



PreventionPlusWellness™



MARIJUANA

Elementary School Children

**Marijuana Prevention
Promoting Healthy
Lifestyle Behaviors**

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Marijuana PPW

Section 1:

Introduction

Welcome to **Marijuana Prevention Plus Wellness (PPW)**! **Marijuana PPW** is a quick and easy to use positive youth development program for prevention and health professionals and parents who want to prevent cannabis use and promote healthy lifestyle behaviors and positive identities of youth.

Marijuana PPW is an adaptation of the evidence-based SPORT Prevention Plus Wellness program which is listed on the National Registry of Evidence-based Programs and Practices (NREPP), Blueprints for Healthy Youth Development and other evidence-based program registries. In addition, **Marijuana PPW** utilizes an evidence-based practices screening and brief intervention format recognized by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Marijuana PPW is the only single-session cannabis use prevention program designed to increase wellness-enhancing

behaviors including physical activity, sports participation, healthy eating, getting adequate sleep, and practicing stress control. It can be implemented in any setting including school, community, health care, sports, recreation, juvenile justice, home and others.

Marijuana PPW is founded on the Behavior-Image Model, a positive youth development-related framework that targets naturally motivating peer and desired future images to increase motivation for change and multiple health behavior goal setting which in turn increases self-regulation skills and self-efficacy of participants.

Marijuana PPW is highly flexible and can be used as a stand-alone intervention, or as an add-on component to other prevention, health, sports, fitness, recreation, education, intervention, or treatment programs. While it was created as a universal prevention intervention, many organizations use it as a selective and indicated

prevention program for high-risk populations.

The **Marijuana PPW** program was designed to help youth look and feel more active, fit, and healthy using a three-step process of:

1. Screening youth for their current health habits to increase awareness of their cannabis use and healthy behaviors;
2. Providing feedback cueing positive future images and the benefits of engaging in healthy behaviors and how cannabis use harms them, to increase motivation for change; and
3. Presenting a goal plan and contract to help youth set and monitor goals to avoid cannabis use and increase protective wellness behaviors increasing self-control skills and self-efficacy.

Your **Marijuana PPW** program comes with a manual and

a digital download of all reproducible materials needed to implement your program to countless participants.

The **Marijuana PPW** program includes:

- Step-by-step implementation directions;
- A brief self-administered youth health and fitness behavior screening survey;
- Scripts for easy presentation of both an individual or group lesson that presents positive image content linking healthy and cannabis use behaviors;
- A set of colorful slides with illustrations of youth modeling wellness habits;
- A goal plan/contract for motivating multiple behavior change;
- Online or paper youth pretest and posttest surveys to evaluate immediate program effectiveness;
- An online or paper Instructor's Survey to assess

the quality of the lesson presentation;

- An online or paper Fidelity Checklist to increase implementation reliability;
- A Youth Online PPW Program Goal Plan to extend the program and follow-up with participating youth;
- Online resources to support program implementation and evaluation;
- Phone and email program support; and
- Separate online or onsite certified training workshops to learn how to provide thez,g

Marijuana PPW program, or train others to implement it, with fidelity and maximum effectiveness.

Marijuana PPW takes less than 50 minutes to implement and is available in three versions for: 1) High school adolescents ages 14-18, 2) Middle school adolescents ages 10-14, and 3) Elementary school children ages 8-10.

Thank you for choosing **Marijuana Prevention Plus Wellness**. We know you will find it an easy, enjoyable, and effective way to promote the mental and physical health of your youth.

Marijuana PPW

Section 2: Directions for Implementation

Steps for Implementing & Evaluating Your PPW Program

Welcome Prevention Plus Wellness Program Implementer! This information was created to help you successfully provide your Prevention Plus Wellness (PPW) Program to youth or young adults.

If you have not already done so, we strongly encourage you to take one of our convenient online or onsite training workshops to become a Certified PPW Program Implementer or Trainer. Both workshops come with 3-year certification and are designed to ensure you learn how to implement your PPW Program with fidelity and maximum effectiveness.

Listed below are the steps and tools for implementing and evaluating your PPW Program:

1. Sign-up online to receive notices of invaluable PPW resources designed to ensure you experience maximum program reach, effectiveness, and sustainability at: <https://preventionpluswellness.com>
2. Prior to implementing your Prevention Plus Wellness (PPW) Program to youth or young adults, practice the individual (one-on-one) and/or group script at least three times, using the program's PowerPoint slides, screening survey, goal plan and Instructor's Survey.
3. Send any program PowerPoint slides you've tailored to your youth population or needs to Prevention Plus Wellness for review and approval prior to using them.
4. Make copies of the screening survey, goal plan and pre and posttest surveys for all participants from the digital downloads provided.

5. Immediately before beginning the lesson, administer either the online or paper pretest survey to participants. Immediately after the lesson, implement the posttest survey. Customized links and QR codes can be requested for the online surveys from Prevention Plus Wellness at: info@preventionpluswellness.com.
 6. Implement the program using the selected script while showing the PowerPoint slides.
 7. When done, read the goal plan with the participant(s) and help them complete it, sign it, you co-sign it, and have them take it home for daily monitoring. An optional online goal plan/contract and screening survey are provided in the PowerPoint slides if you decide to provide your program virtually.
 8. If using the paper pretest and posttest surveys, collect both the pretest and posttest for each participant and keep them in pairs for later hand data entry.
 9. You can follow-up with participating youth by having them complete one or more additional weekly paper or Online PPW Program Goal Plans.
 10. Use the optional Parent Flyers (SPORT PPW) to reinforce program messages at home.
 11. Re-implement your PPW program every 6-12 months.
 12. Complete an online or paper Instructor's Survey at the end of every lesson presented to assess and track the quality of program implementation.
 13. Use the online or paper Fidelity Checklist to ensure you are implementing your PPW program reliably.
 14. Request data charts and raw data from online or hand-entered paper pretest and posttest surveys at any time from Prevention Plus Wellness.
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Marijuana PPW

Section 3:

Group Lesson Script

Marijuana Prevention Plus Wellness© Program

Elementary School Children Version

Group Lesson Script

Introduction

(Before introducing the program, administer the pretest survey to youth by either showing the customized link/QR code to the online survey or handing out the paper survey. Give youth directions to complete the confidential survey and wait until everyone has completed the pretest before launching the lesson introduction). (Show slide).



Hello. For the next several minutes I will be talking with you about **Marijuana Prevention Plus Wellness**, an exciting new fitness and health program. Together we will look at how your actions can make you healthy and keep you healthy.

Screening Survey

(Distribute the screening survey for youth to complete).

Now, please take out your copy of the Prevention Plus Wellness Health and Fitness Screen. The purpose of this survey is to determine what you are doing about your health. Your answers are private. **DO NOT PLACE YOUR**

NAME ON THE SURVEY. We want your answers to be a secret. Please answer all questions honestly. Thank you. (Wait until everyone has completed the survey). (Show slide).

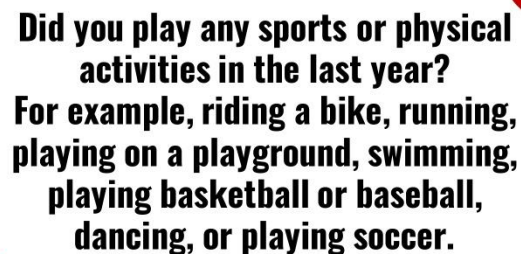


Complete the Health and Fitness Survey



1. Sports/Physical Activity Last Year

(Show slide). (Ask class members to raise their hands and respond as you read each of the types of physical activities).



**Did you play any sports or physical activities in the last year?
For example, riding a bike, running,
playing on a playground, swimming,
playing basketball or baseball,
dancing, or playing soccer.**



- ☐ a. Baseball
- ☐ b. Basketball
- ☐ c. Riding a bicycle
- ☐ d. Dance
- ☐ e. Gymnastics
- ☐ f. Football

- ☐ g. Golfing
- ☐ h. Running or walking
- ☐ i. Rollerblading
- ☐ j. Skateboarding
- ☐ k. Soccer
- ☐ l. Surfing
- ☐ m. Swimming
- ☐ n. Tennis
- ☐ o. Track
- ☐ p. Volleyball
- ☐ q. Others _____

1. Benefits of Sports & Physical Activity (Show slide).

Sports & Physical Activities:

- Are fun
- Keep you fit & healthy
- Make you feel good about yourself
- Give you lots of energy
- Help you do better in school



Prevention Plus Wellness

Wonderful. Sports and physical activities are a great way to get regular exercise! Sports and physical activities are fun and help keep you healthy. They help you feel good about yourself and give you lots of energy. They can also help you do better in school.

2. Marijuana Use Harms Sports & Physical Activity (Show slide).



However, marijuana and an active lifestyle don't mix. Using marijuana can hurt your health. It can also hurt how well you do in sports and physical activities. Using cannabis (another name for marijuana) can harm brain and lungs. It can also harm how well you do in school.

2. Regular Physical Activity

(Show slide). (Ask participants to answer to themselves).



1. Benefits of Regular Physical Activity (Show slide).



Sports and other types of physical activities promote a healthy heart and

lungs. They also control weight and stress. You just need to do them for 30 minutes on most days.

Discussion Question: What types of sports or other physical activities would you like to try or do more of? (Pause and have all youth answer this question to themselves. Ask a few youth to share their responses). (Show slide).



2. Marijuana Use Harms Regular Physical Activity (Show slide).



However, marijuana use can cause brain, lung and heart harm. It can also be very hard to quit. Cannabis use hurts your skills to play sports and drive a car safely. It slows your thinking and actions. Avoiding smoking, eating and vaping marijuana is key to keeping a healthy body.

3. Breakfast and Nutrition

(Show slide). (Ask participants to answer to themselves).

**Do you eat a healthy
breakfast most mornings?
For example, cereal and
milk, oatmeal, eggs,
yogurt, or fruit.**



1. Benefits of Healthy Eating (Show slide).



Eat a Healthy Breakfast & Healthy Foods:

- It can have a big effect on how you feel
- It can also help you have more energy in school and sports

feel. It
ealthy

r would
o

**Discussion Question:
What types of healthy
foods do you like to
eat or would you like
to eat more of?**



2. Marijuana Use Harms Healthy Eating (Show slide).



ies
on

4. Sleep 8 or More Hours

(Show slide). (Ask participants to answer to themselves).



1. Benefits of Getting Plenty of Sleep (Show slide).



**Discussion Question:
What's one thing you do
that helps you or could
help you get enough sleep
most nights?**



2. Marijuana Use Harms Getting Enough Sleep (Show slide).



5. **Marijuana Use**

(Show slide). (Ask participants to answer to themselves).



1. Marijuana Use Can Harm Your Fitness & Health (Show slide).



2. Marijuana Use Can Cause Life Problems (Show slides).

Discussion Question:
What types of
problems could kids
have with using
marijuana?

By not using marijuana,
you will not:

- Get into trouble with parents, police, friends or in school
- Harm your brain, ability to learn, grades, lungs or physical fitness
- Become depressed or seriously anxious
- Become addicted



3. Most Youth Do Not Use Marijuana (Show slide).

- **Studies show most young people DO NOT use marijuana**
- **You can increase your ability to say “NO” to marijuana offers by practicing, just like any sport or skill**



4. Healthy Alternatives to Using Marijuana (Show slides).

Discussion Question:
What things can kids do
to help them stay away
from using marijuana?



**Healthy
alternatives to
using marijuana:**

- Exercising
- Listening to music
- Playing sports
- Hanging out with friends who support you living an active lifestyle



5. Recommendations for Increasing Wellness (Show slides).

To keep a healthy brain and body, have more energy, look and feel good, and do better in school and sports... stay away from using any marijuana



To Be Active, Healthy, Look & Feel Good...

1. Get 8 or more hours of sleep each night;
2. Eat a healthy breakfast every day, and a variety of other healthy foods such as fruits and vegetables, while limiting junk food;
3. Do some fun physical activity, at least 30 minutes a day four or five times a week;
4. Practice stress control most days a week like slow-deep breathing, yoga, meditation, prayer, taking a relaxing bath or shower, placing yourself in a quiet space or walking in nature; and
5. Most important, avoid marijuana, alcohol, tobacco, e-cigarettes, prescription drug misuse and illegal drug use.



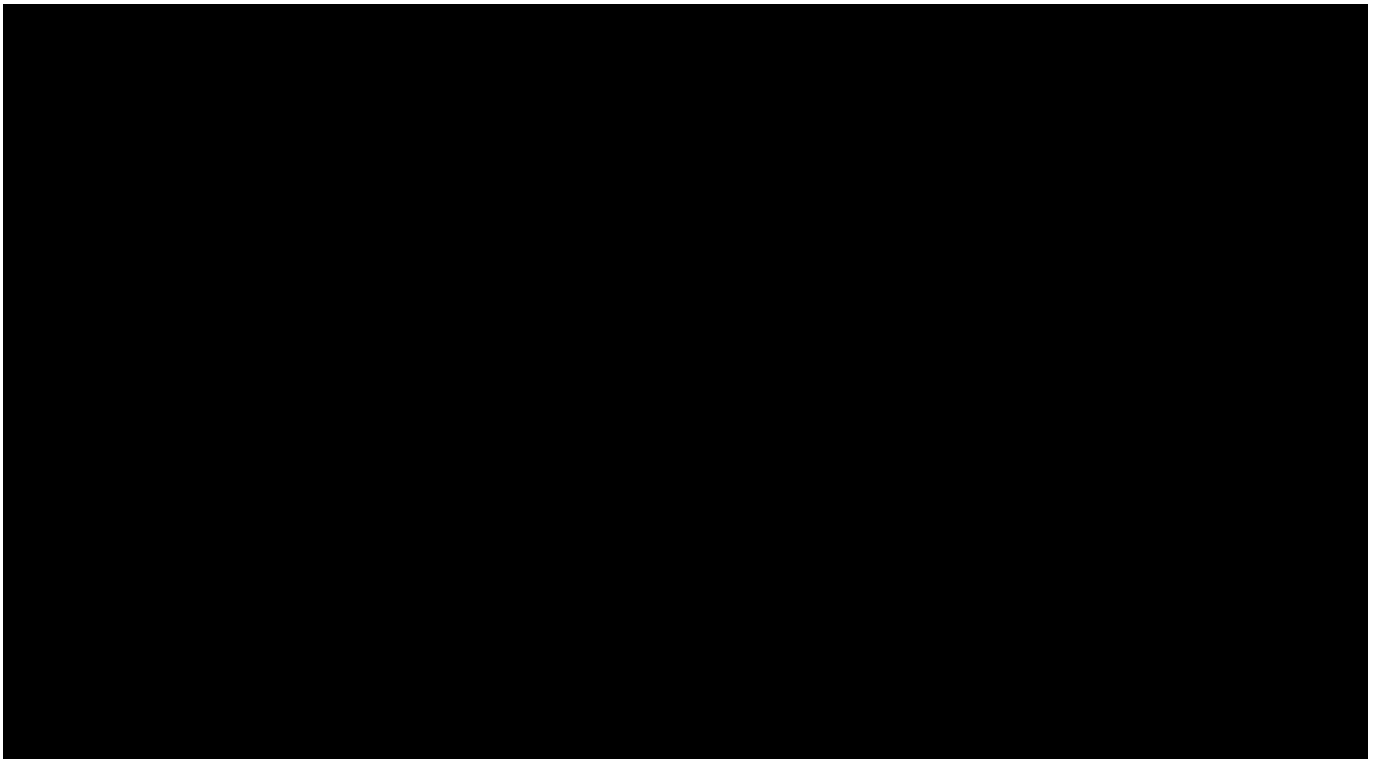
Wellness Goal Plan & Contract

(Distribute and have youth complete the goal plan/contract form). (Show slide).



Now, take out your copy of the Wellness Goal Plan/Contract and read along.

(Read the goal plan aloud and assist the participant with completing each item on the goal plan. Then, have them sign and you co-sign the plan. Lastly, read the concluding statement on the plan with the participant).



Marijuana PPW

Section 4: Screening Survey & Goal Plan/Contract

**Marijuana Prevention Plus Wellness
Elementary School Children Version
Health & Fitness Screening Survey**

Read Entire Screen to Youth: We wish to know about your health habits. Answer each item as it is read to you. There are no right or wrong answers. Carefully bubble in each item. Your answers will be kept a secret.

1. Do you play sports or physical activities in the last year? For example, riding a bike, running, playing on a playground, swimming, playing basketball or baseball, dancing, or playing soccer.
 - a. ☐ Yes
 - b. ☐ No

2. Do you play sports or get physical activity for 30 minutes on most days? For example, riding a bike, running, playing on a playground, or swimming for 30 minutes on most days.
 - a. ☐ Yes
 - b. ☐ No

3. Do you eat a healthy breakfast most mornings? For example, cereal and milk, oatmeal, eggs, yogurt, or fruit.
 - a. ☐ Yes
 - b. ☐ No

4. Do you sleep eight (8) or more hours most nights?
 - a. ☐ Yes
 - b. ☐ No

5. Have you ever used any marijuana?
 - a. ☐ Yes
 - b. ☐ No

Marijuana Prevention Plus Wellness Program

Wellness Goal Plan

READ ENTIRE GOAL PLAN TO YOUTH.

To be active, healthy, and look and feel good, make sure you:

1. Get 8 or more hours of sleep each night;
2. Eat a healthy breakfast every day, such as nutritious cereal and low-fat milk, whole wheat toast, oatmeal, eggs, yogurt or fruit, limiting junk food, and eat lots of healthy foods, such as fruits and vegetables,;
3. Do some fun physical activity, such as riding a bike, running, swimming, walking, or playing a sport for at least 30 minutes on most days;
4. Practice a stress control technique most days a week like slow-deep breathing, yoga, meditation, prayer, taking a relaxing bath or shower, placing yourself in a quiet space, or walking in nature; and
5. Most importantly, stay away from marijuana, plus e-cigarette, tobacco, alcohol, and other illegal drug use!

1. List a specific health habit (e.g., play tennis NOT get more exercise):

_____.

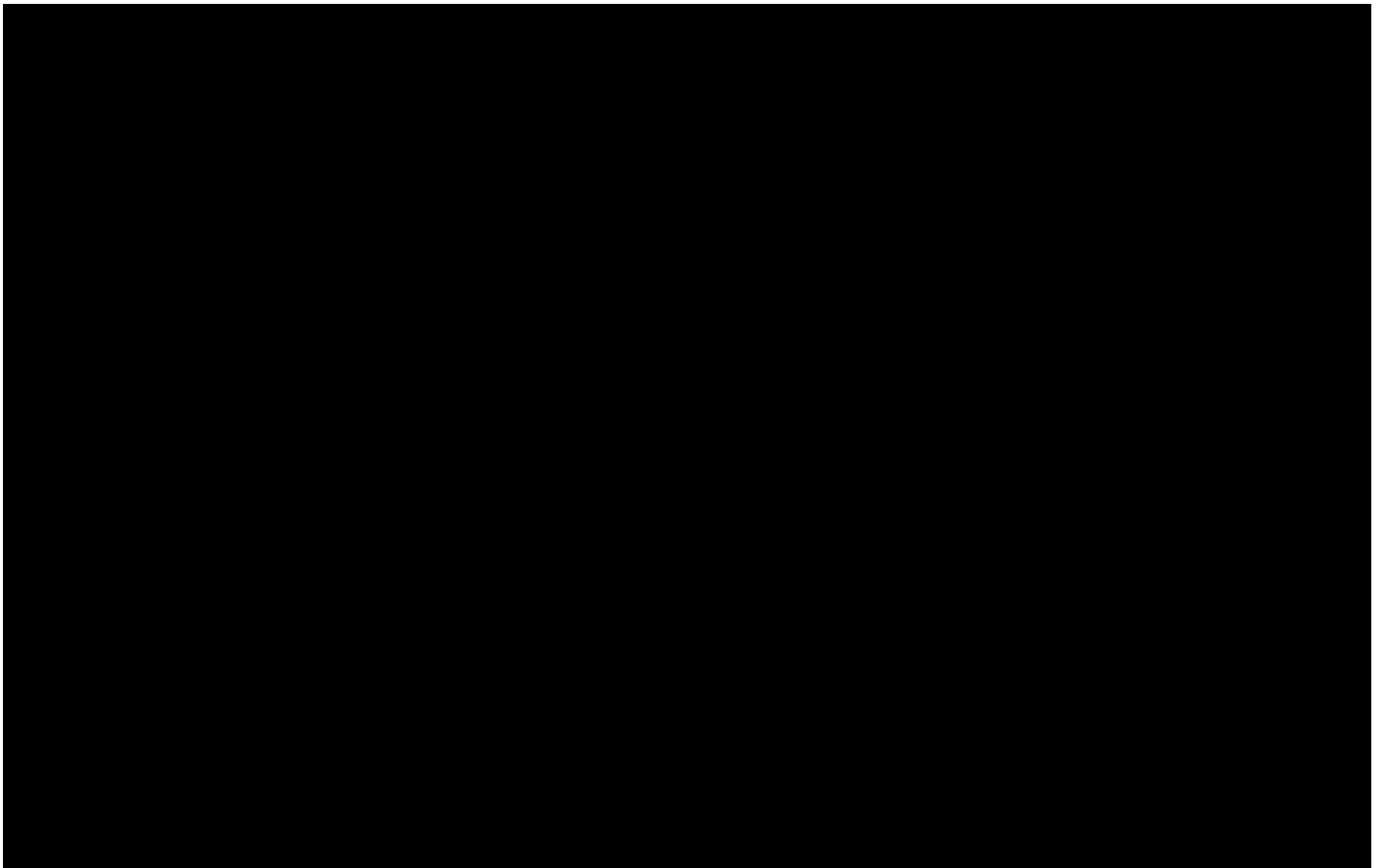
2. Amount (e.g., 30 minutes each time): _____.

3. How often (e.g., 4 times a week, Monday-Thursday):

(Youth's signature) (Date)

(Parent/Guardian/Adult/Friend's signature) *(Date)*

(Instructor's signature) (Date)



Congratulations! You have successfully completed this *SPORT* PPW lesson.

1. Take this contract home and have your parent or other trusted adult or friend sign it.
2. Then, put it where it can be seen every day, week, and month (i.e., on the refrigerator, wall, or your mirror) so you can track your goal progress each day.

3. [Redacted]
[Redacted]
[Redacted]

[Redacted]
[Redacted]
[Redacted]

[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]

Marijuana PPW

Section 5:

Evaluation Materials

Prevention Plus Wellness Program

Children's Pretest

Directions: Your answers will be confidential. DO NOT PLACE YOUR NAME ON THIS FORM. Answer all questions honestly. Carefully bubble in each answer.

(1)Yes (2)Maybe Yes (3)Maybe No (4)No

1. Next month, will you play sports
or get physical activity on most days? (1)O (2)O (3)O (4)O
 2. Next month, will you get at least 8 hours
of sleep on most nights? (1)O (2)O (3)O (4)O
 3. Next month, will you eat fruits and
vegetables each day? (1)O (2)O (3)O (4)O
 4. Next month, will you eat a healthy
breakfast each day? (1)O (2)O (3)O (4)O
 5. When you are an adult, will you drink
or try any alcohol? (1)O (2)O (3)O (4)O
 6. When you are an adult, will you try any
drugs like marijuana? (1)O (2)O (3)O (4)O
 7. Next month, will you talk to your parents
about your health or health goals? (1)O (2)O (3)O (4)O
 8. Next month, will you set goals to
improve your health habits? (1)O (2)O (3)O (4)O
 9. When you are an adult, will you try
or puff on an e-cigarette? (1)O (2)O (3)O (4)O
-

Prevention Plus Wellness Program

Children's Posttest

Directions: Your answers will be confidential. DO NOT PLACE YOUR NAME ON THIS FORM. Answer all questions honestly. Carefully bubble in each answer.

(1)Yes (2)Maybe Yes (3)Maybe No (4)No

- | | | | | |
|---|------|------|------|------|
| 1. Next <u>month</u> , will you play sports or get physical activity on most days? | (1)O | (2)O | (3)O | (4)O |
| 2. Next <u>month</u> , will you get at least 8 hours of sleep on most nights? | (1)O | (2)O | (3)O | (4)O |
| 3. Next <u>month</u> , will you eat fruits and vegetables each day? | (1)O | (2)O | (3)O | (4)O |
| 4. Next <u>month</u> , will you eat a healthy breakfast each day? | (1)O | (2)O | (3)O | (4)O |
| 5. When you are an adult, will you drink or try any alcohol? | (1)O | (2)O | (3)O | (4)O |
| 6. When you are an adult, will you try any drugs like marijuana? | (1)O | (2)O | (3)O | (4)O |
| 7. Next <u>month</u> , will you talk to your parents about your health or health goals? | (1)O | (2)O | (3)O | (4)O |
| 8. Next <u>month</u> , will you set goals to improve your health habits? | (1)O | (2)O | (3)O | (4)O |
| 9. When you are an adult, will you try or puff on an e-cigarette? | (1)O | (2)O | (3)O | (4)O |

Prevention Plus Wellness (PPW)

Instructor's Survey

Date: _____ Code: _____

Directions: Complete this survey after each lesson provided. Circle one response for each item.

1. What was your level of comfort while providing the PPW lesson?
a) A great deal b) A lot c) A moderate amount d) A little e) None at all
 2. Did you use active presenting strategies (i.e., good eye contact, body positioning, changing tone of voice, and listening)?
a) A great deal b) A lot c) A moderate amount d) A little e) None at all
 3. What was your level of enthusiasm and passion while presenting the lesson?
a) A great deal b) A lot c) A moderate amount d) A little e) None at all
 4. How smooth and continuous was the flow of the lesson delivery?
a) A great deal b) A lot c) A moderate amount d) A little e) None at all
 5. How accurately did you follow the protocol (i.e., adherence to the script, no ad-libbing extra content)?
a) A great deal b) A lot c) A moderate amount d) A little e) None at all
 6. Was the lesson content provided completely (i.e., covered all of the scripted messages)?
a) A great deal b) A lot c) A moderate amount d) A little e) None at all
 7. What was the youths' responsiveness to the lesson (i.e., listening, answering, showing interest)?
a) A great deal b) A lot c) A moderate amount d) A little e) None at all
-

8. Which Prevention Plus Wellness (PPW) program was implemented?
a) SPORT b) InShape c) Vaping d) Marijuana e) Opioid f) SPORT 2
g) Racial Justice h) Parent i) IGI j) SPORT 3

9. How was the PPW lesson implemented? (Check all that apply).
a) To one person individually/one-on-one
b) To a group
c) In person
d) Online
e) To elementary school aged youth
f) To middle school aged youth
g) To high school aged youth
h) To young adults
i) Other (please specify) _____

10. What did you like BEST about implementing the PPW lesson?

11. What did you like LEAST about implementing the PPW lesson?

Prevention Plus Wellness Program Fidelity Checklist

Date: _____

Prevention Plus Wellness program(s) implemented:

Code number: _____

Directions: Check each item completed. Total items to determine level of implementation fidelity.

1. ☐ Did implementers complete a Certified Prevention Plus Wellness Program Implementer's Training Workshop within the last 3-years?
 2. ☐ Did implementers practice the PPW lesson script(s) at least 3 times prior to implementing the program?
 3. ☐ Did you implement the PPW Pretest Survey prior to implementing the program each time?
 4. ☐ Did you implement the PPW lesson following the script each time?
 5. ☐ Did you provide the script content with enthusiasm and passion each time?
 6. ☐ Did you provide the screening survey, lesson script and goal plan all in one session each time?
 7. ☐ Did you show the PPW program PowerPoint slides during the lesson each time?
 8. ☐ Did you read the entire goal plan and help participants complete it each time you implemented the program?
 9. ☐ Did you have participants sign the goal plan and did you co-sign the goal plan every time you implemented the program?
 10. ☐ Did you implement the PPW Posttest Survey after implementing the lesson each time?
 11. ☐ Did implementers complete an Instructor's Survey assessing their presentation quality after implementing each PPW lesson?
 12. ☐ Did you remind participants to post their goal plan where they would see it and monitor their goals daily every time you implemented the program?
-

Marijuana PPW

Section 6:

Youth Online PPW Follow-Up Goal Plan

You can make additional copies of the paper PPW Goal Plan or use the Youth Online PPW Program Goal Plan (shown below) after implementing the PPW lesson.

Having youth complete additional weekly goal plans provides them with opportunities to develop self-regulation skills and self-efficacy at setting, monitoring, and achieving goals leading to improved mental and physical health.

We recommend you ask youth to share their weekly goal plans with you and others to increase motivation for behavior change.

Here is the link allowing youth to complete follow-up Online PPW Goal Plans:

<https://www.surveymonkey.com/r/TW37TLR>

Youth Online PPW Program Goal Plan

This Goal Plan/Contract takes about 5-minutes to complete.

* 1. What is today's date (month/day/year)?

2. First and Last Name (Optional)

* 3. Are you...

- Male
- Female
- Other

* 4. How old are you?

- 9 years old or younger
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old

- 19 years older or older

* 5. Which of the following do you pledge to avoid using during the next 7 days in order to maintain an active and healthy lifestyle?

- Alcohol
- Tobacco
- E-cigarettes
- Marijuana
- Non-medical opioids
- Other illegal drugs

* 6. Which one of the following healthy habits will you focus on improving during the next 7 days?

- Get 8 or more hours sleep each night
- Eat a healthy breakfast every day or eat a daily variety of other healthy foods such as fresh fruits and vegetables
- Participate in some fun physical activity or sports at least 30 minutes 4-5 days per week
- Practice a stress control technique most days a week like yoga, meditation, prayer or walking in nature.

* 7. From the healthy habit you identified, now write a specific, measurable and attainable healthy habit goal you will achieve over the next 7 days.

For example, playing tennis is measurable but getting more exercise is not, and eating more fruits and vegetables is measurable but eating healthier is not.

* 8. Now, write an exact amount (quantity) of that one habit you just listed above which you will do each time you do it.

For example, 30 minutes each time you play tennis, or 1 more serving of fruits and vegetables each day.

* 9. Last, list an exact frequency of that same habit you will do during the next week.

For example, 4 days a week, Monday-Thursday, or each day of the week.

* 10. In addition to yourself, who else will sign this goal plan to make it an official contract between you and them?

- Teacher
- Mom or dad
- Grandmother or grandfather
- Aunt or uncle
- Older brother or sister
- Trusted and supportive friend
- Other (please specify)

* 11. Where will you post your goal plan/contract so you can see it every day and be reminded to monitor your health habits? Choose one.

- Bedroom wall or mirror
- Bathroom mirror
- Refrigerator door

- TV or computer
- Other (please specify)

* 12. Congratulations! You have successfully completed a Prevention Plus Wellness program goal plan.

- Print out a copy of your goal plan so you can sign and date it and have the person you identified co-sign it.
- Don't forget to post your goal plan where you can see it every day and check-off each day you reach a goal.
- At the end of your 7-day goal plan return to this site and write another goal plan to continue to make small changes to feel and look better.
- Reward yourself with small things you enjoy like magazines, music, books, watching a movie, playing an instrument, or doing art, for achieving one of your wellness goals, or avoiding alcohol, tobacco, e-cigarettes or illegal drug use.
- Now rate the goal plan on the 5-star scale below.

* 13. After you print out this goal plan, circle a response on the calendar below each day during the next 7 days to track your goal success.

Then, total the number of days you reached a wellness goal. Do NOT Answer This Now.

Day 1 Goal Success: 1: Yes 2: No 3: No goal set for today

Day 2 Goal Success: 1: Yes 2: No 3: No goal set for today

Day 3 Goal Success: 1: Yes 2: No 3: No goal set for today

Day 4 Goal Success: 1: Yes 2: No 3: No goal set for today

Day 5 Goal Success: 1: Yes 2: No 3: No goal set for today

Day 6 Goal Success: 1: Yes 2: No 3: No goal set for today

Day 7 Goal Success: 1: Yes 2: No 3: No goal set for today

Week's Total Success Days (Number of "Yeses" Above) =

* 14. Now, print out your goal plan and post it so you'll see it every day for the next 7 days.