



# REACH

**For elementary school age children Sherryll Kraizer, Ph.D.**



## **Curricula by Sherryll Kraizer:**

**The SAFE CHILD Program, (1990) Lucerne Media, 37 Ground Pine Road, Morris Plains, New Jersey 07950. (201) 538-1401 (800) 341- 2293.**

*A comprehensive personal safety training curriculum for preschool through grade 3 including prevention of sexual, emotional and physical abuse, prevention of abuse and abduction by strangers and safety for children in self care. It combines videotape, classroom role playing, and parental participation to teach children how to prevent abuse. Training available.*

**CHALLENGE: for adolescents and young adults, (1992) National Resource Center for Youth Services, The University of Oklahoma, 202 West Eighth Street, Tulsa, Oklahoma 74119-1419. (918) 585-2986.**

*A prevention program for high-risk youth ages 13 to young adulthood. This 10 week group program is designed to provide life skills training which enables: increased self-esteem, management of emotions, effective communication, independent thinking, appropriate assertive behavior, problem-solving, assessment and decision-making, identification and pursuit of goals, taking responsibility for choices, prevention of child abuse and development of personal resources. Training available.*

**RECOVERY: a therapeutic prevention program, (1992) National Resource Center for Youth Services, The University of Oklahoma, 202 West Eighth Street, Tulsa, Oklahoma 74119-1419. (918) 585- 2986**

*A 10 week group program for previously abused youth designed to prevent future abuse and to rebuild self-esteem and life skills. Training available.*

**DATING VIOLENCE: Intervention and Prevention, (1991) Domestic Violence Intervention Services, 1419 East 15th Street, Tulsa, OK 74120 (918) 585-3163.**

*Group and student leader's curricula to educate, intervene and prevent interpersonal violence in dating relationships among young people.*

**DOMESTIC VIOLENCE: A Basic Manual for Intervention and Prevention, (1991) Domestic Violence Intervention Services, 1419 East 15th Street, Tulsa, OK 74120 (918) 585-3163.**

*A curriculum guide for leading public seminars and professional training in the area of education, intervention and prevention of domestic and interpersonal violence.*

## **REACH**

*for elementary school age children*

By Sherryll Kraizer, Ph.D.

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REACH: for elementary school age children

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# REACH

*The REACH Program is designed to introduce specific life skills which will enable elementary school age children to better understand themselves, their emotions and their experiences.*

*It teaches skills which will promote self-esteem and a positive sense of competency. This combination can empower them to exercise more control in shaping their lives.*

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# Who Is At Risk?

In the last decade, the identification of at-risk and high-risk youth has developed in an effort to detect young people who may later become involved in dysfunctional behavior or victimization. New York state legislation defines "high risk" youth as follows:

"... an individual who has not yet attained the age of twenty-one years, who is at high risk of becoming or who has already become an alcohol or drug abuser and who:

1. is identified as a child or an alcohol or substance abuser;
2. is a victim of physical, sexual or psychological abuse;
3. has dropped out of school;
4. has become pregnant;
5. is economically disadvantaged;
6. has committed a violent or delinquent act;
7. has experienced mental health problems;
8. has attempted suicide; or
9. has experienced long-term physical pain due to injury."

While this definition makes a distinction between high-risk and mainstream young people, many professionals describe all children as "high risk" given the following research findings:

Before a young person graduates from high school, there is a :

- 40% chance that s/he will be a partner in pregnancy
- 75-80% chance that s/he will have a car accident;
- 86% chance that the first 6-9 months of intercourse will be unprotected by any form of contraception, including a condom;
- 90% chance that s/he will experiment with alcohol
- 65% chance that s/he will use alcohol on a regular basis;
- 17% chance that s/he will experiment with cocaine;
- 50% chance that s/he will experiment with marijuana;
- 23% chance that s/he will experiment with stimulants.

*(Kansas Connection, Fall 1988)*

Current research and professional literature cite a lack of basic life skills, including assertiveness, communication and coping as the most important common characteristic of abused, delinquent or dysfunctional young people. Life skills curricula are being considered the single most effective response to the plethora of problems facing modern youth.

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# Program Format

This Program is designed to be used with groups of young people ages 6–12. Ideally, groups should be composed so there is no more than a 2–3 year age span.

This curriculum guide is only a tool. It is left to the discretion of the presenter how long each session will be, and what material will be covered in any individual session. Depending on time and space limitations, this Program may run for ten sessions lasting 60–90 minutes each, or up to 20 sessions lasting 30–45 minutes.

A physical arrangement which utilizes a circle of chairs either free-standing or around a large table minimizes disruption, raises expectations and makes role-playing, listening and paying attention easier.

The presenter should feel free to use the Curriculum in a way that is consistent with his/her own style and the needs of the participants in the group. For example, the presenter may break the lesson down into smaller parts, adapt specific role-plays or scenarios to the community, or change some the language to make it more appropriate to the developmental level of the group. The presenter's knowledge of the participants in the group is as important as the Curriculum itself in shaping the learning process.

It is important not to underestimate the capabilities of the participants. The hallmark of this Program is its ability to effectively teach concepts and skills usually believed to be beyond the capability of these young people.

## Split Session Option

Each section provides guidelines for dividing the section into two sessions. Pay particular attention to the notations regarding closing

exercises, worksheets and re-entry. Split sessions are recommended for lower elementary school age groups.



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# Program Content

The content of the Program is extensive. The ability to actually cover all of the material provided will depend on:

- age and maturity of the group;
- special needs of the group; and
- familiarity and comfort with program content.

At the same time, presenters should feel free to use or delete material consistent with the composition of the group.

## Script

Program content is presented in a scripted form to enable ease of preparation. For example:

**Program content and dialogue appears in bold print, flush to margin,**

Notations and comments to the presenter appear in paragraph form.

- ▶ Role-plays (in the form of "What if . . ." questions) are noted in the script, and should be considered a vital element for the mastery of the skills presented.

Each lesson includes an outline, scripted lesson plan, self-work activities, and a parent letter to go home. In order to be most effective, leaders should be familiar with the content of each session prior to the presentation.

## Flip Charts

The format of the Program includes "Flip Chart" notations (also appropriate for projection). These charts provide an outline and act as a visual teaching aid.

## Notebooks

Participants who are able to read and write should use a notebook for personal exercises and note-keeping.

## Parent Letters

Parent letters are provided for each session to let the family know what the focus of the group is and how they can support the Program. The letters may be used as they are or adapted to meet the needs of your group.

## Parent Seminar

A parent seminar may be appropriate to:

- inform parents about the purpose and content of the Program and answer their questions; and
- engage parents in the process of the Program and reinforcing the weekly activities.

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# The REACH Program

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## Context

### **Skills for Living: the Requirement of the 90's**

The hope and goal of parents and teachers alike is that children will reach adolescence, and subsequently adulthood, with the ability to cope successfully on a psychological, emotional, intellectual and social level; that they will avoid risk and injury at their own hands or those of another; and that they will recover quickly and effectively from damaging incidents which we are unable to prevent. This hope is increasingly threatened by the daily barrage of attention to issues such as child abuse, substance abuse, teen pregnancy and suicide, all of which seem to be on the rise despite our best efforts. This paper will discuss the skills young people need and how best to teach them in a school setting.

Young people require a number of skills to cope with the stresses of growth and development, the foundation for which is established in infancy and early childhood. These skills include being able to think independently, to make choices, to solve problems effectively, to communicate clearly, to develop and maintain high self-esteem and 23

prevent injurious events. These skills usually expand and develop as children interact with their parents, teachers and peers. However, these skills can also be learned, altered and augmented at any age with appropriate

guidance and role models. In exploring the current range of problems children face, the lack of skills for successful living (and in many cases even lack of skills to survive) is the tap root which must be looked at.

For example, children are exposed to peer pressure all of their lives. It starts as soon as there is more than one child in any situation. Some of this pressure is toward positive behavior, some is negative in direction. Peer pressure becomes more marked in adolescence and is more frequently negative because of the normal rebellious tendencies of that period. Peer pressure towards drugs, alcohol, sex, truancy and other illegal activities is present and adolescents in large numbers clearly participate in all of these activities.

We need look no further than our own experience, however, to realize that most adolescents experiment with one or more of these behaviors and pass through this phase undamaged. Others become "hooked" on these unacceptable behaviors, do not survive or are left with consequences that shape the rest of their lives. So prevention of any form of abuse, whether at the hands of the child (e.g. substance abuse) or someone else (e.g. sexual abuse), is important.

Prevention efforts traditionally focus on the problem rather than the process by which children become enmeshed in abuse. The

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predisposition in current scientific and public focus to break everything down into its smallest component parts, causes us to lose sight of needs of the whole child. There is a proliferation of groups that have a specific approach, program, theory, or solution for each of the problem areas confronting youth today, each focusing on only one area of prevention, offering expertise and techniques to alter behavior considered inappropriate. This predisposition cripples our ability to be effective because the range of social and personal dysfunction are actually individual branches of the same tree, to be managed by dealing with the root causes. We cannot begin to be truly effective until we recognize and address the integrated nature of all these problems.

Preventing abuse and personal dysfunction is a complex task related to self-esteem, self-concept, communication, decision-making and an understanding of human behavior and consequences. The decisions children make are shaped by their conceptions about their own lives and the choices made by those around them. The problems we currently see in adolescents and even pre-adolescents have evolved from decisions children made over many years. While it appears that there is a day when the abuse or dysfunction begins, the course is set long before that point.

Prevention of the great number of problems facing children today requires possession of specific behaviors, thoughts and abilities. We can now identify and appropriately begin teaching these basic life skills at the preschool level, and continue to build upon them year after year as a part of the child's overall education. With this approach, children are protected from abuse at the hands of others from the earliest possible age. When these same children get older and are presented with opportunities requiring them to make their own choices, they will be

significantly more prepared to do so thoughtfully and responsibly in all areas of function.

The difference between successful "rite of passage" and failed "rite of passage" is the level of life skills each child brings to adolescence. Our goal should be the development of skills which will enable young people to reduce the likelihood of involvement in disabling, if not life-threatening, occurrences and which will permit them to recover from potentially damaging events. To establish our criteria in terms of eliminating the child's natural tendency to test the boundaries, to rebel, to experiment with the limits is unrealistic, and a formula for failure by any method of evaluation. Rather, we should look at how to provide the child with the best possible life skills to navigate through childhood and adolescence into productive adulthood. This is the true measure of success.

New strategies for approaching the many problems young people face must be developed. The recent breakthroughs in the field of child abuse, where prevention concepts have been successfully taught to children through the development of fundamental life skills, conceptual and behavioral implementation of strategies, and without discussing abuse directly, can provide some direction.

So how can this massive array of problems be addressed?

Life skills training may best be accomplished through curriculum-centered instruction. Ideally, a comprehensive, pre-kindergarten through high school curriculum, using an integrated developmental approach can provide the skills for living children require. Short of an integrated curriculum, life skills programming should be made available on a smaller scale to those children most at-risk (e.g. *REACH* and

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*CHALLENGE*). By maintaining and augmenting appropriate attitudes toward skills development, we assist the child's positive self-image, encourage healthy choices and the assumption of responsibility for those choices. This combination of skills and positive self-image helps the child to avoid abuse and chronic personal dysfunction by preventing the underlying sources of these problems.

The developmental perspective of *REACH* and *CHALLENGE* deal with the individual from his or her starting place. From whatever point we begin, patterns of success and the corresponding positive feelings generated are gradually developed. New skills are built one small success at a time. It is essential that opportunities for implementing these new skills be made in small enough bites that the individual's success is insured. This is analogous to the strengthening of muscles in any athletic conditioning. No one goes from inactivity to running a hundred-yard dash overnight. Likewise, to expect individuals to suddenly acquire the ability to cope with major stress immediately is unrealistic.

A developmentalist approach to these problems recognizes that the root causes for chronic dysfunction, inordinate risk-taking, self-destructive behavior and an inability to recover from painful life events are low self-esteem, an inability to succeed, inability to communicate, unresolved anger, unrealistic expectations and fantasies which lead to recurrent and consistent upset. The developmentalist approach asserts that these

ineffective life strategies result from a lack of learned skills necessary to cope with the events of one's life. This approach further asserts that the roots of the entire range of problems which are now threatening this and future generations of children have a common developmental source — skills for living.

A progressive program including basic life skills and specific content area skills must become an integral part of school curricula in such a way that one program or curriculum thread enables children to maximize their potential.

Content area skills include the ability to:

- think, problem-solve, make decisions and choices effectively;
- develop and maintain satisfying interpersonal relationships;
- exercise effective communication and assertiveness;
- manage personal behavior and choices;
- develop and sustain resources for support and nurturance;
- develop and maintain high self-esteem;
- take personal responsibility for actions and choices;
- set goals and work toward them with flexibility;
- prevent child abuse: sexual, physical and emotional;
- prevent substance abuse;
- prevent teen pregnancy;
- make responsible choices regarding sexuality; and

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The following paper was presented at the Critical Issues Forum sponsored by the Children's Trust Fund of Texas on January 27, 1989 in Austin, Texas.

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- effectively plan and parent their own children.

Currently, the school curriculum is scattered with separate and special programs when the common thread leads quite naturally to an integrated developmental approach. While each of these content areas is somewhat different, the life skills required to deal with them are essentially the same.

These skills are progressive and can be presented in a sequential model like those commonly in use in school curricula. They can and should be made available as a course of life skills education which schools would implement as an integral part of developing each child's ability to make healthy choices in all aspects of growth and development.

This curriculum would impose no rules or values which can generate heated resistance in any setting. Rather, it would provide children with the skills they need to weigh the many choices everyday life presents. It would help build positive patterns of consideration, communication and support which children would continue to call upon as they enter adolescence and adulthood.

This curriculum would omit value judgments which can backfire for both the community and the children. For example, we learned in the evaluations following the prevention efforts of the 1960's that descriptions of drugs and substance abuse resulted in higher levels of experimentation. We now know that it is ineffective to teach that substances, such as alcohol, which parents use and which adolescents will experiment with, are bad.

Children observe the behavior of their parents. The cultural message to use alcohol and other substances to feel better or to enjoy ourselves is not lost on children. Each child's

decision as to his or her personal behavior and the consequences of those decisions will be based on that child's level of ability in coping skills. True prevention will focus on the process by which those decisions are made, not on any individual, isolated decision.

The essential components of any life skills curriculum are based on the development of fundamental, generalizable interpersonal skills. It should be noted that these are not new and, in fact, are the underpinnings of what many parents and teachers already do. Used to maximum effectiveness in a structured program, however, they are the context within which education and learning take place, not just another content area.

The component areas include:

**Love:** Loving is the foundation upon which all other life skills are based. This includes being loved, loving oneself and loving others. Part of learning to love is encompassed in the skills listed below. This includes acceptance, forgiveness, expectations, etc.

**Trust:** Learning to trust begins when the young child knows that the world will respond with dependable and empathetic care. Following this, children learn to trust themselves and to extend that ability to trusting others. This is a base of fundamental security which enables risk-taking. Trust is best fostered within the home from the earliest days, but can be developed and fostered throughout childhood by other learning experiences.

**Choice:** Children learn about choice in the first years of life. The terrible two's are the most vivid manifestation of this discovery. Making choices is a learned skill requiring direction, work and an evolving understanding of consequences. Learning about choice also includes understanding that failure to make a

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choice is also a choice. Part of choice is also finding out that one is responsible for the consequences of one's choices. This is perhaps one of the most important of the life skills because it underlies the child's perception of him or herself and directly shapes thinking patterns.

**Managing Perception:** A child's sense of self is shaped not only by the input of other people but by the thoughts the child has. The power of this is only now being fully realized as new programs and research indicate that the way one presents oneself and the events that occur in one's life are shaped, in many cases, by one's perception and actions based on that perception. This is at the heart of self-concept and self-esteem development and lends itself to powerful intervention at any point in one's life.

**Language:** What we say and how we say it matters. Adults shape children by what they say and do to them with words. Children also have the power to shape themselves through language. What cannot be communicated cannot be mastered, so the importance of giving children the words to understand what they feel and think and an understanding of the ways in which their language and thoughts shape their perceptions and actions is essential.

**Expectations:** These are what one places as behavioral requirements on oneself, other people and society. If these expectations are not met, feelings of anger, frustration and rejection develop. Guidance in setting realistic expectations, taking responsibility for expectations, and skills for handling unmet expectations helps children maintain balance in their lives.

**Anger:** This is one of the hardest emotions for most people to deal with. Our cultural view is that anger should not be displayed. For children who feel angry and cannot find

acceptable ways to express their anger and hurt, a pool of what can be called "generic anger" builds. This pool of anger is then tapped each and every time the child experiences another anger-producing or hurtful event, making the response of the child seem out of proportion to the event. Unaddressed, this pool of "generic anger" builds a cycle of feeling out of control, feeling unable to be responsible for the behavior generated by the anger and ultimately feeling entitled to explode at the world or at one's self because of perceived unfairness.

**Guilt and Shame:** Guilt is having done something wrong or a feeling of self-reproach, believing that one has done something wrong. Shame is a painful feeling of having lost the respect of others because of improper behavior. Understanding the difference between the two is important to the management of these feelings and their effects. Guilt is something which tends to be imposed and used by other people. Shame is something that tends to be internal and is usually concealed, but which threatens self-concept and self-esteem. Children can learn to realistically assess both, to address the source and to manage the feelings through communication and the reshaping of expectations.

**Present Time:** Living in the present is all that is really possible for any of us. When children develop the habit of wishing they could return to any earlier time or change their past or when they become preoccupied with what they want in the future, they diminish their ability to live in the present and deny themselves the joys of living life's journey. Learning to accept the past and to embrace the future as it arrives is a valuable life skill which enables balance and satisfaction.

**Success:** The skill of structuring situations and events to enhance success is one of the most

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important life skills. Realistic expectations and positive perceptions are part of the framework of success. *The world cannot make one a failure. Only the individual can create this feeling.* Teaching children how to enhance their own likelihood of real and perceived success is an on-going process which has positive carry-over into every arena of life.

**Mistakes:** The only people who make no mistakes are those who do nothing. Children need to make mistakes, learn from them, forgive themselves for making mistakes and then embrace the next opportunity to learn again. But this is not easy in a world that seeks perfection. Children need to be taught to value their own worth and to resist the urge to diminish themselves because of mistakes.

**Risk-taking:** This is yet another aspect of learning and life expansion. In adolescence we tend to give it a negative connotation, but it is actually the way in which we stretch and shape the boundaries of who we can be. The key is putting risk-taking in the context of responsibility and choice so the risk is a considered risk, not "taking a chance."

**Responsibility:** While recognizing one's own responsibility for thoughts and actions is important, actually taking responsibility is another level of mastery entirely. This requires continued diligence and commitment. Responsibility is not to be confused with guilt. Taking responsibility means to recognize what one has created through thoughts or actions and to be accountable for both the direct and indirect results of these thoughts or actions. Being responsible in this way enhances one's sense of control, choice and power.

**Community:** Children need to have a sense of their relationship to the rest of the world. They need to feel support and be able to extend

support outside the immediate family and classroom. This sense of relationship is not only healthy for its own sake, but also supports the development of the other skills and the child's appreciation for his or her impact on others.

**Laughter:** A sense of humor, balance, lightness, however we refer to it, the ability to laugh at oneself and the world is an essential skill for enhancing the quality of life. It is also a learned skill which can be developed as a part of any curriculum.

Each of the skill areas is related to the other. For example, one of the cycles we frequently see is a child who perceives s/he has no choice about what happens. This leads to a perception of having no responsibility for what he or she does or what happens. This is followed by anger and frustration and a feeling that "other people are doing it to me." This quickly evolves into a "victim syndrome" which compounds the feeling of no choice, no responsibility and anger/frustration. This cycle can come from low self-esteem or it can create a situation of low self-esteem. What is important to note is that intervention at any point interrupts the cycle and can enable the individual to begin to reassert choice, responsibility and positive self-concept and self-esteem into his or her own life.

Each of these areas of learning have a direct impact on every social and cultural concern we presently have for the ways in which our children are growing up and the way they pass through, or fail to pass through, the many complexities of this time. Early and consistent intervention can prevent the development of negative patterns and low self-esteem which are the precursors of risk.

Ideally, life skills training should be presented in a cyclical model to ensure consistent and appropriate progressive

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education throughout each child's development. Following is an example of such a model:

1. Early day-care and intervention for infants and toddlers known to be at risk. This provides role models for the parents and additional sources of nurturance and learning for the child.
2. Life skills and prevention education for all children from the time they enter preschool through graduation.
3. Evaluation which assesses the efficacy of the programs and identifies high risk children.
4. More intensive programming to reduce risk to these children and to raise personal skills and self-esteem.
5. Evaluation of program outcome in reducing risk factors and continued provision of special services related to reducing risk.
6. Long-term follow-up for rates of subsequent abuse and assessment of dysfunction.
7. Intervention for maltreated children including systems responses which do not compound the abuse.
8. Provision for treatment and subsequent prevention education for all identified victims.
9. Evaluation of the effectiveness of this intervention and provision of continuing special services designed to reduce the risk of further abuse and personal dysfunction.
10. Long-term follow-up for rates of subsequent abuse and assessment of dysfunction.
11. Parenting education during adolescence as a general pattern of intervention aimed at the next generation. All adolescents feel that they know what their parents did wrong and how to do better. This makes adolescence the most teachable moment; the prime opportunity to get a longitudinal jump on the next generation. This is accomplished by improving and augmenting the skills of teen-agers which will not only benefit them, but will directly influence how they interact with their children.
12. Provision of parenting support for members of this high-risk population and follow through for newborn children until they enter the system above.

This model provides for consistent education, support and intervention in a lifecycle that progresses from the young child to parenthood. Providing services or intervention at any point on the cycle will make a difference in the present and future generations.

This integrated approach to life skills training could be universally accepted by parents and schools. It is consistent with the parameters of classroom time and teacher skills, which is an important consideration for already overburdened educational professionals. The approach is known to be relevant to the prevention of learning and behavioral problems from an early age, while at the same time providing the skills required to prevent future dysfunction.

*This model is well within current reach; the skills and understanding are available within our communities. However, guidance and assistance in implementation and coordination of resources is necessary.*



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Evaluation is an essential part of any life skills program. The value of such a curriculum, as a preventive force, is measured in the immediate value the participants receive from the curriculum. It is measured by increases in self-esteem, higher cognitive skills and attitudes as they participate in the program year after year. It should also be measured in 5, 10 and 15 year increments as children become adolescents and young adults. Their choices over time and actual reductions of abuse, behavioral and societal problems are the only true substantive measure of such an effort.

Community support is another critical element. Enabling children to make choices which will reduce the level of abuse and debilitating personal problems necessitates the participation of parents, grandparents, school personnel and community members. The curriculum should be part of a local, regional and national effort to give young people positive messages about themselves and their abilities.

Finally, the curriculum should be part of a larger support system providing specific and easily accessible assistance for children and adolescents who require additional services. It should include intervention for those who have been victims of abuse, for those who are already identified as high risk for substance abuse. We know enough about the risk factors and positive intervention to be effective and appropriate to the needs of young people, their families and their communities.

In conclusion, the focus of our efforts must shift in the next decade. We must bring awareness of the common source, effective intervention, predictable outcomes and measurable results to the areas encompassed by this discussion. We must develop programs which recognize and are responsive to the existing mainstream access points in order to

generate the human resources and participation necessary to provide accountable services which are comparable to the magnitude of the problem.

Immunization of children is a valid model for this issue. In essence, it is now unthinkable, unconscionable and unethical to allow children to go through life without immunization. It is now part of each child's birthright to be free from preventable diseases. The existing access point for children, principally the schools, are used to help insure compliance. And, while all children are not yet fully immunized, the importance of immunization is no longer open to debate.

Similarly, we need to create a point of view and a model which can engage the passion and commitment of parents, professionals and the community at large to the well-being of all children. Leadership is needed to cut through the perception that the problems of childhood and adolescence are a many-headed monster. Separating programming designed to prevent emotional, physical, sexual abuse, run-aways, drop-outs, teen parents, substance abusers, truants, etc. divides and defeats the purpose. The focus must be on the well-being of the complete child if prevention is to be achieved. A young person who has learned appropriate life skills will deal with life's adversities and survive. Recognition of this fact will create the demand for programming and attitudes which will enable children to reach their maximum potential. This is a part of the birthright of each child — to be given the support and skills he or she needs to reach maturity able to be an effective, contributing adult.

The CHALLENGE and REACH Programs are part of this model.

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# SESSION 1

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## Objectives:

- To establish working agreements for group participation.
- To begin to look at personal responsibility for health.
- To identify the internal voice.
- To experience the power of that voice to have positive or negative effects in our lives.

## Session Outline:

- Agreements
- Understanding
- Getting into action

## Split Session Option

- Friends
- Internal Voice
- Health
- Relaxation

## Materials:

- See optional exercise pg. 30

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## **Getting Started**

**Does anyone know what REACH is about?**

Get their ideas — no right or wrong answers.

## **Introductions**

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Use if members of the group do not know each other.

**Let's begin to get to know each other. I'd like each of you to introduce yourself and tell us one thing about yourself. I'll start. . . .**

## **Agreements**

**Let's begin by talking about agreements.**

**Who can tell me what an agreement is?**

**What are some agreements that you have at home? In school? With friends?**

**There are a couple of agreements we need to have in this group.**

**The first agreement is that each of you will participate in the group to get value for yourself.**

Prompt them to discuss what they think "getting value for yourself" might mean.

**The second agreement the group needs to make is that the group will be a "safe place" for everyone, that individual differences and shared communications will**

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This discussion may be limited for very young groups, but all children should be able to agree on some limits which will shape the behavior in and outside of the group.

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be respected and that what is said and done in the group will not be discussed outside the group except with parents or (if applicable) therapists.

Encourage group members to agree on confidentiality and open expression, including:

1. each member has permission to be who he or she is without judgment or ridicule, and
2. whatever is said stays within the group.

**Will everyone make these two agreements?**

**Discuss and agree upon any exceptions.**

**Are there other agreements anyone wants to discuss making?**

Allow for discussion of other possible agreements and give the group an opportunity to work out their ideas.

## **Understanding**

**Who knows what understanding is?**

**Understanding is something that happens inside you. When you understand something you can really use what you know, not just talk about it.**

Lengthy discussion of agreements at this point can be valuable. They are the basis of problems in many children's lives. Understanding what it means to make and keep an agreement may be one of the most important activities of this group.

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## **Flip chart 1**

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### **UNDERSTANDING:**

- ✓ say it in your own words;
  - ✓ give examples of what you mean;
  - ✓ think of ways to use it;
  - ✓ recognize it in other circumstances;
  - ✓ relate it to its consequences; and
  - ✓ think of its opposite.
- 

Discuss elements on flip chart.

**Understanding means you can make use of information or ideas, not just talk about them.**

**You can use this group to help you understand some things about yourself, to help you be more the way you want to be.**

**It can also help you to understand more about other people in your life.**

**The only thing you need to bring with you each time is willingness to learn something new.**

**What do you think that means?**

## **Getting Into Action**

**What do you think the following saying means?**

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Participants old enough to read and write should have a notebook for use in the group. They should bring it with them to each session.

Recipes in books don't bake cookies.

Does thinking about making cookies get you the cookies?

Does thinking about doing your homework get things done?

Action is what makes things happen.

You will need to use action to get the most out of participating in this group. What does that mean?

When you write things in your notebook or think about things you would like to do, you need to develop the habit of immediately asking yourself:

"What can I do today to start making this happen?" or

"How could I get started today (or right now) on that?"

Getting started is what makes things happen, not "meaning to do something."

## **Split Session Option:**

Go to "Friends" on page 25 if you are not splitting the session.

Play one of the following games or activities. When the game or activity is complete, discuss with the group what role agreements and goals have in the process and what a breakdown in the agreements and goals would look like.

- 
- musical chairs
  - dodge ball
  - jump rope
  - tag
  - shooting baskets

## **Selfwork**

1. Have group members complete Selfwork exercises 1 and 2 or 3 (depending on age group) for next time.
2. If you plan to utilize the Optional Exercise for next session request that group members bring the following items to the next session:

- Toothbrush and paste
- Hairbrush and comb
- Soap, washcloth and towel
- Nail file and nail clippers
- Dental floss
- Skin cream

## **Split Session Re-entry**

If you are beginning a new session now, take a few minutes to talk about the Selfwork exercises. You



also might ask if the children were more aware of spoken and unspoken agreements they have in their lives since the last session.

## Friends

Who can tell me what a friend is?

Discuss.

### Flip chart 2

#### A friend is:

- ✓ A person you know, like and trust;
- ✓ a favored companion.

#### Being a good friend to yourself means that:

- ✓ you can stop doing something you don't like;
- ✓ you can do something you want to do; and
- ✓ you can expect others to stop doing something you don't like.

Who are some of the people you consider friends?

Do you think of yourself as a friend to other people? To yourself?

One of the goals for this group is to learn to be a better friend to yourself, to learn to like yourself more, to be nicer to yourself.

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**Can anyone think of any reasons why you would want to learn to be a better friend to yourself or to like yourself more?**

Discuss.

**One reason is that you can't give something to someone else that you don't have. Liking yourself and being your own best friend helps you to like other people and be a good friend to them.**

*Being a good friend to yourself means thinking and saying nice things to yourself.*

## **Internal Voice**

**How many of you have a little voice inside your head that talks to you?**

Discuss. If any children seem puzzled, say,

**"Maybe you're saying to yourself, 'Do I have a little voice that talks to me?' Well, that's the voice we're talking about — the one asking if you have a little voice or the one saying, 'No, I don't have a little voice.'"**

**One of the ways some people think about this inner voice is to imagine a little bird sitting on their shoulder watching every thing and commenting on everything.**

**Even when we're talking to someone else, the voice just keeps chattering away. This inner voice can be a real friend or a real enemy because it can say things that make you feel good or things that make you feel awful.**

**Who can think of some of the nice things your inner voice might say?**

**Who can think of some of the awful things your inner voice says?**

**We're going to learn to use that inner voice to make ourselves feel better, to take care of ourselves.**

**➡ Have a volunteer come up and stand with you.**

**Let's try an experiment. Who wants to help?**

**Hold your arm out (at a right angle).**

**Now hold it as straight and strong as you can and don't let me push your arm down.**

Push down on the arm. It should lower without too much effort.

**Now close your eyes and listen to what I'm saying. Repeat it to yourself along with me. "I am strong and smart and I can do anything I set my mind to." (Repeat several times)**

As you say this, run your hand lightly over the participant's arm.

**"See your entire body being strong and powerful and able to do anything you set your mind to. Keep telling yourself how strong you are."**

Now push down gently on the child's arm. You should not be able to get the arm to lower.

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If this does not work with one child, acknowledge what happened and ask for someone else to try the exercise. Individual differences affect the outcome.

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With groups that are old enough, this exercise may be repeated with all participants in pairs so every one has an opportunity to experience the difference. The group leader should lead with phrases. Caution the group not to push down hard enough to hurt anyone. This paired exercise should not be attempted with groups exhibiting poor impulse control or behavioral problems.

**Now close your eyes, hold your arm out once again and say to yourself, "I am worthless. I deserve everything bad that has ever happened to me. No one loves me and I don't love myself."**

Gently push down on the arm. It should go down easily.

**What do you think happened in that experiment?**

Elicit group responses.

**We don't want to leave him/her feeling weak, so let's go back and repeat once again, "I am strong and wonderful and I can do any thing I set my mind to." Repeat this several times.**

Then push down on the arm to demonstrate that strength is restored.

**What do you think this tells us about your ability to affect what you can and cannot do?**

Discuss.

## **Health**

**We've been talking about feeling better about yourself, about being a friend to yourself. One way to do that is to take care of yourself, to make choices which keep you healthy.**

**Who can explain what healthy means?**

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**Flip chart 3**

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**Being healthy means:**

- ✓ absence of illness;
  - ✓ overall sense of well-being;
  - ✓ energy to play and work;
  - ✓ self-confidence, feeling good about yourself;
  - ✓ freedom from excessive worry;
  - ✓ relationships that are satisfying; and
  - ✓ adjusting to things that happen in life.
- 

Looking at specific ways you do or don't take care of yourself is one way to see how much you like yourself and how well you're being a friend to yourself.

**Flip chart 4**

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**What are some of the things you do to stay healthy?**

- ✓ caring for yourself — personal hygiene;
  - ✓ proper diet;
  - ✓ adequate exercise;
  - ✓ following safety rules;
  - ✓ learning to relax;
  - ✓ learning to be yourself; and
  - ✓ celebrating who you are — enjoying life.
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## **Exercise**

Have each child identify one thing s/he would like to do for the next few weeks to improve his/her physical well-being.

Have participants write their ideas down in their notebooks (or you may write them down to send home).

As they do this, point out that they are in the process of making an agreement with themselves. Should they choose not to keep the agreement, they will not benefit. If they keep the agreement, they may feel better and improve their well-being.

## **Optional Exercise**

Before the session prepare a bag of hygiene products including:

- toothbrush and paste
- hairbrush and comb
- soap, washcloth and towel
- nail file and nail clippers
- dental floss
- skin cream
- deodorant (if age appropriate)

It is advisable to have a large bathroom available so each group member can participate. Go through the steps of good personal hygiene including washing face, brushing and flossing teeth, manicuring nails and the proper use of deodorant (if age appropriate).

Discuss differences between what you are suggesting and what they do at home.

If they appear not to have good personal hygiene habits, discuss ways in which they can be supported to do so. Some suggestions include talking with parents, keeping a personal chart or log, etc.

## **Car Wash Activity (Option 1 of 2 ending exercises)**

The Car Wash consists simply of lining up your group in two parallel lines quite close together. One student is sent through the car wash (between the lines) and everyone says words of praise, affection and encouragement as they give pats on the back, handshakes or "give 'em five". The group support produces a sparkling, shiny, happy "car" at the end of the wash!

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## **Relaxation (Option 2 of 2 ending exercises)**

One of the things we want to do in this group is to learn to be aware of our whole body.

(Read the following slowly and evenly.)

So let's take just a minute to let everything we've learned settle in.

Close your eyes, sit up in your chair but be comfortable.

Take a slow deep breath.

Now, pay attention to your feet. Tighten the muscles in your feet . . . , hold it . . . , hold it . . . , now let them relax . . . , let them go.

Now leaving your feet relaxed, pay attention to your legs. Tighten all the muscles in your legs . . . , hold it . . . , hold it . . . , and then let them go . . . , relax.

Now bring your attention to your hands. Tighten them into a fist, hold it . . . , hold it . . . , now let them go, relax.

Keeping your hands and legs relaxed, tighten the muscles in your arms, hold it . . . , hold it . . . , now let them relax . . . , feel all the tension letting go.

Now the muscles in your stomach. Tighten them . . . , hold it . . . , hold it . . . , now let them relax completely.

Now your shoulders and neck. Tighten them, hold it . . . , hold it . . . , now relax.

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One of the goals is to help the children develop self-image. This includes awareness of the entire body and the ability to recognize tension in the body and to deliberately relax.



Feel all the tightness and tension flow away with every breathe you take.

Finally, all the muscles in your face. Squinch them up. tight, hold it . . ., hold it . . ., now let them all go, relax.

Now just pay attention to your breathing, feel how relaxed your body is.

(pause for a minute)

You can do this for yourself anytime you feel tense and want to feel more relaxed.

Now, slowly begin to bring your attention into the room, move around a little bit and, when you are ready, open your eyes.

## **Selfwork**

Each session we will have some Self-work Activities. They are called that because you are doing them for yourself.

You are the only one who will decide whether you will do them or not.

If you don't do them, you won't have the opportunity to learn from them.

If you choose to do them, you may discover some things.

### **Session 1 — Self-work Activities**

1. If you do not already have one, please get a notebook for this group. Write down one nice

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thing that happens to you every day. We spend so much time noticing what's upsetting, that a daily reminder of something nice that happened or that someone said to you can be wonderful. (Parents should do this too!)

2. (If applicable) Complete the answers to the 17 questions in your notebook.
3. (If applicable) Complete the "Getting To Know Me" Exercise. (Adapted from: Getting To Know Me Questionnaire, Susan T. Dennison, *Twelve Counseling Programs for Children At Risk* (pg 349))
4. Listen to what your "inner voice" is saying to you. Each morning and night, take a minute to look in the mirror. Say to yourself, "I am a very special person." You may notice that your inner voice has lots of things to say back. Notice what it says and just tell yourself again, "I am a very special person." Even when you make mistakes or feel angry with yourself, you can say, "I messed up today and I am still a very special person." This is hard for many people. That's why it is so important to do it every single day and night, no matter what your thoughts are. (A similar activity appears in *Childhood Comes First* by Helfer.)
5. Each day do something nice for yourself that will help you to feel more healthy. It could be going for a quiet walk, shampooing your hair, eating less junk food, learning to tell a good joke, or just being yourself.

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## 17 QUESTIONS

**Questions to consider: Answer each of these questions in your notebook. This is just for yourself and will not be handed in.**

1. What would you like to get out of this group?
2. What would you most like to accomplish in your life this next year?
3. What do you wish for most often?
4. What is the biggest frustration in your life?
5. What do you complain about the most?
7. What makes you angry?
8. What do you do that makes others angry?
9. What keeps you from getting what you want in your life?
10. What would you most like to change about yourself?
11. What do you like the most about yourself?
12. What is most special about you?
13. What would you like to do that you haven't done?
14. Who would you like to be able to get along with better?
15. What changes would you like to make while you are in this group?
16. Are you willing to work for those changes?
17. What support do you need to help you make those changes?

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# GETTING TO KNOW ME

Name \_\_\_\_\_

1. Name three things that you like about yourself.

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2. What is the best thing that ever happened to you? Why?

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3. Who is your best friend? Why?

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4. What would you most like to change in your life? Why?

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5. What makes you feel happy? Why?

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6. What makes you feel unhappy? Why?

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7. What would you like to get out of this group? Why?

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Dear Parents:

Welcome to the REACH Program!

We will be talking about a wide range of topics and encourage you to participate by following up at home. You will receive a letter every week or two discussing our activities and goals.

This session focused on getting to know one another and discussing the importance of being a friend to yourself.

We discussed agreements, understanding and the idea of an internal voice — one that can be supportive or damaging to one's sense of confidence and self-worth.

Throughout the next several weeks we will be discussing topics and ideas like these in an effort to learn how to feel better about ourselves, how to make choices and effective decisions in our lives.

You can contribute to the success of this program by sharing and discussing the program ideas and self-work assignments with your child.

Sincerely,

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## **UNDERSTANDING:**

- ✓ say it in your own words;
- ✓ give examples of what you mean;
- ✓ think of ways to use it;
- ✓ recognize it in other circumstances;
- ✓ relate it to its consequences; and
- ✓ think of its opposite.

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## **A friend is:**

- ✓ A person you know, like and trust;
- ✓ a favored companion.

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## **Being healthy means:**

- ✓ absence of illness;
- ✓ overall sense of well-being;
- ✓ energy to play and work;
- ✓ self-confidence, feeling good about yourself;
- ✓ freedom from excessive worry;
- ✓ relationships that are satisfying; and
- ✓ adjusting to things that happen in life.



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## **What are some of the things you do to stay healthy?**

- ✓ caring for yourself — personal hygiene;
- ✓ proper diet;
- ✓ adequate exercise;
- ✓ following safety rules;
- ✓ learning to relax;
- ✓ learning to be yourself; and
- ✓ celebrating who you are — enjoying life.

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