

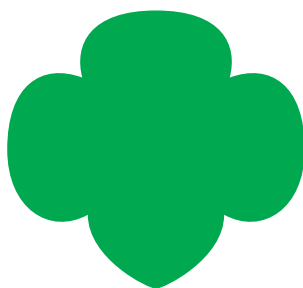
# Knowing My Emotions

Mental Wellness Patch Program  
for Juniors

*Facilitator Guide*

Made possible by





## **Mental Health Disclaimer**

The contents of the Mental Wellness Patch Program for Juniors: Knowing My Emotions is for informational purposes only. This program was made in partnership with the HCA Healthcare Foundation and the National Alliance on Mental Illness (NAMI). The information presented by this program is not an attempt by Girl Scouts of the USA (“GSUSA”) to practice medicine or to give specific medical advice, including, without limitation, advice concerning the topic of mental health. Therefore, the information from this program should not replace consultation with your doctor or other qualified mental health providers and/or specialists. Never disregard, avoid, or delay obtaining advice from your licensed mental health care provider because of something you have read or experienced through our program. If you believe you or another individual is suffering a mental health crisis or other medical emergency, contact your doctor immediately, seek medical attention immediately in an emergency room, or call 911 or 988 (the Suicide & Crisis Lifeline).

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# Introduction

## Mental Wellness—Why Now?

Girl Scouts of the USA (GSUSA) has made a commitment to support mental wellness for every Girl Scout because we recognize that young people are currently facing a mental health crisis. They are more likely than ever before to attempt suicide, commit self-harm, and suffer from depression and anxiety. And yet, people continue to be uncomfortable discussing these issues. This discomfort can be driven by the stigma often associated with mental health issues. GSUSA wants to help start the conversation and give Girl Scouts tools and support to better understand and care for their mental health.

**Mental health** encompasses emotional and psychological health—it impacts how we think, feel, and act. Everyone has a state of mental health, just as everyone has a state of physical health. Our mental health may include a condition, such as depression or anorexia. Such a condition can be permanent or temporary. It can be based on our environment (such as attending online school due to the COVID-19 pandemic) or on our response to life events. It's important to remember, though, that a person can experience poor mental health without the diagnosis of a mental health condition. Mental wellness refers to how we take care of our mental health. It includes all the things we might do to help realize our potential, cope with stress, and productively contribute to our community.

### **What Is the Knowing My Emotions Patch Program for Juniors?**

GSUSA developed the **Mental Wellness Patch Program for Juniors: Knowing My Emotions** to provide age-specific information and engaging activities about mental wellness, behavioral issues, and healthy habits. We show facilitators how to deal with questions and concerns and offer participants the resources to explore more. Girl Scouts learn positive coping skills and how to name their feelings, all from a space where they can be themselves.

The Knowing My Emotions Patch Program for Juniors was created in collaboration with experts at the [National Alliance on Mental Illness \(NAMI\)](#), the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. We received additional input from an advisory group made up of mental health professionals and Girl Scout council leaders.

The Knowing My Emotions Patch Program for Juniors was generously funded by the HCA Healthcare Foundation, whose mission is to promote health and well-being and make a positive impact in all the communities served by HCA Healthcare, one of the nation's leading providers of healthcare services. Thanks to HCA Healthcare Foundation's support, GSUSA is working toward the larger goals of destigmatizing mental illness, normalizing conversations around mental health and mental illness, and delivering inclusive programs for Girl Scouts of all backgrounds.

# Mental Wellness Tips for Facilitators

**Creating a supportive environment is especially important for a mental wellness program. Here are best practices and tips to help make this a meaningful experience for everyone.**

The subjects of mental wellness and mental health can be delicate—you're not expected to be an expert or have all the answers.

- Mental health can be a difficult topic to discuss with young people. It's impossible to know everything about their lives and how certain topics in this Mental Wellness Patch Program will affect them. Give them permission to stop or skip an activity if they don't feel comfortable. This is where having more than one volunteer will come in handy.
- When a topic comes up that you don't feel equipped to address, let Juniors know you're putting it in the "parking lot." This means you'll be parking the issue for now. Write it down so you can follow up later. This gives you the time to get more information if needed. Parking lots are also helpful if you run out of time to discuss something. Write the topic on a large piece of paper to revisit either later in the program or at another meeting. Preparing yourself to come back to parking lot items builds trust with the group.
- Let Juniors know that confidentiality is key. However, if you hear or see something you need to share about a Junior, contact your council for guidance. The meeting aid **Girl Scout Safety Activity Checkpoints—Overall Health, Well-Being, and Inclusivity** also provides guidelines for addressing and reporting mental health concerns about a Girl Scout.

## Maintain a Girl Scout-led environment.

- Tell Juniors they can share or not, depending on how they feel. Everyone has different experiences, comfort levels, and abilities to discuss a topic, and there should be no pressure on anyone to share. However, if you notice one or two participants doing most of the talking, you can redirect the conversation by saying:
  - "Yes, I see where you're going with that. I'd love to hear thoughts from other people in the group."
  - "Let's pause for just a moment to allow the entire group to reflect on or respond to what you said."
  - "Thanks for sharing! What do other people think?"
- Encourage Juniors to speak up if they hear a hurtful comment or would like to recognize and repair something that may have hurt someone else. Even when someone means well, they can still say things that might negatively impact others. Taking a moment to recognize when something we said has hurt someone helps to strengthen our friendships.

Help the group understand the importance of the language we use to discuss mental health. Words are powerful; they can both heal and harm. Using language that is respectful, accurate, and empathetic helps to break the stigma related to mental health conditions.

- **Use person-first language.** A person isn't defined by a condition and shouldn't be addressed as such. A person experiences bipolar disorder—they aren't bipolar. A person experiences mental illness—they don't belong to a group called "the mentally ill."
- **Be open to "checking" the group's stigmatizing language.** Challenge misconceptions. If you hear someone use harmful language, let them know. For instance, words like "crazy" or "insane" reinforce the idea that mental health conditions are extreme, rather than the reality that they are quite common. Instead, we should say things like, "someone with a mental health condition" or "someone who has depression."
- **Don't use mental health conditions as adjectives.** A person shouldn't say they have "OCD" because they like to organize or say the weather is "bipolar" because it keeps changing. Doing this minimizes the actual lived experiences of people who have mental health conditions.
- **Be cautious when talking about suicide.** Suicide is a sensitive topic and should be discussed in a way that is respectful to the person and their loved ones. A person is "lost to suicide" or "died by suicide" rather than "committed suicide." If a person tries to take their life, they "attempted suicide" as opposed to "had an unsuccessful suicide." Make sure Girl Scouts aren't speaking about suicide in a casual way (i.e., "That test was so hard, I wanted to kill myself"); suicidal ideation shouldn't be treated lightly.
- **Avoid the terms "others" or "abnormal."** Referring to people experiencing mental illness as "others" or "abnormal" creates an "us versus them" narrative. This can make people with mental illness seem inferior and as though they're the outliers of society—which they aren't.
- **Avoid talking about or labeling feelings as good or bad, positive or negative, normal or not normal.** Think of emotions as information we pay attention to and learn from.

**Finally, make sure to listen and reflect.** Reflecting is an intentional, purposeful time to examine, ask questions, and think about an activity or experience. After each section of the program, engage in reflection. It helps Juniors move forward with a deeper understanding of what they learned.

# Planning and Preparation

Take these steps to plan and prepare. Remember, this program is designed for Juniors and not intended to be a multi-troop experience.

- **Read through this guide to familiarize yourself with the content**, including facilitation tips and suggestions, scripts and activity guides, and meeting aids.
- **Carefully review the following meeting aids for facilitators:**
  - **Mental Health Terms to Know and Symptoms of Mental Health Conditions** to learn the proper vocabulary and definitions so you can use them correctly and consistently.
  - **What to Know About Identity, Culture, and Mental Health** to understand how identity and cultural background can affect responses to mental health issues and access to treatment in different communities. This information may apply to participants.
  - **Girl Scout Safety Activity Checkpoints—Overall Health, Well-Being, and Inclusivity** to see guidelines for addressing and reporting mental health concerns about a Girl Scout. Contact your council for additional guidance or to obtain the full version of Safety Activity Checkpoints.
- **Take the “The Mental Wellness Patch Program: Why It Matters and How to Implement It” course in gsLearn (required):**
  - “The Mental Wellness Patch Program: Why It Matters and How to Implement It” (approximately 20 minutes) allows you to learn more about mental health conditions and how they affect the group you’ll be working with. We never know what others are going through, so being prepared for sensitive topics and big emotions will help you feel more confident in facilitating the Knowing My Emotions Patch Program for Juniors.
- **Take two gsLearn courses that provide additional support for leading the Knowing My Emotions Patch Program for Juniors (strongly encouraged):**
  - “GSUSA Mental Wellness 101” (approximately 35 minutes) offers a foundational understanding of mental health and social-emotional development stages, as well as tools to support the Girl Scouts you work with. (Note, however, that it isn’t a specific training for delivering the Knowing My Emotions Patch Program for Juniors.)
  - “GSUSA Delivering Inclusive Program” (approximately 20 minutes) lets you practice using inclusive and equitable language to support the identities of all Girl Scouts and foster a cohesive environment.
- **Decide on a location and plan your setting.** You can hold the Knowing My Emotions Patch Program for Juniors as an in-person troop meeting or a council or service unit event.
  - ▶ **For an in-person troop meeting:**
    - We recommend having a group of no more than ten Juniors. To accommodate a larger troop, you could consider splitting into two groups, with at least one facilitator overseeing each. Use additional volunteers to help facilitate as needed.
    - Create a relaxing space that’s quiet and cozy for the group. Think about pillows or sitting on a comfortable rug or chairs.
    - Nature is nurturing. If possible, consider meeting outdoors, somewhere quiet and private.

► **For a council or service unit event:**

- Reserve a location in advance.
- Send out information to participants at least two weeks before with relevant information about time, location, and parking. Send reminders up to the day.
- At the event, divide Juniors into groups of no more than ten. Have at least one facilitator for each group; use additional facilitators as needed.

● **Recruit mental wellness experts and other volunteers to help facilitate.**

- To the extent possible, bring in experts and volunteers who reflect the community of Girl Scouts they'll be supporting.
- Talk to your council and friends and family network about relationships they might have with mental wellness experts and professionals to help with support. For example, reach out to your [local NAMI affiliate](#) to see if they can help you find volunteers. (Note: It may be best not to invite a professional who provides services to one of the Girl Scouts in your group, since that may impact the participation of the Girl Scout and can lead to a breach of confidentiality.)
- Enlist other volunteers to help facilitate breakout groups as needed.

● **Reach out to Juniors and their families or caregivers in advance.**

- Send an invitation for Seniors and Ambassadors to take part. (See the **Customizable Invitation Email to Parents/Caregivers** on p. 20.)
- Assure them this will be a comfortable space for participants to learn about mental wellness. It's possible that families may want to opt out, and that's okay, too.
- If you're hosting Knowing My Emotions Patch Program for Juniors in a different location than your regular troop meetings, make sure to provide the address and directions.

● **Gather activity materials and print out meeting aids for Juniors.**

- Read through the materials list in the "Knowing My Emotions Patch Program for Juniors at a Glance" chart below to know what specific items you'll need and what to prepare ahead.
- Check out the [Meet Little Monster](#) activity book on NAMI's website. If you think it's appropriate for your Juniors, print out copies to give them at the end. This is optional.

● **Think about what you are personally willing to share.** Juniors might not always be comfortable initiating or contributing to the conversation. Hearing from you could give them more confidence to share their own experiences. For example, you might say, "I was really sad when I found out that my best friend was moving to another state."



# Program at a Glance

\*These suggested times total 90 minutes.  
Please adjust as you see fit for your group.

Time	Activity	Materials
5 minutes	<b>As Girl Scouts Arrive: How Are You Feeling Today, Really?</b>	<ul style="list-style-type: none"> <li>• Construction paper (one piece for each Junior)</li> <li>• Crayons or markers</li> </ul>
5 minutes	<b>Introduction: Knowing My Emotions</b>	
10 minutes	<b>Activity 1: Find the Words</b>	<ul style="list-style-type: none"> <li>• <b>The Feelings Wheel</b> meeting aid (one for each Junior)</li> <li>• Crayons or markers</li> </ul>
20 minutes	<b>Activity 2: Your Feelings and Showing Kindness</b> Prepare Ahead: Write or type each of the four role-play scenarios on separate pieces of paper to give to each breakout group.	
10 minutes	<b>Stretch-and-Snack Break</b>	<ul style="list-style-type: none"> <li>• Nutritious snack items such as fresh fruit, trail mix, granola bars, and water</li> <li>• Paper plates and cups</li> <li>• Disposable utensils</li> </ul>
20 minutes	<b>Activity 3: Supporting Others</b> Prepare Ahead: Write or type each of the four role-play scenarios on separate pieces of paper to give to each breakout group.	
10 minutes	<b>Activity 4: Practice Coping Skills</b>	
10 minutes	<b>Reflection and Wrap-up</b>	<ul style="list-style-type: none"> <li>• Suggestion box</li> <li>• Paper</li> <li>• Pencils or pens</li> <li>• <a href="#">Meet Little Monster coloring and activity book</a> (one for each Junior, printed from the NAMI website—optional)</li> </ul>

# Facilitation Script and Activity Guide

## Notes to Facilitators:

- This Knowing My Emotions Patch Program for Juniors is approximately 90 minutes. Feel free to use another meeting to cover anything you don't have time for.
- Start activities with the whole group before breaking out into smaller groups.
- You'll find suggested talking points under the heading "SAY." Follow them as written or use them as a guide to share the information in your own words.

## As Girl Scouts Arrive: How Are You Feeling Today, Really? (5 minutes)

**Prepare ahead:** Write "How are you feeling today, really?" on a large poster board or whiteboard. Post or place where Juniors can see it when they enter.

**Materials:** Construction paper (one piece for each Junior), crayons or markers

**Purpose:** Juniors compare how they're feeling to weather conditions.

As Juniors arrive, give each a piece of construction paper and ask them to write or draw how they're feeling in terms of the weather. They can write or draw things like foggy, sunny, rainy, cloudy, stormy, hot, or cold. Tell them to be creative! Have them hold on to their papers to use in Activity 2 (p. 12). Write or draw your feelings, too, so you can also share during Activity 2 if the group needs encouragement. Have all Juniors set their work aside. They'll look at it again at the ending reflection period.

## Introduction to the Mental Wellness Patch Program for Juniors: Knowing My Emotions (5 minutes)

**Purpose:** Juniors learn about the Patch Program and find out what coping, mental health, and mental wellness mean.

**SAY:**

- *Welcome to the Mental Wellness Patch Program for Juniors! Our theme today is “Knowing My Emotions.” That’s right, you’re going to learn all about your emotions by finding words to help talk about your feelings.*
- *You’ll also find out what mental wellness means and learn some healthy ways to get through a stressful or difficult situation. That’s called coping!*
- *When you see or hear the words “mental health,” what do you think of? How does it make you feel? (Give time to respond.)*
- *I bet you know about physical health and what it means to take care of our bodies, right? We do things like get enough sleep, stay active, drink water, and eat nutritiously. Well, it’s just as important to take care of our mental health. Mental health affects how we think, feel, and act.*
- *We all have mental health, just like we all have physical health. We should be sensitive to how we speak about mental health challenges because we might not know what other people in the room are facing, which is okay! We are here to discuss it.*
- *If you have any discomfort about anything we talk about or do today, you can choose not to participate in the discussion or activity and it’s perfectly fine.*
- *Mental wellness refers to all the things we do to take care of our mental health. Like taking deep breaths to calm down if we’re having a tough day. Or taking a break to do something just for ourselves—listening to our favorite music, reading, watching an episode of a show we really like, or even just sitting quietly for a bit.*
- *How do you practice mental wellness? (Give time to respond. If needed, prompt them with a couple of your own examples.)*
- *Now, we all have days where we feel different things. Sometimes we’re happy or excited. Sometimes we feel tired, angry, or frustrated. Sometimes we feel anxious or scared.*
- *Sometimes we have feelings that change our mood or how we respond to things. Who has ever felt like that? (Give time to respond.)*
- *What do you do when this happens? Do you keep a positive attitude or let the feelings take over for a while? Or are you somewhere in between? (Give time to respond.)*

## Activity 1: Find the Words (10 minutes)

### Materials:

- **The Feelings Wheel** meeting aid ( one for each Junior)
- Crayons or markers

**Purpose:** Juniors learn the names for their emotions.

Pass out **The Feelings Wheel** meeting aid.

### SAY:

- *When you got here today, you wrote or drew how you were feeling in weather terms. In a little bit, you'll have a chance to share what you wrote or drew. But now, we're going to start to learn the names of these feelings.*
- *Take a look at the Feelings Wheel and color in any of the feelings you may have had before.*

Give Juniors a couple of minutes to color in their feelings. Be prepared to explain terms if they're unsure of the meaning.

### SAY:

- *The Feelings Wheel gives you the names of feelings. Why is it helpful to know the names? (Give time to respond. If Juniors need help, you can say that knowing the names of our feelings makes it easier to tell other people, like our families and friends, how we're doing.)*
- *Have you ever shared something you were feeling with a family member or friend? Was it difficult or easy to do that?*
- *Why would you NOT share something you were feeling? (Give time to answer. If needed, offer an example from your own experience, such as, "I was once too embarrassed to share how I was feeling with my friend." Other responses could be: "Don't have the right words"; "Don't know who to share with.")*
- *Good work so far! Let's do one more activity before we take a stretch-and-snack break.*

## Activity 2: Your Feelings and Showing Kindness (20 minutes)

**Prepare ahead:** Write or type each of the four role-play scenarios on separate pieces of paper to give to each breakout group.

**Materials:** None

**Purpose:** Juniors continue exploring their feelings and role-play to practice showing kindness to someone having a tough time.

### SAY:

- *Who would like to share what they wrote or drew when they first got here today? (If Juniors need encouragement, share your own paper first.)*
- *When you have negative feelings, sometimes it's because of something that's happened or something you can't control, like not getting the grade you hoped for on a test or trying out for something and not getting selected.*
- *Have you ever gone through something like that? How did it make you feel? (Responses could be: "angry"; "upset"; "worried"; etc.)*

### Mental health safety notes for facilitators:

- If a Junior brings up an issue that you feel you should discuss privately later, such as their family going through a divorce, job loss, or loss of a family member, or that you need resources to pursue through your council, let them know you're putting the topic in the "parking lot." Write it down so you can follow up later. You may want to share the information with the Junior's parents or caregivers or ask your council membership manager how to handle it.
- If you hear anything that compromises a Junior's safety, refer to the meeting aid **Girl Scout Safety Activity Checkpoints—Overall Health, Well-Being, and Inclusivity**. It provides guidance for addressing and reporting material concerns about a Girl Scout who might be struggling with mental health issues. Contact your council for additional guidance.

**SAY:**

- *We've been talking a lot about your individual feelings. It's also important to remember that other people are going through things, too.*
- *Sometimes we might think things about other people without knowing anything about them. It's important to be kind because we don't know what feelings any one person is carrying with them every day.*
- *Sometimes a person who acts the meanest could be carrying a lot of hurt and worry. Showing anger can be easier than dealing with those other feelings. Or maybe they're very frustrated and haven't been able to talk about it to anyone yet, so they behave in an angry way instead.*
- *How does it make you feel when you do something nice or help someone else? (Give time to respond.)*
- *Helping others and showing kindness can boost your self-esteem—that means how you feel about yourself—and improve your mood. So being kind helps the other person, and it helps you, too!*
- *Now we're going to get into teams and act out different situations to practice showing kindness to others.*

Divide Juniors into four teams.

**SAY:**

- *I'm going to give each team a sample situation where someone is having a tough time. In your teams, come up with an idea for how you'll help or show kindness to that person, then practice how you'll act it out.*
- *When you're done, we'll come back together, and you'll act out your situation for the group.*

Give one scenario to each team:

- A classmate dropped their books and other belongings in the hallway, and no one is helping. A few people are even laughing at the student.
- You notice a classmate sitting alone at lunch and looking sad.
- You see a classmate making fun of another student's clothes.
- A classmate is confused about an assignment but is too shy to ask for instructions.

Tell Juniors to assign team members to play different roles in the scenario. For example, in the first scenario, the roles might be the classmate who dropped the books, one or two people laughing at them, and one student who helps the classmate.

Give each team a couple of minutes to act out their scenario for the group.

**SAY:**

- *Great work, everyone! How did it feel to be kind to someone having a tough time?*
- *What was your favorite act of kindness from one of the other teams?*
- *Now that you've practiced kindness, will it be easier for you to show kindness to someone you see struggling?*
- *Okay, now we'll take a quick break to help us refuel and recharge!*

## Stretch-and-Snack Break (10 minutes)

### Materials:

- Nutritious snack items such as fresh fruit, trail mix, granola bars, and water
- Paper plates or cups
- Disposable utensils

**Purpose:** During a stretch-and-snack break, Juniors explore how movement and nutrition can affect the way they feel.

Encourage everyone to choose their own stretch and do it for one or two minutes. They can do this standing or sitting, whatever feels good to them. If they're unable to think of a stretch, show them a couple of your favorites.

### SAY:

- *How did stretching make your body feel? (Give time to answer.)*
- *How do you think movement can affect how you feel mentally? (Give time to answer.)*
- *Did you know that what you eat can also affect how you feel? Let's get our snacks and talk about that some more.*

Have the group select whatever snacks they'd like. While they eat, talk with them about how nutrition impacts mental health.

### SAY:

- *We paused for a snack break to give our brains some energy. Foods have nutrients that can help you stay alert and strong, and make you feel better. Sometimes we have negative feelings when we are hungry!*
- *Do you notice a difference in how you feel when you're hungry compared to when you have had a nutritious meal or snack? (Give time to answer.)*
- *What foods and drinks do you think keep your body and mind strong? (Give time to answer.)*
- *Hopefully you're all feeling refreshed after our break! Ready for our next activity?*

If the group needs more time to finish snacks, they can continue eating as they get into the next activity.

## Activity 3: Supporting Others (20 minutes)

**Prepare ahead:** Write or type each of the four role-play scenarios on separate pieces of paper to give to each breakout group.

**Materials:** None

**Purpose:** Juniors learn about coping skills and act out strategies for specific situations. Then they talk about what to do when someone they know is having a hard time.

### SAY:

- *You've learned a lot so far about emotions—your own and other people's. In this activity, you're going to discover some ways to cope with your emotions.*
- *Earlier, we talked a little about coping. Does anyone remember what it means? (Give time to respond.)*
- *Coping is what a person does to handle or get through a stressful situation. What are coping skills? Where do we get them? (Give time to respond.)*

- *A lot of times, we learn coping skills from the adults in our lives. Sometimes coping skills help the situation, and sometimes they don't.*

- *What coping skills help you when you're stressed out? (Give time to respond.)*

If needed, share these examples of helpful coping strategies:

- Going outside or being active
- Taking time out for yourself
- Writing in a journal
- Listening to your favorite music
- Talking to a friend

### SAY:

- *Are there ways of coping that might not be helpful? (Give time to respond.)*

If needed, share these examples of unhelpful coping strategies:

- Acting on your anger in a way that hurts people, like yelling or hurting someone else or yourself
- Running away from the situation and ignoring it
- Spending hours on social media instead of talking about what's wrong

Divide Juniors into four teams (not necessarily the same ones they were in for Activity 2).

**SAY:**

- *Now we're going to do some more acting!*
- *I'm going to give each team a sample situation. In your teams, come up with a coping strategy for that situation and practice acting it out. If you come up with more than one way to cope, that's okay!*
- *When you're done, we'll come back together, and you'll act out your coping strategies for the group.*

Give one scenario to each team:

- You did something your parent or caregiver didn't approve of, and they took away your electronics for a week.
- Your parent or caregiver lost their job, so your family canceled the vacation you were excited about.
- You sprained your ankle, and now you can't play in your basketball tournament this weekend. Your teammates were counting on you.
- Your friend told you a secret about someone not being invited to a party and asked you not to share it. But you told someone else and now your friend is mad at you.

Tell Juniors to assign team members to play different roles in the scenario, similar to Activity 2. For example, in the first scenario, one or two people could play the parent/caregiver and one person could play the kid whose electronics were taken away.

Give each team a couple of minutes to act out their scenario for the group.

**SAY:**

- *You came up with terrific coping strategies!*
- *Which was your favorite?* (Give time to respond.)
- *Did you learn any new ones? Which ones?* (Give time to respond.)
- *One of the scenarios was about keeping a secret a friend tells you about a party. But there are times when you shouldn't keep a secret, like when a friend is struggling or could be in danger. In those cases, you need to tell a trusted adult.*
- *I'm going to read a few more situations where a friend or classmate might need help. After each one, I'll ask you to share your ideas for a trusted adult you could talk to and what you'd say to them. There could be lots of different ideas for each situation.*



## Activity 4: Practice Coping Skills (10 minutes)

**Materials:** None

**Purpose:** Juniors learn two strategies for calming down anxious feelings.

**SAY:**

- *How many of you have ever felt nervous or stressed? Show of hands!*
- *Me, too! I get nervous when \_\_\_\_\_.* (Facilitator: Share whatever makes you nervous, for example, “When I have to drive on a highway at night.”)
- *What are things that make you nervous?* (If the group needs prompts, ask, “What about when you have a big test? Or you’re about to act in the school play or have a soccer game?”)
- *Did you know there are things you can do to help yourself calm down? We’re going to try a couple of them now. The first one is called mindful breathing. Has anyone heard of that or ever done it before?*
- *Mindful breathing is when you take time to focus on how it feels to breathe in and breathe out. This helps move your attention away from what’s causing stress. The slow breathing actually tells your body it’s okay to relax. Let’s do it together! We will do one type of mindful breathing: “box breathing.”*

Ask Juniors to form a circle, standing or sitting. Have them:

1. Inhale through their noses for four seconds
2. Hold their breath for four seconds
3. Exhale slowly through their mouths for four seconds
4. Pause quietly for four seconds

(TIP: You can trace the shape of a box in the air with your finger while you count, to help visualize the four steps of the breath.)

Do this for a few rounds, then have the group respond to these questions:

- How did it feel to totally focus on your breathing for a few minutes?
- Do you think you’ll try mindful breathing the next time you feel worried or stressed?

**SAY:**

- *Now we’re going to try something else that can help you feel more connected to yourself rather than the thing you’re worrying about. You’ll use your senses to focus on the world around you.* (Note: This activity involves all five primary senses. If one of the senses is not accessible to the whole group, substitute the sensing verb for “feel” and ask them to count emotions. To further adapt the activity for accessibility, substitute the word “imagine” for the sensing verb and have the group imagine in their mind the designated number of things.)

Instruct Juniors to do each of these one at a time if they’re able:

- **Look around for five things you can see.** It might be your shoes, the door, or a plant in the corner. Take time and really see what you’re looking at.
- **Touch four things.** It might be the rug, your arm, or something you’re wearing.
- **Hear three things.** It can be something as quiet as a clock ticking, someone moving, or sounds outside the window. Focus on three different sounds.
- **Smell two things.** If you don’t notice any strong odors, take in the scent of your own skin or hair.
- **Be aware of one taste.** It might be from the snack you ate earlier, or maybe your favorite dessert.

When the group is done, have them respond to these questions:

- How did it feel doing this exercise?
- Did you see, touch, hear, smell, or taste something you never noticed before?
- Do you feel more relaxed? Why or why not?

**SAY:**

- *Guess what? You can do both of these exercises with a friend! You can support each other when one of you is feeling stressed or overwhelmed.*



### Do you want to build more coping skills?

Go further with the Girl Scouts’ **Resilient. Ready. Strong.** patch program.



## Reflection and Wrap-up (10 minutes)

### Materials:

- Suggestion box
- Pencils or pens
- Paper
- **Meet Little Monster** coloring and activity book (one for each Junior, downloaded and printed from the NAMI website—optional)

**Purpose:** Juniors reflect on what they learned and discuss how they can continue to practice mental wellness.

### SAY:

- *We did a lot today, didn't we? Let's talk for a few minutes about what we learned.*

Give the group time to respond to these questions:

- What was a new thing you learned about mental wellness?
- What activity helped you understand mental wellness better?
- What activity prepared you to help yourself or a friend who's going through a tough time?
- How do you plan to use what you learned?

### SAY:

- *I'm so glad you joined me today. Thank you for sharing and being respectful participants!*

**Note to facilitator:** If you think your Juniors will benefit from the **Meet Little Monster** activity book downloaded from NAMI's website, you can distribute it to each.

### SAY:

- *You're each getting a special activity book to take home with you. It's called **Meet Little Monster**. It has all sorts of fun activities and games to help you learn even more about mental wellness. You can share it with your parents or caregivers and see if they want to work on it with you.*

### SAY:

- *Before we wrap up, tell me: What's something you can start doing today to support your mental wellness? (Responses might be: "Keep a journal"; "Talk to a trusted adult"; "Do coping exercises like mindful breathing"; etc. Feel free to share a response of your own with the group.)*

If Juniors decide to keep a journal, suggest that they:

- Write in a notebook or on their computer.
- Try to write regularly. This could mean daily, twice a week, or once a week, but tell them not to stress about keeping a schedule.
- Use words, pictures, or drawings—whatever expresses how they're feeling.
- Write whatever comes to mind and feels right for them.

Before the group leaves, let them know what the suggestion box is and how to use it. Have them put anonymous feedback, questions, or comments into the box.

## Next Steps

We recommend the following additional steps to keep lines of communication open with parents and caregivers and to continue integrating mental wellness into Girl Scout activities:

- Send a follow-up email to parents and caregivers. Share what their Juniors did and learned about mental wellness. See **Customizable Post-Event Email to Parents/Caregivers** (p. 20).
- Send a follow-up email to your council to let them know how your Knowing My Emotions Patch Program for Juniors went. If your council has a survey for you to fill out, make sure to send that in.
- Incorporate mental wellness moments in future troop meetings. Check out GSUSA's [Resilient. Ready. Strong. patch program](#) for some ideas, such as playing music or creating a “happy box” with things that make Juniors smile. You can also ask the group to choose or vote on the wellness activities they’d like to do to start or end meetings. It might be a breathing exercise, a yoga move, or a moment of silence to think about what they’re grateful for.

## Customizable Invitation Email to Parents/Caregivers

**Use this email template to help you reach out to Juniors and their families or caregivers in advance of conducting the Knowing My Emotions patch program. This is the suggested language for inviting participants. Customize as needed.**

Dear Girl Scout Families and Caregivers,

Juniors are invited to take part in a 90-minute Mental Wellness Patch Program called Knowing My Emotions on [DATE]. Girl Scouts of the USA collaborated with experts at the National Alliance on Mental Illness (NAMI) to develop the program with input from other mental health professionals and Girl Scout council leaders. It has been generously funded by the HCA Healthcare Foundation.

Juniors will participate in a series of engaging activities to help them explore and identify their emotions and learn positive coping skills. This will be a supportive space for them to learn about mental wellness.

[Note to facilitator: If your patch program is in a location different from your regular troop meetings, provide the address and directions.]

If you have any questions, please contact me or the council directly. I look forward to seeing your Girl Scout on [DATE].

Thank you for supporting Girl Scouts. Best regards,

[YOUR NAME]

## Customizable Post-Event Email to Parents/Caregivers

**Use this email template to help you send a follow-up email to parents and caregivers. Share what their Juniors did and learned about mental wellness. This is suggested language for a post-event communication to parents and caregivers. Customize as needed.**

Dear Girl Scout Families and Caregivers,

Today, your Girl Scouts participated in the Mental Wellness Patch Program for Juniors: Knowing My Emotions. They did activities that taught them to recognize and name their emotions, helped them learn positive coping skills (such as practicing mindful breathing), and showed them how to support a friend who may be having a tough time. Importantly, this was a comfortable space for them to hang out and be themselves.

[Note to facilitator: Include any additional information you'd like about how the program went, the positive outcomes you observed, and/or your plans to incorporate mental wellness moments into future meetings.]

At the end, each Junior received a **Meet Little Monster** coloring and activity book to take home with them, courtesy of our friends at the National Alliance on Mental Illness (NAMI). NAMI created this book to help children express and explore their emotions in a fun, creative, and empowering way, and to promote discussion between kids and the trusted adults in their lives. I encourage you to work on the activity book with your child, at whatever pace feels comfortable.

If you have any questions, please contact me or the council directly. Thank you for supporting Girl Scouts.

Best regards,

[YOUR NAME]

# Meeting Aids

Use these meeting aids to facilitate this program.

## **For Facilitators:**

- For Facilitators: Mental Health Terms to Know
- For Facilitators: Symptoms of Mental Health Conditions
- For Facilitators: What to Know About Identity, Culture, and Mental Health
- For Facilitators: Girl Scout Safety Activity Checkpoints—Overall Health, Well-Being, and Inclusivity

## **For Juniors:**

- For Juniors: The Feelings Wheel



# Mental Health Terms To Know

Conversations about mental health and mental wellness are central to the Girl Scout Junior Knowing My Emotions, Cadette Finding My Voice, and Senior & Ambassador Showing Up For Me and You patch programs. Before leading any discussion on mental health and mental wellness, familiarize yourself with these definitions of mental health terms that may come up. Doing so will help you to lead a lively, productive, and informed conversation among troop members. This glossary from the experts at the National Alliance on Mental Illness (NAMI) provides definitions for mental health terms that may come up.

This glossary from the experts at the National Alliance on Mental Illness provides definitions for mental health terms that may come up.

- **Anxiety Disorders:** A group of related conditions, each having unique symptoms. However, all anxiety disorders have one thing in common: persistent, excessive fear or worry in situations that are not threatening. Everyone can experience anxiety, but when symptoms are overwhelming and constant—often impacting daily living—it may be an anxiety disorder.
- **Attention Deficit Hyperactivity Disorder (ADHD):** A developmental disorder defined by inattention (trouble staying on task, listening), disorganization (losing materials), and/or hyperactivity-impulsivity (fidgeting, difficulty staying seated or waiting). While ADHD occurs among people of all identities, it is generally underdiagnosed in girls.
- **Bipolar Disorder:** Causes dramatic shifts in a person’s mood, energy, and ability to think clearly. Individuals with this disorder experience extreme high and low moods, known as mania and depression. Some people can be symptom-free for many years between episodes.
- **Borderline Personality Disorder (BPD):** A condition characterized by difficulties regulating emotion. This means that people who experience BPD feel emotions intensely and for extended periods of time; it’s harder for them to return to a stable baseline after an emotionally triggering event. This difficulty can lead to impulsivity, poor self-image, stormy relationships, and intense emotional responses to stressors. Struggling with self-regulation can also result in dangerous behaviors such as self-harm (e.g., cutting).
- **Clinical Social Workers:** Practitioners trained to evaluate a person’s mental health and use therapeutic techniques based on specific training programs. They’re also trained in case management and advocacy services.
- **Counselors, Clinicians, Therapists:** Masters-level healthcare professionals trained to evaluate a person’s mental health and use therapeutic techniques based on specific training programs. They operate under a variety of job titles—including counselor, clinician, therapist, or something else—based on the treatment setting.
- **Depression:** Involves recurrent periods of clear-cut changes in mood, thought processes, and motivation lasting for a minimum of two weeks. Changes in thought processes typically include negative thoughts and hopelessness. Depression can also affect sleep/energy, appetite, and weight.
- **Eating Disorders:** A group of related conditions involving a preoccupation with food and body weight that cause serious emotional and physical problems. Each condition involves extreme food and weight issues; however, each has unique symptoms that separate it from the others. Common eating disorders are anorexia nervosa, bulimia nervosa, and binge eating disorder.



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- **Mental Illness:** A condition that affects a person's thinking, feeling, or mood. These conditions may affect someone's ability to relate to others and function day to day. Each person will have different experiences, even people with the same diagnosis.
- **Obsessive Compulsive Disorder (OCD):** Characterized by repetitive, unwanted, intrusive thoughts (obsessions) and irrational, excessive urges to do certain actions (compulsions). Although people with OCD may know that their thoughts and behavior don't make sense, they are often unable to stop them. Symptoms typically begin during childhood, the teenage years, or young adulthood.
- **Post-Traumatic Stress Disorder (PTSD):** Traumatic events—such as an accident, assault, military combat, or a natural disaster—can have lasting effects on a person's mental health. PTSD can occur at any age. Symptoms, which include reexperiencing, avoidance, and arousal, usually begin within three months after experiencing or being exposed to a traumatic event. Symptoms of depression, anxiety, or substance use often accompany PTSD.
- **Psychiatrists:** Licensed medical doctors who have completed psychiatric training. They can diagnose mental health conditions, prescribe and monitor medications, and provide therapy. Some have completed additional training in child and adolescent mental health, substance use disorders, or geriatric psychiatry.
- **Psychologists:** Practitioners who hold a doctoral degree in clinical psychology or another specialty such as counseling or education. They are trained to evaluate a person's mental health using clinical interviews, psychological evaluations, and testing. They can make diagnoses and provide individual and group therapy.
- **Self-harm:** Also called self-injury, this is when a person hurts themselves on purpose. One common method is cutting the skin with a sharp object, but anytime someone deliberately hurts themselves, it is classified as self-harm. Some people feel an impulse to cause burns, pull out hair, or pick at wounds to prevent healing. Extreme injuries can result in broken bones.



# Symptoms of Mental Health Conditions

Conversations about mental health and mental wellness are central to the Girl Scout Junior Knowing My Emotions, Cadette Finding My Voice, and Senior & Ambassador Showing Up For Me and You patch programs. Before leading any discussion on mental health and mental wellness, familiarize yourself with the signs and symptoms of mental health conditions. Doing so will help you to lead a lively and productive conversation among troop members. This tip sheet explains five of the most common mental health conditions that may come up in your discussions with troop members.

## **Anxiety:**

Gets upset when not on time for things like homeroom, practices, and parties; needs the comfort of a schedule and reacts negatively when plans change; seeks perfection in grades, extracurriculars, or cleanliness.

## **Attention Deficit Hyperactivity Disorder (ADHD):**

Has difficulty paying attention and listening when spoken to; is hyper focused on things they enjoy; moves constantly; talks excessively and over people; jumps from subject to subject; loses things a lot; starts many tasks but has a hard time finishing them; is forgetful; has sensory sensitivities.

## **Depression:**

Stops participating in things they used to enjoy; is not responsive to texts and invites; is easily frustrated, irritated, or short-tempered; could also be overachieving or taking on too much.

## **Eating Disorders:**

Eats too little or too much; has an intense fear of gaining weight; engages in excessive exercise; worries over calorie intake.

## **Post-Traumatic Stress Disorder (PTSD):**

Avoids situations that make them recall the traumatic event; experiences nightmares or flashbacks about the trauma; plays in a way that repeats or recalls the trauma; acts impulsively or aggressively; frequently feels nervous or anxious; experiences emotional numbness; has trouble focusing at school

*It's important for adult leaders of Girl Scouts to know and understand the symptoms of mental health conditions; however, noticing any of these symptoms in yourself or someone else doesn't necessarily mean a diagnosable mental health condition is present. Refer to the meeting aid "Girl Scout Safety Activity Checkpoints—Overall Health, Well-Being, and Inclusivity" for further guidance on addressing and reporting mental health concerns about a Girl Scout.*





# What to Know About Identity, Culture, and Mental Health

Girl Scouts have a range of identities and come from a range of cultures. The following information, adapted from the experts at the National Alliance on Mental Illness (NAMI), will help you understand how identity and cultural background can affect someone's responses to mental health issues and access to treatment. Each of the communities below consists of sub-communities with diverse cultures and identities. It's important to recognize and respect the uniqueness of each. Mental health needs and experiences vary among subgroups.

## **Asian American and Pacific Islander (AAPI) Community**

This racial identity is inclusive of 50 distinct ethnic groups speaking more than 100 languages, with connections to Chinese, Indian, Japanese, Filipino, Vietnamese, Korean, Hawaiian, and other Asian and Pacific Islander ancestries.

- It's a common cultural experience for members of the AAPI community to experience a deep sense of community and strong family bonds, which can help them build resilience to deal with challenges.
- Many second-generation members of the AAPI community struggle to find balance between traditional cultural values and the pressure to assimilate into the norms of mainstream (white) American society.
- Barriers to addressing mental health issues include:
  - Language, especially when seeking counseling for sensitive or personal issues.
  - Fear of jeopardizing immigration status or citizenship.
  - Stigma and shame (don't want others to have a negative opinion of them).
  - The "model minority" myth: a misleading belief that Asian Americans and Pacific Islanders are uniformly well adjusted, hard-working, and well educated, and enjoy more socioeconomic success than other people of color. This stereotype can result in others not attending to challenges expressed by members of the AAPI community.



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### **Black/African American Community**

This racial identity is inclusive of ethnic groups who can trace their origins in total or in part to the continent of Africa. The experience of being Black in America varies widely, but shared cultural factors play a role in mental health.

- Experiencing racism, discrimination, and inequity can significantly affect a person's mental health. Being treated or perceived as "less than" because of skin color can be stressful and even traumatizing.
- Black adults in the U.S. are more likely than white adults to report persistent symptoms of emotional distress, such as sadness, hopelessness, and feeling like everything is an effort.
- Barriers to addressing mental health issues include:
  - Inhibited geographic access to quality mental health care due to racial segregation and inequitable distribution of resources.
  - Socioeconomic factors that limit access to treatment options.
  - Internalized stigma: the perception, especially among older Black adults, of mental health conditions as personal weaknesses.
  - Mistrust of healthcare providers due to bias and lack of cultural understanding.
  - Preference to seek support from faith communities.

### **Hispanic / Latinx Community**

In the U.S., this community includes people from many different nations and regions of the world: Mexico, Puerto Rico, Cuba, Central America, and South America, among others. While largely regarded as one community, it's comprised of various racial and ethnic groups.

- Hispanic/Latinx communities are just as vulnerable to mental illness as other racial and ethnic groups, but, due to structural and institutional barriers, they don't have equal access to quality treatment. More than half of Hispanic/Latinx people aged 18–25 with serious mental illness may not receive treatment.
- Barriers to addressing mental health issues include:
  - Language, especially when seeking counseling for sensitive or personal issues.
  - Lack of health insurance coverage.
  - Socioeconomic factors and cost of healthcare services.
  - Fear of jeopardizing immigration status or citizenship.
  - Mistrust of healthcare providers due to bias and lack of cultural understanding.
  - Stigma and shame: This community fears being labeled "crazy" and doesn't want to bring shame to their family. They prefer to keep challenges at home private.



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### **Indigenous / Native Community**

Indigenous/Native people are those who have been living on this land prior to European colonization. There are 574 federally recognized tribal nations in the U.S., as well as tribes living without official recognition. These nations include over 200 Indigenous languages (and many dialects within those languages) and countless diverse cultures, traditions, and histories.

- The traumatic history of extermination, displacement, and forced assimilation of Indigenous/Native peoples continues through economic and political marginalization, discrimination, and inadequate access to education, healthcare, and social services.
- The multigenerational trauma that Indigenous/Native people have endured can lead to mental illness, substance use disorders, and suicide.
- Suicide rates for Indigenous/Native adolescents are more than double the rate for White adolescents.
- Barriers to addressing mental health issues include:
  - Language, especially when seeking counseling for sensitive or personal issues.
  - Indian Health Services (IHS) is underfunded and unable to offer services to meet mental health needs of the community.
  - Community members tend to live in rural and isolated locations with high rates of poverty and unemployment.
  - Programs don't often provide treatment that is culturally, spiritually, and traditionally appropriate.

### **LGBTQIA+ Community**

The Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, and Asexual (LGBTQIA+) community represents a diverse range of identities and expressions of gender and sexual orientation. (The “+” represents all other non-cisgender gender identities and non-heterosexual sexual orientations that are not captured by the letters.) Members are also diverse in race, religion, ethnicity, nationality, ability, and socioeconomic class. It's important to consider the combined and overlapping aspects of a person's identity.

- Many in the LGBTQIA+ community face discrimination, prejudice, denial of civil and human rights, harassment, and family rejection, which can lead to new or worsened symptoms of a mental health condition.
- LGBTQIA+ adults are more than twice as likely as heterosexual adults to experience a mental health condition. Transgender individuals are nearly four times as likely as cisgender individuals (people whose gender identity corresponds with the gender assigned to them at birth) to experience one.
- Substance use and abuse is high among LGBTQIA+ individuals, and they have a 120% higher risk of experiencing homelessness due to family rejection and discrimination.
- Barriers to addressing mental health issues include:
  - Discrimination and bias within the healthcare system.
  - The outdated notion that questioning one's gender identity is a mental health condition.
  - Mental health care providers often lump the entire LGBTQIA+ community together instead of addressing each sub-community's unique challenges, experiences, and rates of mental illness.

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Detailed choice activities, meeting tools, and additional resources and materials can be found within the Volunteer Toolkit on [my.girlscouts.org](https://my.girlscouts.org).

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### People with Disabilities

Nearly one in five (61 million) people in the U.S. are living with a disability. Disabilities can be physical or mobility-related, cognitive, developmental, intellectual, or sensory. A disability is generally defined as such when an impairment substantially limits at least one major life activity. Disabilities can be visible or not; it should never be assumed whether or not someone has one.

- Though discrimination against people with disabilities is against the law, they often continue to face discrimination and unequal access in employment, housing, medical care, and insurance coverage.
- Many people with disabilities experience physical challenges, including immobility or extreme pain, and social challenges, such as isolation or being excluded from invitations to social events and recreational activities.
- Given the stigma, lack of understanding about disabilities, and the need to navigate a society that is built for people without disabilities, many people with disabilities try to hide or mask their disability. This is burdensome and emotionally taxing.
- Barriers to addressing mental health issues include:
  - A perception that people with disabilities need to be “fixed,” cannot function fully in society, or have a “defect”.
  - A perception that mental health symptoms are to be expected given a person’s circumstances, and that they are unlikely to benefit from care.
  - Lack of integrated care; physicians treat people’s physical issues but often view any mental health symptoms as a by-product of the physical experience.
  - Difficulty communicating, either verbally or physically.
  - Poverty and lack of access to care due to employment discrimination; this population is three times as likely as people without disabilities to live in poverty.



# Activity Checkpoints for Overall Health, Well-Being, and Inclusivity

Presenting the Girl Scout Junior Knowing My Emotions, Cadette Finding My Voice, and Senior & Ambassador Showing Up For Me and You patch programs will expand your knowledge of mental health and wellness issues. It may also lead to revealing conversations with your Girl Scouts. You may become aware of concerning signs and symptoms among your troop. This excerpted section of the Safety Activity Checkpoints contains guidance for addressing and reporting mental health concerns about a Girl Scout. Contact your council with questions or to obtain the full version of the Safety Activity Checkpoints.

## Health History Form

Girl Scout councils require an annual health history form to be completed and signed by one parent/guardian for every Girl Scout and kept on file with the troop leader.

Follow council guidelines to comply with this requirement. The form should reflect any significant medical conditions, health issues, or allergies, and be updated each year. The form can also reflect any over-the-counter medications that a Girl Scout is not permitted to take, if there are any.

If parents or caregivers send medication on trips or activities, it should be in its original labeled container and controlled and administered by one designated adult. Health history forms can be shared with the site, camp physician, or nurse ahead of time.

Always keep a current and signed health history form for each Girl Scout member with you when traveling. Your council may require an updated midyear health history form for overnight trips. For physically demanding activities, such as water sports, horseback riding, or skiing, an additional current health history form may be obtained to make sure all adults are aware of any current medical conditions or special needs. Councils will retain all health history forms in accordance with state record retention requirements and laws.

## Health Exams and Health Exam Forms

Some councils also require a health exam for any activity that is three overnights or longer, which may include resident camp. Again, follow your council's guidelines with respect to health exams. In most cases, the health exam needs to have been completed within one year of the last date of the trip in order for Girl Scout members to participate. Your council may require a current health exam for adult volunteers who participate in trips of three nights or more as well; be sure to ask your council about their health exam policy. A health exam can be given by a licensed physician, a nurse practitioner, a physician's assistant, or a registered nurse. The medical provider must sign the health exam form.

For large events or trips longer in duration, such as resident camp or a weeklong trip to a ranch, the designated health professional at the trip location is responsible for collecting all health exam forms and health history forms for members and adults.

Health exam forms and health history forms are to be shared only with designated health professionals and council staff responsible for coordinating them. All health and medical information are private (by law) and must not be shared or publicly available, so keep forms safe and secure. Only share information on a need-to-know basis.

Councils will retain all health exam forms in accordance with individual state record retention requirements and laws.



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### **Vaccination and Immunization**

Issues or questions with respect to vaccination exemption periodically arise with activity and trip participation. Vaccine exemption laws vary by state and focus on public and private school attendance more directly than they do for youth organizations. Therefore, it is best to obtain local and state legal guidance and proceed in accordance with the state law as it applies to school attendance. A general overview of state laws regarding school immunization exemption is provided and annually updated on the [National Conference of State Legislatures website](#).

If you have any questions about your obligation to communicate a Girl Scout member's non-immunization with other troop parents or caregivers, contact your Girl Scout council for legal guidance as privacy laws may apply. Absent state laws that speak directly to vaccines and communicating non-immunization with parents of youth groups, the guidance is to follow the standard and protocol as it pertains to school attendance.

For information on COVID-19 vaccination, see Coronavirus Safety in Girl Scouts.

### **Mosquitoes, Ticks, and Lyme's Disease Prevention**

Mosquitoes, ticks, and insect bites are an inherent risk to any warm weather outdoor activity. Ensure parents and guardians are aware of the need to have their children properly covered, preferably with closed shoes and light-colored clothing and socks. It is important to advise parents, guardians, and Girl Scout members of this risk and the safety precautions they should take. The understanding that your troop or council cannot be held responsible for tick bites can be reinforced with a waiver reference on a permission slip.

An excellent source for learning more is the [Tick and Lyme disease prevention section of UptoDate](#).

To learn more about using insect repellent safely, visit the Environmental Protection Agency website at [Repellents: Protection against Mosquitoes, Ticks, and Other Arthropods](#). To learn more about safely using DEET directly on the skin and on children, check out [EPA DEET](#).

### **Emotional Safety**

Adults are responsible for making Girl Scouts a place where members are as safe emotionally as they are physically. Protect their emotional safety by creating a team agreement and coaching Girl Scouts to honor this agreement. Team agreements typically encourage behaviors like respecting diverse opinions and feelings, resolving conflicts constructively, avoiding physical and verbal bullying or clique behavior, practicing fairness, and showing positive, respectful, and helpful communication with others.

### **Physical or Sexual Abuse**

Physical, verbal, emotional, or sexual abuse of Girl Scouts is forbidden. Sexual pressure, sexual advances, improper touching, sexual communication such as text messaging, and sexual activity of any kind with Girl Scout members is not tolerated. If you witness or experience any behavior of this nature, notify appropriate council staff immediately. Incidences of abuse of any kind will result in immediate council intervention. Volunteers are responsible for following their council's guidelines for reporting any direct information or concern around physical, verbal, emotional, or sexual abuse with respect to girls.





## Youth Violence and Bullying

Youth violence or bullying is also not tolerated in Girl Scouts. Youth violence occurs when young people intentionally use physical force or power to threaten or harm others. Bullying is a form of youth violence. Volunteers should become familiar with the signs, risk factors, and preventive measures against this type of behavior. If you witness or experience any behavior of this nature, notify the appropriate council staff for guidance. The CDC provides excellent resources on this topic, including:

- [CDC Youth Violence](#)
- [CDC Fast Fact: Preventing Bullying](#)
- [CDC Youth Violence Prevention Strategies](#)

## Child Abuse

All states, the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands have specific laws which identify persons who are required to report suspected child abuse to an appropriate agency. Therefore, if you witness or suspect child abuse or neglect, whether inside or outside of Girl Scouting, always notify the appropriate council staff immediately and follow your council's guidelines for reporting your concerns to the proper agency within your state. For more information, please review these available resources:

- [U.S. Department of Health & Human Services; Child Abuse and Neglect](#)
- [U.S. Department of Health & Human Services: How to Report Child Abuse and Neglect](#)
- Child Welfare Information Gateway: [Mandatory Reporters of Child Abuse and Neglect](#)
- [CDC: Child Abuse and Neglect Prevention](#)

## Mental Health and Safety

As an adult volunteer overseeing the activities and behaviors of young people, you may witness signs of self-harm or the desire to harm others. Self-harm can be expressed physically through activities such as cutting, burning, bruising, excessive scratching, hair pulling, poisoning, or drug use. Another form of self-harm is suicidal ideation, which can be expressed verbally or with the written word. Yet another harmful expression involves harm to others, which can be expressed verbally or with physical aggression. If a situation of this nature is observed or comes to your attention in any form, always notify an appropriate council staff member immediately and follow your council guidelines with respect to next steps. The CDC provides informative guidance around identifying and responding to harmful behaviors: [Self-Directed Violence and Other Forms of Self-Injury](#) and also a section on at-risk youth: [Help Youth At Risk for Adverse Childhood Experiences \(ACEs\)](#).



### **Include Girl Scout Members with Disabilities**

Girl Scouts is committed to making reasonable accommodations for the inclusion of physical and cognitive disabilities. Talk to Girl Scout members of all abilities and their caregivers. Prior to an activity, always ask about needs and accommodations. Always be sure to contact the location, facility, and/or instructors to ensure they are able to accommodate those with disabilities. For more information visit [Disabled World](#). Whenever possible, the individual Safety Activity Checkpoints will provide additional resources specific to that sport or activity. Be sure to reference these resources when planning to include a Girl Scout member with a disability. Our goal is to include all girls with a desire to participate.

### **Equity**

In addition to physical and social-emotional disabilities, consider the history, culture, and past experiences of the Girl Scout members in your troop that could affect their ability to equally participate in an activity. Work with members and families to understand how an activity is perceived or experienced. Ensure that all Girl Scout members and their families feel comfortable and have access to whatever is needed to fully participate, such as proper equipment, prior experiences, and the skills needed to enjoy the activity.





# The Feelings Wheel

## Supports Activity 1

The Feelings Wheel is a tool that can help you to know your emotions better. It starts with “big” words in the middle and then breaks them down into more specific categories. It can be very helpful in sorting things out when you’re feeling many things at once. It can also help you to see patterns in your feelings. Some of the words describe good feelings and some describe bad feelings. That’s okay—all emotions are healthy and important! Check out the Feelings Wheel on this page, then color in any emotions you have felt.

