclusion that summarises the main findings. (2 marks)

(25 marks)



Group planning template

Part A: Group planning template (20 marks)

Members of group: _____

1. Explain the health issue. (4 marks)

2. Use an explosion chart, mind map, structured overview or other tool to list and organise information you could collect. Attach your workings to this template. (2 marks)

3. Describe the type of information your group will collect to investigate the issue. Write four (4) questions that your group will investigate. (8 marks)

1) _____
2) _____
3) _____
4) _____

4. List three (3) sources you will use to collect information. Describe how you can be assured of their accuracy, relevance and ability to cover different perspectives. (6 marks)

Sources of information	How will we know these are recent, reliable, relevant and cover different perspectives?
1)	
2)	
3)	

Part A Marking key: Group planning template

Members of group: _____

Criteria	Marks allocated (circle score)			
Health issue explanation (4 marks)				
Explanation of health issue is:				
• Clear and detailed; target population and rationale or health issue are accurately and clearly described	4			
• Clear; target population and rationale for health issue are accurately and clearly described	3			
• Mostly clear; target population is identified, mostly clear rationale for health issue provided	2			
• Poor; unclear target population	1			
Organisational tool (2 marks)				
Organisation tool is:				
• Clearly shown with detail; appropriate for listing and organising information	2			
• Mostly clearly represented and appropriate	1			
Type of information (8 marks)				
Focus questions are: (2 marks per focus question: F1, F2, F3, F4)	F1	F2	F3	F4
• Clearly written, open-ended, comprehensive and relevant to investigation/health issue	2	2	2	2
• Mostly clearly written, open-ended and mostly relevant to investigation	1	1	1	1
Sources of information used (6 marks)				
Sources of information used are: (2 marks per source: S1, S2, S3)	S1	S2	S3	
• Recent (within 5 years); relevant to investigation; highly reliable sources identified backed up by clear and accurate evidence	2	2	2	
• Mostly recent and relevant to the investigation; mostly reliable sources identified backed up by mostly clear evidence	1	1	1	
Total mark				/20

Teacher feedback (to be used to refine planning prior to proceeding with health inquiry):

Part B Marking key: Interpersonal skills checklist

Name: _____

Interpersonal Skill: Communication skills that build cooperation and collaboration in achieving group goals.				
Evidence	Rating			Score
	Never (0 marks)	Sometimes (1 mark)	Consistently (2 marks)	
Evidence could include observations on the following:				
• Active listening during group interactions to gain complete understanding				
• Focused attention on the speaker				
• Positive responses to questions and group suggestions				
• Appropriate use of non-verbal behaviour e.g. facial expressions, and body language that demonstrates interest and involvement in the group and respect for others				
• Compromise between group members				
Total mark				/10

Teacher feedback:

Part C Marking key: Inquiry presentation

Name: _____

Criteria	Marks allocated (circle score)		
Understanding of health issue (12 marks)			
Understanding of health issue is:			
• Clear and detailed; focus questions addressed in detail; key trends and patterns in data identified and clearly described; valid and clear conclusions drawn from information presented; information well-balanced/different viewpoints represented			11 – 12
• Clear; focus questions clearly addressed; key trends and patterns identified and described; valid and clear conclusions drawn; information is well-balanced			9 – 10
• Mostly clear; focus questions addressed with some clarity; attempt to describe key trends and patterns, mostly valid conclusions			7 – 8
• Satisfactory; focus questions addressed with limited clarity; general and mostly clear conclusions			5 – 6
• Poor; focus questions not clearly addressed; general and unclear conclusions			3 – 4
• Little to no understanding of health issue and focus questions; unclear conclusions			1 – 2
Suggested actions for young people (9 marks)			
Suggested actions for young people are: (three actions: 1A, A2 and A3, 3 marks each)	A1	A2	A3
• Clear and detailed; relevant to inquiry and young people; focus in prevention	3	3	3
• Mostly clear and relevant to inquiry and young people, some focus on prevention	2	2	2
• Satisfactory, little focus on prevention	1	1	1
Organisation and presentation (4 marks)			
Health language used is:			
• Accurate, appropriate, consistently used in the document and relevant to the target audience			2
• Mostly accurate, regularly used in the document and mostly relevant to the target audience			1
Organisation of work includes:			
• A clear introduction that states the purpose of the inquiry; clear, detailed and accurate conclusion; logical presentation			2
• A mostly clear introduction; clear yet brief summary			1
Total mark			/25

Teacher feedback:

Part A	Part B	Part C	Total assessment mark
/20	/10	/25	/55

