Gilbert J. Botvin, Ph.D. developed the LifeSkills Training program and created National Health Promotion Associates as the national training center to support providers teaching the program.

As one of America’s foremost experts on drug abuse prevention, Dr. Botvin is a professor of Public Health and Psychiatry and is Director of the Cornell University Institute for Prevention Research. He has served as adviser and consultant to a host of renowned organizations including the World Health Organization, the National Centers for Disease Control, the National Institute on Drug Abuse, and the White House Office of Drug Control Policy. He has been honored with the FBI’s national leadership award for his work in drug abuse prevention and received a prestigious MERIT award from the National Institute on Drug Abuse for his achievements as an outstanding prevention researcher.

Dr. Botvin earned a Ph.D. from Columbia University, has training and experience in developmental and clinical psychology, and has published more than 200 scientific papers and book chapters concerning prevention.

LifeSkills Training – Top Rated Substance Abuse Prevention Program

LifeSkills Training is a groundbreaking substance abuse program for elementary and middle school students based on more than 20 years of scientific research. LifeSkills Training is now in the distinct position of being the top research-based substance abuse prevention program in the country. Don’t your students deserve the best?

Follow-Up Results
From 4 Published Studies

Selected for excellence by:
- U.S. Department of Education
- National Institute on Drug Abuse
- American Medical Association
- Center for Substance Abuse Prevention
- American Psychological Association
- Centers for Disease Control and Prevention
- U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention
- White House Office of Drug Policy

LifeSkills Training is proven to cut drug use by up to 87%.

For more information, please visit us at www.lifeskillstraining.com
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Myths and Realities

Sample Lesson Only – Not Intended for Duplication
Smoking: Myths and Realities

Myth: Cigarette smoking is not as dangerous as some people say.

Reality: Most health experts agree that cigarette smoking is one of the most serious causes of death and disability in this country.

Myth: It’s easy to quit smoking.

Reality: Most people are unsuccessful at quitting smoking, even though 1/2 of all smokers have tried to quit at least once.

Myth: Smoking is not something I will have to worry about until I’m old.

Reality: Smoking is something that hurts you now. It hurts you physically by decreasing your ability to perform strenuous activities, elevating carbon monoxide levels and decreasing endurance, staining teeth and fingers, affecting your sense of taste, causing you to smell like smoke, and costing over $1,000 a year.

Myth: Most people smoke cigarettes.

Reality: Relatively few people smoke cigarettes and even fewer are likely to smoke in the future.

Myth: Smoking is cool and sophisticated.

Reality: Smoking has become socially unacceptable in most places.
Write down the class estimates of the percentage of teenagers who smoke, drink, and use marijuana and other drugs at least once a month. Compare these estimates to recent results of a national survey of 8th, 10th, and 12th graders by The National Institute on Drug Abuse.

### Who’s Using Drugs?

<table>
<thead>
<tr>
<th>Substance</th>
<th>Class Estimate</th>
<th>8th Grade</th>
<th>10th Grade</th>
<th>12th Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigarettes</td>
<td></td>
<td>10.7</td>
<td>17.7</td>
<td>26.7</td>
</tr>
<tr>
<td>Smokeless Tobacco</td>
<td></td>
<td>3.3</td>
<td>6.1</td>
<td>6.5</td>
</tr>
<tr>
<td>Alcohol</td>
<td></td>
<td>19.6</td>
<td>35.4</td>
<td>40.6</td>
</tr>
<tr>
<td>Marijuana/Hashish</td>
<td></td>
<td>8.3</td>
<td>17.8</td>
<td>21.5</td>
</tr>
<tr>
<td>Inhalants</td>
<td></td>
<td>3.8</td>
<td>2.4</td>
<td>1.5</td>
</tr>
<tr>
<td>Cocaine</td>
<td></td>
<td>1.1</td>
<td>1.6</td>
<td>2.3</td>
</tr>
<tr>
<td>Crack</td>
<td></td>
<td>0.8</td>
<td>1.0</td>
<td>1.2</td>
</tr>
<tr>
<td>Stimulants (“ups”)</td>
<td></td>
<td>2.8</td>
<td>5.2</td>
<td>5.5</td>
</tr>
<tr>
<td>Tranquilizers (“Downs”)</td>
<td></td>
<td>1.2</td>
<td>2.9</td>
<td>3.3</td>
</tr>
<tr>
<td>Hallucinogens (LSD, PCP)</td>
<td></td>
<td>1.2</td>
<td>1.6</td>
<td>2.3</td>
</tr>
<tr>
<td>LSD</td>
<td></td>
<td>0.7</td>
<td>0.7</td>
<td>0.7</td>
</tr>
<tr>
<td>Heroin/Narcotics</td>
<td></td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>Steroids</td>
<td></td>
<td>0.8</td>
<td>1.0</td>
<td>1.4</td>
</tr>
</tbody>
</table>

Smoking and Your Body

Parts of the Body Affected

**Ears**
- Affects the nerves and blood vessels in the ears and may lead to hearing loss.

**Eyes**
- Causes the eyes to become red and may lead to loss of eyesight.

**Mouth**
- Harms the skin covering the lips, tongue, and throat, and may cause food to taste funny.
- Causes bad coughs.
- Causes bad breath and mouth infections.

**Nose**
- Decreases your ability to smell.

**Skin**
- Causes the temperature of the skin to drop.
- Causes wrinkles on the face to appear quickly.

**Lungs**
- Makes it harder to breathe normally which makes it harder for you to do well in sports.

**Heart**
- Closes off blood vessels making the heart work harder to pump blood through them.
Smoking: Myths and Realities

Other Ways Smoking Can Hurt You
You probably already know that smoking causes heart disease, cancer, emphysema, and strokes. But did you also know that smoking gives you bad breath, makes your clothes smell, and stains your teeth? Who wants to be friends with someone like that!

Smoking is Not Popular
Before anyone knew how bad smoking was, many people smoked. Some people even thought it was cool. But that’s not true today. Smoking is a thing of the past. It’s not cool to smoke these days. The only people who smoke are people who are too hooked to quit.

Recent surveys indicate that only about 8% of eighth graders, 16% of tenth graders and 23% of twelfth graders smoke cigarettes everyday. Only about 28% of adults smoke regularly. This means that most people in the United States do not smoke cigarettes.

Non-Smokers’ Rights
People who don’t smoke are becoming more assertive regarding their right to breathe clean air and more vocal in their objections to smoking. The main reason non-smokers have begun standing up for their rights is the growing scientific evidence that sidestream smoke (smoke from the lighted tip of a cigarette between puffs) has a higher concentration of some of the hazardous substances than does mainstream smoke (smoke inhaled by the smoker). Non-smokers who are in a room with smokers are forced to breathe in these substances and to become involuntary smokers. Involuntary smoking is dangerous, according to the results of recent scientific studies, increasing nonsmokers’ risk of getting smoking-related diseases.
List your personal reasons for not wanting to become a cigarette smoker in the space provided to the right.
LifeSkills Training

Promoting Health and Personal Development

Teacher’s Manual 1
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Sample Lesson Only – Not Intended for Duplication
Session Goal

- To teach students information about cigarette smoking and other forms of tobacco use to counter common myths and misconceptions

Major Objectives

- Identify that the majority of teenagers and adults are not cigarette smokers
- Discuss reasons young people have for smoking or not smoking
- Discuss realities of what cigarettes can and cannot do
- Discuss the immediate and long-term effects of cigarette smoking
- Describe the process of becoming a smoker
- Identify that smoking is becoming less socially acceptable
- Discuss non-smokers’ rights

Material Needed

- Student Guide

Special Preparation

- None
Vocabulary

- Minority
- Estimates
- Long-range
- Risk factor
- Addiction
- Socially acceptable
- Sidestream smoke

Homework
Introduction

Tell students that this session will provide them with important factual information about smoking so that they will be aware of how many people smoke, the reasons why people smoke, the immediate and long-term consequences, and the process of becoming a smoker. It will also cover the issue of non-smokers’ rights and the decreasing social acceptability of smoking.

Smoking Prevalence

Teenagers tend to overestimate the number of people who smoke. Dramatize the fact that smokers are in the minority by asking students the following questions below:

1. What percentage of teenagers smoke at least once a month? What percentage smoke daily?
   - Get estimates (e.g., more than half, less than half, etc.)
   - Take a vote on each of the major estimates
   - Tell students the actual figures (26% smoke monthly, 16% smoke daily)

2. What percentage of adults smoke daily?
   - Get estimates (e.g., more than half, less than half, etc.)
   - Take a vote on each of the major estimates
   - Tell the students the actual figures (28%)

3. Have students record the class estimate of monthly smoking among teenagers and review the smoking rates for 8th, 10th, and 12th graders on Worksheet 7, Who’s Using Drugs? in the Student Guide on page 24.

Point to Make

- Fewer people smoke than we think. In reality, smokers represent a small minority with the vast majority of teenagers and adults being non-smokers.
Pros and Cons of Tobacco Use

Conduct a discussion with the class on the pros and cons of smoking cigarettes or using chewing tobacco or snuff.

Note: Since most tobacco use is in the form of cigarette smoking, this activity focuses on smoking, but it could easily be re-casted in terms of other types of tobacco use.

1. Ask students to consider why some students in the school smoke cigarettes, while others do not.

2. Put two columns on the board. Label one “Pros” and the other “Cons.”
3. Ask students to come up with reasons for smoking or for not smoking, and then list the pros and cons in the appropriate column. Record students’ responses in their own words.

4. Add to the items on the board other common reasons which students did not think up themselves (See Appendix 1).

5. Have students think about the reasons for smoking that are listed on the board (e.g., to relax, to look older, to become more popular, to concentrate better). Ask them if they think that cigarettes can really do all those things.

Points To Make
• Cigarettes are not magical and cannot do all the wonderful things that advertisers would have us believe they can do.

• In examining the pros and cons of cigarette smoking, one thing is clear: there are many reasons for not smoking and no good reasons for smoking.

Cost of Smoking
Have students compute the cost of smoking cigarettes and consider other ways of spending the money saved.

1. Estimate the average price of a pack of cigarettes based on current prices.

2. Calculate the weekly cost of smoking a pack of cigarettes a day: 1 pack a day x 7 days x $______ (cost per pack) = $______ (cost of smoking per week).

3. Calculate the monthly cost of smoking a pack of cigarettes per day: 1 pack a day x 30 days x $______ (cost per pack) = $______ (cost of smoking per month).

4. Calculate the annual cost of smoking a pack of cigarettes per day: $______ (cost of smoking per week) x 52 weeks = $______ (cost of smoking per year).

   or $______ (cost of smoking per month) x 12 months = $______ (cost of smoking cigarettes per year).

5. Have students brainstorm how else they could use the amount of money saved in one year by not smoking cigarettes.
Long-Range Effects of Smoking

1. Ask students what are some of the long-range health hazards of smoking.

2. Discuss a smoker's risk of developing and dying from cancer, heart, and lung diseases.

Points to Make

- Cigarette smoking is a major risk factor for developing several types of cancer, heart disease, and chronic respiratory diseases.
- The survival rate for all these diseases is generally poor.
- Together, these three causes make up 58% of the total deaths in the United States each year.

Smoking and Your Body

1. Have students discuss some of the effects smoking has on the body. (Refer to the Student Guide material on page 25).

2. Have students identify short and long-term effects on the body.

Smoking and Your Body

Parts of the Body Affected

- Ears
  - Affects the inner and middle ear, and may lead to loss of hearing.

- Eyes
  - Causes the eyes to become red and may lead to loss of sight.

- Mouth
  - Affects the gums and teeth, and may cause bad breath.

- Nose
  - Decreases your ability to smell.

- Skin
  - Causes the skin to become dry and wrinkled.

- Lungs
  - Makes it harder to breathe normally.

- Heart
  - Increases the risk for heart disease.
Points to Make

- Cigarette smoking has a negative effect on many parts of the human body. Some occur fairly immediately, while most develop over several years.
- Smoking also causes bad breath, makes your clothes smell, and stains your teeth.

Process of Becoming a Smoker

1. Discuss the process of becoming a smoker.

Process of Becoming Hooked on Cigarettes

- **Step 1:** Trying cigarettes (usually only a few puffs)
- **Step 2:** Smoke cigarettes on occasion (usually with friends, only a few times a month)
- **Step 3:** Increase how often you smoke (from a few times a month to a few times a day)
- **Step 4:** Smoke a pack (or more) of cigarettes every day

2. Ask students the following questions:

- What is the smoking pattern of someone who just started smoking? Does he/she usually smoke in groups or alone?
- How is this different for someone who has been smoking for a while?
- Do you think it is hard for adult smokers to quit? Why is it so hard? Can people really get addicted to cigarettes?

Points to Make

- Most smokers go through the same steps in becoming “hooked” on cigarettes: trying cigarettes, smoking occasionally, becoming a regular (addicted) smoker.
People who are heavy smokers (30 cigarettes or more per day) generally find it difficult to quit smoking because they become both psychologically dependent and physically addicted to cigarettes. According to national health surveys, about 50% of the current cigarette smokers have tried to quit smoking but failed. Of those who succeeded, another 50% returned to smoking after 6 months.

Social Acceptance of Smoking

1. Discuss the social acceptability of smoking.

2. Ask students whether they think cigarette smoking is becoming more or less socially acceptable.

Points to Make

- Fewer people smoke today than ever before.

- More and more adults are giving up smoking. (In the last 25 years, over 40 million smokers have quit.)

Non-Smokers’ Rights

1. Ask students for examples of places where people are no longer allowed to smoke or where smoking has been limited to certain sections.

Examples

- Schools
- Subways and trains
- Supermarket
- Hospitals
- Certain sections of restaurants
- Planes

2. Discuss sidestream smoking and the right of non-smokers to live in a smokeless environment.
Points to Make

- Non-smokers are becoming more assertive and vocal in their objections to smoking.

- Sidestream smoke (i.e., smoke from the lighted tip of a cigarette between puffs) has a higher concentration of some of the irritating and hazardous substances than does mainstream smoke (i.e., smoke inhaled by the smoker).

- Sidestream smoke forces non-smokers to become "involuntary smokers."

- Involuntary smoking is both psychologically and physiologically irritating, and potentially hazardous to the non-smoker.

My Reasons for Not Smoking

1. List your personal reasons for not becoming a smoker on Worksheet 8, My Reasons for Not Smoking in the Student Guide (page 27).

2. Have students take turns giving their reasons in class for not wanting to smoke.
Summary

- Teenagers tend to overestimate the number of people who smoke. Non-smokers are the real majority.

- Cigarettes are not magical and cannot do all the things that people think they can do.

- There are many immediate and long-term effects of cigarette smoking on the body.

- Smokers go through a number of stages in learning the habit.

- Smoking is becoming less socially acceptable now as more and more adults are giving up smoking.

- Sidestream smoke is potentially hazardous to the non-smoker.

- Non-smokers are rightfully becoming more vocal in their objections to smoking.
Making Decisions
Deciding Things On Your Own
As you get older, you will need to make more and more decisions on your own. Some of these may be very difficult. To make the best possible decisions, you will need to be aware of the people or things around you that can influence your decisions (such as your parents, friends, TV, movies, and advertisements). You will also need to learn an organized method for making decisions. Being aware of the factors that might influence your decisions and knowing how to make decisions will help you to make the best possible decisions for you.

A Simple Method for Making Better Decisions
Most people make all their decisions in the same way, without realizing the difference between simple choices, everyday decisions, and major decisions. Simple choices (whether to eat vanilla or chocolate ice cream) can be decided based on what you like. Other decisions should be made after carefully thinking about the possible consequences or outcomes of different decisions. To do this as well as possible and make the best decisions, you should learn to use the 3-Step method described here.

The 3 Cs of Effective Decision-Making
Step 1: Clarify the decision to be made (what is the decision that you need to make).
Step 2: Consider the possible alternatives (think about the different things you might decide to do) and the consequences of choosing each alternative; collect any additional information needed. (If you are trying to solve a problem, think up as many solutions as possible).
Step 3: Choose the best alternative and take the necessary action. Be sure to follow through on your decision.

Read each of the situations described to the right and (1) clarify (identify) the problem, (2) list and then consider the possible solutions (choices) and their likely consequences, and (3) choose the best solution.

Situation: Your teacher gave your class a homework assignment that is due the next day and will help determine the grade you get in the course. That night is an important basketball game that all of your friends will be attending. If you go to the basketball game, you won’t have time to do your homework, but you know someone who might let you copy her homework.

Problem:
Possible Solutions
1.
2.
3.
Consequences

My Decision:

Situation: Your friends want to get together at your house after school when no one is home and drink beer. You really want to be with your friends and have fun, but you know your parents will be mad if you do and you’ll get in a lot of trouble.

Problem:
Possible Solutions
1.
2.
3.
Consequences

My Decision:
Giving Compliments
An easy way to start conversations and help others feel good is to give a compliment. You can compliment people by looking at:

- What they are wearing (e.g., “I like your shirt.”)
- How they look (e.g., “Your hair looks great.”)
- Something they do well (e.g., “You’re really good at sports.”)
- Their personality (e.g., “You’ve got a good sense of humor.”)
- Other personal features (e.g., “You’ve got a nice smile.”)

Tips for Starting a Conversation
Here are some ideas for starting a conversation with someone you don’t know, for example, at a party or dance.

Pick someone who looks like they would be easy to talk to (a person who seems friendly, is smiling at you, sitting alone or just walking around).

Introduce yourself: “Hello (Hi), my name is...” Tell each other where you live, go to school, what activities you like (e.g., hobbies, sports, etc.).

Give a compliment and then ask a question. “You were great in the school play. Do you take acting lessons?”

Ask for or offer help (e.g., help with a package, lending books or pencils, directions, etc.).

If you are at a total loss you can use such common but very good starters concerning the weather (“The weather has really been great lately”) or personal identity (“Are you from around here?” or “Where do you go to school?”)

Keeping a Conversation Going
Once you begin a conversation, there are several things that you can do to keep things going.

1. Ask questions.
2. Tell a story about yourself.
3. Get the other person talking about him or herself.
4. Be happy and “up.”
5. Be an active listener. Show that you are listening by using:
   - Verbal cues (“yes,” “uh huh,” “I see,” “that’s really interesting”)
   - Nonverbal cues (leaning forward, standing closer, sitting up, nodding your head, using eye contact)

Ending a Conversation
How you end a conversation can make your next meeting with that person either easier or harder.

1. The ending should be as smooth and natural as possible.
2. Don’t cut the other person off in the middle of a sentence. Try to find a natural place to stop.
3. Nonverbal cues can be used to indicate that you want to end the conversation such as breaking eye contact, moving toward the exit, smiling, shaking hands, etc.
4. Be sure the person knows:
   - You are about to leave (end the conversation).
   - You’ve enjoyed the conversation (or being with the other person).
   - You hope that you will meet (or see each other) again soon.

Use the space on this page to develop social skills “scripts” for giving compliments, starting conversations, and keeping them going. Write down what you could say when giving four compliments, four ways of starting a conversation, and four things you could talk about. This will give you practice with these skills and help you plan what to say in situations involving giving compliments and having conversations.
<table>
<thead>
<tr>
<th>UNIT</th>
<th>LESSON GOALS</th>
<th>KEY SKILLS</th>
<th>CLASS PERIODS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Image &amp; Self-Improvement</td>
<td>To teach what self-image is, how it is formed, how it relates to behavior, and how it may be improved.</td>
<td>Self-analysis, self-improvement, goal-setting, reframing thoughts.</td>
<td>1</td>
</tr>
<tr>
<td>Making Decisions</td>
<td>To teach how to make decisions and solve problems independently.</td>
<td>Decision analysis; 3 Cs of effective decision-making (Clarify, Consider, Choose); resisting group pressure.</td>
<td>2</td>
</tr>
<tr>
<td>Smoking: Myths &amp; Realities</td>
<td>To teach information about cigarette smoking and other forms of tobacco use to counter common myths and misconceptions.</td>
<td>Analyzing data; checking assumptions; considering pros/cons.</td>
<td>1</td>
</tr>
<tr>
<td>Smoking &amp; Biofeedback</td>
<td>To teach some of the immediate physiological effects of smoking.</td>
<td>Measuring heart rate; scientific method.</td>
<td>1</td>
</tr>
<tr>
<td>Alcohol: Myths &amp; Realities</td>
<td>To teach information about alcohol to counter common myths and misconceptions.</td>
<td>Analyzing data; checking assumptions; considering pros/cons; separating fact from fiction.</td>
<td>1</td>
</tr>
<tr>
<td>Marijuana: Myths &amp; Realities</td>
<td>To teach information about marijuana to counter common myths and misconceptions.</td>
<td>Analyzing data; checking assumptions; considering pros/cons; separating fact from fiction.</td>
<td>1</td>
</tr>
<tr>
<td>Advertising</td>
<td>To increase awareness of the techniques employed by advertisers to manipulate consumer behavior and to teach students how to resist these techniques.</td>
<td>Analyzing ads; recognizing techniques; separating fact from fiction --- want from needs.</td>
<td>1</td>
</tr>
<tr>
<td>Violence &amp; The Media*</td>
<td>To increase awareness of how the media influences student perception about violence and to teach them how to check media presentations against reality.</td>
<td>Analyzing perceptions about violence; comparing image and reality; resistance to media distortions.</td>
<td>1</td>
</tr>
<tr>
<td>Coping With Anxiety</td>
<td>To teach what anxiety is, common situations which cause it, and techniques for coping with anxiety.</td>
<td>Recognizing anxiety and its physical effects; learning easy and healthy techniques to deal with anxiety; progressive relaxation; mental rehearsal/visualization; breathing.</td>
<td>2</td>
</tr>
<tr>
<td>Coping With Anger*</td>
<td>To teach anger recognition and common situations which cause it, and to learn techniques for self-control.</td>
<td>Recognizing anger, its physical effects and multiple consequences; identifying reasons and learning techniques to control anger.</td>
<td>1</td>
</tr>
<tr>
<td>Communication Skills</td>
<td>To teach how to communicate effectively.</td>
<td>Using verbal and nonverbal communication; techniques for avoiding misunderstandings; clarifying; asking questions; being specific; paraphrasing.</td>
<td>1</td>
</tr>
<tr>
<td>Social Skills</td>
<td>To teach basic social skills in order to develop successful interpersonal relationships. Teach skills pertaining to closer personal relationships, interactions with others, and planning social activities.</td>
<td>Making social contacts; giving and receiving compliments and other feedback; scripting; effective listening; being persistent; having self-awareness; feelings toward others; communication, conversation; creative thinking.</td>
<td>2</td>
</tr>
<tr>
<td>Assertiveness</td>
<td>To teach how to become more assertive and resist peer pressure to use drugs.</td>
<td>Reflecting on actions taken, types of responses, consequences; decision-making; awareness of persuasive tactics; repertoire of refusal responses; verbal and nonverbal assertiveness; self-respect; planning; goal-setting.</td>
<td>2</td>
</tr>
<tr>
<td>Resolving Conflicts*</td>
<td>To review previous skills as students learn and practice techniques for resolving conflicts.</td>
<td>Analyzing conflict resolution choices; controlling anger; building consensus; problem solving; negotiation and compromise.</td>
<td>1</td>
</tr>
</tbody>
</table>

Total Class Periods: 15/18

* = optional violence lessons
<table>
<thead>
<tr>
<th>LESSON</th>
<th>LESSON GOALS</th>
<th>KEY SKILLS</th>
<th>CLASS PERIODS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Abuse &amp; Violence:</td>
<td>To increase awareness of the social factors promoting drug abuse.</td>
<td>Analyzing observations and data; questioning assumptions; reasoning: cause and effects of drug abuse and violence.</td>
<td>1</td>
</tr>
<tr>
<td>Causes and Effects</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Making Decisions</td>
<td>To teach how to make informed decisions that are consistent with what is important to students.</td>
<td>Decision-analysis: individual, group, peer; resisting peer / group pressure.</td>
<td>1</td>
</tr>
<tr>
<td>Media Influence</td>
<td>To increase awareness of the techniques used by advertisers to manipulate consumer behavior and to teach students how to resist these techniques.</td>
<td>Media analysis, responding critically to manipulative tactics; consumerism: separating wants from needs; personal needs from product claims.</td>
<td>1</td>
</tr>
<tr>
<td>Coping With Anxiety</td>
<td>To teach how to cope with situations producing anxiety.</td>
<td>Recognizing situations that cause anxiety; building repertoire of healthy stress-reduction techniques.</td>
<td>2</td>
</tr>
<tr>
<td>Coping With Anger*</td>
<td>To teach reasons and techniques for controlling anger.</td>
<td>Recognizing anger, its physical effects and multiple consequences; identifying reasons and learning techniques to control anger.</td>
<td>1</td>
</tr>
<tr>
<td>Communication Skills</td>
<td>To teach effective communication.</td>
<td>Effective use of verbal and non-verbal communication; sending and receiving skills; active listening; questioning, clarifying, paraphrasing.</td>
<td>1</td>
</tr>
<tr>
<td>Social Skills</td>
<td>To teach basic social skills in order to help students develop successful interpersonal relationships.</td>
<td>Overcoming shyness; initiating social contacts; mastering conversational skills; using open-ended questions.</td>
<td>1</td>
</tr>
<tr>
<td>Assertiveness</td>
<td>To teach when and how to become more assertive.</td>
<td>Analyzing situations, identifying and practicing effective responses; making requests; reflecting on and expressing personal feelings; verbal and non-verbal assertive skills.</td>
<td>1</td>
</tr>
<tr>
<td>Resolving Conflicts*</td>
<td>To review, acquire, and practice the skills needed to successfully resolve conflicts.</td>
<td>Analyzing conflict resolution choices; applying life skills (anxiety and anger reduction, decision-making, communication, social and assertiveness skills) to resolve conflicts.</td>
<td>1</td>
</tr>
<tr>
<td>Resisting Peer Pressure</td>
<td>To teach how to resist peer pressures to smoke, drink or use drugs.</td>
<td>Analyzing and developing repertoire of responses to group pressure; analyzing interpersonal persuasive tactics and practicing resistance or refusal skills.</td>
<td>2</td>
</tr>
</tbody>
</table>

Total Class Periods: 10/12

* = optional violence lessons
<table>
<thead>
<tr>
<th>LESSON</th>
<th>LESSON GOALS</th>
<th>KEY SKILLS</th>
<th>CLASS PERIODS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Abuse: Causes &amp; Effects**</td>
<td>To increase awareness of the causes and consequences of drug abuse.</td>
<td>Analyzing risk factors; personalizing and generalizing information on risk of use and abuse.</td>
<td>1</td>
</tr>
<tr>
<td>Making Decisions</td>
<td>To increase ability to make informed and responsible decisions.</td>
<td>Decision analysis, recognizing options, application of decision-making process.</td>
<td>1</td>
</tr>
<tr>
<td>Media Influences**</td>
<td>To increase awareness of the influence the media has in shaping attitudes and behavior.</td>
<td>Analyzing and resisting media influences, in general and specific to drug use.</td>
<td>1</td>
</tr>
<tr>
<td>Coping With Anxiety</td>
<td>To increase ability to cope with anxiety.</td>
<td>Anxiety self-assessment; building and reinforcing repertoire of healthy stress-reduction techniques.</td>
<td>1</td>
</tr>
<tr>
<td>Coping With Anger*</td>
<td>To teach reasons and techniques for controlling anger.</td>
<td>Recognizing anger, its causes and consequences; identifying reasons and techniques to control anger.</td>
<td>1</td>
</tr>
<tr>
<td>Social Skills</td>
<td>To improve general social skills.</td>
<td>Practicing greetings and brief social exchanges; differentiating between superficial, informational and “deep” conversations, and practicing “deep” conversation skills.</td>
<td>1</td>
</tr>
<tr>
<td>Assertiveness</td>
<td>To increase general assertive skills.</td>
<td>Analyzing situations, identifying and practicing effective responses; saying no, making requests, asserting rights, expressing feelings; verbal and non-verbal assertive skills.</td>
<td>1</td>
</tr>
<tr>
<td>Resolving Conflicts*</td>
<td>To review, acquire, and practice the skills needed to successfully resolve conflicts.</td>
<td>Analyzing conflict resolution choices; applying life skills (anxiety and anger reduction, decision-making, communication, social and assertiveness skills) to resolve conflicts.</td>
<td>1</td>
</tr>
<tr>
<td>Resisting Peer Pressure</td>
<td>To increase the ability to resist peer pressure to smoke, drink or use other drugs.</td>
<td>Further practice in applying assertive skills in peer situations; identifying and responding to persuasive tactics.</td>
<td>1</td>
</tr>
</tbody>
</table>

Total Class Periods: 5/9

* = optional violence lessons  **= optional lessons
LifeSkills Provider Training

The LifeSkills Provider Training is a dynamic professional development workshop that empowers educators to implement the state of the art prevention education activities and teaching strategies found in the award winning LifeSkills Training Program.

The LifeSkills Provider Training Workshop builds staff confidence and enthusiasm for optimal adoption of the LST program by providing hands-on, peer based opportunities to:

- Review the background theory, research and rationale supporting the LifeSkills Training program
- Examine the learning objectives, scope and sequence of the LifeSkills curriculum
- Practice the skills needed to successfully conduct the LifeSkills Training program
- Create action plans that address site based implementation to meet local needs
- Share and expand professional resources by networking with other prevention education colleagues

About our LifeSkills Trainers:
All LifeSkills trainers are professional educators who have extensive classroom experience teaching the LifeSkills Training Program in a variety of educational settings and environments. Every certified LifeSkills Trainer has been through a rigorous selection and training process to assure the highest quality of professional development training.

“The LifeSkills Provider Training workshop was one of the best workshops I’ve ever attended. The trainer was confident and provided useful information that can be easily implemented in the classroom. The environment was comfortable, professional and informative. I would recommend this training workshop to everyone!”

— Middle School Teacher, Raleigh, North Carolina

For more information, please visit us at www.lifeskillstraining.com
The LifeSkills Training Parent Program is divided into four easy-to-use sections:

- **Introduction:**  
  Overviews the issues related to adolescent drug abuse

- **Protective Family Factors:**  
  Provides information for parents on how to be a good role-model, ways to convey a clear anti-drug message, and tips for effective family communication and parental monitoring

- **General Life Skills:**  
  Includes information and engaging activities to help children develop personal management and social skills

- **Additional Resources:**  
  Offers a comprehensive listing of resources to help parents seek out additional information

The skills learned in this CD-ROM help students to:

- Increase self-esteem
- Say “no” to unfair requests
- Resist pressure from the media and peers to use drugs
- Communicate effectively
- Improve decision-making and problem-solving skills
- Manage anger and anxiety
Gilbert J. Botvin, Ph.D. developed the LifeSkills Training program and created National Health Promotion Associates as the national training center to support providers teaching the program.

As one of America’s foremost experts on drug abuse prevention, Dr. Botvin is a professor of Public Health and Psychiatry and is Director of the Cornell University Institute for Prevention Research. He has served as adviser and consultant to a host of renowned organizations including the World Health Organization, the National Centers for Disease Control, the National Institute on Drug Abuse, and the White House Office of Drug Control Policy. He has been honored with the FBI’s national leadership award for his work in drug abuse prevention and received a prestigious MERIT award from the National Institute on Drug Abuse for his achievements as an outstanding prevention researcher.

Dr. Botvin earned a Ph.D. from Columbia University, has training and experience in developmental and clinical psychology, and has published more than 200 scientific papers and book chapters concerning prevention.

LifeSkills Training is a groundbreaking substance abuse program for elementary and middle school students based on more than 20 years of scientific research. LifeSkills Training is now in the distinct position of being the top research-based substance abuse prevention program in the country. Don’t your students deserve the best?

Selected for excellence by:
- U.S. Department of Education
- National Institute on Drug Abuse
- American Medical Association
- Center for Substance Abuse Prevention
- American Psychological Association
- Centers for Disease Control and Prevention
- U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention
- White House Office of Drug Policy

LifeSkills Training is proven to cut drug use by up to 87%.

For more information, please visit us at www.lifeskillstraining.com

LifeSkills Training Elementary School Program

- Effective
- Enjoyable
- Easy To Teach

“The earlier we offer primary prevention education, the better. LifeSkills Training helps our kids resist tobacco, drugs and alcohol abuse. The behaviors it teaches allows students to perform better academically. What better proof of effective teaching and learning?”

– Elementary School Principal

Elementary Program Content by Grade/Level

<table>
<thead>
<tr>
<th>Topic</th>
<th>L1: 3rd/4th</th>
<th>L2: 4th/5th</th>
<th>L3: 5th/6th</th>
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</thead>
<tbody>
<tr>
<td>Self-Esteem</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Decision-Making</td>
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<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Smoking Information</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Advertising</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Dealing with Stress</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Communication Skills</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Social Skills</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Assertiveness</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total Class Periods</td>
<td>8</td>
<td>8</td>
<td>8</td>
</tr>
</tbody>
</table>
LifeSkills Training promotes health and personal development through:

- Drug Resistance Skills
- Building Personal Self-Management Skills
- General Social Skills

Please visit us on the web at:

www.lifeskillstraining.com

To place an order or to speak to a PHP curriculum specialist: 1-800-293-4969