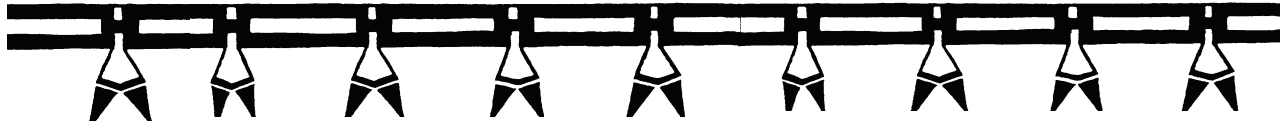


# 19: Taking Care of the Whole Person



## Purpose:

To recognize that health and true happiness comes when we balance all aspects of our life, including the physical, mental, emotional and spiritual.

## Stages of Change Process:

Getting information, involving the emotions, knowing who you are

## Learning Objectives:

By the end of this session, Native STAND members will be able to:

1. Explain the importance of balance in one's life.
2. Describe what stress is and how it can negatively impact you.
3. Identify strategies to deal with stress in a healthy manner.
4. Define sadness, depression, and grief.



## Supplies/Materials:

- Chart paper, markers, masking tape
- Index cards
- Hole punch
- Pens, markers, stickers
- Loose leaf rings (1 per student) *(could use yarn instead)*

## Resources/Handouts:

	RM	PM	HO
Words of Wisdom	●		
Stress Cartoons	●	●	
Who's Got Your Back?	●	●	
How can you tell if someone is depressed?	●	●	
Myths About Depression	●	●	
What is Grief?	●	●	
Native Youth Suicide	●	●	
Resources	●	●	

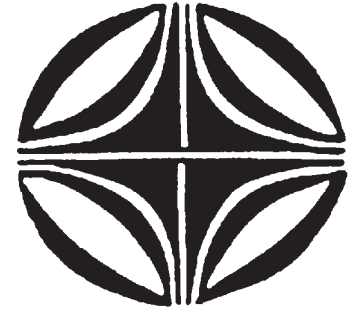
## Preparation:

- Display Words of Wisdom
- Prepare chart paper with questions for Activity 2 (one question per sheet)
- Hole punch index cards in upper left corner.

## 1. Welcome/Overview

*8-10 minutes, large group lecture, adult facilitator*

- Have the students sit in a large circle with their PM.
- Review Session 18: Field Trip to Clinic.
- Answer any questions in the Question Box.
- Preview today's session.
  - ◇ To be truly happy and healthy, we must strive to maintain a balanced life, including the physical, mental, emotional, and spiritual aspects of our life.
  - ◇ Today we are going to talk about the effects of mental, emotional, and spiritual imbalance.
  - ◇ Sometimes in our busy lives it's easy to get caught up in the physical and not pay enough attention to the mental, emotional, and spiritual.
  - ◇ We are going to talk about some heavy topics, like stress, depression, and suicide—but we are also going to talk about positive ways to deal with these imbalances, like coping skills, support systems, and resiliency.
  - ◇ For some of you, this session might be very intense and personal. Many of you—or maybe one of your friends or someone in your family—may have had some of these experiences. Remember that you are in a safe place among people who care about you. Share as much as you feel comfortable sharing, so we can learn from each other's experiences. Let one of the facilitators know if you need a break or need someone to talk to after the session ends.
  - ◇ Think back to the Medicine Wheel we worked with in the Culture and Tradition session. Remember that it represents wholeness, health, and harmony with one's self, family, community, nation, and universe.
  - ◇ Ask what happens if a person is not living a balanced life (answers may include the following):
    - They may get sick—health is a continual process of staying strong spiritually, mentally, emotionally, and physically
    - People must stay in harmony with themselves, other people, their natural environment, and their Creator
    - Illnesses are related to a spiritual cause, which creates an imbalance between the body, mind, and spirit
    - All thoughts and actions have consequences, creating harmony or disharmony. Disharmony can cause illness.<sup>1</sup>
- Read today's WOW.



**All individuals have the power to transform and change themselves.**

*Anonymous*

<sup>1</sup> <http://www.faqs.org/health/topics/12/Native-American-medicine.html#ixzz0qSzFzFVP>

## 2. Stress

15-20 minutes, small group activity, large group discussion, adult or teen co-facilitator

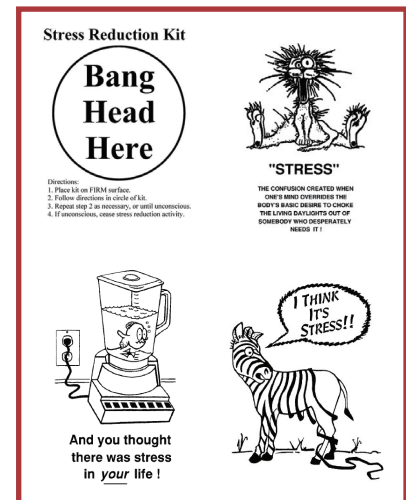
- Direct students to the cartoons in their PM. After they've had a chance to look at them and (hopefully) laugh, continue.
- These cartoons are funny, but stress is a serious issue. Today we're going to talk about stress, depression, grief, and suicide.
- Remind students that Native STAND peer educators are not counselors. It's important they recognize some of these issues in case they are talking to someone who may be experiencing them, but they are not expected to make a clinical judgment about someone's mental health.
- It's important to know your limits as a peer educator and to make appropriate referrals to a school counselor as you think necessary.
- Divide students into three groups and give each group a sheet of chart paper with one of the questions below.
  - ◇ What is stress?
  - ◇ What causes stress?
  - ◇ What happens if you don't deal with stress?
- Tell each group to take 5 minutes to write as many responses as possible on their chart paper.
- Reconvene the large group and ask each small group to share their responses starting with the "What is stress?" group.

What is stress? *Answers may include:*

- Not having the skills to deal with challenges you face
- Physical and emotional reactions to perceived dangers and demands

What causes stress? *Answers may include:*

- school demands and frustrations
- negative thoughts and feelings about themselves
- changes in their bodies
- problems with friends or family
- unsafe living environment/neighborhood
- separation or divorce of parents
- domestic violence
- chronic illness in the family
- drug and alcohol abuse
- incarceration
- death of a loved one
- moving to a new community
- changing schools
- taking on too many activities or having too high expectations
- family financial problems



What happens if you don't deal with stress? *Answers might include:*

- You get out of balance, sad, depressed, physically sick
- Stress can lead to anxiety, withdrawal, aggression, and poor coping skills such as drug and/or alcohol use
- Stress can cause a faster heart and breathing rate, increased blood to muscles of arms and legs, cold or clammy hands and feet, upset stomach and/or a sense of dread

- After each group shares its responses, ask the other students if they agree and if they can think of other responses to add to the list.
- Ask the large group (and write answers on pre-labeled chart paper):
  - ◇ What are some negative ways people deal with stress? *Answers might include:* smoking cigarettes, drugs, alcohol, eating, cutting
  - ◇ What are some positive—or healthy—ways people deal with stress? *Answers might include:* exercise, healthy eating, music, meditation, relaxation techniques, sleep, prayer, positive thinking, talk to friends, talk to a counselor

### 3. Who's Got Your Back?

*8-10 minutes, individual work, large group discussion, adult or teen co-facilitator*

- Refer students to *Who's Got Your Back?* in the PM.
- Ask them to take a few minutes to complete the boxes (“If you were feeling super stressed out, what are three healthy things you could do to make yourself feel better?” and “If you needed to talk to someone about your feelings, who are three supportive people you could go to?”)
- Ask for volunteers to share what they wrote.

**Who's Got Your Back?**

If you were feeling super stressed out, what are three healthy things you could do to make yourself feel better?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

If you needed to talk to someone about your feelings, who are three supportive people you could go to?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### 4. Sadness, Depression & Grief

*15-18 minutes, lecture, large group discussion, adult co-facilitator*

- Explain that sadness is a part of life—everyone feels sad every now and then. Someone may feel sadness after they go through a sad event or they are hurt or disappointed by something or somebody. Sadness may last for days or weeks, but sadness and depression aren't the same thing.
- Describe the difference between sadness and depression:

Sadness	Depression
Temporary	Last more than two weeks, sometimes months or years
Normal	Serious health problem
Feelings are not usually severe enough to interfere with your daily activities.	Feelings prevent you from functioning normally and doing the things you normally do.

- Ask one or two of the volunteers who shared in the “Who's Got Your Back?” activity:
  - ◇ “If you felt sad or depressed would you tell one of the people that you listed in “Who's Got Your Back?”

◇ “How would they support you?”, “How would you want them to support you?”

• Refer students to PM and review together: How Can You Tell if Someone is Depressed?, Myths About Depression, and What is Grief?<sup>2,3,4</sup> (Available in RM)

**How Can You Tell if Someone is Depressed?**

- Do they express feelings of
- Sadness or “emptiness”?
  - Hopelessness, pessimism, or guilt?
  - Helplessness or worthlessness?
- Do they seem
- Unable to make decisions?
  - Unable to concentrate and remember?
  - To have lost interest or pleasure in ordinary activities—like sports or band or talking on the phone?
  - To have more problems with school and family?
- Do they complain of
- Loss of energy and drive – so they seem “slowed down”?
  - Trouble falling asleep, staying asleep, or getting up?
  - Appetite problems; are they losing or gaining weight?
  - Headaches, stomach aches, or backaches?
  - Chronic aches and pains in joints and muscles?
- Has their behavior changed suddenly so that
- They are restless or more irritable?
  - They want to be alone most of the time?
  - They’ve started cutting classes or dropped hobbies and activities?
  - You think they may be drinking heavily or taking drugs?
- Have they talked about
- Death?
  - Suicide - or have they attempted suicide?!



REMEMBER – Native STAND peer educators are not counselors. It’s important you recognize the symptoms of depression, but you are not expected to make a clinical judgment about someone’s mental health. It’s important to know your limits as a peer educator and to make appropriate referrals to a school counselor as you think necessary.

<sup>1</sup> NIMH - [http://www.pueblo.ssa.gov/cvic\\_text/health/friend-depressed/friend-depress.htm](http://www.pueblo.ssa.gov/cvic_text/health/friend-depressed/friend-depress.htm)

**Myths About Depression**

Myths or misconceptions about depression can cause stigma and prevent people who need help from getting it. As a peer educator, you need to know the **facts**. Some of the most common myths are:

**Myth:** It’s normal for teenagers to be moody; Teens don’t suffer from “real” depression.

**Fact:** Depression can affect people at any age or of any race, ethnic, or economic group.

**Myth:** Teens who claim to be depressed are weak and just need to pull themselves together. There’s nothing anyone else can do to help.

**Fact:** Depression is not a weakness, but a serious health disorder. Both young people and adults who are depressed need professional treatment. A trained therapist or counselor can help them learn more positive ways to think about themselves, change behavior, cope with problems, or handle relationships. A physician can prescribe medications to help relieve the symptoms of depression. For many people, a combination of psychotherapy and medication is beneficial.

**Myth:** Talking about depression only makes it worse.

**Fact:** Talking through feelings may help a friend recognize the need for professional help. By showing friendship and concern and giving uncritical support, you can encourage your friend to talk to his or her parents or another trusted adult, like a teacher or coach, about getting treatment. If your friend is reluctant to ask for help, you can talk to an adult – that’s what a real friend will do.

**Myth:** Telling an adult that a friend might be depressed is betraying a trust. If someone wants help, he or she will get it.

**Fact:** Depression, which saps energy and self-esteem, interferes with a person’s ability or wish to get help. And many parents may not understand the seriousness of depression or of thoughts of death or suicide. It is an act of true friendship to share your concerns with a school guidance counselor, a favorite teacher, your own parents, or another trusted adult.<sup>1</sup>

Remind students that this discussion may raise some intense emotions or reactions from the students. Make sure they know that you are in a safe place; you are there to support them. Be prepared to stay afterwards and address individual reactions. Make a special point of checking in on those students who seemed upset by the discussion. Also, if in a boarding school setting, give the dorm managers a heads up to check in on those students and make sure they’re doing OK.

<sup>1</sup> NIMH - [http://www.pueblo.ssa.gov/cvic\\_text/health/friend-depressed/friend-depress.htm](http://www.pueblo.ssa.gov/cvic_text/health/friend-depressed/friend-depress.htm)

**What is Grief?**

- o All people who suffer loss experience grief in one way or another.
- o The emotional, physical, intellectual, behavioral and spiritual process of adjusting to loss.
  - o family breakdown
  - o divorce
  - o incarceration
  - o moving to a new home or community
  - o adoption
  - o abuse
  - o loss of health
  - o serious illness of a family member or close friend
  - o death of a family member or close friend
  - o suicide of a family member or close friend
- o The normal response of sorrow, emotion, and confusion that comes from losing someone or something important to you.
- o It’s a natural and normal response to losing someone you love.
- o A typical reaction to death, divorce, job loss, a move away from friends and family, or loss of good health due to illness.
- o There is no timeline for grieving—it occurs throughout our lives and is a process, not an event.
- o It is a necessity, not a weakness.

- o The sense of loss will never go away completely, but over time the intensity of the pain will diminish
- o The grieving process takes time and healing usually happens gradually. The intensity of grief may be related to how sudden or predictable the loss was and how you felt about the person who died.
- o If ignored, grief may show up as changes in concentration, troubled relationships, emotional problems or physical illness.

**People who are grieving may:**

- o feel empty and numb, in shock
- o feel strong emotions, such as sadness, anger, guilt
- o have physical reactions, such as trembling, nausea, trouble breathing, muscle weakness, dry mouth, or trouble sleeping and eating
- o have strange dreams or nightmares, be absent-minded, withdraw socially, or lack the desire to return to work
- o have spiritual reactions to a death – for example, some people find themselves questioning their beliefs and feeling disappointed in their religion while others find that they feel more strongly than ever about their faith

<http://mentalhealth.samhsa.gov/publications/allpubs/ken-01-0104/default.asp>  
<http://www.teenloss.com>  
<http://www.youthradio.org/news/helping-teens-deal-with-grief>  
<http://mentalhealth.samhsa.gov/publications/allpubs/ken-01-0104/default.asp>

**5. Suicide**

18-20 minutes, lecture/large group discussion, adult co-facilitator

**NOTE:** Preface talk with warning about the sensitivity of the topic—offer to stay after to talk to anyone who needs to talk. If a counselor was able to attend the session, make sure students know who he or she is and that they are available to talk during or after the session.

- Today we are talking about the emotional state of mind that might make someone feel that they don’t want to go on, that they want to commit suicide. Later in the curriculum—when we talk about being a peer educator—we will talk about some of the warning signs that someone may be suicidal and also about your limits and boundaries as a peer educator.
- Many people at some time in their lives think about suicide. Most decide to live because they eventually come to realize that the crisis is temporary and death is permanent. On the other hand, people having a crisis sometimes perceive their dilemma as inescapable and feel an utter loss of control.
- They may feel like they can’t:
  - ◇ stop the pain
  - ◇ think clearly
  - ◇ make decisions
  - ◇ see any way out
  - ◇ sleep, eat or work
  - ◇ get out of depression
  - ◇ make the sadness go away
  - ◇ see a future without pain
  - ◇ see themselves as worthwhile
  - ◇ seem to get control<sup>5</sup>

<sup>2</sup> <http://mentalhealth.samhsa.gov/publications/allpubs/ken-01-0104/default.asp>

<sup>3</sup> <http://www.teenloss.com>

<sup>4</sup> <http://www.youthradio.org/news/helping-teens-deal-with-grief>

<sup>5</sup> <http://www.suicidepreventionlifeline.org/GetHelp/WhatIfSomeoneIKnowNeedsHelp.aspx>

- Ask students if they think there is a difference in teen suicide rates between different race/ethnicities? If so, which group do they think has the highest rates? Which has the lowest?

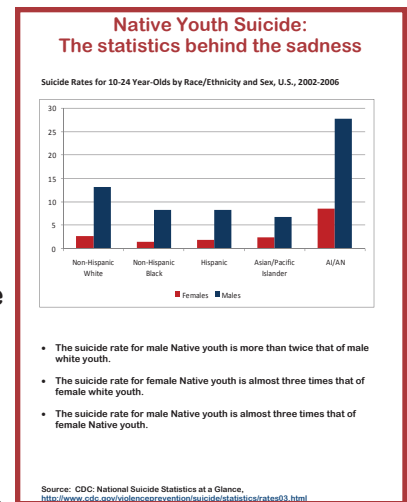
- Direct students to Native Youth Suicide: The statistics behind the sadness in PM. Describe chart/figure. Make sure everyone understands how to read/interpret it. Point out:

- ◇ The suicide rate for male Native youth is more than twice that of male white youth.
- ◇ The suicide rate for female Native youth is almost three times that of female white youth.
- ◇ The suicide rate for male Native youth is almost three times that of female Native youth.

- Ask students what they think about this information? Does it surprise you? Why or why not?

- Why do you think more Native youth commit suicide than other youth? *Answers might include:*

- ◇ History of trauma, physical and/or sexual abuse
- ◇ History of neglect
- ◇ Feeling of alienation from family and community
- ◇ Family loss, separation, and disruption
- ◇ Extreme poverty
- ◇ Foster care with multiple home placements
- ◇ Involvement in the juvenile justice system
- ◇ Poor parent-child communication
- ◇ Hopelessness
- ◇ Previous suicide attempt
- ◇ Suicide of a close friend or relative
- ◇ Local clusters of suicide that have contagious influence
- ◇ Exposure to suicides by others, either directly or through the media
- ◇ Not talking about suicide ideation
- ◇ Easy access to lethal means
- ◇ School problems, family conflict, unwanted pregnancy
- ◇ Poor coping and problem solving skills
- ◇ Impulsivity and aggression
- ◇ Being GLBTQ
- ◇ Alcohol or substance abuse
- ◇ Stigma associated with help-seeking behavior
- ◇ Barriers to accessing health care, especially mental health and substance abuse treatment
- ◇ Certain cultural and religious beliefs (for instance, the belief that suicide is a noble resolution of a personal dilemma)
- ◇ Low self-esteem
- ◇ Major physical illnesses
- ◇ Poor self-perception of health status



<sup>6</sup> CDC: National Suicide Statistics at a Glance, <http://www.cdc.gov/violenceprevention/suicide/statistics/rates03.html>

- Why do you think male Native youth commit suicide at such a high rate, far more than Native females or males or females of any other race?
- What can you do to support your friends and your community to help decrease the rate of suicides among Native youth?

## 6. **“You Rock!” Activity – Part 1**

*8-10 minutes, large group activity, adult or teen co-facilitator*

- Say: We’ve talked about a lot of intense stuff today and I want us to end on a positive note. Every time we meet as a group, we are getting to know each other better. Some of us may know each other really well, and some of us may just be beginning to get to know each other. But whether we know someone really well or just a little, there is always something positive we can say about someone else. And everyone needs to feel appreciated by someone else in their life.
- Today we are going to start a project that I want you to work on between now and our next meeting, and we will finish it up at the beginning of the next session.
- Give each student one hole-punched index card for every student in the group. (So, if there are 10 students, each student will get 10 cards.) Tell them to write their own name one one-side of each card. (They can take up the whole side, and even decorate it with markers, stickers, etc. if they want.)
- Instruct them to give each person in the group one of their cards.
- Give each student a loose leaf binder ring or a piece of yarn and instruct them to put their set of cards on the ring. (They should have one card for each person in the group on their ring.)
- Between today and when we meet again, take some time to think about your fellow Native STAND participants, and jot down something you admire or like about that person on the back of each of their cards.
- When we give someone positive affirmations or validation, it’s important to be honest and sincere. Don’t come up with something that’s not true. It doesn’t have to be a big thing that you’re recognizing, even small recognitions add up.
- You don’t have to fill the page, but try and write more than just a word or two.
- You don’t have to put your name on your affirmations, but the words will have more meaning if the person whose card it is knows who wrote them.
- Tell students not to forget to bring their completed cards with them for the next session.

## 7. **Closing**

*3-5 minutes, large group activity, adult or teen co-facilitator*

- Answer any questions.
- Preview Next Session: Healthy Relationships - Part 2
- Direct the students’ attention to the Words of Wisdom on the wall. Ask a volunteer to read the words and to share with the group what those words mean to him or her and how they relate to today’s session and activities.
- Adjourn.

# NOTES

