

ROARING ADVENTURES OF PUFF (RAP)

Childhood Asthma Education Program

Developed by the Alberta Asthma Centre

Instructor's Guide

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Helping Children Reach Their Full Potential

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Preface

It is estimated that over 13% of children in Canada have asthma, of which, two thirds are limited in their activities. Although asthma is considered to be a controllable illness, many children with asthma are still considered to be in poor control. Numerous studies have indicated that effective education and treatment can help most children with asthma to lead a healthy, active lifestyle and have minimal symptoms.

Parents, teachers and health care professionals felt that an asthma education program targeting children would be a valuable community resource and would enhance the lives of children with asthma and their families. They requested a program that would provide knowledge to children, promote problem solving and provide peer support. The Alberta Asthma Centre responded to this need through the development of a six-session asthma education program for children with asthma, called the Roaring Adventures of Puff (RAP).

The goal of RAP is to assist children 6 to 12 years of age with asthma to develop self-confidence, self-management skills, and attitudes that will promote healthy decision making. The program utilizes innovative and creative games and activities to facilitate the learning of new skills and knowledge. Puff the Asthmasaurus is featured as an interactive puppet that shares his asthma stories and experiences with the children. He guides them as they journey towards greater understanding of asthma and improved quality of life. RAP integrates the theoretical assumptions of the social cognitive theory and the principles of teaching and learning to more effectively meet the learning needs of the children.

RAP has been implemented in communities across the country. Hundreds of health care professionals have taken the RAP instructor's course and have provided the program to numerous children. The program was created to be flexible to the needs of the community. This has allowed RAP to be implemented in a variety of settings such as schools, clinics, hospitals and community health centres. It is the aim of the program to continue to evolve to meet the needs of children with asthma and their communities.

Acknowledgements

We would like to thank the hundreds of educators, students and parents that have been a part of this program over the years. Thanks to their feedback and numerous outstanding contributions, you have helped make this a 'living', dynamic program that has truly been a coordinated effort. Without their motivation and passion to improve the quality of life for families and children with asthma, this program would not have come this far.

We also acknowledge and express our appreciation to all those who were part of the original Roaring Adventure of Puff program including developers, advisory committee members and individuals who contributed resources:

- Eugene Krupa, PhD
- Angela Estay, RN, MA
- Audrey Pennycook RN
- Heather M. Sharpe, RN, MN, CAE
- "Education on Asthma in Schools" Sub-Committee
- Education Working Group, Alberta Asthma Centre
- "Open Airways for Schools" Instructors

Thank you to John Beards, the creator of Puff the Asthmasaurus and for his suburb graphic designs and layout. His vision of a character that kids related to back in 1992 has made kids laugh and emotionally connect over the years.

We also wish to acknowledge the generous support of donors who contributed towards the development, testing and evaluation and ongoing support of the program:

- Childhood Asthma Foundation (Major Donor 2000-2006)
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- Wild Rose Foundation (Grant For RAP Coordinator 1995 – 1996 and supplies)
- Merck Frosst Canada (RAP online 2006)

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Finally, we wish to acknowledge the instructors, for it is with your time and commitment to educate children with asthma that brings this resource to life and becomes practical for the families dealing with asthma in your community. Numerous instructors have and continue to contribute to the growth and development of the RAP program and provided value-added resources and materials. Acknowledgement for most of these contributions is attached to the contribution throughout the manual. We invite all RAP instructors to add their additions and original ideas to the RAP program Some are listed below:

- Puff Puppet pattern & Stage (Cindy O'Hara - Northern Lights Health Authority)
- Asthma Action Plan Diary 1996 Development
(Terri West, Nursing Student - Alberta Asthma Centre)
- Printing costs of Original Asthma Action Plan Diary, 1996 (Glaxo Wellcome Inc)
- Layout costs of Asthma Action Plan Diary, 1996
(Speedfast Color Press (1983) Ltd)
- Tips on How to Create an Action Plan
(Cindy Der (Student) - Alberta Asthma Centre)
- Readiness to Learn section (Vickie Boechler)
- Childhood Asthma Pictorial Scale Answer Sheet
(Audrey McVey – Westview Health Region)
- French Translation of Pictorial Scale
(Elyse Bissonnette - Pulmonary Research Group)
- Camp Games
(Tracey Kalmbach & Richelle Kanngiesser, Heather Wells (Nursing Students))
- Puff's Large Asthma Airway (Elaine Kaufman, RRT)
- Me And My Asthma (AHFMR RAP Study Steering Committee)
- Asthma Action Plan Diary 1999
(Children's Hospital Asthma Clinic (Calgary) and the Alberta Asthma Centre)

Thank You to All Who Contributed

Introduction

Statement of Purpose

The purpose of Roaring Adventures of Puff is to facilitate evidence-based, age-appropriate education to children, age 6 to 12 years, with asthma and their families so they may develop the knowledge, attitudes and skills necessary to live active, healthy lives.

Program Overview

Program Objectives

The RAP Program Aims to Achieve the Following for Children with Asthma:

- provide a unique and engaging asthma education
- create a supportive and sharing environment
- enhance awareness of their condition and how it affects them
- encourage asthma self-management behaviours
- promote responsibility for their health
- optimize quality of life
- increase activity level and sense of well-being
- manage fears associated with asthma
- reduce school absenteeism and emergency visits

The RAP Program Aims to Achieve the Following for the Community:

- enhance the understanding of asthma
- promote community collaboration
- improve health of children with asthma in the community
- decrease unnecessary health care utilization
- promote a model for community wellness
- suggest guidelines and resources for asthma management in schools

Asthma Management Goals

To assist children with asthma to achieve and maintain control of their condition and maximize their quality of life, educators must work towards three main goals:

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- Promote healthy actions aimed at maintaining and improving their health, quality of life and well-being.
- Encourage effective partnership between person/family with asthma and health professionals.
- Improve understanding of their condition.

Successfully achieving the three goals will assist in reaching the following outcomes:

- Achieve and maintain control of symptoms.
- Maintain pulmonary function as close to normal levels as possible.
- Prevent asthma exacerbations.
- Maintain normal activity levels, including exercise.
- Reduce hospital, emergency, and unplanned doctor visits.
- Reduce absences from school or work.
- Avoid adverse effects from medications.
- Minimize the amount of medication while maintaining optimal control.
- Prevent development of irreversible airway obstructions due to chronic inflammation.
- Prevent asthma mortality.
- Control fears and anxieties

Facts about asthma

- Childhood asthma is the most common chronic childhood disease.
- Affects 7-20% of school aged children.
- Leading cause of school absenteeism.
- Asthma is the leading cause of emergency departments admissions in children.
- 62% of children with asthma have activity restrictions.
- Most children with asthma can lead a healthy, active life.
- Many asthma problems can be reduced through effective education and treatment.

Developmental Process of RAP

- based on Canadian Consensus Guidelines for Asthma Care
- flexible for individual community needs
- built-in needs assessment and evaluation processes
- based on innovative, interactive and entertaining learning models
- revised according to the needs of the children with asthma

Program Components

- parent and teacher asthma awareness opportunities and discussion of asthma management issues at school and at the child's home
- written action plan for the child developed by their physicians
- small group setting
- sharing of asthma experiences with peers
- personal goal setting by the child
- core issues taught in six sessions
- role play scenarios about asthma
- "Fun Book" activities
- diary monitoring that enhances awareness of the body and response to appropriate actions
- preventative strategies that include avoidance, recognition of early signs and early action
- interactive learning emphasizing positive reinforcement and exponential learning
- Puff the Asthmasaurus puppet sharing how he survived extinction
- drawings that help children express how it feels to have asthma
- interactive games such as Trigger Pictionary, Charades and Asthma Jeopardy
- model building of asthmatic airways

Why a program for kids with asthma?

- School age children are separated from their parents/guardians for greater lengths of time and need to function more independently in relation to managing their asthma.
- Healthy patterns of asthma management behaviour and attitudes need to be established early in life.
- Developmentally, studies suggest that school age children are capable of taking more responsibility for their health and management needs.
- Asthma can impact social relationships, self-esteem, school performance, physical activity and quality of life which in turn can impact many facets of life. An education program that helps to reduce or eliminate these concerns must be directed at the affected child.
- Children with asthma benefit from a supportive peer environment.

What have others said about RAP?

RAP Instructors

- "It was fun to see what the kids came up with and how willing they were to learn."
- "I enjoyed the opportunity to be involved in the school, working with the children and helping them understand their asthma."
- "The best part was how they shared their stories."
- "I was amazed at how much the kids - even the older ones - really got attached to Puff!"
- "Puff really drew them out!"

Children

- "The teachers were very nice and helpful."
- "The activities were fun."
- "I plan to avoid getting an attack if I can help it."
- "I'm a lot more in touch with what is going on in my body."

Parents

- "It was very useful for my child to see other children who had to live with asthma and that they are not different. He really enjoyed himself."
- "My child was more relaxed in talking about her asthma. She loved RAP!"
- "RAP improved his self-awareness and confidence."
- "RAP helped my child become more responsible for her asthma."

What have impact have studies found?

Four randomized control studies in schools have been conducted in Alberta and Ontario.

The Center for Disease Control in the USA conducted a case study on RAP and promotes it as an effective asthma education program for children –

http://www.cdc.gov/asthma/interventions/childhood_asthma.htm

RAP has been shown to statistically improve outcomes, such as:

- Urgent health care utilization
- Quality of life
- Self-efficacy in managing asthma

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- Number of days of limited activity
- Symptoms
- School absenteeism
- Use and access to action plans
- Self-management practices
- Understanding of asthma
- Consensus between parent-child quality of life ratings

Refer to the published studies for more detail.

Tips for using this manual

This manual provides health care professionals with a guide to best practice in the education of children with asthma. It supports an optimal delivery process that includes assessment, planning, education and evaluation. It incorporates relevant and evidence based principles, applications and strategies such as growth and development, child-friendly pedagogy teaching models, behaviour change models and social cognitive theory. Essentially, it takes the best applications that have evidence and utilizes them in a child friendly manner. Core objectives driven from clinical practice guidelines are content guideposts. The website will highlight new materials and updates.

We encourage educators to use these guideposts and the principles while adapting the education provided to meet the needs of the group. The manual is set up in a way that allows and encourages choice of learning activities. The learning activities are organized by objective and could be applied in the small group or in other settings. In addition, each instructor will have or will develop their own teaching style given the personality, experience and comfort level of the instructor. Over time, the instructor will develop their own 'script' or presentation that achieves the objective using a child-friendly approach. The development of new learning activities using the relevant guiding principles is encouraged. Instructors are invited to summarize the learning activity, submit sample or accompanying resource materials and indicate the developer(s) or developing organization. On approval, this will be posted on the website for the purpose of sharing with others.

Why a small group program?

Studies have shown that small group education can sustain an impact over a longer time period. The following highlight benefits of small group education for the participant:

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- Learns from others experiences, challenges and success
- Feels less isolated and different
- Incorporates peers, a powerful agent of change
- Promotes support from peers
- Gains confidence from coaching others
- Provides a powerful form of observational experiential learning
- Allows more opportunity for critical thinking such as problem solving scenarios brainstorming, role play, and questioning.
- Facilitates playing games and group learning activities

Who can lead a group?

Health care professionals who are keen to work with children with asthma can learn the necessary skill to teach children in a group setting. Experience in working with children and providing asthma education (preferable a Certified Asthma Educator) is strongly recommended. Teaching a group takes a specific skill set that is quite different than one-on-one education. Developing and utilizing the following skills would be an asset to the impact of the program:

- Facilitating controlled discussion
- Engaging child-friendly learning
- Providing simple and plain language explanations
- Maintaining positive group behaviour
- Self-assessing strengths and areas of improvement
- Utilizing a fun and creative approach
- Managing group time effectively
- Understanding basic knowledge of asthma management
- Ability to be flexible and adapt to change
- Utilizing excellent communication and listening skills
- Applying good organization skills

In order to help acquire and develop these skill-requirements, the following professional development activities are suggested:

- Attend the 2-day RAP instructor workshop
- Regularly utilize the learning materials and resources on the RAP website www.asthmacentre.org.puff/html
- Utilize the Creating Asthma Friendly Schools website www.asthmainschools.com
- Participate in asthma related workshops, conferences and updates when available

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- Participate in health education workshops, conferences and updates when available
- Self-reflect on what you can improve on and invite a peer to observe and evaluate education approach.

What is the role of the RAP Instructor?

The role of the RAP instructor will vary depending on the location, school, health services and community supports. The following outlines possible activities of the RAP instructor:

- Liaise with the school, community health nurse, families, and physicians
- Organize and present Parent/Teacher Asthma Awareness Event
- Promote the RAP program locally
- Act as local contact person
- Organize and implement the RAP program over six sessions
- Work towards the goals of asthma management
- Communicate with the parents, teachers and other appropriate individuals throughout and following the sessions.

Teaching Skills

Introduction

The *Teaching Strategies* section of the manual provides ideas for working with children and the process of educating children. The learning needs of a child are very different from an adult, and children learn in a variety of ways. This section provides various strategies for incorporating various learning styles into the program.

Strategies for giving feedback are also provided. This is an important component of working with children, and provides valuable feedback that gives the child ideas for improvement without criticism.

Working with children also requires insight into the developmental issues throughout childhood. This section provides an overview of the developmental issues of children during the school-age years, including physical, mental, adaptive, and personal/social development. It is essential to consider these issues when working with children, particularly when you have a group of children of various ages.

Group leadership skills

Building rapport

Many would say that they have a major impact on one's life only when they have a positive relationship with that person. The same can be said of the priority focus in providing education to children with asthma. If we provide asthma information and education in the absence of a relationship that is based on honesty, openness, integrity, acceptance, respect and support, what kind of outcome can we expect to achieve? Building rapport is of critical importance through the education process and is supported by the following approaches:

- Utilize a confident, friendly tone
- Use ample non-verbal communications skills that help the child feel welcome and supported such as:
 - Smiling
 - Nods
 - Leaning toward the person talking
 - Get down to their eye level
- Set up room in a way that promotes discussion and participation such as a semi circle
- Introduce yourself in a fun and interesting manner

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- Provide positive comments and use plenty of adjectives. "I am so glad you asked that interesting question."
- Get involved in the activities
- Have fun with the group
- Do not pass judgement or make a child feel guilty for any reason.

Developing group cohesiveness

An important advantage of teaching a group of children with asthma is the relationships that develop and support a higher quality of life. Fostering positive group cohesive cohesion/cohesiveness is build built into many of the curriculum activities but the instructor can help influence relationship in the following ways:

- Find commonalities among participants. "Has anyone else felt like that?"
- Make connections between the group participants. "Both John and Rob play soccer. John what do you do to improve your game that is different from Rob?"
- Set up pairs or teams to work on the learning activities.
- Use strategies that maximize group participation such as:
 - Present a problem or questions such as "What would you do if..."
 - Brainstorm possible solutions to issues that arise.
 - Ask open ended questions.
- Establish a comfortable environment that promotes participation and discussion.
- Support and reinforce the rules established by the group (e.g. one person speaks at a time).

Classroom management

After establishing positive rapport and strong group cohesiveness, group management will be less of an issue. Every group will be different and have needs that will be specific depending on various factors such as culture, income, attitudes and home environment. Even a seasoned instructor will need to prepare and be responsive to different group behaviours that are disruptive to the learning process and group cohesiveness. Sometimes applying preventative strategies can reduce the likelihood of further issues such as side stepping a power struggle. We strongly encourage you to review strategies that can be applied in various situations. Below are a few examples of reference that you may find useful:

- A reference for handling misbehaviour
<http://www.disciplinehelp.com/teacher/>
- Classroom management resources
<http://www.theteachersguide.com/ClassManagement.htm>

Giving Constructive Feedback

Feedback is important to coach children through learning objectives but needs to be done in a constructive way to maintain rapport and change behaviour. Here are some useful guidelines for giving feedback:

It is balanced.

Start with the positive aspects of the behaviour, then progress to the areas for improvement. This approach makes it easier for children to hear what you are saying and take action.

It is specific rather than general.

Specify what actions were well done. For example, instead of "Great technique" be specific and outline how it was great such as "You remembered to blow out before using your inhaler and hold your breath that time!" This helps the child know the evaluation criteria and do their own regular assessment on the behaviour.

It is descriptive rather than judgmental.

It is not very helpful to hear, "You are doing a good job". Making judgments on the behaviour such as good or bad takes away from the child's self-reflecting process. Being descriptive helps them to examine what they did and how useful it was to them. It is more useful to be descriptive such as, "Sounds like taking your medication every day has really helped your hockey game."

It is directed towards areas that they can do something about.

Frustration is only increased when a child is reminded of some shortcoming over which they have no control. Focus on how the child can behave and respond.

Child Education skills

Teaching tips

Preparation is essential for success

- Work with the school to plan promotion, maximum attendance and an optimal learning environment.
- Arrange teaching session to be conducted in a healthy environment setting (i.e. if possible, no carpet, chalk, plants, pets or smoking).
- Ensure that you have rehearsed your session plan.
- Allow enough time to set up room and materials.

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- Solicit a volunteer or partner to assist in planning, preparation and classroom management where possible.
- Arrange children in a semi-circle.
- Be cautious in providing food and drinks. **Ensure you are aware of all food allergies.** We do not recommend providing food. Have children bring snacks if necessary.

Use Supreme Communication Skills

- Provide ample sincere and positive reinforcement.
- Sum up main concepts frequently.
- Keep it simple.
- Model the behaviour or activities that you would like the children to do.
- **Your voice** should be friendly in tone; one that communicates patience, cooperation, and a desire to hear questions and comments.
- **Your facial expression** should show enthusiasm and openness. Children will "listen" to your face. If your face communicates interest, children will most likely respond with interest and involvement.
- **Your eyes** should maintain contact with the children. Don't stare or glare, but make direct contact from time to time with each child. This will enable you to pick up on confused or bored expressions that you will want to address.
- **Your posture** should be relaxed and confident. A rigid or domineering stance creates tension and says, "I am the expert – do not question anything I have to say."
- **Your gestures** can add emphasis and support to your words - so use your hands when making a point and do so in an "open" relaxed way. Avoid fidgeting and "closed" gestures, such as a clenched fist! Those gestures communicate nervousness, defensiveness or even hostility.
- **Your position** in a group, sitting in a circle with the children, makes both you and the children feel more relaxed. Positioning yourself in this way can help to make it easier for children to ask questions and share information. (Adapted from "Open Airways for Schools," 1993.)

Keep it Interactive:

- Teach to lead to action.
- Build on the children's previous experiences.
- Use several mediums to illustrate a concept (i.e. present, demonstrate, read, do, etc.).
- Becoming "child-like" at appropriate times is a favourable teaching style for RAP.
- Keep classes active and interesting. Adapt activities according to level of interest.
- Promote independence and self-management by allowing children to make decisions and take responsibility for various class roles.

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- Make use of the children's life experiences and stories wherever possible.
- Work with the various hands-on activities as much as possible.
- Consider factors that may influence the child's ability to learn or improve health behaviours and problem solve how you might address or work with those factors (i.e. perceived control of asthma, self-efficacy, family patterns, cultural expectations, positive and negative contacts, perceived benefits of health promoting behaviours, and perceived barriers to health promoting behaviours).

Ensure content is clear and accurate

- Instruct the child according to what the doctor has prescribed and recommended. If it contradicts the Canadian Asthma Consensus Guidelines, there may be a reason. If possible, find out the reasoning behind the deviation. Clarify physician directions with the parents first. If you are still concerned, ask if you can speak with the child's physician.
- Do not contradict what the doctor has told the child. If in doubt, call the doctor to clarify concerns.

Give it impact

What are characteristics of learning activities that impacted you? Did the teacher:

- Make it relevant
- Use humour
- Consider age-appropriateness
- Ensure it was personally interesting
- Build on existing knowledge/skills
- Use input
- Apply it to student's situation

Evidence-based learning principles

Health Education is "... the sum of experiences which favourably influence habits, attitudes and knowledge relating to health." Turner, 1928

The following summarizes teaching tips and rationale when providing health education to children:

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Action	Reason
Keep it short.	Children have a short attention span.
Praise, support, and nurture.	Build self-efficacy and increase motivation to learn.
Address each child by name	Makes children feel special.
Reinforce behaviours over time.	Knowledge is not enough to change behaviour
Ask open-ended questions.	Help to identify misconceptions and allows the child to express feelings.
Be non-judgmental.	Guilt does not change behaviour.
Clarify by restating what the child said.	Promotes clear understanding.
Use and relate to the child's ideas.	Children feel they are contributing.
Provide simple information.	Optimize understanding.
Integrate play and new experiences.	Learning occurs easily.
Be funny and interesting. (role play, games)	Capture their attention.
Deal with unresolved feelings.	These interfere with learning and change in behaviour.
Use concrete drawings and models.	Piaget's Concrete operational stage.
Use analogies of familiar "word pictures".	Helps to develop images of an idea.
Avoid negative words like "Don't".	Children like to be told what they <u>can</u> do.
Use a quiet teaching area.	Children are easily distracted.
Allow direct manipulation of objects.	Concrete use of senses (touch, sight, taste).
Talk about the children's experiences.	Interested in what affects them and reinforces learning.
Use clear, simple illustrations.	Reduces misinterpretations.
Talk at a grade three level:	- few three-syllable words - no technical jargon - short, simple sentences
Establish effective rapport.	Establishes trust.
Reassuring non-verbal communication.	Encourages open sharing.
Create supportive group environment.	More likely to share and discuss.
Be friendly, but firm.	Maintain classroom control.
Encourage autonomy.	Promote self-management of asthma.

Readiness to Learn

Use of creative teaching tools

Basic Puppetry Techniques

We encourage you to use the puppet for teaching to help keep the session light and interesting especially with the younger children. Using the puppet to introduce the key concepts (such as with the RAP songs) and how to do the learning activities give a topic a light approach and creates enthusiasm. You may choose to have the children use the puppet for demonstrations and their presentations. If you find it awkward to use the puppet as suggested, use your own discretion but remember to keep it fun.

- Give the puppet a personality. Try to make the puppet come to life.
- Synchronize the mouth movements to your speech. Always begin with the puppet's mouth closed. Use small mouth movements instead of over exaggerated movements.
- Place your four fingers in the top of the puppet's mouth and your thumb in the bottom of the mouth. Pretend your fingers are the eyes of the puppet when looking around the group.
- Practice to become comfortable in handling and talking to a puppet.
- If you have an assistant, you can use the Puff puppet as a sidekick to the instructor, reinforcing important messages.

The Kids on the Block Basic Puppetry Techniques

Lip Synchronization

Begin speaking with the mouth of your puppet closed; end speaking with the puppet's mouth closed. Use small movements (the thumb moves, not the entire hand) and save large motions to emphasize specific words. Avoid "thrusting" with your hand and wrist and flapping the mouth open and shut. Speak only (i.e. open and close mouth) on each "accented" syllable - experiment to see what looks most natural. Most importantly, practice, practice, practice! Practice without a puppet while talking on the phone, while looking into a mirror with the puppet on your hand.

Eye Focus/Contact

Imagine that you are looking through your puppet's eyes. Use your wrist to move the puppet's neck and turn its head. Keep your head and body behind the puppet's head. Use your peripheral vision to see the audience and your partner. If you focus entirely through the puppet, your audience will too. This is how you make your puppet appear alive!

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Posture/Movement

Ensure that you are comfortable holding your puppet. Avoid any unnecessary strain on your body. You will also need to observe your puppet's posture. The goal is for your puppet to have natural movement and posture.

Gestures

Work on the gestures after you have memorized the script. Try to avoid gesturing and speaking at the same time - there is a tendency to lose your lip sync. Gestures can be as simple as adjusting of hair or clothing or a movement to emphasize a point made in the conversation. Observe people while they talk, notice the gesture they use and try to incorporate some of these movements into your performance.

Characterization

Each puppet is an individual. Read the background information on your puppet and the scripts they are involved in. Create a voice (different from your own) and a personality that matches your character. Is your puppet energetic? Remember that your puppet is a child (in most cases) and act accordingly!

Used with permission of The Kids on the Block (<http://www.kotb.com>), Glenrose Rehabilitation Hospital, 1996

Additional resources:

<http://www.otherhandproductions.com/puppetry.html>

<http://www.1worldeducation.com/teachingwithpuppets.html>

Sample good and poor teaching approaches

The following vignettes highlight typical example of various teaching styles that you may have witnessed and have varying results. Consider how you might respond to the initial version, comments that others have made and how you would modify it to improve the outcomes.

Ms. Traditional

Picture a teacher with glasses at end of nose, standing with pen tapping board or book and speaking in a condescending tone:

“Now class you have five stars to write your wishes on. 1 2 3 4 5. In clear legible writing, I want each of you to print your wish out. Josie you are 1st. Come on then. Tell me why you wrote that.”

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Comments

Not fun, not keen to come back, intimidating, no explanation, no positive reinforcement, requiring justification for answer.

Revised

(positive, enthusiastic tone, sitting, using puppet)

"I have brought stars today for you to write your asthma wishes on. Who knows what an asthma wish would be? An asthma wish might be anything that you feel would make your life happier in regards to your asthma. Each of you can take turns printing your wish out. Puff would you like to go first. 'Okay...[pretending to write] hum- de-dum...there' Would you like to tell us about your wish? 'I would like to play soccer with friends. I really really like soccer but I have trouble running for the ball sometimes.' That is great Puff. Thanks for sharing. Who would like to go next."

Comments

Sounds like fun, model how to, Puff goes first, explanation.

Mr. Jar Gonism

This teacher speaks in a normal tone but is a bit rushed:

"Let me explain to you what asthma is. Here is a diagram of your lungs. Asthma occurs when an irritant causes inflammation, bronchioconstriction and increased mucous production. Does everyone understand that? Good. What might irritate asthma? (don't allow time to answer) Things like allergens and strong smells, right?"

Comments

Makes assumptions, high level of words, poor use of diagram, answers for them, assumes they don't know anything, scared of silence, too fast a pace.

Revised

"How would you describe asthma? (pause) Right Sean. It can make it hard to breathe. Now why would that be happening? (pause) Good thinking Jodi. Your air tubes are getting tight and swollen. What kinds of things cause this to happen in your lungs?"

Comments

Simpler, expressive, paraphrasing, summarizing positive tone, open and friendly, instructor interested in students' perspective.

Shy and Uncomfortable

This teacher is hesitant, shy, quiet and makes no eye contact:

“Today, if you want to, we will talk about your asthma triggers. We were going to play a game. Let me just see here (ruffle through book) Here it is Yes Okay. Some of you older boys may think this is a bit silly but really it is a lot of fun. Can we all give it a chance today? We are going to play trigger charades. Let me read you the directions...One at a time, each of you can pick a card and without saying any words, act out the word on the card and see if anyone can guess what you are. Let me show you. Okay. I am going to look a bit funny.”

Comments

No confidence, if you say it is silly-they will think it is silly, plants ideas, poor planning, reading text, loses audience, not attention grabbing, no eye contact.

Revised

“Today, we are going to have fun learning about asthma triggers. Has anyone ever been in a situation where you were not sure what was triggering your asthma? Well today we are going to learn more about the different kinds of triggers and how you can avoid them. Who likes to play charades? Who can tell us how you play charades? That’s right, you pick a card but these only have triggers on them. Then the group tries to guess what the trigger is from your silent acting. Let me show you. CAT! Very good. Can you tell I want to be an actor when I grow up?”

Comments

Fun, engaging, kids will be anxious to try, considers past experiences, emphasizes real life rationale for activity, encourages discussion, summarizes answers, positive, laugh at self in a positive way.

Childhood Growth and Development

Table 1. Developmentally Based Self-care For Children With Asthma

Age (years)	Developmental Considerations	Asthma Self-care Expectations
6 to 7	<p><i>Industry vs. Inferiority</i></p> <ul style="list-style-type: none"> Increasingly able to direct own attention, still distracted easily Thinking is systematic, logical but very concrete Relationships shift from family to peers and larger community Learn basic values 	<p><i>Step 1: Learn Basic Skills</i></p> <ul style="list-style-type: none"> Take medications and respiratory treatments correctly when adult remind Use peak flow meter correctly with adult reminders Demonstrate "listening to self" (the internal stethoscope) so can report wheezing to adults and treat asthma attacks early
7 to 8	<p><i>Industry vs. Inferiority</i></p> <ul style="list-style-type: none"> Learn parents can be wrong Share some of own thoughts with peers Moody Conform to avoid disapproval Understand concept of time Thinking is concrete Become capable of taking another's point of view Very conforming to group norms, find it hard to be different 	<p><i>Step 2: Beginning Decision-making</i></p> <ul style="list-style-type: none"> Request medications within 30 minutes of scheduled time Request and do peak flow meter, spirometry, and respiratory treatments at scheduled time. Record date, time, and results of peak flow, graph, if appropriate Notice, report and record triggers and, if appropriate, early warning signs Request pre-treatment before exercise, if ordered Demonstrate proper cleaning of equipment
8 to 9	<p><i>Industry vs. Inferiority</i></p> <ul style="list-style-type: none"> Less distractible, now able to direct own attention Cooperative play Use rituals to reduce dependency Think of own need first and are out to satisfy them Begin to see within a label given world (mean, nice, bully, cute, etc.) Able to spend night away from home 	<p><i>Step 3: Beginning Responsibility of Managing Symptoms</i></p> <ul style="list-style-type: none"> Recognize and report wheezing or tightness Rest and relax at the first sign of wheezing or tightness Continue to record peak flow meter values at scheduled times Demonstrate and use breathing exercises Continue "listening to self"

Adapted from Howell JH, Flaim T, Lung CL. 1992 Patient education. *Pediatr Clin North Am.* Dec;39(6):1343-61.

Planning

Introduction

The *Planning* section of the manual assists RAP Instructors with the preparations for implementing RAP in their community. It provides assessment forms, charts for tracking contacts and strategies for planning and implementing health education programs, based on the experiences of others. An important component of this planning includes working with the media and writing funding proposals. Examples of both are provided in this section.

Strategies to Identify School/Location and Gain Support

If you first need to identify the school(s) locations that you plan to offer the education or solicit stronger buy in from the school and/or community, below are some process that can be used to identify teaching environment and gain support.

1. First identify various contacts in the community. The more sources the better. Possible contacts might include:
 - Community Health Nurses responsible for schools in target area
 - School board contacts (i.e. special needs, school health, policy)
 - Use your contacts within schools (i.e. personal contacts with teacher or principal)
 - Parents of children with asthma
 - Parent advisory board (i.e. talk with chairperson, present to board)
 - Local physicians (i.e. pediatricians, family physicians, respirologists)
 - Asthma educators and clinics
 - Health professionals (i.e. pharmacists, pediatric nurses, environmental health specialist)
2. Introduce the need for education of students with asthma
Need statements about asthma in schools
 - Asthma is the most common chronic disease among children
 - Asthma can be life threatening if not properly managed.
 - Asthma can have a negative impact on school performance, absenteeism and activity level.
 - Most children with asthma can lead a healthy, normal life with optimal management.
 - Schools have little/inconsistent support in addressing asthma-related needs
3. Gain input on their perceived need(s).

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4. Communicate the goals, what you can offer schools and how it will impact schools

Goals

- The aim of the program is to know how to best enable students with asthma to optimally control their condition, have a good quality of life, and learn effectively in the school setting.
 - Help understand the needs of schools in relation to asthma
 - To provide support to school(s) in your Health District.
5. Ask for their support with the project
 6. Provide contact information
(points below provide further details)²⁶

Rationale for communication with other contacts/community members

- Help gain community-wide buy in and input
- Link to potentially interested schools or schools that need support
- Helps you stay open-minded about partners and solutions
- Gets different sectors and disciplines thinking and communicating about the issues
- Stimulates need for change
- Starts discussion on possible approaches to tackle the problem
- It is an ongoing problem that needs ongoing discussion with many partners
- Gain support.

What you can offer?

- Greater awareness of asthma-related school needs
- Education session to staff, parents, and students
- Information and resources on asthma in schools
- Suggestions on policy changes
- Review of environmental needs
- Recommendations on practical as well as larger environmental improvements

How will it impact schools?

- Confidence in addressing asthma issues
- Knowledgeable about asthma
- Reduce the asthma management burden of staff by offering RAP to student with asthma
- Healthier environment to work and learn in
- Less legal concerns with appropriate checks in place
- Processes in place for identifying children with asthma and their needs
- Clear guidelines in place for managing an asthma episode
- Management skills offered to children with asthma to reduce burden on staff
- Overall improvement in social environment and sensitivity to needs
- Safer, supportive school community for child with asthma

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Possible roles of partners may play

- Providing verbal support
- Providing additional contacts
- Communicating the issue with other community members/clients/patients
- Distributing resource material/information
- Active implementation support (i.e. presentation to parents, environmental recommendations)

Provide Contact Details

- Be sure it is easy for your contacts to reach you (i.e. business card, send an email thanks or summary of discussion)
- Ask if you can contact them again if required
- Suggest how you can keep them informed
- Summarize roles/actions

Planning your program

Planning a Community Program

Get Others Involved from the Beginning

- Build a core group representing different interests in the community
- Develop a plan to keep communication open with groups not involved but interested
- Identify supporters in the media
- Take time to learn to work together

Do Your Research

- Get facts and information on childhood asthma in your community.
- Assess the particular needs of your community.
- Assess the "readiness" of your community to address childhood asthma.

Develop Strategies

- Think of your community in broad terms, to ensure that your program is a comprehensive one.
- Set priorities - start with things you can complete and do well.
- Use strategies that develop "community ownership" of the program and the problem.
- Be "strategic" - build on strengths, aim for success and recognize your limitations.
- Consider establishing a community resource bank as an ongoing resource for all groups in the community. Think about the best way to ensure it is accessible.

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Implement Your Plan

- Involve other organizations and groups, if possible.
- Promote your activities.
- Establish a system of accountability that ensures high standards of implementation and on-going commitment.
- Learn from your experiences.
- Celebrate your successes.

Adapted with permission from: Child Sexual Abuse Prevention: A Resource Kit, Caring Communities

<http://www.cfc-efc.ca/docs/cich/00000017.htm>

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<hr/> <hr/> <hr/>	<ul style="list-style-type: none"> ○ Hospital staff ○ Respiratory Home Care Companies ○ Recreation Department ○ Family and Community Social Services <ul style="list-style-type: none"> ● Ask the school principal to encourage teachers to attend P/T Event. ● Provide the school with a poster to circulate to teachers and post on bulletin board.
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>Plan the P/T Event portion of the RAP program</p> <ul style="list-style-type: none"> ● Gather all supplies required for P/T event (i.e. handouts, audiovisuals, posters etc.) ● Make arrangement for room set up and audiovisuals (TV and VCR & Overhead projector). ● Circulate a list requesting parent names and phone numbers to collate and circulate later to encourage parent support. ● Circulate parent questionnaires and physician information letters to interested parents. ● Encourage parents to make a physician appointment with the child to complete the asthma action plan or ask parents to complete the asthma action plan and have the physician sign the action plan.
<hr/> <hr/> <hr/> <hr/> <hr/>	<p>Plan the childhood portion of RAP</p> <ul style="list-style-type: none"> ● Collect parent questionnaires and action plans from school office one week prior to the children's sessions. ● Review each child's history form and action plans. Ensure the informed consent has been signed and call the parent if clarification is needed. ● Arrange for an appropriate RAP teaching location. ● Gather all necessary supplies for the RAP sessions. ● Arrive 15 minutes early for each session to set up room and organize supplies.
	<p>Implement the RAP Program</p>
<hr/> <hr/> <hr/> <hr/> <hr/>	<p>Conduct ongoing follow-up with the family, child and teachers</p> <ul style="list-style-type: none"> ● Communicate to the parents and teachers on an ongoing basis, as needed, any concerns about children's asthma and level of control. ● Suggest other asthma resources to parents and teachers (see Asthma Resource Catalogue). ● Encourage the parents to develop a phone list to assist in providing each other with support. ● Follow-up on each child three to six weeks following the program to assess for additional needs, questions and changes they made as a result of the program. This could be done through the following mediums: <ul style="list-style-type: none"> ○ a telephone call ○ a pre-arranged appointment

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	<ul style="list-style-type: none">○ after the final session<ul style="list-style-type: none">▪ a mail out survey▪ a follow-up parent session
	<p>Evaluate program effectiveness</p> <ul style="list-style-type: none">• Request parents to complete the questionnaire after the program or on the last day.• Repeat both child and parent questionnaires one to three months following.

Organizing Tips

Before the Event

- Make a list of probable expenses (e.g. postage, printing, refreshments) and solicit donations from community organizations to cover these expenses, if necessary. Include the donors' names on all materials for the event.
- Set a date for at least three weeks to one month in advance to allow for sufficient publicity and those unforeseen last-minute glitches.
- If you have not already seen the room, go and check the layout to plan for coat racks, refreshments, seating arrangement, podium, microphone, etc.
- Develop a publicity strategy:
- Make posters and flyers and send home with children from school (check with the principal first).
- Send press releases to the local media and all local social services organizations; follow up with a telephone call.
- Send invitations to the director of education in your school district and to all the elementary school principals and guidance counsellors.

The following questions can be a useful guide in planning your childhood asthma community awareness activity.

- **Who is your target audience?**
- **What does your audience know already?**
Get a reading on the current knowledge, attitudes and perceptions of your target audience. This can be done through questionnaires, personal interviews or focus groups.
- **What does your audience want to know?**
Find out what your audience wants to know about childhood asthma. Tailor your awareness activity to their information needs.

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- **What is your message?**
Develop a message that can be stated in five words or less. Pretend you are writing a headline for a newspaper article on your activity. You may want to test your message on members of the target audience.
- **What do you want the audience to do?**
Give ideas for action and examples of what you want your group of students with asthma to do.
- **Why should the audience buy into your message?**
Find out what motivates your audience to act, e.g. sports ability, sleep, peer perception. In a short sentence, state the benefits of taking action.
- **What kinds of awareness activities will you organize?**
The following list of possible activities is only a beginning. Use your imagination and creativity to organize activities suitable for your audience.
 - displays at a shopping mall
 - posters
 - articles in local newspapers
 - presentations to administration, school board, school staff, bus drivers
 - speakers on radio and television talk shows
 - theatre group presentations

Adapted from: CHILD SEXUAL ABUSE PREVENTION - A RESOURCE KIT
<http://www.cfc-efc.ca/docs/cich/00000017.htm>

Comprehensive School Health: A Framework for Cooperative Action,
Canadian Association for School Health, p. 210-212.

Assessing needs

It is imperative to assess the needs of your group of children. Ideally, prior to bringing the program, it is helpful to have a general understanding of the population the group of children live, learn and play in and the support from the health community. There are various tools that can help you do this including those found in the program material section.

Lessons Learned from Health Education Programs

1. Funding to support the community process in health prevention and education is important.

Some RAP Instructors rely on volunteers to carry out much of the work, and receive money to support the process. Funding is particularly important when the RAP program is initiated by individuals in the community who do not have the resources of an organization behind them.

2. The process of building community ownership cannot be rushed.

Unfortunately, many programs give lip service to community development practices, while imposing time restrictions that block the process necessary for building collective ownership of the issues and the solutions. Developing community networks and supports take time.

3. Process is as important as products.

Funders place a lot of importance on products as their measure of success of a project - a kit, a series of parent groups, a workshop. The process of developing the product is not given equal value and yet, in our experience, a well-developed community process leads to greater benefits in the long run. This is certainly true of asthma prevention and education, where success will only come if the community is involved in defining the problem and the solutions. Through training, individuals from the community we are able to increase the resources available within that community.

4. We must develop committees or partnerships of people whose commitment to health prevention and education is a personal one and not just a job-related one.

An effective program is one that individuals come to the table out of a shared philosophy.

5. Strong leadership is necessary to get things started and keep them going.

RAP Instructors have to be prepared to:

- act as a resource for the community
- be accessible and able to access other resources including interested health professionals
- delegate responsibility
- encourage and facilitate schools to develop policies for dealing with asthma episodes in school

6. Diversity of the group must be actively encouraged.

While professionals have taken an important leadership role in many of the communities, in others the leadership has been from a concerned parent. It is important to include individual community members as part of your team.

7. Each group needs to set clear, realistic goals and work plans.

While this statement may seem obvious, it is not always practised in the communities. Taking the time at the beginning of a project to develop clear goals and a feasible work plan, based on existing resources in the community is essential. When this work was not done at the beginning, the rest of the work became more difficult. Confusion over the direction of a project, unclear lines of responsibility and work overload for a few people are common problems. Keeping the focus on childhood asthma prevention and education provides a clear direction.

Cautions and Challenges

Advice passed on to others wanting to get involved in health prevention and education work. The following list represents some of their ideas.

- Do not start too many projects at one time without the resources to carry them through.

WE OFTEN OVERESTIMATE WHAT WE CAN DO AND
UNDERESTIMATE WHAT WE NEED TO DO IT.

- Find ways to share information - at community, provincial and national level.
- It's always a challenge to maintain the momentum when funding ends.

LACK OF MONEY IS THE BIGGEST OBSTACLE TO
DEVELOPING AN ORGANIZED APPROACH.

- Take the time to celebrate and build on successes. It is where your energy will come from.
- Programs placed on the community from outside or from above won't work. Change comes from within the community and from the process of actually doing the work.
- Process doesn't mean all talk and no action. Be clear on a direction and be seen to be moving ahead.
- Get the support from local health care professionals and build a multidisciplinary team to help send the same message to all parents and children.

Adapted from: CHILD SEXUAL ABUSE PREVENTION - A RESOURCE KIT

Promoting your program

Working with the Media

Why Work With the Media?

As a powerful influence in our society, the media plays a significant role both in shaping and in reinforcing community attitudes and values. In your prevention activities, consider the media both as a target for change and as a potential source of support for your prevention program.

As an ally, your local media can be used to:

- make others aware of asthma concerns and issues
- promote a better understanding of childhood asthma or asthma in general
- publicize your activities; and
- build support for your program

Who to Involve?

Media in your community may include any or all of the following:

- television: networks, private and community cable
- newspapers: dailies, weeklies, community
- special interest papers: cultural groups, ability groups
- videos
- films
- magazines
- computer games
- electronic networks

A wide range of people, including writers, editors, announcers, reporters and managers, work in the media. If you can find people with media or communications experience to work with you, they can help build relations with the local media and help to develop a long-term media strategy.

If you hope to use the media to support your prevention work, you have to think of your work in terms of "news." Consider getting your work promoted through:

- feature stories
- advertisements
- editorials
- talk shows
- column
- interviews
- public service announcements
- news releases

Challenges in Working with the Media

Even if you have established excellent relations with some part of the media, there may be others who:

- ignore you
- misquote you
- slant or sensationalise the issue
- breach confidentiality
- are very demanding with their time deadlines

To help you confront these challenges:

- get to know your local media, find supportive allies
- develop a media strategy
- create a media file
- be prepared to talk to the media, but don't be afraid to say "I'm not prepared to answer that now."
- follow-up with media contacts to make sure the facts are right
- establish guidelines on confidentiality and the media. Give these guidelines to your media contacts
- follow-up with the public relations officer for your region if you are not satisfied.

Caring about Families - *"The How To" manual for developing Canadian family resource programs.* by Lisa Sharp has an excellent section on public relations, which includes guidelines and samples of materials that are useful in relation to the media.

Ideas for Action

Action related to the media has two sources of motivation. One is to gain cooperation to promote your programs and support your efforts for public awareness of childhood asthma. The other is to oppose myths about asthma.

Using the Media to Gain Support

- Write reviews of prevention material in local papers.
For example; have well-known individuals write review of prevention material (videos, books) for a local paper. Ensure these materials are easily available to the local residents through libraries, video stores and local book stores.
- Establish a regular column on your group and what it is doing.
- Put a series of articles in your local paper during, which is asthma awareness month.
- Let talk shows and news editors know if you have a special speaker for an educational event.
- Use current events as an opportunity to make people aware of prevention as an approach to childhood asthma. Respond by using articles, letters to the editor or phone-in shows.

Tips on Working with the Media

The public has a right to information and, therefore, so does the media.

Remember To:

- Determine the agenda and the discussion when dealing with the media. You do not have to respond to every question or comment.
- Be honest. Face controversial or embarrassing issues honestly and squarely.
- Use plain, everyday language. Make sure you are clear and that you are understood.
- Learn what is helpful to the media. Time your conferences and press releases to best meet their deadlines whenever possible.
- Prepare clear, straight forward information sheets for the reporters.
- Be organized, punctual and polite at press conferences. Everyone appreciates this. A cup of coffee, tea and a cookie would be appreciated by media who have hectic schedules.
- Respond to media enquiries promptly, even if you just say you are not yet ready to discuss the matter. If you do not have a comment, say so.
- Develop positive working relationships with reporters. Give them information so that they understand your issue and its background. Help them make connections.
- Make suggestions of possible stories or sources.
- Accept their suggestions and listen to their criticism. If there is a problem with a particular reporter, try a personal discussion. Remember that nothing is "off the record."
- Differences of opinion are acceptable as long as the facts remain clear in the reporting.
- Local media is interested in local news. Pay attention to the papers, radio and TV stations to know about the style each prefers. Some will suit your story better than others. You need to consider this when planning to talk to them.
- Ensure the media know how to contact your spokes-people. Have alternative people ready.
- Anticipate the issues and plan what you are going to say - make sure your spokes-people have similar responses.

Remember *Not* to:

- Say anything that you are not prepared to see used in the media. Nothing is off the record. If a reporter sees, hears or reads something it may be used. Be cautious about casual conversation prior to and following the "formal interview."
- Give out information and then ask the reporter not to use it.

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- Ask to see a story before it is printed and shown. This suggests you doubt their skill. If you are misquoted or misrepresented, deal with the reporter and then the editor. If it is a persistent issue, you can refuse to talk to that reporter (magazine, paper etc.).
- Promise to provide information and then not follow through. You must be reliable.
- Complain to the publisher. Go to the editor first.

SAMPLE MEDIA RELEASE

Use one page if possible, double-spaced, with wide margins.

Name	Alberta Asthma Centre
Address	3rd Floor, 11402 University Avenue P.O. Box 4033 Edmonton, AB T6E 6K2
Release Date	March 22, 2000 FOR IMMEDIATE RELEASE
Head	PUBLIC SEMINAR ON CHILDHOOD ASTHMA - A COMMUNITY RESPONSIBILITY
Who & What	The Capital Health Authority and Alberta Asthma Centre is sponsoring an asthma awareness event addressing the problem of childhood asthma.
When, Where, & Why	The seminar will take place on April 22 from 7 pm to 10 pm at Malmo Elementary School. The purpose of the seminar is to provide information about childhood asthma and identify issues relating to the school environment.
More information regarding event	The presentation will include some short films, and Dr. Well Controlled, Family Physician, as a guest speaker. A question and answer period will also be provided.
More information regarding who	In 1993, the <i>Alberta Asthma Centre (AAC)</i> was founded to further the fight against asthma in our province. Since its inception, the AAC has worked towards developing a province wide network and developed and implemented asthma programs.
Contact	Name and contact information of individual

Adapted from: Child Sexual Abuse Prevention - A Resource Kit
The Community in Concert, The Ontario Social Development Council
and The Ontario Centre for the Prevention of Child Abuse p. 44.