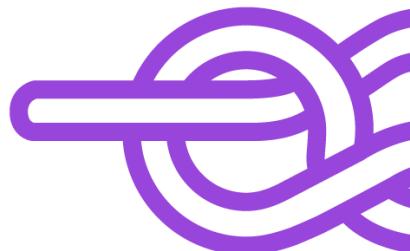


# tūturu.

## Workshop Facilitation Guide

How to facilitate classroom discussions about alcohol and other drugs (for non-health teachers)

This facilitation guide provides a structure and resources for health teachers to deliver a practical workshop for non-health teachers to help them confidently handle situations involving alcohol and other drug themes as part of the learning in their specialist area.



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## Overview of this resource



Use this resource to provide professional learning and development for teachers who don't have a background in health education. This will help them confidently manage situations involving alcohol and other drug (AoD) themes as part of the learning in their specialist area.

This resource is part of a whole school approach to improve student wellbeing, reduce harm from alcohol and other drugs, and keep students engaged in education. It can be facilitated in a single workshop or across a succession of sessions.

This resource was written by educator Dr Jenny Robertson and includes

1. A facilitator guide which provides a range of background information for the person facilitating the workshop activities. This information is about the practice of facilitation as well as instructional information about how to facilitate the PLD activities.
2. A succession of PLD activities that in various combinations can be used to make up a workshop programme.
3. A suggested way to collect feedback about the professional learning from the workshop.
4. A coaching template to monitor and evaluate the impact of the PLD on teacher practice, and to identify and provide support for aspects of teacher practice that require further development.

### Tūturu

Tūturu helps schools and health services work together to strengthen how wellbeing is taught in the curriculum, improve student wellbeing and achievement, and keep students engaged in education. The first focus area of Tūturu is reducing harm from alcohol and other drugs.

This workshop complements other Tūturu resources that help schools to develop their whole school approach to improve student wellbeing. These resources can be found at [tuturu.org.nz](http://tuturu.org.nz).

## This workshop strengthens a school’s capacity to reinforce real-life learning through different learning areas.

Critical thinking develops through progressive exposure to new ideas or skills.

This often needs to be reinforced through different contexts, particularly when the idea is different from what the student already knows. Exposure to different beliefs about alcohol and other drugs is crucial for students who have high levels of exposure to environments where substance use is normalised. This gives them the opportunity to shape their own beliefs in a way that may be different from what they have known.

**Learning opportunities that improve wellbeing and reduce harm from alcohol and other drugs align with non-health learning areas.** For example, development of media literacy for alcohol advertising aligns with learning in the English learning area and has an association with reduced substance use (Austin & Primark, 2016).

Equipping teachers with the skills, confidence, and examples of approaches to facilitate classroom activities that include AoD as a learning context will enable them to help students to gain these core skills and reinforce learning from the health and physical education learning area in The New Zealand Curriculum.

### Examples of learning across different areas

English – AoD and mental health themes and issues are a recurrent feature in literature and films.

Mathematics – Statistical techniques can be practiced using data from youth wellbeing surveys.

Social Sciences – The social inquiry process may include consideration of AoD or mental health issues

Science (biology) – The impact of AoD on the body can be explored from a biological perspective. This might not cover social or wellbeing considerations, but the topic material can raise questions for students beyond the biological implications.

Digital Technology – Constructing a webpage or computer programme which aims to support student wellbeing and includes the use of an online form for young people to complete based on the CRAFFT or the SACS screening tools.

Sports based courses – Learning about performance enhancing drugs in sport.

## Remember that we are preparing students to live in a modern world.

When it comes to learning about wellbeing and specifically about alcohol and other drugs, we are preparing students to live in a world where alcohol and drugs exist.

There are many approaches that make up a whole school approach. These help to: maintain a positive school culture that promotes wellbeing and student connectedness; develop critical thinking; provide opportunities to engage in extracurricular activities; and provide additional support for those that need it. This works because:

- **Every** young person will make a decision about whether or not to use substances
- **Many** young people will try
- **Some** young people will experience short-term harms from substance use
- **A few** young people will develop long-term problems from substance use that may or may not extend into their adult lives

Keeping students engaged in education is a protective factor that contributes to positive life outcomes. In situations where substance use by young people impacts their schooling, use restorative practices to keep the young person engaged in some form of education.

# Part 1. Facilitation Guide

This section helps you to prepare to facilitate these PLD activities in a workshop with your colleagues.

## Facilitator as coach

In this context the facilitator is a type of coach. Coaching is a formal, shorter term, task-based role performed by a person who passes on specialist knowledge and skills for the professional development of others.

As a type of coach, the facilitator needs to know the workshop activities (explained in Part 2), and have a reasonable understanding of the AoD related content of the activities. However, the facilitator is not an expert in everything to do with AoD and will draw on the collective understandings of the group for ideas and solutions. For example, the facilitator may support teachers to discover meaningful ways to incorporate aspects of AoD situations within their subject specialist area – but the details won't necessarily be known by the facilitator.

In situations where the group can't answer some of questions raised, the facilitator and participants may seek answers from experts beyond the group, or access other resources.

At the end of the workshop, the facilitator collects feedback about the activities from the participants to identify the extent to which they thought they met their PLD needs, and to identify areas where further PLD and ongoing support is needed (see Part 3).

After the workshop, the facilitator supports the teachers to monitor and evaluate the effectiveness of the changes they have made to their teaching practice because of the workshop PLD (see Part 4).

## Tips for facilitating the workshop

**Facilitate (rather than teach – or preach) a professional learning process.** Facilitating PLD provides opportunities for workshop participants to construct knowledge through the learning processes of each activity, rather than transmitting knowledge and information.

**Respect the knowledge that your colleagues bring to the workshop** and incorporate their professional knowledge as much as possible – especially pedagogical approaches that are specific to teaching their subject.

**Model the sorts of practices you would expect to see the teacher use** in class with students.

**Treat the activity instructions as a guide rather than a recipe** that must be followed exactly. Adapt the activities to respond to teachers PLD needs as they surface (as far as this is possible in the workshop).

**Be clear of the purpose of each activity and the intended outcomes of the session** (much like a lesson with students) so that people don't feel let down, which can happen if the session loses focus and doesn't result in the planned outcomes.

**Select activities that address the PLD needs of teachers** and build their confidence to discuss AoD themes with their students in context of their subject area.

**Avoid sharing of personal stories.** Discussing AoD issues can invite the telling of personal stories. For your own facilitation purposes, know that this is not a time to discuss teachers' own AoD stories, or provide a forum for debate about AoD issues in the community. However, in situations where community issues are relevant to the discussion, they can contribute to the learning process. Find a balance between these accounts being useful for the learning process, or a distraction or disclosure of too much information.

**Don't assume everyone has the same views.** Workshop participants will come with a diversity of personal experiences related to AoD use. Don't assume (on one hand) that all teachers drink alcohol, or (on the other hand) have never used illegal drugs (like cannabis).

**Keep the focus on the professional learning purpose of the workshop.** As the PLD facilitator, you are building teacher confidence to ethically and appropriately manage situations that include considerations of AoD use, and this needs to be modelled throughout the workshop process.

## Teacher roles and responsibilities

Teachers have the professional responsibility to develop, deliver and assess high quality teaching and learning programmes. All learning that occurs with alcohol and other drug themes must have a harm minimisation approach that contributes to the prevention of harm from AoD use.

**AoD related learning is evidence based, not morality based, and does not include the use of scare tactics.** As an educative process AoD education is about meeting students learning needs by developing critical thinking and helping students construct knowledge. It is not about the teacher transmitting messages that attempt to inoculate students against AoD harms.

**If external providers are used, they must reinforce the planned learning programme and respond to the needs of the school.** The use of speakers like people in recovery are not supported for educational purposes. This is because the well-intended messages cannot be tailored to students' existing knowledge and experiences, and are not necessarily what students take from these presentations, especially when there is no critical engagement with the material being delivered. The Tūturu [School-wide Reflection Tool](#) (based on the MoE guidelines for AoD education) provides a useful framework for considering the ways external providers can partner with schools to support WSA approaches to reducing the harm from AoD use.

**The outcome of any curriculum-based education process is learning for all, it is not a behavioural intervention for a few students with AoD 'problems'.** Interventions that support students to change their substance use can be provided by trained professionals. These work best when they build on students' existing learning from the classroom.

**Teachers practice within their professional boundaries and can make use of their school's pastoral and guidance systems that provide support for student wellbeing.** The Education Council *Our Code Our Standards: Code of Professional Responsibility and Standards for the Teaching Profession* (2017) and the accompanying Examples in Practice document provide guidance around expected teacher practice. Several of the standard's elaborations and aspects of the code have relevance for this work and have been included in Activity 4.

The pastoral and guidance systems can help because teachers have no control over what students do beyond school. Schools have a responsibility to keep students safe at school and to ensure they are learning in safe supportive environments. Students' private lives, and the complex factors that are implicated in some young people's misuse of AoD, are beyond the professional training and responsibilities of a teacher.

### Resource and links:

*Our Code Our Standards: Code of Professional Responsibility and Standards for the Teaching Profession* (Education Council, 2017)

<https://www.educationcouncil.org.nz/content/our-code-our-standards>

## Overview of the workshop activities

These activities can be combined into a single workshop or split across a succession of shorter workshops.

Choose the activities that are most relevant for the teachers participating in the workshop.

Activity	Main focus for the learning activity
1 Establishing safety guidelines for the PLD group	To understand the practice of negotiating group safety guidelines <b>5 minutes</b>
2 A brief introduction to AoD education in The New Zealand Curriculum	To develop a basic understanding of the underlying concept's used in health education (in preparation for critical thinking in AoD contexts). <b>20-30 minutes</b>
3 Critical thinking in AoD contexts	To develop understanding of the questions used for developing critical thinking in AoD contexts and how these are applied to AoD situations. <b>15-20 minutes</b>
4 Clarifying own values and beliefs	To explore (teachers) personal values and beliefs about AoD use and AoD education, in relation to the teachers code of professional responsibility and the teaching standards. This activity could be completed as a personal reflection prior to the workshop. <b>15-20 minutes</b>
5 Alcohol and other drug themes in films and novels	To develop understanding of teaching and learning strategies that could be used in subjects like English to ensure student safety, promote consistent school wide messages, and develop critical thinking in contents that involve consideration of AoD use. <b>15-20 minutes</b>
6 Mini inquiry	To explore ways subjects like English or media studies can complement learning in health education around alcohol advertising. <b>15-20 minutes</b>
7 Using AoD and other health related statistical data	To identify protocols to guide the selection and use of AoD and other health-related data across the curriculum. <b>15-20 minutes</b>
8 'So what do I do if students say ....'	To identify and rehearse professional and ethical responses a teacher could make to students when they ask sensitive or challenging questions or make challenging comments related to AoD use. <b>10-15 minutes</b>
9 Guidance around learning contexts where issues of self-harm and suicide surface	To develop understanding of the school's policy and position about the way the topic of self-harm or suicide is, and is not to be discussed with students, and the reasons for this. <b>30 minutes</b>
Reviewing the PLD workshop	Feedback form to complete at the end of the workshop. <b>5 minutes</b>

## Part 2. Workshop materials

### Activity 1. Establishing safety guidelines for the PLD group

#### Rationale for this activity:

To help model best practice in the workshop, the facilitator is encouraged to negotiate safety guidelines with the PLD group, similar to the way a health education teacher would do this with their class. Safety guidelines are not ‘rules’, but a guide to the way the group or class will communicate, work cooperatively and collaborate.

‘Safety’ here refers to mental and emotional safety which requires the development and maintenance of a classroom climate where people’s ideas are valued, they are treated with respect, and the actions of each person supports the wellbeing of self and others.

This may be a shortened version of what you would do in a classroom.

**Professional learning intention:** To understand the practice of negotiating group safety guidelines.

#### Resources and links:

No specific resources are required for the activity. However, if the group wish to spend time developing guidelines through a comprehensive process, most health education resources contain examples of this. For example see Mental Health Matters (Mental Health Foundation, p.14) <https://www.mentalhealth.org.nz/assets/ResourceFinder/Mental-health-matters-a-health-education-resource-for-junior-secondary-school.pdf>

**Suggested time: 5 minutes**

## Facilitator actions:

As the facilitator, acknowledge this topic could be sensitive for some people. For this reason, the group of teachers need to agree on the ways they will work together to ensure everyone feels supported and to maintain the integrity of the workshop as a PLD exercise.

Either pre-empt likely guidelines by proposing these yourself, or ask the group to contribute ideas in response to a question like, “What guidelines do you want this group to have as we discuss AoD issues?”

Record guidelines such as:

- ▶ confidentiality,
- ▶ showing respect for self and others, and
- ▶ responsible and professional sharing of ideas that support the PLD process.

Ask participants:

- ▶ What will these guidelines look like in practice?
- ▶ Do you agree with these being the guidelines? Do you want to remove any from the list – which ones and why?
- ▶ Are there any other guidelines the group want to add? If so, what, and why?

Clarify and confirm with teachers that if the workshop raises any personal issues that they can get support from the school guidance counsellor, or other personnel in the school community who have that role. Identify this person prior to the workshop and make known who the teachers can talk with, privately and in confidence.

## Activity 2. A brief introduction to alcohol and other drug education in The NZ Curriculum

### Rationale for this activity:

In a whole school approach, learning in one area complements and reinforces learning in another area. To do this for alcohol and other drug themes, teachers need a basic understanding of the approach to health education in the New Zealand Curriculum.

**Professional learning intention:** To develop a basic understanding of the underlying concept's used in health education (in preparation for critical thinking in AoD contexts).

### Resources and links:

- ▶ The Ministry of Education Promoting Student Health and Wellbeing: A Guide to Drug Education in Schools <http://health.tki.org.nz/Teaching-in-HPE/Policy-guidelines/Alcohol-and-other-drug-education-programmes>
- ▶ New Zealand Drug Foundation for information about named drugs and a summary of recent news items <https://www.drugfoundation.org.nz/>
- ▶ Alcohol.org for information specifically about alcohol <http://www.alcohol.org.nz/> Mental
- ▶ Health Foundation for more broadly focus mental health issues - search 'alcohol' or 'drugs' <https://www.mentalhealth.org.nz>
- ▶ For a comprehensive collection of AoD activities see NZHEA resource Alcohol and other drugs: A resource of teaching and learning activities for teachers of students in years 9-11 (2017) (available with school membership) [www.healtheducation.org.nz](http://www.healtheducation.org.nz)
- ▶ Health Promotion as an underlying concept in Health Education: Position statement & Professional learning and development resource (NZHEA, 2017) (freely available through NZHEA website) [www.healtheducation.org.nz](http://www.healtheducation.org.nz)

**Suggested time: 20-30 minutes**

## Facilitator actions:

1. Introduce the activity by explaining the rationale. In a brief presentation explain to the group that:
  - a. The HPE learning area (and health education that sits in this learning area as a specialist subject) is underpinned by ‘big ideas’ or concepts in the same way as every other learning area. These big ideas are documented on pages 18-33 of the NZC, and the HPE statement is on pages 22-23.
  - b. As a point of information, explain that the term ‘alcohol and other drugs’ (or AoD for short) highlights that alcohol is a psychoactive drug regardless of its legal status.
  - c. HPE has four underlying concepts which become important when students need to think critically about AoD issues. These knowledge concepts, in conjunction with a series of key questions, help to decide what makes it ‘critical thinking’. These four concepts are explained in the activity handout.
2. The task instructions are written on the handout. As an addition or an alternative to this scenario, use the situation in the film or book from the students’ learning programme in English and apply the underlying concepts to the story. See also activity 5.
3. Once the task is completed, invite some summary statements from the participants such as:
  - a. What new learning, or new realisations did you have about AoD education from this activity?
  - b. How does the application of the health education underlying concepts expand possibilities for learning activities that include AoD themes?
  - c. What other issues related to content or conceptual knowledge, or pedagogical knowledge, does this activity raise for you?
4. Provide participants with the following definitions. Explain that these are definitions health education teachers use to guide their practice when planning and teaching AoD education. Ask what questions or issues these definitions raise at this time.
  - a. Drug (as in alcohol and other drugs)  
The term ‘drug’ refers to substances with psychoactive effects, such as tobacco, alcohol, and cannabis. Some drugs are legal, some are illegal, and some are controlled as prescription medication. In addition, some products that are manufactured for industrial purposes but can cause a psychoactive effect (e.g. volatile substances) are considered drugs in this context.
  - b. Harm minimization  
The National Drug Policy 2015-2020 outlines that NZ uses a harm minimisation approach to alcohol and other drugs. This is a combination of activities that aim to minimize harm from substances and promote and protect wellbeing. There are three categories in NZ’s approach: Problem limitation; demand reduction; and supply control. Health education contributes to the demand reduction pillar of the harm minimisation approach.

# Underlying concepts of Health and PE

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Summary by Jenny Robertson

## Hauora

Hauora is a Māori philosophy of well-being that includes the dimensions: *taha wairua* (related to spiritual wellbeing), *taha hinengaro* (related to mental and emotional wellbeing), *taha tinana* (related to physical wellbeing), and *taha whānau* (related to social wellbeing).

The importance of this concept is that it makes learning about health and wellbeing in health education **holistic**, and not only about physical health, as has tended to be the focus in the past. The emphasis on 'wellbeing' also makes the focus in health education about wellness, not illness.

For HPE purposes, the understanding of hauora as a concept is developed through the use of Mason Durie's whare tapa wha model (the four-sided house). This model promotes the idea that for a house to be strong and stable, all the walls and roof need to be in place and each supports the other. Similarly, to achieve wellbeing, each dimension needs to be present and in balance in order to give support to, and be supported by, all of the other dimensions.

## Attitudes and Values

When particular attitudes and values are selected and applied to situations they become a big idea with which to critically analyse situations: e.g. do the actions of a person show a positive, *responsible attitude* to their own well-being; do the actions of a person show *respect, care, and concern* for other people; and do the actions of people show a sense of *social justice* (which includes ideas about fairness and inclusiveness)? These attitudes and values also mean that the education approach to alcohol and other drug issues needs to be strengths-based, not deficit-focused or victim blaming.

## The Socio-Ecological Perspective

The socio-ecological perspective is a way of viewing and understanding the interrelationships that exist between individuals, others, and society. When drawn diagrammatically the Socio-Ecological Perspective is shown as a series of concentric circles to emphasise the interdependence and interrelationship of individuals with others, and in context of communities, and all of society. The important point this concept stresses is that health and wellbeing is not only about the individuals taking responsibility for their own wellbeing (common in western scientific medical views of health), but that individual wellbeing is affected positively and negatively by others, and the communities and society we live in. This includes consideration of the political, economic, cultural, social, and physical environments in which people live.

## Health Promotion

Health promotion is a process that helps to develop and maintain supportive physical and emotional environments and that involves students in personal and collective action. To be able to take action that contributes to personal wellbeing, or the wellbeing of others and community, requires knowledge of skills and processes to do this. The successful outcome of students' health promoting actions in the curriculum is the learning and application of knowledge, skills, and processes for taking action, not the health outcome of their actions.

## Activity 2 resource: Youth binge drinking in New Zealand

### Task

Read the scenario below. Highlight passages using a symbol or colour key to show where the four following aspects feature. Some of these features may need to be inferred based on other knowledge you bring to this situation.

1. **Hauora:** Physical, mental, and emotional, social and/or spiritual wellbeing.
2. **Socio-ecological perspective:** Individual, relationships with others, and community/societal considerations.
3. **Attitudes and values** such as care, concern and respect for self, others, and society (or a lack of this).
4. **Health promoting actions** being taken individually or collectively.

### Scenario

Binge drinking culture among New Zealand Youth has been a significant concern for many years. However, the University of Auckland Youth 2000 project has reported a downward trend in binge drinking by young people (still at school) with 40% of students reporting binge drinking (in the last four weeks) in 2001, compared to 34% in 2007, and 23% in 2012.

New Zealand binge drinking culture has long been a part of masculine culture, and is often associated with sport and what it means to be heterosexual and male in New Zealand. However the Youth'12 survey revealed that as well as 23% of males reporting binge drinking in the past four weeks, 22.2% of females had also been binge drinking.

Among students who drink alcohol, 60% of them said they got it from their parents. This is by far the most common source of alcohol for students. Other sources were friends (43.8%), buy their own (10.8%), or someone else buys it (29.7% - noting that the only other person that can legally supply alcohol for a person under the age of 18 is their parent).

Among students who said they drank alcohol in the Youth'12 survey, the problems from alcohol use in the past 12 months included, school work being affected (5.9%), having unsafe sex i.e.. no condom (11.6%), having unwanted sex (4.6%), and did things

that could have got them into trouble (12.8%).

In response to some of this information, and based on some past issues with drunken behaviour as a consequence of pre- and after-ball parties, the ball committee at Totara College decided to run a workshop for all senior students. The workshop included planning for limiting the number of drinks containing alcohol consumed each hour, including some non-alcoholic drinks and food at parties, and having a buddy to help keep to this plan. Also included in the workshop was how to be assertive and what to say to if someone pressures you to drink and you don't want to drink alcohol or have had enough, or if you are being pressured into doing something you don't want to do. Planning a safe way to get home from the ball or after-ball party was another workshop activity. Information was also provided for parents on the school internet about serving alcohol at pre- or after-ball parties to anyone under 18 other than their own children.

The school stated that they did not support the idea of pre- and after-ball parties but acknowledged these happen and that many parents organised a pre-ball party to socialise with other parents. The school also stated that they couldn't condone the use of alcohol at pre- and after-ball parties. However, in the knowledge that alcohol use would occur at such events, they supported the ball committee to run the workshop.

#### Reference (data source):

Clark, T. C., Fleming, T., Bullen, P., Denny, S., Crengle, S., Dyson, B., Fortune, S., Lucassen, M., Peiris-John, R., Robinson, E., Rossen, F., Sheridan, J., Teevale, T., Utter, J. (2013). Youth'12 Overview: The health and wellbeing of New Zealand secondary school students in 2012. Auckland, New Zealand: The University of Auckland

# Activity 3. Critical thinking in alcohol and other drug contexts

## Rationale for this activity:

Critical thinking is a key competency in the NZ Curriculum that applies to all learning areas. In health education, students are required to examine, question, evaluate, and challenge taken-for-granted assumptions about issues and practices. This is a learned skill that is developed continuously across the student's learning pathway.

Students learn how to explore alcohol and other drugs through the underlying concepts of this learning area:

1. Hauora: Alcohol and other drugs impacts all dimensions of wellbeing – physical, mental, and emotional, social, and spiritual.
2. Socio-ecological perspective: Alcohol and other drugs don't only affect individuals, but they also impact relationships, community, and societal wellbeing.
3. Attitudes and values: Alcohol and other drug use, and the effects that it has on a person's situation are heavily impacted by people's attitudes and actions, societal (cultural) values, policies, and how available resources are for families and communities.
4. Health promoting actions: When students develop their understanding about the bigger picture around alcohol and other drugs, they can learn about strategies to support the wellbeing of themselves, others, and society through actions that show care and concern, respect for self and others, and actions that are fair and just.

This activity invites participants to apply a series of critical thinking questions to scenarios.

**Professional learning intention:** To develop understanding of the questions used for developing critical thinking in contexts involving alcohol and other drugs.

## Resources and links:

- ▶ List of critical thinking questions for HPE in The Curriculum in Action: Making Meaning Making a Difference Years 11-13 (Ministry of Education, 2004, p.27, based on Brookfield, 1995, and Smyth, 1992).
- ▶ <http://health.tki.org.nz/Key-collections/Curriculum-in-action/Making-Meaning/Teaching-and-learning-approaches/Engaging-students-in-critical-thinking>

**Suggested time: 15-20 minutes**

## Facilitator actions:

1. Introduce the activity by explaining the rationale. Explain that participants will be using a series of health education critical thinking questions to analyse a scenario involving alcohol and other drug use.
2. Teachers work in small groups.
3. Provide individual teachers with the handout sheet containing the scenarios and the critical thinking questions. Ask them to discuss their responses to the critical thinking questions as a group.
4. Once participants have worked through the questions, debrief with questions like:
  - ▶ Which critical thinking questions were readily answered from general knowledge and experience?
  - ▶ Which questions were harder to answer and would require further investigation? Where could you or your students source this additional information?
  - ▶ How does this approach to alcohol and other drug education provide greater education value than past practices or non-NZ Curriculum approaches that transmit ‘health messages’ from a knowledgeable ‘expert’ by telling students about the risks of drugs?

## Handout: Scenarios

### **Scenario 1.**

A young person gets into a car with an older driver (parent, relative, or adult in a supervisory role) who has been drinking. This person was to be their safe ride home. It takes the young person a few minutes to realise how drunk their driver is. When the young person expresses concerns about the driver's drunkenness and asks the driver to pull over, they refuse saying they 'are fine to drive, never had an accident before and anyway, I drive better when I'm drunk'.

### **Scenario 2.**

A young person is attending a party with many of their peers from school. The young person has agreed to be the 'sober buddy' for their friends to make sure they keep to their agreed limits (number of drinks) for the evening. However, the sober buddy is bored and feels like they are missing out on all the fun – and they aren't as popular when they are not drinking. What's more, the others at the party keep pressuring them to drink anyway. They decide that since they usually drink at these parties that a few beers won't get in the way of them looking out for their friends.

### **Scenario 3.**

A young person lives in a home where there is regular and heavy use of alcohol by the adults. Past attempts to communicate with the parents about the students' poor performance at school have been met with swearing and being told where to go and the school should mind its own business.

### **Scenario 4.**

A young person is offered alcohol by their friend's parents when they are at the friend's house for dinner. When the young person declines saying that by law they can't provide alcohol for someone under 18. The parent (who is a bit drunk) gets angry and suggests they go home and not to come around again if they don't want their hospitality.

### **Scenario 5.**

As an alternative, use the situation depicted in the film or book to be used by the students and apply the critical thinking questions to the story. OR, devise scenarios based on issues raised by the students or the community.

## Handout: Questions for critical thinking

Select as many questions as appear to be applicable to the scenario.

1. What do you **know** about the alcohol related aspects of this situation? How did you come to **know** this? Is the knowledge drawn explicitly from the scenario or have you inferred it based on other things you know? (Therefore) What have you **assumed** about the alcohol related aspects of the situation?
2. How do you **feel** about the alcohol related aspects of this situation?
3. What are your **values and beliefs** about this situation? Why do you believe this?
4. What information is **missing** from this picture? Why do you think is this information missing?
5. Have the bigger picture **social, cultural, economic, political, and/or ethical** aspects of this situation been considered? If so how? If not, what is missing?
6. Who is being **advantaged** in this situation? E.g. whose interests are being served? Who has the power in this situation?
7. Who is being **disadvantaged** in this situation? E.g. who is not being heard or whose interests are not being served?
8. Therefore, what are the **inequalities** that exist in this situation? What **needs to change** to achieve a healthier, safer outcome?
9. If you were the young person in the scenario, how could you contribute to this change? OR if you were someone who knows the young person, how can you contribute to this change?

### Source:

Adapted from [The Curriculum in Action: Making Meaning Making a Difference Years 11-13](#) (Ministry of Education, 2004, p.27)  
<http://health.tki.org.nz/Key-collections/Curriculum-in-action/Making-Meaning/Teaching-and-learning-approaches/Engaging-students-in-critical-thinking>

# Activity 4. Clarifying own values and beliefs

## Rationale for this activity:

Everyone has their own beliefs and values about alcohol and other drugs. As part of the commitment to learners' aspect of the code for professional responsibility, it is stated that teachers are required to be fair and effectively manage their assumptions and personal beliefs.

In conjunction with this responsibility, the learning-focused culture aspect of the standards for teachers requires the development of a culture focused on learning, which is characterised by respect, inclusion, empathy, collaboration, and safety. The elaboration of this standard states that teachers are required to 'manage the learning setting to ensure access to learning for all and to maximise learners' physical, social, cultural and emotional safety'.

This activity explores what these and other aspects of the code and teacher standards come to mean in context of alcohol and other drug education. Using the teachers' code and standards is intended to maintain a focus on the role and expectations of a teacher and avoid excessive focus on personal opinions.

**Professional learning intention:** To explore (teachers) personal values and beliefs about alcohol and other drugs and educating about them in relation to the teachers code of professional responsibility and the teaching standards.

## Variations of this activity:

- ▶ Completed as an individual reflection prior to the workshop.
- ▶ Other aspects of the code and standards could be additional focuses for this activity. In addition, the values statement in the NZ Curriculum (p10) can be used.

## Resources and links:

- ▶ Our Code Our Standards: Code of Professional Responsibility and Standards for the Teaching Profession. See also the Examples in Practice document. (Education Council, 2017) <https://www.educationcouncil.org.nz/content/our-code-our-standards>
- ▶ Additional resource: Values statement in The New Zealand Curriculum p10  
<http://nzcurriculum.tki.org.nz/The-New-Zealand-Curriculum>

**Suggested time: 15-20 minutes**

## Facilitator actions:

1. Introduce the activity by explaining the rationale.
2. Divide the teachers into pairs or small groups to discuss the questions in the handout. These questions will help them to think about their areas of confidence and areas that they may find challenging with reference to the teachers code and standards.
3. Debrief as a larger group and identify what additional support or training could help.

## Handout: Discussing alcohol and other drugs

These questions will help you to consider your own values and beliefs about alcohol and other drugs, **and** the expectations of you as a teacher (described by the Education Council in Our Code Our Standards).

Discuss these in your pair or small group.

Aspect of the Standards	Situations I might find challenging	Situations that I would be confident to manage
<b>Learning-focused culture</b> - Develop a culture which is focused on learning, and is characterised by respect, inclusion, empathy, collaboration, and safety.  Standard elaboration: Manage the learning setting to ensure access to learning for all and to maximise learners' physical, social, cultural and emotional safety.		
Teaching - Teach and respond to learners in a knowledgeable and adaptive way to progress their learning at an appropriate depth and pace.  Standard elaboration: Provide opportunities and support for learners to engage with, practise and apply learning to different contexts and make connections with prior learning.		

## Aspect of The Code of Professional Responsibility:

**(2) Commitment to learners** - I will work in the best interests of learners by:

Promoting the wellbeing of learners and protecting them from harm.

Engaging in ethical and professional relationships with learners that respect professional boundaries.

Being fair and effectively managing my assumptions and personal beliefs.

## Debrief

What support might I need to help manage some of the more challenging situations (if any)?

Where am I confident with aspects of AoD education, and therefore, how might I support other teachers?

# Activity 5. Alcohol and other drug themes in visual and written texts

## Rationale for this activity:

People learn through progressive exposure to new ideas or skills. These can be reinforced and developed across different learning areas. Consistent approaches and messages underpin a successful whole school approach.

Learning in English may include the use of visual or written texts that contain situations involving alcohol and other drugs. English teachers use that context in different ways to Health teachers because the learning areas have different concepts, big ideas, and underpinning learning purposes.

This activity helps English teachers explore how they can build on concepts taught in the health learning area to strengthen student learning and ensure students are engaging with consistent approaches and messages.

**Professional learning intention:** To develop understanding of teaching and learning strategies that could be used in subjects like English to ensure student safety, promote consistent school wide messages, and develop critical thinking in learning contents that involve alcohol and other drugs.

## Variations of this activity:

- ▶ This could be available for teachers to use in department or individual planning time following the workshop.

## Resources and links:

- ▶ Teachers own selection of film or novel, and associated planning and learning materials
- ▶ Achievement standard task – as relevant to year level.

**Suggested time: 15-20 minutes**

## Facilitator actions

1. Introduce the activity by explaining the rationale.
2. Give each participant a copy of the ‘Effective Alcohol and other Drug Education’ section of the Tūturu school-wide reflection tool, which can be found here:  
<https://www.tuturu.org.nz/resource-hub/>
3. Discuss the questions to identify:
  - ▶ The areas that your practice is particularly effective and if there is any evidence for this.
  - ▶ The areas that your practice is less effective and if there is any evidence for this.
  - ▶ The areas that you could do differently.
4. Select one of the following options to continue exploring.

### **Option 1.** Discuss these self-reflection questions.

1. What considerations do you have when selecting visual or written texts that involve alcohol and other drugs?
2. If you select a visual or written text that involves alcohol and other drugs, what (if anything) do you do to help students safely respond to the content?
3. What do you consider to be the boundaries whereby you wouldn’t select a visual or written text because of how alcohol and other drugs are depicted? Why?
4. What are teachers’ concerns when using visual or written texts that involve alcohol and other drugs? Why? Are these concerns real (i.e. there is evidence for them), perceived, or assumed?
5. Do you tend to focus on the alcohol and other drug content and how this is integral to a ‘theme’ within the material, or do you treat it as a background to the story and avoid it as a theme? What decides the approach you take?
6. What do you consider to be your professional strengths (and your confidence) when approaching discussion about alcohol and other drugs that feature in visual or written texts? Where has this confidence come from?
7. What do you consider to be your limitations or challenges when approaching discussions about alcohol and other drugs that feature in visual or written texts? Why?
8. What does it mean to ‘think critically’ in the English learning area? How is this similar or different to critical thinking in the Health learning area?

**Option 2.** Discuss these questions about teaching strategies.

What teaching strategies can you use to ensure students can safely engage with the material, learning and critical thinking development is strengthened, and approaches and messages are aligned with a whole school approach?

Aim	Examples of teaching strategies that help to achieve this aim	How does this strategy help this aim?
Students engaging safely with the material		
Strengthening existing learning about alcohol and other drugs and developing critical thinking		
Consistent approaches and messages about alcohol and other drugs in a whole school approach		

**Option 3.** Discuss these questions about teaching strategies.

How would these teaching strategies help to ensure students can safely engage with the material, learning and critical thinking development is strengthened, and approaches and messages are aligned with a whole school approach?

Teaching strategy	How would this help to ensure: 1. Students can safely engage with the material 2. Learning and critical thinking development is strengthened 3. Approaches and messages are aligned with a whole school approach
'Distancing' the learner from the situation by using scenarios, and not requiring them to share their own experiences.	
Preparing a critical thinking activity to explore the alcohol and other drug situation in more detail.	
Setting up safety guidelines prior to starting the unit around which the material is based, including where to seek support for personal concerns that arise as a consequence of seeing the film/reading the book/class discussion.	
Add other teaching strategies that can be used	

Compile a list of these strategies and make them available as a resource to teachers.

# Activity 6. Analysing the techniques used in alcohol advertising

## Rationale for this activity:

Advertisers use many techniques to influence viewers. Analysis of these techniques is part of the English learning area and develops media literacy. This analysis complements learning in health education, where the focus is on raising awareness and thinking critically about the techniques advertisers use to create a sense of desirability and need to consume their product. These techniques include the depiction of overly-glamourised lifestyles and experiences associated with alcohol use, which are an unrealistic portrayal of the harms to wellbeing that can be associated with these choices.

This activity also familiarises teachers with the Advertising Standards Authority (ASA) Code for Advertising and Promotion of Alcohol as a lens to analyse messages in alcohol advertising, and add another dimension to students learning about visual text production.

**Professional learning intention:** To explore how subjects like English or Media Studies can complement learning in health education by teaching techniques used in alcohol advertising.

## Resources and links:

- ▶ Code for Advertising and Promotion of Alcohol <http://www.asa.co.nz/codes/codes/> code-for-advertising-and-promotion-of-alcohol/
- ▶ Online access to a range of alcohol advertising commercials

**Suggested time: 15-20 minutes**

## Facilitator actions:

1. Introduce the activity by explaining the rationale.
2. Facilitate a brief introductory discussion to set the scene:
  - ▶ Why do you think the NZ Advertising Standards Authority (ASA) has a Code for Advertising and Promotion of Alcohol? Whose interests are served by a code like this?
  - ▶ Thinking about current TV ads for alcohol (or advertising at sports grounds and on roadside billboards), what do you notice about the nature of NZ advertising compared to past years?
3. Task 1. Techniques advertisers use in alcohol commercials.
  - ▶ Select current or past alcohol ads for analysis (these are readily accessed online through YouTube or some beer company websites). If the purpose of advertising is to sell products, what techniques do alcohol advertisers use to encourage people to buy a particular alcohol product?  
*Prompts: catchy or clever phrases or music, appealing visuals that relate to subculture icons, association with popular activities like sport, makes people popular and accepted, having fun, normalised behaviour – everyone does it to be a part of something, glamorous, cool and sophisticated, or ‘one of the boys/girls’, attractive people etc.*
  - ▶ Discuss the questions:
    - i. If viewers believed and were persuaded by these advertising messages, how could that impact on their use of alcohol and other drugs and their wellbeing?
    - ii. What actions can people take to challenge the messages in alcohol advertising?
  - ▶ Extra discussion about product placement in movies and TV programmes: What evidence is there of product placement, where makers of alcohol and tobacco products pay to have their brand used in programmes or movies? What impact might this have on people viewing this? Does this only influence brand choice for those who already smoke and drink, or does it encourage people to smoke and drink? Why do you say this?
4. Task 2. The Code for Advertising and Promotion of Alcohol.
  - ▶ Give each participant a copy of the Code for Advertising and Promotion of Alcohol.
  - ▶ Select a current NZ beer ad and review it against the Code.
    - i. Is the ad compliant with the Code? Why or why not?
    - ii. Does the ASA Code for Advertising and Promotion of Alcohol help to address some of the concerns about the techniques used in alcohol advertising to manipulate and influence consumer choices? Why or why not?
    - iii. To what extent do you think the Code supports the promotion of wellbeing by reducing harm from alcohol use?

- ▶ Extra discussion about online advertisement. How do advertising techniques used in public places differ from advertising techniques used in online media? To what extent are online advertisements compliant with the ASA Code? What are the implications of the online environment when it comes to promoting messages about wellbeing for young people around alcohol use? How does this look on social media, and techniques that use people creating their own content?

# Activity 7. Using health-related statistical data, including alcohol and other drug use

## Rationale for this activity:

Students engage well when their learning contexts are of interest and are relevant to them. Health-related topics, including those associated with alcohol and other drugs, are often very engaging for students. In learning areas that make use of statistical data, some of which could include health related data (e.g. mathematics, biology, and technology), the suitability of the data selected, and the topic material related to this, need careful consideration.

The NZ Statistics website has easy to access spreadsheets covering a range of health issues, and research reports like the Youth 2000 series are readily available.

This activity helps teachers using statistical data explore how they can build on concepts taught in the health learning area to strengthen student learning and ensure students are engaging with consistent approaches and messages.

**Professional learning intention:** To identify protocols to guide ethical decision making about the selection and use of health-related data across the curriculum.

## Variations of this activity:

- ▶ This could be available for teachers to use in department or individual planning time following the workshop.

## Resources and links:

There are no specific resources for this activity.

**Suggested time: 15-20 minutes**

## Facilitator activity:

1. Introduce the activity by explaining the rationale.
2. Discuss these questions. The focus of these questions is on the suitability of the data for use in the context of whole school messages about wellbeing, not on the quality of data for statistical analysis.
  - a. Identify and describe the learning situation(s)/ topic(s) where students may use health-related data as part of their learning. What is the source of these data?
  - b. What ethical\* considerations (if any) guide the type of data that you decide is suitable for student use? Is there any data you recommend students do not use? What data do students ask to use but you are hesitant to allow or say no to? Why is this?

*\*Ethical considerations for this activity are about conforming to accepted standards of conduct (such as the teacher standards and code), as well as what is morally right or wrong.*
  - c. In situations where students collect their own data from other people, what ethical protocols are used to guide this process?
  - d. What meaning do statistical terms have when translated to talk about a person's health or wellbeing? When data is analysed for statistical purposes, the language of quantitative analysis and being objective may mean there is talk of what is normal or abnormal, fits within a normal range, regular or irregular, typical, or atypical, and so on. When this language is applied to people's health and wellbeing, and crosses over into other learning areas, it may take on other meanings. What do teachers need to be cognisant of when using health data so that ideas of what is 'normal' and 'abnormal' (for example) are not impacting negatively on students who may identify with what the data is saying is 'abnormal'?
  - e. What teaching strategies could you use to resolve potential tensions between learning areas, where the language conventions and concepts of one subject result in unintended meanings in other subjects?
3. After the workshop, develop protocols to guide the ethical and safe selection, collection, analysis, and use of data in learning programmes. Prepare a student version of these protocols to be made available when units of learning involve student selection or collection of data.

## Activity 8. ‘So what do I do if students say .....?’

### Rationale for this activity:

Even with careful planning, some students will still ask questions or offer comments that pose a challenge. This could create a challenging situation for the student who made the comment, other students who hear it, or create ethical issues for the teacher – perhaps in consideration of the teachers’ code of professional responsibility or challenging the teacher’s own values and beliefs.

**Professional learning intention:** To identify and rehearse responses a teacher could make to students when they ask sensitive or challenging questions about alcohol and other drugs.

### Resources and links:

- ▶ Our Code Our Standards: Code of Professional Responsibility and Standards for the Teaching Profession. See also the Examples in Practice document. (Education Council, 2017) <https://www.educationcouncil.org.nz/content/our-code-our-standards>

**Suggested time: 10 minutes**

## Facilitator actions:

1. Introduce the activity by explaining the rationale.
2. Provide small groups of teachers with a template containing the students' comments and questions. Note that the Education Council Code of Professional Responsibility may offer some general ideas about the nature of an ethical response but this document doesn't provide examples of the actual words to say.
3. Each group will discuss and decide an appropriate response to the situations. The response needs to:
  - ▶ Acknowledge the comment
  - ▶ Be respectful to the student and others in the class
  - ▶ Be brief and avoid escalation by dwelling too long on the matter
  - ▶ Provide a suggestion about what the student could do (e.g. we can talk after the lesson)
  - ▶ Redirect the conversation back to the learning purpose of the lesson.

If the student persists even after an attempt to redirect the discussion, consider finding a way to take them aside to explain why the topic is not up for discussion in front of the whole class.

4. Consider collecting these ideas and circulating a script of possible responses to student questions and comments.

If a student said the following out loud in class ....	A teacher could respond with ..... (also include other actions that may need to be taken after class either with the student
1 [Teacher's name] have you ever smoked marijuana?	
2 What does it feel like to get high on [named drug]?	
3 My uncle has smoked dope all his life and there's nothing wrong with him.	
4 I think cannabis should be legal.	
5 When my brother/sister got drunk at a party recently they got into a fight and ended up being arrested.	
6 I got so wasted at a party last weekend. I can't remember what happened but it was a cool night.	
7 When dad comes home drunk and starts yelling and swearing and sometimes hitting mum or us kids .....	
8 My dad keeps his stash [of cannabis] in his sock draw.	
9 My mum drinks a bottle of wine every night.	
10 My dad lost his license for being over the limit and now mum has to drive him to work.	
11 I saw you at the pub last weekend [teachers name]. You looked a bit pissed.	
12 Our neighbours bake 'P' in their kitchen. (At which point others in the class endorse what the student has said).	
13 [Named student's] brother sells drugs down a at the [name of a location near the school where this might happen]	
14 Add other ideas	

Student comment or question	Scripted responses - <i>examples only</i> as each would need to be considered within the context of the situation
1 [Sam/student] Miss have you ever smoked marijuana?	Sam, remember our group guidelines that we negotiated earlier? We agreed that we didn't have to share personal information. That guideline applies to me as much as it does to you. Let's get back to what we were talking about.
5 When my brother/sister got drunk at a party recently they got into a fight and ended up being arrested.	Max, while I understand your comment is related to what we are talking about, let's talk about this after class.
7 When dad comes home drunk and starts yelling and swearing and sometimes hitting mum or us kids ....	Susie, that sounds really challenging. Let's focus on the class right now, and we can talk about that after class.
12 Our neighbours bake 'P' in their kitchen. (At which point others in the class endorse what the student has said).	Mary (and others), that's quite concerning. It's not something that I can do anything about right now, but can I check that you know how to stay safe in these kinds of situations. [Invite responses to the question and validate suggestions for actions that avoid entering the property or engaging with people associated with the property]. Discuss with Mary after class to arrange to see the school counsellor

# Activity 9: Guidance for learning contexts where issues of self-harm and suicide surface

## Rationale for this activity:

***This activity requires preparation with the school counsellor or other designated person.***

Students may ask about situations related to self-harm or suicide. Similarly, the topic of self-harm or suicide may surface during the PLD activities with teachers as there can be connections between these issues and substance use.

To support student safety, schools have developed protocols for what they expect teachers to say and do when students raise the issues of self-harm or suicide, what is and isn't appropriate to include in lessons, and what to do if teachers have concerns about the wellbeing of students.

Both the Ministry of Education and the Mental Health Foundation have guidelines about suicide prevention. See links in resources section below.

**Professional learning intention:** To develop understanding of the school's policy and position about how the topic of self-harm or suicide is or is not discussed with students, and the reasons for this.

## Resources and links:

- ▶ Ministry of Education (2013) Preventing and responding to suicide: Resource kit for schools  
<http://www.education.govt.nz/assets/Documents/School/Traumatic-incidents-and-emergencies/SuicidePreventionOCT2013.pdf>
- ▶ Mental health foundation suicide prevention strategy  
<https://www.mentalhealth.org.nz/home/our-work/category/34/suicide-prevention>
- ▶ Stats NZ [http://www.stats.govt.nz/browse\\_for\\_stats/snapshots-of-nz/nz-social-indicators/Home/Health/suicide.aspx](http://www.stats.govt.nz/browse_for_stats/snapshots-of-nz/nz-social-indicators/Home/Health/suicide.aspx)

**Suggested time: 20-30 minutes**

## Facilitator activity:

1. **Prior to the workshop**, seek support from the school counsellor or other person with responsibility for student welfare and for them to join the workshop. Prepare some questions with this person beforehand that the teachers can ask of them during the workshop. This helps to reinforce that person's role within the school.

Depending on the way this workshop is planned and scheduled, it might help if teachers have time to view the Ministry of Education resource and the Mental Health Foundation suicide prevention strategy beforehand.
2. **To start the workshop**, introduce the activity by explaining the rationale.
3. Set up the session so that the teachers will 'interview' the counsellor using the prepared script of questions. Be prepared to negotiate these questions as others may be deemed more important in context of the school. Here are some example questions:
  - ▶ What is our school policy about discussing suicide or self-harm with students? Why is this?
  - ▶ When texts (novels or films) mention of self-harm or suicide, what would you consider to be the limits or boundaries of what is and is not acceptable? (Teachers may have some named examples of films or novels to support this question.)
  - ▶ What's topics are OK and what's not? e.g. a math with statistics investigation that used NZ data about rates of suicide, an English research essay focused on suicide, a health education investigation about suicide (noting the health education Achievement Standard explanatory notes state it is not acceptable).
  - ▶ What do you recommend we say to a student when they want to do a research essay/project on suicide? Or if they keep asking about suicide in class?
  - ▶ If we think (or know) a student is self-harming or maybe about to cause harm to themselves, or they have told us they are thinking about committing suicide, what do we do?

This could be broken down further into settling such as, if we hear this at school, after school hours, or see it on social media.
4. Work in small groups to rehearse how they could respond to unsolicited questions from students about self-harm or suicide. There are some examples on the following page. Review these with the school counsellor and update them to ensure they are consistent with the approach the school uses.

## Developing examples of possible prompts for teacher responses

**Examples only – reshape these with the school counsellor.**

- ▶ I acknowledge your interest in the topic, however can we talk more about how we would support the wellbeing of young people who are experiencing low mood? What can we do about making a safer environment, and support students so they know who to ask, and how to ask for help ....?' (Steer students back to a focus on wellbeing.)
- ▶ We can't go into the details of that right now ... Instead can I suggest that we focus on .....
- ▶ [for a student who appears to have a concern about the topic] Talk with them after class to arrange some pastoral support
- ▶ [For a student who asks can they tell you something in confidence] It's good you want to talk about what's troubling you. There is a team of school staff who look after student wellbeing, and we work together to help students. We might need to involve them in what we talk about, especially if I think you or others might not be safe. Do you understand that?
- ▶ [For a student who has disclosed a suicide attempt or self-harm] It's good that you are able to talk about this. Remember at the beginning of our conversation, we talked about letting the pastoral care team know if there were any concerns for your safety.  
We now need to go and talk to a member of the pastoral care team so we can give you the best support that we can.

**What to avoid:** Anything too prying, bluntly shutting students down and saying you can't talk about it, engaging in lengthy discussion that keeps returning to the focus of suicide, sharing own stories, or 'promising' anything.

## Part 3. Reviewing the effectiveness of the PLD workshop

Ask for feedback from participants to evaluate how effective this workshop was.

You can use this self-report feedback form to collect feedback immediately after the workshop. This can help to identify where teachers may need further support. It does not provide evidence of a teacher's actual practice, as it is a self-report measure. Part 4 has an overview of the role of facilitator/coach in monitoring how learnings from this workshop have been applied.

Update the form to select only the items relevant to your workshop and format the feedback form accordingly.

## Participant feedback and reflection template:

This workshop aimed to build teacher knowledge and confidence to facilitate classroom discussions that include alcohol and other drug themes.

Please let us know your feedback so that we can continue to support your teaching practice in this area.

How useful was each activity in today's workshop **in relation to your teaching** (tick):

1. How useful was each activity for developing your KNOWLEDGE about AoD issues?	Not at all useful	Somewhat useful	Quite useful	Very useful
Activity 1. Establishing safety guidelines for the PLD group				
Activity 2. A brief introduction to AoD education in The New Zealand Curriculum				
Activity 3. Critical thinking in AoD contexts				
Activity 4. Clarifying own values and beliefs				
Activity 5. Alcohol and other drugs themes in films and novels				
Activity 6. Analysing the messages in alcohol advertising (visual text)				
Activity 7. Using AoD and other health related statistical data				
Activity 8. So what do I do if students say ....?				
Activity 9: Guidance around learning contexts where issues of self-harm				
2. What other KNOWLEDGE do you need, relevant to your subject, to safely facilitate discussions with students that include alcohol and other drugs or other mental health themes?				

3. How useful was each activity for developing your TEACHER PRACTICE (pedagogy) when including consideration of alcohol and other drug themes in your teaching programme?	Not at all useful	Somewhat useful	Quite useful	Very useful
Activity 1. Establishing safety guidelines for the PLD group				
Activity 2. A brief introduction to AoD education in The New Zealand Curriculum				
Activity 3. Critical thinking in AoD contexts				
Activity 4. Clarifying own values and beliefs				
Activity 5. Alcohol and other drugs themes in films and novels				
Activity 6. Analysing the messages in alcohol advertising (visual text)				
Activity 7. Using AoD and other health related statistical data				
Activity 8. So what do I do if students say .....?				
Activity 9: Guidance around learning contexts where issues of self-harm and suicide surface				
4. What aspects of TEACHER PRACTICE do you still need to develop, relevant to your subject, to effectively manage discussions with students about alcohol and other drug and other mental health themes?				
5. At the conclusion of this workshop, how CONFIDENT do you feel to facilitate safe classroom discussions that include alcohol and other drugs.	Not at all confident	Somewhat confident	Quite confident	Very confident
6. Any other comments?				

## Facilitator reflection:

You can use this documentation as part of the evidence for your teaching practice portfolio.

### Questions for the facilitator to ask of their own practice:

1. How confident were you that the group felt safe to participate in the activities, and discuss the questions in each activity? What was your evidence for this?
2. How well prepared were you for facilitating these PLD activities with your colleagues? What do you think you could do better? Why is this?  
For example, did you ‘facilitate’ the PLD for your colleagues in a type of coaching role – trusting that they could construct aspects of the knowledge, or did you tend to want to ‘teach’ them in a way that meant you were responsible for all of the information?
3. Which activities appeared to work to achieve their professional learning intentions? What is your evidence for this? What didn’t work and how can you adapt them?
4. How well did you manage to keep the group focused on the PLD purposes of the activities? Did you need to pull people back on track at all? If so what strategies did you successfully use for this? What didn’t work for keeping people on track? What do you think you would do differently next time to help maintain the PLD focus?
5. Which situations do you think you handled particularly well? Why was this?
6. Did the group raise any particularly challenging questions that you felt you handled inadequately or were unable to respond to – when you thought you should? If so what were these? With hindsight, how could you have better managed this situation?
7. What issues surfaced during the activities that you will need to follow up on? For example, was the point of the harm minimisation approach, and the whole school approach, universally understood by all teachers? Is there information you need to seek for your own knowledge, or ongoing support you will need to include as you monitor the implementation of the PLD?

Evaluation of and reflection on the participants’ feedback (once feedback forms are summarised):

1. What could be concluded about the successes of the workshop?
2. What could be concluded about the less successful aspects of the workshop (if there are any)?
3. What are participants saying about their ongoing PLD needs related to their knowledge about alcohol and other drug issues, teacher practice, and confidence to manage discussion around alcohol and other drug contexts in their subject?
4. Overall what did the workshop appear to do well? Less well?
5. What ongoing PLD or support might be needed for the workshop participants? What are the opportunities for this? More face-to-face PLD, or providing links to required information, buddying participants with health teachers, etc?
6. What else do you need to find out as a facilitator of this type of PLD?

## Part 4. Workshop follow-up coaching template

The facilitator/coach can continue to engage participants in professional learning conversations to support them to apply their learnings to practice and determine the extent to which the PLD has been effectively implemented in their teaching practice.

Evidence provided through this feedback process is used to identify ongoing professional development needs for individual teachers, and for the facilitator/coach to provide relevant support for the development of their practice.

Collection of data to show evidence of PLD being implemented in practice could be through:

- ▶ In class observation by the facilitator/coach, and a follow up feedback session using the following template to guide the discussion.
- ▶ Facilitator/coach ‘interviewing’ the teacher shortly after the lesson(s) using the template following to guide the discussion.
- ▶ Teachers own reflection recorded in the template which is then discussed with the facilitator/coach.

Questions (adapt for your context)	Response
<b>PLD from the workshops:</b> As you've moved forward with this work, what PLD from the workshop(s) has been most useful? Why is that?	
<b>Further PLD of own:</b> Between the workshop and the lesson(s) where alcohol and other drug (AoD) issues were discussed, did you do any further PLD of your own? If yes, what was this additional PLD?	
<b>Subject context/learning situation:</b> In what learning context did the discussion that involved alcohol and other drugs happen? Explain the lesson situation.	
<b>Before the lesson(s):</b> What concerns or issues did you have prior to the lesson(s) and how did you mitigate these? (Did you mitigate these concerns? If not why not?)	
<b>Safety considerations:</b> What techniques did you use with the class to ensure the discussion was managed safely? Why these techniques with this class?	
<b>Prompts:</b> developing safety guidelines, setting the	

Questions (adapt for your context)	Response
scene for discussion, boundaries, confidentiality, distancing techniques etc	
<p><b>Contribution this discussion made to the subject learning:</b>            What evidence do you have that this additional AoD discussion supported student learning in your specialist subject area? How did the students respond to this discussion? How did it appear to enhance their learning in your subject?</p>	
<p><b>Reinforcing health education learning:</b>            How do you think the inclusion of these activities/discussion reinforced health education learning? Is there any evidence for this from your own teaching or from the health education teacher?</p>	
<p><b>Student voice:</b>            What feedback did you receive from the students about how safe they felt discussing AoD issues in this class? (Evidence from student voice collected formally or informally).</p>	
<p><b>Confidence:</b>            Since the workshop, to what extent has your confidence to include discussion around AoD issues in your lesson(s) grown? What would you say is the evidence of this increased confidence in your classroom/teaching practice?</p>	
<p><b>Professional realisations:</b>            What have you realised about the value of including discussions like these in your teaching programme? How does this relate to wider educational policy or school development goals?</p>	
<p><b>Next steps:</b>            What are the next steps for you to keep developing your knowledge and confidence in this area? What PLD or resources do you think you need to help you with this? (This could include supporting others if the teacher feels confident.)</p>	

Retain a record of this process for your professional practice portfolios and use it as evidence for re-certification.

## References

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