

July 2021

Course Description

In this course, you will learn skills to help you understand and manage stress in a fun and supportive group environment. You will try some new things, like meditation, which is not “emptying your mind” (a common myth about meditation), but learning to pay attention and relate more skillfully to what’s going on right now in your mind and body. We will talk about how to let go of self-criticism and judgment, and how to be with emotional and physical pain without adding to it. You will have the opportunity to think about the real pressures teens face daily, and how mindfulness practices can help you not just manage stress but experience more moments of calm and happiness.

What is required: an Introductory Session for parents/guardians/teens, class attendance and home practice, which includes a willingness and commitment to take time to practice each day.

Who Can Take This Class

This class is for teens in grades 8-12 who are interested in learning Mindfulness meditation and are willing to explore and practice it. This exploration will include periods of quiet and stillness. The purpose of the class is to educate, to foster compassion for self and others, and to support the integration of Mindfulness in everyday life. Participation requires the ability to manage group settings, peer interactions, and periods of quiet. Please note this is not group therapy or a social skills class.

Fall 2021

~ Tuesdays, 6-7:15pm

Introductory Session: *Parent/Guardian & Teen*
Tuesday, September 21, 2021

Class Sessions: September 28 – November 2, 2021

Wrap-up Session: *Parent/Guardian & Teen*
Tuesday, November 9, 2021

Class Fee: \$200 – standard fee (class fee includes guided meditations and class materials)
\$150 – supported fee (use code Teens150 when registering online)

Location: UW Health - Research Park, 621 Science Drive, Madison WI 53711
(near the intersection of Whitney Way and Tokay Blvd)

How to Enroll

Make payment of class fee online at uwhealth.org/mindfulness and then submit completed questionnaire forms to:

Mindfulness Program
UW Health - Research Park
621 Science Dr
Madison WI 53711

or by check (payable to *UWHC/MBSR*) mailed/dropped off with completed forms at front desk of UW Health - Research Park.

Registrations are accepted on a first come, first served basis. Class size is limited.

Partial financial assistance is available for those where financial needs complicate their participation. The UW Health Mindfulness Program aspires to make mindfulness training relevant, welcoming and accessible to all. A supported fee of \$150 is offered for participants with financial need (use code Teens150 when registering).

Miscellaneous Information

- Snacks will be part of each class.
- The staff is friendly and very supportive. We want you to feel at ease!
- This class will follow CDC guidelines and UW Health screenings that are in effect at the time of the class session. Mask wearing and social distancing protocols will be required.
- Refunds are considered if class is dropped within 24 hours after end of the Introductory Session. This refund policy is necessary to be able to have adequate time to contact and admit applicants from the waitlist.

About the Instructors

Gust Athanas

- completed teacher intensive through Inward Bound Mindful Educator Teacher Training Program
- completed the UW Health Mindfulness Program Teacher Training Practicum
- high school counselor

Rachel Carlson

- completed teacher intensive through Inward Bound Mindful Educator Teacher Training Program
- certified mindfulness teacher

We hope all this information is helpful. If you have any additional questions, please call us at (608) 265-8325.

Additional information is also available on our website at: uwhealth.org/mindfulness

Sincerely,

Gust Athanas, MS.Ed, NCC, NCSC; Rachel Carlson, MAT, MS
UW Health Mindfulness Program
Mindfulness for Teens Instructors

Enclosures
GA/RC/pek

These questions are being asked in order to provide the instructors with information about what is currently happening in your life so that we can help provide strategies that would best support you in both this class and outside of the classroom in life. We realize the personal nature of these questions. Please know that the completed forms are kept in strictest confidence and are confidentially disposed of after the class is completed.

Fall 2021

UW Health Mindfulness Program

Mindfulness for Teens

Intro Session: Parent/Guardian/Teen – Tuesday, September 21, 2021, 6-7:15pm

Classes: Tuesdays, 6-7:15pm, September 28 – November 2, 2021

Wrap-Up Session: Parent/Guardian/Teen – Tuesday, November 9, 2021

Name: _____

Address: _____
Street City Zip Code

Email address: _____

Telephone: _____
(primary telephone) (other telephone)

Age: _____ (please, used only for demographic research)

School you attend: _____

Grade in school: _____

Food allergies: _____

Parent/Guardian/Emergency Contact Info:

Name Telephone Number(s)

Parent/Guardian e-mail address: _____

Insurance Information:

Contact your insurance provider for possible reimbursement.

Referral Source: How did you find out about this class? _____

To register:

~ Class Fee: ____ online payment (*already paid*) ____ check enclosed

Return all completed forms by Thursday, September 16, 2021 to:

**Mindfulness Program
UW Health - Research Park
621 Science Drive
Madison WI 53711**

Fall 2021
UW Health Mindfulness Program
Mindfulness for Teens

Name: _____ **Date:** _____

General Information:

1. Please describe what you consider to be stressful in your life (greatest worries and stresses)?

2. What are the current ways you use to try and manage stress?

Helpful: 1)

2)

3)

Not helpful: 1)

2)

3)

3. Please rate your overall stress level at this point in your life using a 10-point scale.

“1” = stress free, and “10” = stressed to the max.

Mark an “X” at the appropriate area on the line below.

“1” _____ “10”

4. Please describe any previous experience you have had with stress reduction (yoga, meditation, Mindfulness). If you have not had any prior experience, please write “no experience.”

5. Why are you signing up for this class, and at the end of the class what would you like to be different about how you experience your life?
6. What do you care about most in your life and what do you enjoy?
7. Are you currently involved in a specific medical treatment, psychological counseling program or other complementary or alternative treatments? Please list any current medications.
8. Have you experienced any major changes or challenges in your life recently? (e.g., parental divorce, illness in the family, loss of a significant relationship, a move, anticipating graduation). Please explain.
9. Please describe your physical health right now.

10. Describe your sleep quality.

11. Please describe your support system? (friends, family, boss, teacher, counselor, coach...)

12. Please add anything else that is important for the instructor to know about you and your situation.

Thank you very much for completing these questions.

Questions for Parent/Guardian

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We deeply appreciate your attendance at the Information Session. We understand that if your teen is not yet driving, it may be your responsibility to get them to and from this class. This is a course that will help your teenager learn more about themselves and how to reduce stress in their lives. For some teenagers, this process is best engaged in the classroom. Please do not feel required to try and support this process with your teen outside of the classroom. To provide your teens with an environment that best supports this exploration, disclosure in the class will remain confidential. The only exception to this policy is situations where the instructors have reason to fear for the safety of the participant. In this case, we will contact parents with our concerns. Contact the *UW Health Mindfulness Program* if interested in information on limited, need-based partial financial assistance funds that may be available.

We realize the personal nature of these questions. Please know that the completed forms are kept in strictest confidence and are confidentially destroyed after the class is completed.

Name: _____ Date: _____

1. Why is your teen signing up for this class and what do you hope they will get out of the class?

2. What do you see as your teenager's strengths?

3. What are your concerns about your teenager?

4. What have you already tried to address these concerns?

5. Is your son or daughter currently involved in a specific medical treatment or psychological counseling program? Please list any current medications.

6. Any other history of mental health treatment?

7. Any history of hospitalization (with dates)?

8. To the best of your ability, please rate your teen's overall stress level at this point in their life using a 10-point scale.

"1" = stress free, and "10" = stressed to the max.
Mark an "X" at the appropriate area on the line below.

"1" _____ "10"

9. Please add anything else you think it is important for the instructors to know.

Thank you very much for completing these questions.

MINDFULNESS FOR TEENS

Parent/Guardian Agreement

Parents/Guardians are responsible for picking up their child(ren) at the end of each class as staffing does not provide for supervision of teenagers after class.

As parent(s)/guardian(s) of _____ ,
name of child(ren)

I/We acknowledge that this was addressed at the parent/guardian Introductory Session.

Signature of acknowledging parent(s)/guardian(s)

date

Signature of acknowledging parent(s)/guardian(s)

date

Please provide the best contact information below should you need to be contacted during or after class.

(Name)

(telephone)

(Name)

(telephone)