Chapter 3

Lesson 5 Be Healthy and Well

Theme: Health and Wellness

Lesson Objective:

Students identify stressful situations and techniques to reduce stress. Students will demonstrate knowledge of resources to maintain health. (See matrix for Arizona Academic/Adult Standards).

Steps to Follow:

"Plan ahead, it wasn't raining when Noah built the Ark." -- Richard Cushing

- 1. Practice Chapter 2 litany. Define: Resiliency and resiliency-building skills. Which ones have we discussed so far in this chapter? This lesson is about health and wellness. What does that mean? How does this idea connect with resiliency?
- 2. Note: Chapter 4 has a lesson that connects leisure time activities with a healthy lifestyle. This lesson emphasizes how to stay well by managing stress and accessing community resources.
- 3. Discuss quotation and its connection to wellness.

Stress

- 1. Complete: Stress S1, Stress Events S2, Stress and You S3, Tips for Reducing Stress S4.
- 2. *Special Education students may include: *Making Smart Choices S5.*
- 3. Discuss the benefits of exercise, nutrition, and healthy choices. Research on the Internet or classroom resources.
- 4. Complete: Exercises To Help Reduce Stress S9.
- 5. Define: Good stress. Ideas could include: a little stress increases heart rate, increases oxygen to brain and muscles increasing energy; a little stress elevates blood sugar level which can improve performance (on a test or in a sports event). Keys: recognize too much stress; know how to bring yourself back into balance.

Community Resources

- 1. How is accessing resources a "resiliency move"? What resiliency-building skills could you be using?
- 2. Read: Can I See About My Own Health Needs? S6
- 3. Complete: How My Insurance Works S7, Benefits I Want / Benefits I Need S8
- 4. Complete: Name That Agency S10, Support Satellite S11.
- 5. Complete: Comparing Health Benefits S12, Worker's Compensation Form S13, Family Medical Leave Act of 1993 S14.
- 6. *Special Education students may include: Emergency Information S15.

Make a Plan

- Have student look at GOALS IN MY LIFETIME in the Life Areas "Spiritual" and "Health/Wellness."
- Student completes *Make a Plan S16* sheet for each goal in "Spiritual" and "Health/Wellness" Life Areas.
- On the back of one of the worksheets, have student list at least 6 ways people overcome obstacles. List as many people as they can (either that they know personally or have heard of) who have shown they can overcome.
- Complete and review Career Plan EN2.

Materials:

Make a Plan S16 GOALS IN MY LIFETIME in the Life Areas "Spiritual' and "Health/Wellness."

Stress S1

Stress Events S2

Stress and You S3

Tips for Reducing Stress S4

Exercises To Help Reduce Stress S9

Name That Agency S10

Can I See About My Own Health Needs? S6

How My Insurance Works S7

Support Satellite S11

Comparing Health Benefits S12

Worker's Compensation Form S13

Family Medical Leave Act of 1993 S14

Benefits I Need / Benefits I Want S8

*Special Education students may include: *Emergency Information S15, Making Smart Choices S5*

Evaluation:

Rubric

Enrichment:

Relaxation cassette tapes / Cassette player

Research the mind-body connection: For example, biofeedback, visualization, or meditation.

Career Plan EN2

www.absolutefitness.com

www.thinkquest.org

STRESS S1

"If you have a job without aggravations, you don't have a job." -- Malcolm Forbes

"The reason why worry kills more people than work is that more people worry than work." -- Robert Frost

Stress is the body's response to a condition or situation. There are physical and emotional responses to stress.

Physical responses include headaches, sleeping disorders, stomach problems, high blood pressure, heart disease, and the list goes on.

Some doctors estimate that as high as 85% to 90% of all illnesses are stress related.

Emotional responses to stress include depression, crying, blaming others, making mistakes, worrying, and many more.

People need to be able to identify their signs of stress. Signs of stress need to be recognized early. Steps can then be taken to change a person's reaction to stressful situations. If stress is left unattended, the results can be life threatening.

People respond differently to situations. Do you know what events are stressful for you?

STRESS EVENTS

Listed below are events most people find stressful. Mark each event with a (3) for most stressful, (2) moderately stressful, or (1) least stressful, to show the level of stress for you.

Being unemployed	Pregnancy
Trouble at work	Lack of friends
Parental illness	Lack of money
Being over/under weight	Sexual problems
Alcoholic family member	Remarriage
Being fired from a job	Retirement
Death of a close family member	Marriage
Your child's severe illness	Vacation
Outstanding personal achievement	
Death of a close friend	
Damage to home by fire, flood, tornado	
Being a single parent	
Grandparents living with you	
Argument with boss	
Divorce/separation	
Going back to school	
Car totaled in an accident	
Personal illness or injury	
Moving to a new community	
Trouble with boy/girl friend	
Changing jobs	
Problems with the law	
Not enough/too much sleep	
Change in work hours	
Financial problems	
Think About It:	
Tillik About it.	
List the three most stressful situations for you.	
List the three most stressful situations for you.	
1.	
	_
2.	
	_
3	
Are these stress events temporary or long lasting?	
-	
Why?	

How have you responded to stressful situations in the past?
Write four ideas about how stress can arise from both positive and negative situations. Discuss these ideas.

Write a paragraph; include a title, topic sentence, details and examples that support your ideas. The topic is your choice, but it must be related in some way to stress.

STRESS AND YOU

Directions: Think about your past stressful events. List $\underline{\text{three}}$ stressful events $\underline{\text{for each}}$ category. Then answer the discussion questions.
FAMILY
WORK
FRIENDS
Think About It:
Did more than one event occur at the same time?
How might this cause even greater stress?
What steps could have been taken to stop the events from happening at the same time
What physical and emotional signs of stress did you have?
How have stressful situations in your life changed over time? When I was a kid
Then
Now
How do your children react to stressful events?
How are adult reactions different?
How are adult interventions different?

In today's world most people can't avoid stress. They can learn to behave in ways that lessen the effects of stress. The following factors can help keep stress at a minimum.

Read the list. Put an X beside the statements that apply to you.

1.	Eat at least one hot-balanced meal a day.
2.	Get 7 to 8 hours of sleep at least 4 nights a week.
3.	Give and receive affection regularly.
4.	Have at least one relative within 50 miles that I can rely on.
5.	Exercise to the point of perspiration at least twice a week.
6.	Limit myself to less than half a pack of cigarettes a day.
7.	I take fewer than five alcoholic drinks a week.
8.	I am the correct weight for my height.
9.	I have an income that meets my basic expenses.
10.	I get strength from my spiritual beliefs.
11.	I have a network of friends.
12.	I have more than one friend to confide in.
13.	I am in good health.
14.	I regularly attend club or social activities.
15.	I am able to speak openly about my feelings.
16.	I regularly talk about problems at home with the people I live with.
17.	Do something for fun at least once a week.
18.	Am able to manage my time effectively.
19.	Drink fewer than three cups of coffee or high caffeine drinks a day.
20.	Take some quiet time for myself during the day.
21.	Am a positive thinker.
22.	Am aware that support groups can help people work through a common problem.
23	I am assertive and able to stand up for myself

TIPS FOR REDUCING STRESS (Page 2)

S4

____24. I am aware that keeping a journal of stressful events can help me become aware of how I handle stress.

__25. I am aware that picturing myself in a wonderful setting can be a temporary way to relieve stress. Medicines, Tobacco, Alcohol – are all chemicals that cause the body to act in different, sometimes unpredictable ways.

IF there are medicines that you take every day, smoking or drinking alcohol may not mix well with your medicine* and could make you very sick

*ASK your doctor or pharmacist about this.

IF you are not sure that tobacco or alcohol might be bad for you, whether you take special medicine or not...

ASK someone you trust.

Say **NO IF** there are things that you aren't sure about that you know may be bad for you.

BE independent. Don't let other people run your life or manipulate you.

ASK someone you trust.

Directions: Read the four stress-reducing exercises below and answer the questions.

A Mini Mind Vacation

Close your eyes and picture yourself in your favorite place. This place might be the mountains, the ocean, or in a soft, green meadow.

Stay in your imaginary place until your body relaxes.

The Blue Sky

Picture a beautiful blue sky without any clouds in it. As you picture the clear blue sky, feel that your body is growing lighter. Close your eyes and keep the image of the blue sky in your mind.

There are no limits to the blue sky. It stretches endlessly in every direction.

As you see the blue sky, feel that your body has become so light that you have floated up into the clear blue sky.

Feel that you are leaving all the worry and tension behind. Feel yourself relaxed.

Deep Breathing

Take four seconds to breathe in through your nose and four seconds to breathe out mouth.

As you inhale, count "1 one thousand, 2 one thousand, 3 one thousand, 4 one thousand."

Do the same as you exhale.

Progressive Relaxation

Get into a comfortable body position. Make sure the room is quiet and dimly lit. Loosen any tight clothing.

Tense muscle groups, and then relax them completely. Start with your feet and toes. Tighten for a count of four, release. Work your way up your body by muscle group.

Physical Activities

Physical activities are very good for reducing stress, especially if done on a routine basis. Regular activity helps people stay physically and mentally fit. A list of popular activities would include: jogging, playing golf, aerobics, dancing, swimming, racquetball, walking and many more.



Which of these relaxation methods might work for you? Why?



EXERCISES TO HELP REDUCE STRESS (Page 2) S9

List stress events that have happened or might happen to you on the job. List three things you can you do to reduce job stress?

1.
2.
3.
How does work stress affect you? Your family? Society? You
Your family
Society

MRG

CAN I SEE ABOUT MY OWN HEALTH NEEDS? S6

Medicines that I need

- 1. Keep a list of the name(s) of the medicine(s) that you take.
- 2. Find out why you take them & how they work in your body.
- 3. Take your medicines at the same time every day, unless your doctor tells you to take it at different times.

It might be better to take medicine at 10pm instead of bedtime since you might go to bed at different times (especially on weekends).

- 4. It may help if you put all your medicine into a Pill Reminder Case* so that it will be easy to see if you have taken your medicine each time every day.
- 5. Be sure you take the exact amount of medicine, the exact way it was prescribed. Some medicine has to be taken on an empty stomach, for example.
- 6. Always let your doctor or nurse know about ALL medicines you take, even the ones you can buy without a prescription.
- 7. If you have any questions about your medicines...

 Ask your *Doctor, Nurse*, or *Pharmacist*

*You can buy a 7-Day Pill Reminder Case at your pharmacy. The case is divided into sections, one for each day of the week.

8.	Do I have a medical condition that requires ongoing treatment?			? Yes	No
9.	Do I take daily medication?	Yes	No		
10	0. Can I take my medication without reminders? Yes		No		

Breakfast	Lunch	Dinner

taken when:

MY MEDICINES:

CAN I SEE ABOUT MY OWN HEALTH NEEDS? S6

5 .	
	Who reminds me, if I need reminding?

My Insurance Company				
Who is my main doctor?				
Name				
Address				
Phone				
Is he or she assigned by my insurance company? Yes No				
 Do I have to see the assigned doctor before I can go to any other doctor for a special problem? Yes No 				
Do I keep my newest insurance card with me at all times? Yes No				
Do I know my own medical history and medical needs so I can tell the doctor or the nurse? Yes No				
Do I have conditions which must be treated a certain way? Yes No				
Do I have allergies to medications? Yes No				
Do I have other allergies? Yes No				
What are my current medications?				
Do I take vitamins or health supplements? Yes No				
 Is there a specific medicine I should take if certain things happen? 				
What is it?				
When do I take it?				

Yes

No

Do I have an insurance care case manager?

Read these health insurance plans. If you have a young family with three children under 8 and you and your spouse are healthy, but take medication monthly, which plan is the best for you? What additional information do you need before you can decide?

	National Health	Premium Care
Doctor's visit copay	\$5	\$15
Doctor	Only participating doctors are covered	Any doctor
Hospital	Only participating hospital 100%	Any hospital 100%
Emergency care	\$300 deductible, pays 80% after deductible	\$300 deductible, pays 100% after deductible
Prescription copay	\$20	\$5
Preventive Care	Annual physical	Annual physical/free immunizations

Family and Medical Leave Act (FMLA) – Know Your Rights Under FMLA:

- 1. Eligible employees can take up to 12 weeks unpaid time off to care for a new baby or sick family member
- 2. Employees who have a serious illness can take time off
- 3. During the leave, the employer is required to continue the employee's health benefits
- 4. After the leave, the employee can return to the old job or to a job with the same pay and benefits

WORKERS' COMPENSATION CLAIM FORM		
Name:	Date of Birth:	
Street Address		
City	State	Zip Code
Employer		
Data of Assidant		Time of Assident
		Time of Accident ed in detail)
	escribe what happen	
	escribe what happen	ed in detail)

Often a job has "benefits" compensation in addition to your salary.

You work at Precision Auto Body. You have the following employee benefits: health insurance, dental insurance, workman's compensation, and a sick leave policy of three paid sick days per year. Explain these benefits to the group.

When you're looking for a job, it's likely that there are certain benefits you need and others that you want. Consider these benefits and sort them onto the chart.

BENEFITS:

Health insurance (worker's compensation, hospital, health, dental) unemployment insurance, life insurance, retirement plan, sick leave (maternity, death of family member), paid vacation and holidays, clothing/tools/equipment, expense account, travel insurance, profit sharing, stock options, bonus, savings program/credit union, company vehicle, tuition assistance, discount privileges.

BENEFITS I NEED	BENEFITS I WANT
Ex.: Sick leave	Ex.: Free parking
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	

There are many agencies, organizations, programs and individuals in the community that can be of assistance. Some of these may be federally funded and located in every state. Others may receive state or county funding and are local. Agencies can help people find jobs, get food and housing, finance education, and give information on many topics.

People don't ask for help for a number of reasons. Some of the reasons are:

- Embarrassment
- Lack of information
- Denial of the problem
- Cost
- Belief that they should solve their own problems

It is sometimes easier to ask friends and family members for help. They are part of your community, too.

Activity

Steps

- 1. Divide into small groups.
- 2. Each group should list as many agencies, organizations, and schools that offer assistance and resources as they can in five minutes.
- 3. Be sure to include places that offer assistance with food, clothing, shelter, health care, and education.
- 4. Services for legal rights, children, and the handicapped should also be included.
- 5. Compare your list with the other groups' lists.
- 6. Discuss the services provided by these organizations.

There are times when it's necessary to get help. Name at least two people or places that could give you assistance in the following areas.

Why is it good to think and plan ahead, before you need help?



Family Member	
Name	
Address	
Phone	
Another phone	
Which non-family member would I call in an emergency?	
Name	
Address	
Phone	
Another phone	
Do I have my medical information with me all the time? Yes No	
Always carry a card that lists:	
Name, address & phone number of emergency contact The medicines you are taking Your insurance card If you have mealert jewelry, always wear it of the medicines you are taking Your insurance card MRG	

Make a Plan

My goal :						
I'll reach it (circle one)			his month	This ye		
This goal is important	t to me , because _					
Rate how important:	Critical					
Rate how hard you're	going to work at it:	Critical	Very Im	portant	I hope	
Steps I'll take:						
I'll need:						
Where I can get what	I need:					
l trust						to help me.
Problems that could in	nterfere:					
My plan to solve the p	problems:					
If things don't go well,	l'II:					
I have written a Self-C	ontract			YES	NO	

Directions: Look at your GOALS IN MY LIFETIME worksheets. Any other work you've done in Orientation or Chapter 1. Complete this plan with the information you have right now. Later you may want to make changes or add ideas.

TABE Present Level of Performance	Career Aspirations	Education or Training need	Where and how I'll get the training
Elementary	1.	1.	1.
Middle	2.	2.	2.
	3.	3.	3.
High school			
	4.	4.	4.
	5.	5.	5.