

# TeenAge Health Consultants

By Catherine V. Jordan and Sandra L. Valle  
A new program in Minnesota prepares high school students to inform peers about health-related problems.

"I felt important as a TeenAge Health Consultant. Teachers and counselors respected me and what I said."

"I was very withdrawn in school before I got into TAHC. I feel like it helped me to open up and relax with kids my own age."

"TAHC helped me to see that people are people no matter what they look like or what lifestyles they choose."

"TAHC was really important to me personally. I felt more in control of my life."

These are comments made by high school student volunteers taking part in the TeenAge Health Consultants (TAHC) Program in Minneapolis/St. Paul.

A service-oriented health education program, TAHC is designed to provide information to teen-agers and train them to function as health educators and referral makers for their peer group, with whom they tend to talk most freely about themselves and their concerns. The locker room or grapevine system of communication is highly efficient among teen-agers, but often spreads myths, fears, and/or misinformation. TAHC attempts to infiltrate the peer communication network with up-to-date facts and resources by training small groups of teen-agers to pass the word to their friends and acquaintances.

The program—which may be operated by a school, an agency, or both—consists of two components:

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training and service. The training curriculum, adjusted to fit interests and time available, may include a wide range of topics but usually focuses on drug use/abuse, human sexuality, mental health, food awareness, and community health resources.

After the training, students prepare presentations which they give to groups of their peers or younger students in formal classroom or club situations. They also adapt these to informal one-to-one communication with friends. By translating the information into action, the young people become more involved in and useful to their community, increase control over their own health care, feel more confident about themselves and their relationships with others, and assist other young people in achieving these same objectives.

TAHC has functioned in Minneapolis and St. Paul since 1973 under

the auspices of Peer Education Health Resources (PEHR), a nonprofit organization. During these five years TAHC has been implemented in six metropolitan communities, both inner city and suburban, with varying levels of success. The ease with which the program was accepted depended, to a large extent, on the response from the community and school administration.

Since the Minneapolis and St. Paul school districts differ in their curriculum planning and policy making, each school principal had to be approached for personal approval. We started with schools that would allow us to recruit volunteers from their student body. As TAHC started as an after-school program, initially none of the volunteers received academic credit.

Once the groups were formed, we chose a comfortable setting to hold the 18 weekly after-school training sessions, often utilizing living rooms, drop-in centers, or free clinic waiting rooms. Eighteen weeks of training proved to be too long for most programs, but the small group became a central part of the TAHC process. Schools and clinics present young people with the facts but seldom give them the opportunity to discuss their attitudes or clarify their own values about these facts with their peer





group or adults. The TAHC groups attempted to provide an atmosphere where students could examine factual health information on a feeling as well as cognitive level.

To provide a comprehensive view of adolescent health concerns and of how to deal with them, training involved basic communication skills, problem-solving and decision-making techniques, male and female anatomy, birth control methods, venereal disease, human sexuality, drug use/abuse, nutrition, mental health issues, and skills in disseminating information to peers. Staff members of community health agencies assisted with the training, and many students visited adolescent health care facilities in their neighborhoods.

The most interesting TAHC discussions often were sparked by role

plays that described typical teen-age dilemmas. The young people would act out situations involving personal decisions in sexuality, drugs, parent/child relationships, etc. The small group then would discuss the implications of the decision and share their own views on the subject. These open discussions did not happen at the initial meetings, but once trust, respect, and confidentiality were established in the group, personal disclosure was easier. When volunteers began to put their new knowledge and skills to work, TAHC met weekly to provide emotional support, group planning time, and any necessary additional training.

Over the past three years, the TeenAge Health Consultants have:

- Established an information and referral center at a Minneapolis senior high school (TAHC members were available for four to five hours in a designated area daily for those in need of information and/or referral. On one occasion, a TAHC volunteer provided drug crisis intervention successfully to a student during the absence of the school medic. Posters and word of mouth publicized the availability of TAHC services.);
- Supplemented curricular activities of existing health classes in several junior and senior high schools in Minneapolis/St. Paul (The presentations varied in length from one

hour to daily two-hour classes for nine weeks. Topics generally reflected all areas of adolescent concern, although most requests were in the areas of drugs and sexuality.);

- Produced video tapes on the pelvic examination, sexual myths, and sexual assault;
- Planned and implemented a full day workshop on sexuality for other teens, parents, and teachers;
- Participated in the activities of Public Service Drug Help, an organization which provided drug crisis intervention to youths who attended rock concerts in the Minneapolis/St. Paul area;
- Presented informative talks about TAHC to a variety of health professionals;
- Developed a health curriculum for churches, youth groups, YWCA, Girl Scouts, group homes, and clinics.

Whether TAHC is integrated into the curriculum or is sponsored by a community agency, school support is vital. Getting support usually means selling the program to the principal, recruiting student volunteers, initiating contact with other faculty, gaining parents' support, and using TAHC participants in the classroom as peer educators.

Parents' support is essential. At the beginning of the program, we send parents a letter requesting permission for each student's TAHC involvement. After the TAHC group



stabilizes, usually by mid training, we invite the parents to spend a typical TAHC session with us. Parents can assist in getting other parents' support and offer such traditional assistance as transportation, living room space, cookies and lemonade.

The key to a TAHC program's success is a dynamic, sensitive trainer. The trainer must inspire trust, honesty, enthusiasm, and caring among the student volunteers, who look to the trainer for positive role modeling behavior. Pursuant to this end, the trainer must demonstrate a willingness to participate in the group process by

## A Tri-County TAHC Program

In eight high schools in a sparsely populated section of northern Minnesota self-selected high school student volunteers have become or are preparing to be TeenAge Health Consultants. Their principal function is to help fellow students unable to cope with health-related problems, but many of the volunteers also are educating the community on those problems.

The students who choose to take the basic TAHC training (about 30 hours) given at night by the tri-county TAHC coordinator, Patricia Cortez, commit themselves to trying to achieve at least one of three goals:

- Allowing space for personal growth, their own and others;
- Helping peers by listening to them without being judgmental, by supporting them in facing up to their problems, and by referring them to professional assistance;
- Making community groups aware of the physical and mental health problems common among teenagers.

Most of the volunteers' work is done in informal one-to-one and small group settings—a discussion around the lunch table in the cafeteria, a chat on the front steps before school, a bull session during a party. The volunteers—sophomores, juniors, and seniors—do not advertise their TAHC expertise, but word gets around that they keep confidences and that they are in the know—or know who is—about a

sharing personal experiences and insights when appropriate. A little knowledge of small group facilitation, adolescent health, communications, and values clarification is desirable. In the PEHR model, the trainer recruits the volunteers, facilitates and delivers much of the training content, and supervises the volunteers' work.

In the past, young people participating in TAHC have represented the full gamut, from those with lots of problems at home and school to so-called good kids. We believe our open-door policy has contributed to TAHC's broad base of support in the Twin Cities area.

lot of health-related issues bothering students.

In some cases the TAHC students, who usually receive academic credit for the training and the counseling services, merely impart information, such as the chemical composition and dangers of angel dust, the availability of birth control devices, where to get an examination for venereal diseases.

In many instances the students use counseling techniques to aid students in dealing with their problems, particularly with bad family situations, chemical (drug or alcohol) dependency, decisions of whether to be or not to be sexually active.

The TAHC volunteers do not attempt to give answers but to bring those troubled to the realization that they must take responsibility for their own decisions and actions. When volunteers see that the problem is too serious for them to deal with, they "hand walk" the student to the professional who can provide assistance. Knowing local health professionals and being able to make a personal recommendation of a doctor or counselor is part of the preparation of a TAHC volunteer.

If a referral is not called for or the student resists it, the TAHC volunteers consult with Cortez, who is based in Grand Rapids as the Northland Mental Health Center's drug and alcohol information coordinator, or with one of the two local support people who have gone through training with the volunteers.

Cortez selects support people after discussions with students to find



which adults the teen-agers feel will be supportive without attempting to take over the group. Teachers, parents, nurses, or anyone else with an interest in or knowledge of counseling techniques may be chosen. In this program the support people receive a nominal fee of \$350 a year for the time they give to TAHC.

Often the volunteers continue training in weekly meetings in order to prepare themselves to deal with certain problems students bring to them. Some TAHC volunteers enroll in college-level summer workshops attended mostly by teachers and health professionals.

The students also help give workshops, usually working with Cortez or other health professionals. The volunteers use the skills they have learned to turn passive audiences into active small groups. Volunteers have done this at formal workshops and at lunch meetings of such community organizations as the Kiwanis and Rotary clubs.

Five schools in Koochiching, Itasca, and Aitkin counties have TAHC well under way. Three other schools begin training this fall. The funding comes from the state, with \$20,000 covering primarily the cost of the trainer (half time), her travel, the support people, and instructional materials.

Cortez is enthusiastic about the results, particularly the service volunteers are performing in referring troubled teen-agers to professional help before situations become serious. Programs in the small schools (300 students) have been especially effective. □



As any teen may participate, TAHC has no formal screening process. Because the full program (18 weeks of training and 18 weeks of service) demands a long-term commitment of at least two hours a week, many teen-agers screen themselves out. A group of 20 probably will end up at desired group size of 10 to 12 committed volunteers.

PEHR has recently initiated a modified TAHC as a course offering in two Twin Cities schools, St. Paul Open School and Minneapolis Southwest High.

The St. Paul Open School is a research demonstration unit of the St. Paul Public Schools. Students plan their own schedules, and independent study and experiential learning are encouraged. The

TAHC mini-course will meet for two hours twice a week for three months. The 10 students involved have chosen sexuality as their main focus. This course will test how well three months of training can prepare health consultants.

The faculty at the Open School will give the TAHC volunteers opportunities to work with their classes. Students also will assist with discussions on sexuality and birth control in a suburban high school health class, an inner-city junior high social studies class, and an adolescent mental health unit in a suburban hospital. This TAHC group also will present a TAHC program information workshop to a statewide State Health Department conference for school administrators, educators, and nurses.

At Southwest High School a similarly designed TAHC program will be part of the school's service-learning program in which students work on a community project. TAHC will be an option for those interested in health care delivery.

Last winter, PEHR worked with the Merriam Park Intensive Day Treatment Program (IDT), an experimental alternative treatment program for juvenile offenders, to implement a modified version of TAHC. These teen-agers are all adjudicated delinquent youth who have been referred by the court system and who otherwise would have required residential treatment. Every

Tuesday they choose one activity to participate in for two hours. TAHC is one of the options. Staff members encourage certain students to participate; others are required to attend as part of their treatment plans. Although the group varies according to the facility's population, it usually consists of eight to 12 students ranging in age from 14 to 17.

As requested by the participants, the initial sessions focused on drugs and sexuality. Additional training will reflect other concerns they have identified, such as sexual assault and prostitution. Two IDT staff members attend the weekly sessions and provide the daily interaction that the program needs. Eventually, the newly trained participants will provide health information to a new group entering the IDT program.

Obviously TAHC still is evolving. On the basis of our five years of experience with programs, we can recommend a number of modifications.

- *Preparation and Practice.* The curriculum, originally presented in 18 weeks, can be modularized into basic topic areas to shorten the time between training and using the training. If possible, preparation and service should overlap. Once participants have received communication skills and specific content material (*i.e.*, birth control, venereal disease, drug use/abuse), they can begin their volunteer activities.



Involvement with the community helps their personal integration of the material, and cuts the drop-out rate.

● *Curriculum.* The TAHC curriculum can expand and change to meet the needs of any group. After the TAHC group has experienced the prepared curriculum, the volunteers may choose to examine other topics of current interest. The trainer can solicit help from the young people in planning the additional sessions, and participants may try out their skills by running the session themselves. The most commonly requested topic is sexuality. Since it is also the most controversial, it may be wise to introduce TAHC into a school with another major topic, such as drug use/abuse.

● *Trainers.* If possible, TAHC trainers should work in male and female teams. TAHC focuses on many of the issues that men and women face in their relationships with each other. It is important for the TAHC participants to see a man and woman discussing these issues from their own points of view. Male trainers also help in the recruitment of young men, who have been a distinct minority in most TAHC programs. Trainers often find that they get more open and relaxed discussions outside a formal classroom setting.

● *Cross-Age Teaching.* TAHC volunteers (ages 14 to 18) found that

they could be effective with groups of junior high students and with adults. Junior high school students tend to admire and respect older students, so when a TAHC volunteer comes to their class or club to give them straight information on some relevant topic, it is an exciting event with positive effects. Adults, parents, teachers, social workers, and youth workers are also eager to hear ideas, opinions, and concerns from young people. For younger and older persons, TAHC participants extend the impact of accurate information to the larger community and, in the process, gain respect and confidence.

● *College Programs.* The TeenAge Health Consultant Program could easily become the College Health Consultant Program, for the need continues into college. Groups could be set up in dorms for on-going support, in health clinics or counseling services, or in community agencies in cooperation with high schools or youth organizations.

On a training evaluation form, the majority of TAHC volunteers commented that the most valuable part of TAHC was helping them to feel better about themselves. They concluded that because their skills and points of view were respected and because they were given opportunities to provide a valuable service to others, they gained confidence and a sense of worth un-

common in their previous experience. Another important outcome for them was increased knowledge about their attitudes toward sexuality, drugs, and related issues.

One 17-year-old TAHC participant said, "To me, the most valuable part of TAHC wasn't the actual knowledge, although I did learn a lot which I thought was important. It was meeting people, learning how to handle myself in a variety of situations and with a variety of people. It gave me confidence in myself that I could do things I never thought I could do before." □

#### Information on TAHC

To expand the implementation of the TAHC Program and to facilitate its replication, Peer Education Health Resources has published a *TAHC Program Guide* documenting the step-by-step process. The manual includes the entire training curriculum, hints for securing community support, and evaluation recommendations. It may be purchased for \$5 from:

The Enablers, Inc.  
104 West Franklin Avenue  
Minneapolis, Minnesota  
55403.

PEHR is developing a clearing house to provide information about the activities of the growing number of TAHC groups around the country to participating organizations.

PEHR also has developed a training workshop for persons interested in implementing TAHC or a similar peer education program. The workshop, available on a contract-for-service basis, combines the opportunity to participate in the TAHC educational processes with skill development in adapting TAHC to the specific needs of a community, securing community support and involvement, and the logistics of implementing a peer education program.

For further information regarding the TeenAge Health Consultant Program contact:

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