



# Supervisor Guide: Unhealthy Coping Behaviors in Youth

## Identification

Prep time: **10** minutes

Activity time: 40 minutes

Guide staff through an activity where they match symptoms to the Unhealthy Coping Behavior. This will help them learn the symptoms to watch out for, but through discussion, they will also learn that just because a child exhibits one symptom does not mean they have an unhealthy coping behavior. Staff need to be aware of youth's behavior, but not to jump to conclusions.

### Outcomes

- Identify the signs of unhealthy coping behaviors

#### **Prepare before meeting:**

- Print, cut and scatter all the cards with the behaviors on them around the room.
- Print out and copy the Answer Sheet - 1 per group (the number will have to be determined by you).

(The cards and Answer Sheet can be found at the back of this lesson plan.)



## Identification

**Explain:** Coping behaviors are developed to deal with and attempt to overcome problems and difficulties in life and daily events. Some coping behaviors can help, like when a person finds time for a little rest and relaxation during stressful times. Some coping behaviors are not as helpful. People start developing coping strategies from a very young age. Some of the unhealthy coping behaviors in the Youth Development Institute course and those that we will be discussing today are not only limited to adolescents. Young children can suffer from depression and eating disorders; adults can suffer from depression and can abuse alcohol and drugs. It is important to be able to recognize the symptoms of some of these unhealthy coping behaviors because as a youth service provider, you are in a unique position to help young people develop healthier coping habits that will lead them to success.

**Group** You can split participants into small groups (up to 6-7) or pair them up, or ask each person to do this activity individually if you have a small group.

Assign each group one *Unhealthy Coping Behavior* they are suppose to focus on for this activity:

- Depression,
- Substance Abuse,
- Self-harm,
- Suicide, and
- Eating Disorders.

### Activate!

The purpose of this game is to have participants match symptoms to the disorder.

Ask each group to assign one person in their group to be the recorder. Give them an *Answer Sheet*, located at the end of this lesson plan.

Having spread the cards with the behaviors on them around the room.

### 1st Round

**Explain:** Each card has a unique symptom of one of the unhealthy behaviors: Depression, Substance Abuse, Self-harm, Suicide, and Eating Disorders

- 1) Group members, except for the recorder, are to walk around and find the cards that describe a symptom that belongs to the behavior you were assigned.
- 2) Once you believe that you have a match then you are to take the card to their group's recorder.
- 3) The recorder writes the code which appears at the bottom of the card, and the symptom on the Answer sheet. The recorder will keep the cards.

The first round ends once all the cards have been picked up by the groups.

### 2nd round.

**Explain:** Lay out all of your cards on the table in front of you so that everyone can read what is on the card. With your group, walk around the room and to look at what other groups identified as a symptom of their unhealthy coping behavior, and evaluate whether you believe they are matched with the right unhealthy coping behavior. If your group believes the card is correctly placed then put the code and description on your Answer Sheet in the appropriate area. If they do not believe that it is correct, and you believe that you may know the correct match, they can write it on their answer sheet under that behavior.

## Identification

Once every group is back at their station, then

**ASK:** So where there any symptoms that you believe were incorrectly places? Why or why not?

Read off the answers. Then start a discussion

**ASK:**

- Did any of this surprise you? Why or why not?
- Do you think that some of these can be symptoms of multiple unhealthy coping behaviors? Which ones and why?
- Do you think that some of these symptoms could just be a sign of normal adolescent behavior? Which ones and why?

### Tip!

Staff can use the answer sheets for future exercises and they can use these as their reference sheet in their program.

### Closing:

This conversation is designed to help you become aware of these “signs” of unhealthy coping behavior because there could be serious issues that face our youth.

But if a child or teenager exhibits just one of these symptoms, does that mean that he or she suffers from one of these unhealthy coping behaviors?

It requires staff to be observant, to communicate with the young people in their programs, and to be aware of any signs that a young person might be in trouble.

Symptoms of Substance Abuse

<p>Unusual flare-ups or outbreaks of temper</p>	<p>Changes in friends</p>
H8	I9
<p>Sudden jitteriness, nervousness, or aggression</p>	<p>Increased secretiveness</p>
J10	K11
<p>Deterioration of physical appearance and grooming</p>	<p>Stealing small items from home, school, or employer</p>
L12	M13
<p>Secretive behavior regarding actions and possessions</p>	
N14	

Symptoms of Depression

Sadness or hopelessness	Irritability, anger, or hostility
A1	B2
Withdrawal from friends and family	Loss of interest or enjoyment in activities
C3	D4
Changes in eating and sleeping habits	Feelings of worthlessness and guilt
E5	F6
Fatigue or lack of energy	
G7	

Symptoms of Self-Harm

<p>Hiding scars or explaining them away</p>	<p>Avoiding activities where they must wear clothing that does not cover them up: swimming, gym class</p>
<p>Q15</p>	<p>R16</p>
<p>Explaining away injuries: “I was playing with my cat and he scratched me.”</p>	
<p>S17</p>	

Symptoms of Binge Eating

Eats large amounts of food when not physically hungry	Eats much more rapidly than normal
N37	O38
Eats until the point of feeling uncomfortably full	Often eats alone because of shame or embarrassment
P39	Q40
Has feelings of depression, disgust, or guilt after eating	Has a history of marked weight fluctuations
R41	S42

Symptoms that someone might be considering suicide

<p><b>Talking about death and wanting to die</b></p>	<p><b>Suicidal plans or fantasies</b></p>
T18	U19
<p><b>Talking about feelings of hopelessness</b></p>	<p><b>Telling a friend about suicidal plans</b></p>
V20	W21
<p><b>Writing a suicide note</b></p>	<p><b>Previous attempts</b></p>
X22	Y23

Symptoms of Anorexia

<p>Denies that he is hungry</p>	<p>Exercises obsessively</p>
A24	B25
<p>Weighs self frequently</p>	<p>Loses hair or begins to experience thinning hair</p>
C26	D27
<p>Is preoccupied with food, calories, nutrition or cooking</p>	<p>Stops menstruating</p>
E28	F29

Symptoms of Bulimia

<p>Uses the bathroom frequently after meals</p>	<p>Reacts to emotional stress by overeating</p>
G30	H31
<p>Has swollen facial glands, giving her chipmunk cheeks</p>	<p>Experiences frequent fluctuations in weight</p>
I32	J33
<p>Cannot voluntarily stop eating</p>	<p>Feels guilty or ashamed about eating</p>
K34	L35
<p>Feels out of control</p>	
M36	

Answers:

**1. Some common symptoms of substance abuse:**

H8: Unusual flare-ups or outbreaks of temper

I9: Changes in friends

J10: Sudden jitteriness, nervousness, or aggression

K11: Increased secretiveness

L12: Deterioration of physical appearance and grooming

M13: Stealing small items from home, school, or employer

N14: Secretive behavior regarding actions and possessions

**2. Some common symptoms of depression:**

A1: Sadness or hopelessness

B2: Irritability, anger, or hostility

C3: Withdrawal from friends and family

D4: Loss of interest or enjoyment in activities

E5: Changes in eating and sleeping habits

F6: Feelings of worthlessness and guilt

G7: Fatigue or lack of energy

**3. Some common symptoms of self-injury:**

Q15: Hiding scars or explaining them away

R16: Avoiding activities where they must wear clothing that does not cover them up: swimming, gym class

S17: Explaining away injuries: “I was playing with my cat and he scratched me

**4. Some common signs that someone is considering suicide:**

T18: Talking about death and wanting to die

U19: Suicidal plans or fantasies

V20: Talking about feelings of hopelessness

W21: Telling a friend about suicidal plans

X22: Writing a suicide note

Y23: Previous attempts

Answers:

**5. Some common symptoms of Anorexia:**

A24: Denies that he is hungry

B25: Exercises obsessively

C26: Weighs himself frequently

D27: Loses hair or begins to experience thinning hair

E28: Is preoccupied with food, calories, nutrition or cooking

F29: Stops menstruating

**6. Some common symptoms of Bulimia:**

G30: Uses the bathroom frequently after meals

H31: Reacts to emotional stress by overeating

I32: Has swollen facial glands, giving her chipmunk cheeks

J33: Experiences frequent fluctuations in weight

K34: Cannot voluntarily stop eating

L35: Feels guilty or ashamed about eating

M36: Feels out of control

**7. Symptoms of binge eating:**

N37: Eats large amounts of food when not physically hungry

O38: Eats much more rapidly than normal

P39: Eats until the point of feeling uncomfortably full

Q40: Often eats alone because of shame or embarrassment

R41: Has feelings of depression, disgust or guilt after eating

S42: Has a history of marked weight fluctuations

Blank Answer Sheet: **Identification**

**1. Some common symptoms of substance abuse:**

\_\_\_\_\_ : \_\_\_\_\_  
\_\_\_\_\_ : \_\_\_\_\_  
\_\_\_\_\_ : \_\_\_\_\_  
\_\_\_\_\_ : \_\_\_\_\_  
\_\_\_\_\_ : \_\_\_\_\_  
\_\_\_\_\_ : \_\_\_\_\_  
\_\_\_\_\_ : \_\_\_\_\_

**2. Some common symptoms of depression:**

\_\_\_\_\_ : \_\_\_\_\_  
\_\_\_\_\_ : \_\_\_\_\_  
\_\_\_\_\_ : \_\_\_\_\_  
\_\_\_\_\_ : \_\_\_\_\_  
\_\_\_\_\_ : \_\_\_\_\_  
\_\_\_\_\_ : \_\_\_\_\_  
\_\_\_\_\_ : \_\_\_\_\_

**3. Some common symptoms of self-injury:**

\_\_\_\_\_ : \_\_\_\_\_  
\_\_\_\_\_ : \_\_\_\_\_  
\_\_\_\_\_ : \_\_\_\_\_  
\_\_\_\_\_ : \_\_\_\_\_  
\_\_\_\_\_ : \_\_\_\_\_  
\_\_\_\_\_ : \_\_\_\_\_  
\_\_\_\_\_ : \_\_\_\_\_

**4. Some common signs that someone is considering suicide:**

\_\_\_\_\_ : \_\_\_\_\_  
\_\_\_\_\_ : \_\_\_\_\_  
\_\_\_\_\_ : \_\_\_\_\_



# Identification



## Blank Answer Sheet: **Identification**

\_\_\_\_\_ : \_\_\_\_\_  
\_\_\_\_\_ : \_\_\_\_\_  
\_\_\_\_\_ : \_\_\_\_\_  
\_\_\_\_\_ : \_\_\_\_\_

### **5. Some common symptoms of anorexia:**

\_\_\_\_\_ : \_\_\_\_\_  
\_\_\_\_\_ : \_\_\_\_\_  
\_\_\_\_\_ : \_\_\_\_\_  
\_\_\_\_\_ : \_\_\_\_\_  
\_\_\_\_\_ : \_\_\_\_\_  
\_\_\_\_\_ : \_\_\_\_\_  
\_\_\_\_\_ : \_\_\_\_\_

### **6. Some common symptoms of bulimia:**

\_\_\_\_\_ : \_\_\_\_\_  
\_\_\_\_\_ : \_\_\_\_\_  
\_\_\_\_\_ : \_\_\_\_\_  
\_\_\_\_\_ : \_\_\_\_\_  
\_\_\_\_\_ : \_\_\_\_\_  
\_\_\_\_\_ : \_\_\_\_\_  
\_\_\_\_\_ : \_\_\_\_\_

### **7. Symptoms of binge eating:**

\_\_\_\_\_ : \_\_\_\_\_  
\_\_\_\_\_ : \_\_\_\_\_  
\_\_\_\_\_ : \_\_\_\_\_  
\_\_\_\_\_ : \_\_\_\_\_  
\_\_\_\_\_ : \_\_\_\_\_  
\_\_\_\_\_ : \_\_\_\_\_  
\_\_\_\_\_ : \_\_\_\_\_

## 2 Truths and a Lie!

Prep time: **15 - 30** minutes

Activity time: 45-60 minutes

This meeting plan asks staff to learn the facts and myths about the unhealthy coping behaviors. It can often be our misconceptions about a disease or disorder that allows it to go unnoticed. The activity is based on a common “Getting to Know You” game called two truths and a lie!

### Outcomes

- Recognize the types of physical self-injury and their related signs and symptoms
- Identify imminent danger signs of suicide
- Recognize the three most commonly identified eating disorders

### **Prepare before meeting:**

- Cut the questions into slips of paper
- *If you want you can create hand-outs that help define the unhealthy coping behaviors even more. These “Fact Sheets” are located in the resources page on the Unhealthy Coping Behaviors course.*



## 2 Truths and a Lie!

### Group

If you have a large group, split them into smaller teams.  
If you have a small group, you can do this as a single group.

**Explain:** There are slips of paper that have three statements on them. **Two** of these statements are true, and **one** of them is not. You have to identify the 'lie' - the one statement that is not true about the coping behavior.

There are some interesting ways to play this game – cut apart each slip, fold them and put them in a hat, or a bowl, and have participants select one piece of paper and pass the bowl to the next person.

Give each person a minute to read their question, pick which one is a lie, and then have them read their question to the group and give their answer.

If their answer is correct – great – if not, have the full group discuss it and come up with another guess.

*The statements are on the next page.*

*The answers, along with a short explanation, are provided on a separate sheet.*

### Tip!

You could offer prizes -1 point for a correct question; if they answer incorrectly and the group answers correctly, then everyone gets 1 point.

*Discussing these topics can be very powerful - and may lead to a deep conversation about the issues facing youth that often lead them to use unhealthy coping behaviors. It is important to close with a positive way of overcoming these issues - something where staff can think about their powerful influence with youth.*

*It may be challenging to leave this conversation without closing it somehow. Here are a few suggestions, but do what is right for your group.*

### Closers:

- I think it is important that we recognize how powerful each of us can be in a youth's life. By being a positive role model, or an adult who cares, we can really help youth avoid these unhealthy coping behaviors. We need to be aware of what messages we send to our youth. We need to be cognizant of what we can do to serve these youth's needs.
- It is interesting to think that many of these topics are somewhat taboo to discuss. Suicide, for example, is not something that people generally openly talk about - however, it doesn't help the situation - and we know that. Do you think any of these topics of unhealthy coping behaviors should be allowable to discuss in our program? How do you think we could foster a conversation with our youth about some of these topics?
- Do you see one unhealthy coping behavior more than another that might affect our youth population? Do you think we can address this in our program? What are some creative ways that we could develop an activity for youth that might address these issues - like a girls empowerment class, or ask the local organization that deals with substance abuse come and present to the youth?

## 2 Truths and a Lie!

1.

- A. Clinical depression is one of the most common mental illnesses.
- B. It affects more than 19 million Americans each year.
- C. Depression is a dysfunction of the brain and does not impact the physical body.

2.

- A. Depression is a normal part of life - everyone goes through it.
- B. Depression is treatable.
- C. A family history of depression increases the risk of developing depression.

3.

- A. Most depressed people are not suicidal, although most suicidal people are depressed.
- B. Depression in adolescence frequently coincides with other disorders such as anxiety, disruptive behavior, eating disorders, or substance abuse.
- C. Trauma, loss of a loved one, a difficult relationship, or any stressful situation is what causes the onset of depression.

4.

- A. By age 15, girls are twice as likely as boys to have experienced a major depressive episode.
- B. Before puberty, boys and girls are equally likely to develop depressive disorders.
- C. Depression can occur as early as age 5. However, such early onset of depressive episodes does not last long, and frequently do not re-occur later in life.

5.

These are some symptoms of depression

- A. Irritability, restlessness
- B. Hyperactivity
- C. Overeating, or appetite loss

6.

- A. People who commit suicide have made attempts in the past.
- B. On average 2,838 Coloradans are hospitalized per year because of suicide attempts.
- C. An individual may commit suicide because someone else they were close to committed suicide.

7.

- A. Avoiding the topic of suicide, death, or depression helps prevent adolescents from attempting or completing suicide.
- B. Problems in school or work performance can cause someone to commit suicide.
- C. Giving away prized possessions can be a warning sign that someone is planning on committing suicide.

8.

What to do if you think someone is planning on committing suicide:

- A. Take all suicide threats seriously.
- B. Listen and express concern in a judgmental way.
- C. Take action! Get the individual connected with professional help.

## 2 Truths and a Lie!

9.

- A. If you promise to keep a secret and a child or adolescent divulges that he or she is going to commit suicide, you are obligated to keep it a secret. Therefore, an anonymous call to 911 is the best way to go.
- B. If you learn of a young person's plan to commit suicide, you should take it seriously.
- C. You should show that you care.

10.

These are some protective factors that can help prevent suicide:

- A. Easy access to effective clinical care for mental, physical, and substance use disorders.
- B. Strong connections to family and community
- C. Increasing in age

11.

- A. The intention of a person who engages in self-harm is to kill himself or herself.
- B. Self-harm is a deliberate and direct destruction of body tissue.
- C. Research on self-harm is in the early stages, with past results varying widely.

12.

Individuals who self-harm appear to have higher rates of the following psychological problems:

- A. Borderline personality disorder
- B. Physical health concerns
- C. Eating disorders

13.

- A. Self-harm is a problem that many people are embarrassed or ashamed to discuss.
- B. Instead of openly discussing self-harm, people report self-harm by exposing their injuries to loved ones.
- C. There are a variety of self-help books on the market for people who engage in self-harm.

14.

These can be forms of self-harm:

- A. Cutting
- B. Overeating, or restricting eating
- C. Drinking harmful chemicals

15.

- A. The first incident of self-injury may occur by accident, or after finding out about others who engage in this behavior
- B. Endorphins, specifically enkephalins, contribute to the "addictive" nature of self-injury.
- C. A person feels numb before a self-injuring event.

16.

- A. Research shows that more than 90 percent of those who have eating disorders are women between the ages of 12 and 25.
- B. In addition, hundreds of thousands of boys are affected by eating disorders.
- C. Eating disorders are often short-term illnesses that do not require treatment.

## 2 Truths and a Lie!

17.

- A. Anorexia Nervosa is when people usually develop eating habits such as avoiding food and meals, eating small amounts, weighing their food, and counting calories of everything they eat.
- B. Another form of Anorexia is exercising excessively.
- C. Binge-Eating Disorder is typified by compulsive overeating, which could last hours or days, followed by a period of purging.

18.

- A. Unlike Anorexia and Bulimia, Binge-Eating Disorder does not carry any health risks.
- B. Anorexia Nervosa can cause many medical problems, from causing hair and nails to grow brittle to causing heart failure and damage to the brain.
- C. Bulimia Nervosa can wear down the outer layer of the teeth, damage the stomach, and cause death due to chemical imbalances from continual vomiting.

19.

- A. Treating any eating disorder requires stabilizing the health of the individual first, and then a re-education of how to eat and stopping bad eating habits.
- B. Psychotherapy has been proved effective in helping to treat eating disorders.
- C. If eating disorders are caught in the early stages, advice and support from parents, a caring adult or even a friend may be able to help an individual reverse their behavior.

20.

- A. When boys develop eating disorders, it's usually because they're in a sport that emphasizes weight, such as wrestling.
- B. When girls develop an eating disorder, it is closely tied to their sexual maturation.
- C. Eating disorders could develop because a person is depressed or stressed about things and feel as though they have no control over their lives. They see what they eat (or don't eat) as something that they can control.

**2 Truths and a Lie!**  
**- Answers -**

1.

C. Depression is a dysfunction of the brain and does impact the physical body.

Explanation:

Depression can complicate other medical conditions, like heart disease and diabetes.

2.

A. Depression is a normal part of life, everyone goes through it.

Depression is not a normal part of life. People do feel sad at times, but this is not depression. When a person has a depressive disorder, it interferes with daily life, normal functioning, and causes pain. It affects mind, body, and mood.

3.

C. Trauma, loss of a loved one, a difficult relationship, or any stressful situation is what causes the onset of depression.

Although it is true that trauma can trigger a depressive episode, it is not the only cause of depression. There is no single known cause of depression. Rather, it likely results from a combination of genetic, biochemical, environmental, and psychological factors.

4.

C. Depression can occur as early as age 5. However, such early onset of depressive episodes does not last long, and frequently do not re-occur later in life.

Depression can develop at any age, but childhood depression often persists, recurs and continues into adulthood, especially if untreated. The presence of childhood depression also tends to be a predictor of more severe illnesses in adulthood.

5.

B. Hyperactivity

Depression affects the body greatly. It is often related to insomnia, early-morning wakefulness, or excessive sleeping. A person who is depressed typically complains of being tired and is not hyperactive.

6.

A. People who commit suicide have made attempts in the past.

A fatality review of suicide deaths in Colorado between 1990 and 1993 showed that only 22% of those who died had made a previous suicide attempt and just over a third (37%) had made a previous suicide threat.

**2 Truths and a Lie!**  
**- Answers -**

7.  
A. Avoiding the topic of suicide, death, or depression helps prevent adolescents from attempting or completing suicide.

Do not side-step the issue of suicide. In fact, if you believe someone is going to commit suicide ask questions openly, like, “Do you have a plan? Will you talk with someone who can help?” Suicide prevention begins with knowledge, caring, and immediate help.

8.  
B. Listen and express concern in a judgmental way.

Casting judgment is not a good idea. Casting judgment on a person who is planning on committing suicide will only make them feel worse. Speak to them in a nonjudgmental way, and get them help.

9.  
A. If you promise to keep a secret, and a child or adolescent divulges that he or she is going to commit suicide, you are obligated to keep it a secret. Therefore, an anonymous call to 911 is the best way to go.

Do not keep a child’s plan to commit suicide a secret. Take him or her seriously; don’t leave him or her alone; and get him or her some help. It is never a good idea to promise that you will keep a secret. Instead, you should offer them an alternative, “Well, I can’t promise that I can keep what you are about to tell me a secret, but tell me anyway and we can work something out.”

10.  
C. Increasing in age

Some recent predictors of suicide have found that 50% of all suicide deaths are completed by white males, 35 years and older, with the risk increasing with age.

11.  
A. The intention of a person who engages in self-harm is to kill himself or herself.

The intention of a person who engages in self-harm is NOT to kill himself or herself. Self-harm is not well-understood and has not been extensively studied. Although intent varies from person to person, some reasons a person might participate in self-harm is to punish himself or herself, relieve tension, or distract himself or herself from emotional pain by causing physical pain.

12.  
B. Physical health concerns

Physical health concerns do not appear in higher rates of with people who self-harm. This may cause depression, but not all depressed people self-harm.

**2 Truths and a Lie!**  
**- Answers -**

13.

B. Instead, people report self-harm by exposing their injuries to loved ones.

In fact, individuals who self harm may go out of their way (or tolerate being uncomfortable) in order to hide their injuries – like wearing long sleeve shirts on a hot day to hide upper body injuries.

14.

B. Overeating, or restricting eating

Self-harm is defined by the deliberate destruction of tissue. Although overeating or restricting eating can be forms of an unhealthy coping behavior, it does not fall under self-harm.

15.

C. A person feels numb before an injuring event

The person generally has strong feelings such as anger, fear, or anxiety before an injuring event. These feelings build, and the person has no way to express or address them directly. The next time a similar strong feeling arises, the person has been “conditioned” to seek relief in the same way.

16.

C. Eating disorders are often short-term illnesses that do not require treatment.

Eating disorders are often long-term illnesses that may require long-term treatment. In addition, eating disorders frequently occur with other mental disorders such as depression, substance abuse, and anxiety disorders.

17.

C. Binge- eating disorder is typified by compulsive overeating, which could last hours or days, followed by a period of purging.

It is actually Bulimia Nervosa that has the patterns of bingeing with immediate purging. People either make themselves vomit or use diuretics. Binge-eaters feel shame or guilt over their eating, but they do not purge their bodies of food.

18.

A. Unlike Anorexia and Bulimia, Binge-Eating Disorder does not carry any health risks.

Binge-eating disorder can cause some serious health risks like high cholesterol levels, type II diabetes, gallbladder disease, and heart disease.

**2 Truths and a Lie!**  
**- Answers -**

19.

C. If eating disorders are caught in the early stages, advice and support from parents, a caring adult or even a friend maybe able to help an individual reverse their behavior.

Recognizing an eating disorder quickly is vital to recovery. A person with an eating disorder can be helped much more easily if the problem is identified and treated early. However, the first recourse is to call the family doctor or get the individual in to see a counselor, psychiatrist, or psychologist who is trained in treating people with eating disorders.

20.

B. When girls develop an eating disorder, it closely tied to their sexual maturation.

Girls as young as 7 years of age can have an eating disorder. Sometimes girls involved in certain sports, like ballet, gymnastics, and ice-skating, might feel they need to be thin to compete. Girls who model also might be more likely to develop an eating disorder. All of these girls know their bodies are being watched closely, and they may develop an eating disorder in an attempt to make their bodies more "perfect."

## What should we do if....

Prep time: **15 - 30** minutes

Activity time: 45-60 minutes

This meeting plan is meant to help the staff and the organization develop policies, expected behavior and reactions to youth who may be showing symptoms of one or a multitude of the unhealthy coping behaviors. **As the supervisor**, this lesson really does ask the organization to have some responses for staff or develop future responses to such situations. If it is not your interest to engage staff in this process, this type of lesson can be performed with management staff, leadership, maybe even board of directors.

### Outcomes

This purpose of this lesson is for staff to apply their knowledge in a situation that they may face with you.

#### **Prepare before meeting:**

- Clip the question sheet into slips of paper.
- *If you want, you can create your own questions - or add on to these - this could be a good exercise for staff to participate in too!*



**Explain:** There are many unhealthy ways that young people can learn to deal with difficult situations in life. Some of these are described in the course on Unhealthy Coping Behaviors in Youth. There are laws that govern when we, as youth service providers, need to report certain behaviors, like when we suspect child abuse or neglect.

However, there are no laws that govern whether you need to report suspicions that someone may have an eating disorder. Who should you tell if you suspect a child or adolescent is abusing alcohol? That is why it is important to develop and discuss policies if there is suspicion of young people involved in unhealthy coping behaviors.

Below are scenarios one could experience. Some are extreme, some are subtle. Discuss what the proper response should be if you find yourself in these situations.

**Group** If there is a large group, have participants separate into smaller groups and discuss these situations. Have one person be a scribe and write down what they decide is the appropriate response to these situations. At the end, have groups report on some of their conclusions. Ask the other participants to offer feedback.

If you have a small group, you can develop these policies together.



**TIP:**

Challenge staff to think not only about what is best for themselves or the organization, but also to think about whether proposed responses empower young people to resolve their unhealthy coping behaviors.

**What should we do if....**

What do we do if... A child enters our class and he smells like pot?
What do we do if... We hear through other program participants that a girl is routinely throwing up in the restroom after lunch?
What do we do if... A boy or girl is found smoking a cigarette during the program?
What do we do if... We see a very dramatic shift in personality in one of the kids in the program?
What do we do if... We suspect a child is suffering from depression?
What do we do if... A young person divulges that he has a plan to kill himself?
What do we do if... A girl is always talking about death and ways people can die.
What do we do if... We see one of the kids in our program drinking alcohol when they are neither in a non-program setting nor on our premises?
What do we do if... We hear that a boy has run away from home and is sleeping on his friend's couch?
What do we do if... We find drugs on one of our youth participants?
What do we do if... We find drugs in our building?
What do we do if... A young person shows up to our program intoxicated?
What do we do if... We overhear a conversation where youth are talking about their recreational drug use?
What do we do if... We overhear a conversation about a party that will be held that will be serving alcohol to minors?

**What should we do if....**

What do we do if... We are asked if we ever used drugs?
What do we do if... We're asked if we drink?
What do we do if... A girl is constantly talking about how fat she is, even though she seems very slim or even too thin?
What do we do if... We overhear a co-worker talking to youth participants about the new fad diet she is on?
What do we do if... One of the children asks us about suicide?
What do we do if... A boy in the program tells us that he is depressed?
What do we do if... We see a young person with cuts on his or her arms?
What do we do if... We find a young person self-harming during our program or in our facilities?
What do we do if... A child asks if we will promise to keep a secret?
What do we do if... We see bruises on a child in our program?
What do we do if... A co-worker shows up to the program drunk?
What do we do if... We see fresh burn marks on a kid?
What do we do if... We see one of our young people getting thinner and thinner to the point where he or she is starting to look unhealthy?
What do we do if... We see one of our youth participants gaining a significant amount of weight over a short period of time?

**What should we do if....**

What do we do if... We hear that a child, who used to enjoy coming to the program, is no longer coming because they feel fatigued all the time and just want to go home and sleep?
What do we do if... A young man always wears long sleeve shirts, even on really hot days?
What do we do if... A young man talks about having to stay in his weight division for wrestling and so he is trying this new diet?
What do we do if... We suspect that a young person is abusing drugs?
What do we do if... We are asked our opinions on suicide?
What do we do if... You overhear two coworkers talking in front of the youth in the program about the party they went to last night and how drunk they got?
What do we do if... A child in the program calls us fat?
What do we do if... A boy or girl, who is very thin, starts complaining about being really light-headed?
What do we do if... We are asked our opinions on self-harming behavior?
What do we do if... You see a boy or girl's MySpace page and it talks about committing suicide?
What do we do if... One of the kids is despondent and detached from the activities of the program?
What do we do if... A child is found giving drugs to another child?
What do we do if... A girl is talking about how she and her mother are on a diet?