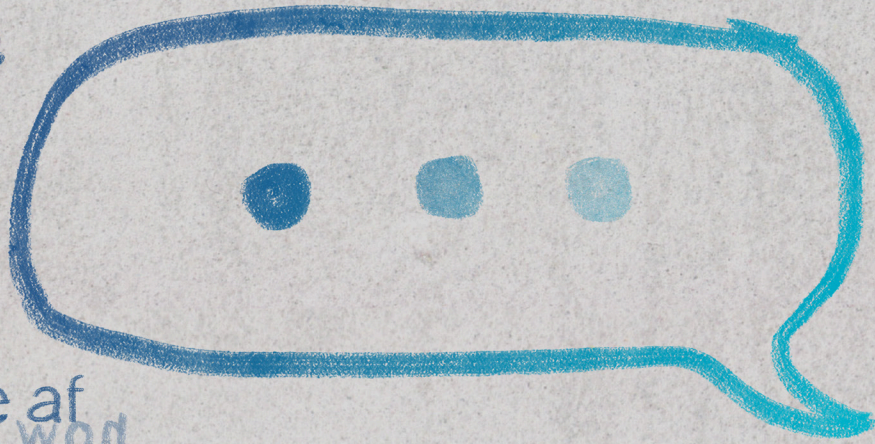


TEACHER
GUIDE



ghosted

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Dear teachers,

Thank you so much for bringing your class to see *Ghosted*.

We know that some of the issues in the show are hard to talk about. We also know that they are relevant and real for many of your students. The materials in this packet are designed to help you unpack and explore these issues, whether you have only 20 minutes of advisory or class time to do so or more time to dedicate to follow-up activities.

What you will find enclosed:

- **Self-Care Bingo Card.** This is a fun way to get started with your students. Hand out the cards and read the accompanying letter from the creator of the cards about her own experience using these and other self-care strategies to tackle anxiety, and her hopes and vision for how students can use and benefit from them.
- **Resource list of websites.** For you to share on your smart screen overhead projector or for students to explore on laptops or tablets, or for you to peruse for your own education and support. Some of the websites make great starting point for class conversations.
- **An article from playwright Trista Baldwin.**
- **Short articles about depression and anxiety.** Use one or both of these articles as a starting point for your classroom discussion.

We hope that these materials will help you craft a meaningful experience with and for your students. If you have any questions or want additional suggestions, please feel free to reach out!

Sincerely,

Scott Koh

Arts Based Learning Program Manager
scottk@sct.org | 206.443.0807 x1082

ABOUT THE PARTNERSHIP

Now entering our second year of partnership, SCT and Kaiser Permanente's Educational Theater Program has visited **nearly 22,000 students** and **2,100 Teachers statewide**. The Educational Theater Program consists of touring productions, in class residencies, workshops and professional development opportunities for teachers and students alike. All of our programming is designed to inspire children, teens, and adults to make informed decisions about their health and build stronger communities.



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ABOUT THE PLAY

FROM PLAYWRIGHT TRISTA BALDWIN

Ghosted is a play about the often-stigmatized topic of anxiety and depression. When I was approached by SCT to write this play, I remembered how hard it was when I was in high school to talk openly about sad or anxious feelings. I remembered feeling alone with questions about whether I was “normal” for certain feelings or reactions I had. And I thought about all the things I have learned since that time. The first thing to do was start a conversation.

Writing *Ghosted* has been a community endeavor as well as a personal one. Early in the process, Seattle Children’s Theatre had me in contact with members of their teen panel. I listened to teens talk about what their impressions were of how their schools and peers handled talking about anxiety and talking about depression. I heard stories from teens about friends they worried about, periods of anxiety or depression that they personally overcame, and how adults in their lives were best able to help them through.

Depression and anxiety have affected me personally in a number of ways. As a former professor of creative writing, many of my students were impacted by mental health issues. There were a few times that I was told of a rumor that a student of mine was suicidal. It was so hard to know what to do. In *Ghosted*, the character of Kayla reflects some of my own feelings: what can I do to help? What should I do? What shouldn’t I do?

I was always aware that my concern for my students was heightened by grief—by my own experience of loss. My brother died of suicide when he was just 17, a junior in high school. He was suddenly and without warning gone from this world. My own grief leads me, sometimes, to worry too much when I see a young person struggling with depression. But what is too much? What is enough? These questions can be haunting and hard.

The greatest fear when a person you know seems seriously depressed is that you may lose them. That the person could “ghost.” In the moments where I myself have struggled with depression, it is like a part of me disconnects, drops away, and I am just a “ghost” of myself. That is why the play is called *Ghosted*. It is driven by the fear of this sudden disconnect. Of losing connection to a friend—or even to your sense of self.

As I wrote *Ghosted*, I thought of my family’s experience, my students experience, and I listened to teens talk about their experiences of being worried for a friend, or themselves. How would they know when a friend needed help? How would they know if they themselves needed help?

So much is clearer in the light.

In *Ghosted*, Syd is willing to shine light on her own struggle with her recently-diagnosed anxiety. By being vulnerable, Syd empowers Andre and the other characters to do the same.

When we don’t share difficult things with others, it can reinforce the stigma around them. If we don’t know anyone else who is struggling, we might feel our own struggles are too weird, too wrong, or too big to share. But when someone opens the door and admits they are having a problem, it can throw light on everyone’s problems, and suddenly we are not so alone.

Ultimately, *Ghosted* is about breaking down the barriers to talking about anxiety and depression as a first step to understanding. None of us are ever as alone as we think we are. And that’s a good place to start to get better.

SYNOPSIS

The script for Ghosted is still being developed. There may be some differences between what you read here and what you see in the show.

Outside the high school counselor's office, Syd waits to be seen by a counselor. Kayla approaches and looks around to see if anyone sees her before she settles in to wait for the counselor. Syd awkwardly strikes up conversation with Kayla, who clearly does not want to talk. When Syd realizes that she and Kayla were friends in fifth grade, she reveals that she is seeing the counselor because she has physical symptoms of anxiety. Kayla is there "for a friend," she says, a guy she is worried about. Kayla is the only one who knows that her friend is in trouble. She doesn't know what to do or who to turn to about her friend. Syd is sympathetic. When Syd's friend from her previous school died of suicide, her mom sent her to this school, where she has no friends, so she's not sure who to turn to about anything, either.

Just as Syd and Kayla start to connect, Liam bursts out of the counselor's office, yelling. Liam insults the counselor as he exits, then turns on Kayla for reacting to his outburst. When Syd defends Kayla, Liam insults Syd, accusing her of being a lesbian. Then Liam recognizes Kayla as being the girlfriend of the very popular Andre and sticks his foot in his mouth about that, too. Kayla and Syd leave Liam to work his business out with the counselor, while they hit the snack machine.

As they eat popcorn, Kayla tells Syd that most of the guys at this school are jerks, like Liam. The only guy who's been respectful to her is Andre, her boyfriend. Syd realizes aloud that the friend Kayla is worried about is in fact her boyfriend. Kayla says she's worried about people knowing, but Syd assures her that she's "nobody," and can be an ear for Kayla's concerns about Andre.

Suddenly Andre appears. Feeling like a third wheel, Syd leaves Andre and Kayla to talk.

Andre wants to know why Kayla's been "blowing up his phone" with texts. She just wanted to see him, she said, and prods Andre to talk about his feelings, asking him if he's okay. "You seem far away," Kayla says to Andre. Andre snaps back, telling Kayla that he feels like she's always up on his case, analyzing his feelings, and it makes him sorry he told her anything. Andre storms off as Kayla calls uselessly after him.

As Andre walks away from Kayla, he passes the counselor's office, where Liam is pacing and Syd is just coming out from an emotional session with the counselor. The three of them get into an awkward conversation, with Liam trying to apologize for being a jerk to Andre's girlfriend, and Syd trying to see if Andre needs help, and

Andre growing more concerned that Kayla is sharing his personal business with other people. Andre and Syd clash until Syd shifts the conversation by being vulnerable, sharing with Andre that she has anxiety. Just as the conversation gets real, the school bell rings. Syd convinces Andre to go late to his next class, so she can show him a place she likes to go.

Syd takes Andre to the art room. The art teacher isn't there. They have the place to themselves. The art teacher trusts her to be there alone, to just hang out and "just be." Andre takes it in and starts to open up. He can't remember being happy. He's not sure about going to college but feels like he has no choice. He's not sure what can make him feel like he's seen, to feel like he can make a difference. He's not sure what could make him happy.

In another scene in a school hallway, Liam has run into Kayla and stuck his foot in his mouth again by yelling at her while trying to apologize. Kayla tells him she's trying to find her boyfriend. Liam informs her that Andre went off with another girl.

Liam follows Kayla as she hunts down Andre and Syd in the art room. Liam and Kayla bust into the space. Syd is disturbed that people she didn't invite have entered a place that only she has special permission to be.

Liam starts handling the art supplies while Kayla grills Andre and Syd about why they're suddenly hanging out. Kayla's jealousy upsets Andre and sends Syd into a full-on anxiety attack. Syd's throat closes up, and she struggles to calm herself. Kayla recognizes that she is having an anxiety attack and instructs Andre to open the windows. Liam offers to help and the three of them work to help Syd ease herself through the anxiety attack.

As Syd starts to feel better, Liam starts to talk. Turns out Liam has some really heavy stuff to deal with at home. His mom is a drug addict. It's just him and his dad. Andre and Kayla are sympathetic. "None of us are really okay, are we?" Syd offers. Syd has an idea. What if they could just text each other when they were having a rough day? No strings attached, just someone to vent to. She offers everyone her phone number, telling them to text. Then, she offers that they can share this space with her. The space the art teacher lets her come to decompress. A space where they can "just be."

Everyone agrees. And for a moment, that's what they do: just be in the space together. Just four imperfect lives agreeing to share space.



ABOUT DEPRESSION

Depressive disorder, frequently referred to simply as depression, is more than just feeling sad or going through a rough patch. It's a serious mental health condition that requires understanding and medical care. Left untreated, depression can be devastating for those who have it and their families. Fortunately, with early detection, diagnosis and a treatment plan consisting of medication, psychotherapy and healthy lifestyle choices, many people can and do get better.

Some will only experience one depressive episode in a lifetime, but for most, depressive disorder recurs. Without treatment, episodes may last a few months to several years.

An estimated 16 million American adults—almost 7% of the population—had at least one major depressive episode in the past year. People of all ages and all racial, ethnic and socioeconomic backgrounds experience depression, but it does affect some groups more than others.

SYMPTOMS

Depression can present different symptoms, depending on the person. But for most people, depressive disorder changes how they function day-to-day, and typically for more than two weeks. Common symptoms include:

- Changes in sleep
- Changes in appetite
- Lack of concentration
- Loss of energy
- Lack of interest in activities
- Hopelessness or guilty thoughts
- Changes in movement (less activity or agitation)
- Physical aches and pains
- Suicidal thoughts

CAUSES

Depression does not have a single cause. It can be triggered by a life crisis, physical illness or something else—but it can also occur spontaneously. Scientists believe several factors can contribute to depression:

Trauma. When people experience trauma at an early age, it can cause long-term changes in how their brains respond to fear and stress. These changes may lead to depression.

Genetics. Mood disorders, such as depression, tend to run in families.

Life circumstances. Marital status, relationship changes, financial standing and where a person lives influence whether a person develops depression.

Brain changes. Imaging studies have shown that the frontal lobe of the brain becomes less active when a person is depressed. Depression is also associated with changes in how the pituitary gland and hypothalamus respond to hormone stimulation.

Other medical conditions. People who have a history of sleep disturbances, medical illness, chronic pain, anxiety and attention-deficit hyperactivity disorder (ADHD) are more likely to develop depression. Some medical syndromes (like hypothyroidism) can mimic depressive disorder. Some medications can also cause symptoms of depression.

Drug and alcohol abuse. Approximately 30% of people with substance abuse problems also have depression. This requires coordinated treatment for both conditions, as alcohol can worsen symptoms.



DIAGNOSIS

To be diagnosed with depressive disorder, a person must have experienced a depressive episode lasting longer than two weeks. The symptoms of a depressive episode include:

- Loss of interest or loss of pleasure in all activities
- Change in appetite or weight
- Sleep disturbances
- Feeling agitated or feeling slowed down
- Fatigue
- Feelings of low self-worth, guilt or shortcomings
- Difficulty concentrating or making decisions
- Suicidal thoughts or intentions

TREATMENT

Although depressive disorder can be a devastating illness, it often responds to treatment. The key is to get a specific evaluation and treatment plan. Safety planning is important for individuals who have suicidal thoughts. After an assessment rules out medical and other possible causes, a patient-centered treatment plan can include any or a combination of the following:

Psychotherapy including cognitive behavioral therapy, family-focused therapy and interpersonal therapy.

Medications including antidepressants, mood stabilizers and antipsychotic medications.

Exercise can help with prevention and mild-to-moderate symptoms.

Brain stimulator therapies can be tried if psychotherapy and/or medication are not effective. These include electroconvulsive therapy (ECT) for depressive disorder with psychosis or repetitive transcranial magnetic stimulation (rTMS) for severe depression.

Light therapies use a light box to expose a person to full spectrum light in an effort to regulate the hormone melatonin.

Alternative approaches including acupuncture, meditation, faith and nutrition can be part of a comprehensive treatment plan, but do not have strong scientific backing.



ABOUT ANXIETY

We all experience anxiety. For example, speaking in front of a group can make us anxious, but that anxiety also motivates us to prepare and practice. Driving in heavy traffic is another common source of anxiety, but it helps keep us alert and cautious to avoid accidents. However, when feelings of intense fear and distress become overwhelming and prevent us from doing everyday activities, an anxiety disorder may be the cause.

Anxiety disorders are the most common mental health concern in the United States. An estimated 40 million adults in the U.S. (18%) have an anxiety disorder. Meanwhile, approximately 8% of children and teenagers experience an anxiety disorder. Most develop symptoms before age 21.

SYMPTOMS

Anxiety disorders are 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. People typically experience one or more of the following symptoms:

Emotional symptoms:

- Feelings of apprehension or dread
- Feeling tense or jumpy
- Restlessness or irritability
- Anticipating the worst and being watchful for signs of danger

Physical symptoms:

- Pounding or racing heart and shortness of breath
- Sweating, tremors and twitches
- Headaches, fatigue and insomnia
- Upset stomach, frequent urination or diarrhea

TYPES OF ANXIETY DISORDERS

There are many types of anxiety disorders, each with different symptoms. The most common types of anxiety disorders include:

Generalized Anxiety Disorder (GAD)

GAD produces chronic, exaggerated worrying about everyday life. This worrying can consume hours each day, making it hard to concentrate or finish daily tasks. A person with GAD may become exhausted by worry and experience headaches, tension or nausea.

Social Anxiety Disorder

More than shyness, this disorder causes intense fear about social interaction, often driven by irrational worries about humiliation (e.g. saying something stupid or not knowing what to say). Someone with social anxiety disorder may not take part in conversations, contribute to class discussions or offer their ideas, and may become isolated. Panic attacks are a common reaction to anticipated or forced social interaction.

Panic Disorder

This disorder is characterized by panic attacks and sudden feelings of terror sometimes striking repeatedly and without warning. Often mistaken for a heart attack, a panic attack causes powerful physical symptoms including chest pain, heart palpitations, dizziness, shortness of breath and stomach upset. Many people will go to desperate measures to avoid an attack, including social isolation.

Phobias

We all tend to avoid certain things or situations that make us uncomfortable or even fearful. But for someone with a phobia, certain places, events or objects create powerful reactions of strong, irrational fear. Most people with specific phobias have several things that can trigger those reactions; to avoid panic, they will work hard to avoid their triggers. Depending on the type and number of triggers, attempts to control fear can take over a person's life.



Other anxiety disorders include:

- Agoraphobia
- Selective mutism
- Separation anxiety disorder
- Substance/medication-induced anxiety disorder, involving intoxication or withdrawal or medication treatment

CAUSES

Scientists believe that many factors combine to cause anxiety disorders:

Genetics. Studies support the evidence that anxiety disorders “run in families,” as some families have a higher-than-average amount of anxiety disorders among relatives.

Environment. A stressful or traumatic event such as abuse, death of a loved one, violence or prolonged illness is often linked to the development of an anxiety disorder.

DIAGNOSIS

Physical symptoms of an anxiety disorder can be easily confused with other medical conditions, like heart disease or hyperthyroidism. Therefore, a doctor will likely perform an evaluation involving a physical examination, an interview and lab tests. After ruling out an underlying physical illness, a doctor may refer a person to a mental health professional for evaluation.

Using the Diagnostic and Statistical Manual of Mental Disorders (DSM) a mental health professional is able to identify the specific type of anxiety disorder causing symptoms as well as any other possible disorders that may be involved. Tackling all disorders through comprehensive treatment is the best recovery strategy.

TREATMENT

Different anxiety disorders have their own distinct sets of symptoms. This means that each type of anxiety disorder also has its own treatment plan. But there are common types of treatment that are used. Please visit our Anxiety Treatment page for more in-depth information on the

following methods:

- Psychotherapy, including cognitive behavioral therapy
- Medications, including antianxiety medications and antidepressants
- Complementary health approaches, including stress and relaxation techniques

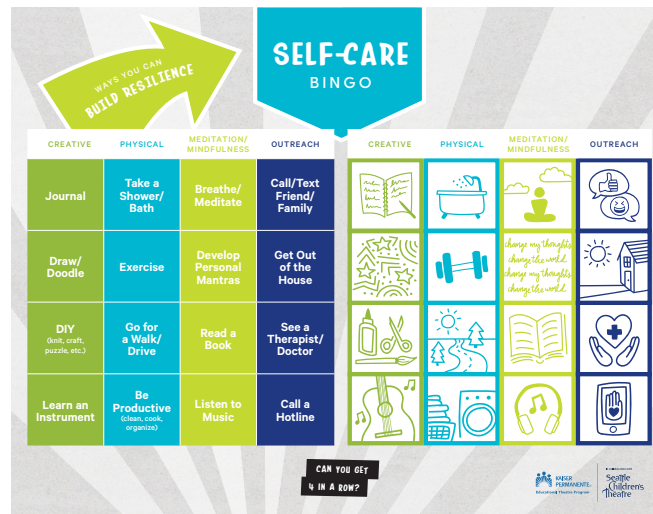
RELATED CONDITIONS

Anxiety disorders can be seen with other mental health conditions, and they can often make related conditions worse. So, talk with a mental health care professional if you are experiencing anxiety and any of the following:

- Depression
- Substance Use
- Attention Deficit Hyperactivity Disorder (ADHD)
- Eating Disorders
- Trouble Sleeping

Source: [nami.org/Learn-More/Mental-Health-Conditions/Anxiety-Disorders](https://www.nami.org/Learn-More/Mental-Health-Conditions/Anxiety-Disorders)
Reviewed December 2017

SELF-CARE BINGO ACTIVITY



Graphic Design by Shannon Loys

Dear Teachers,

My name is Karina and I am a Teaching Artist with SCT/Kaiser Permanente and the creator of the Self-Care Bingo Cards that you received with your packets. As someone who has been dealing with anxiety and depression for almost 10 years, having been diagnosed before my senior year of high school, I was thrilled to hear that SCT/Kaiser Permanente was going to be tackling these issues in their new play *Ghosted*, and knew that I wanted to play a role in starting this important conversation with our high school students.

In our society, we are so focused with getting ahead and being “successful,” that it is seldom that we take the time to take care of ourselves physically or mentally. This also applies to our high school students. The (at-times) overwhelming pressure and stresses of being popular, excelling in AP classes, participating in after-school activities, and getting into a good university all contribute to a negligence in self-care.

This is where the Self-Care Bingo Cards come in. The idea behind these cards is to give students a variety of coping mechanisms that might help offset times of high stress and/or anxiety, and to help them spend the time to learn more about how to take care of themselves.

Something I want to note of course is that these cards are not meant to be used as a solution for students who may be dealing with issues of depression or an anxiety disorder. They can definitely help down the line, as they’ve helped and continue to help me, but the first step in helping to combat any mental illness is to talk to someone and see a doctor and/or health care professional. (Please contact teenlineonline.org/talk-now or 866teenlink.org or call Crisis Connections at 1-866-833-6546 6 to 10pm Pacific time.)

I truly hope that these Self-Care Bingo Cards will begin a conversation in your classroom about the importance of taking care of ourselves, mentally and physically, and will play a role in building resilience in your students. I know that the pressures to succeed are high—especially in high school—but when these pressures are causing severe stress and anxiety, and affecting our students’ mental and physical health, that is when it becomes a problem. The more we are able to educate our students about the importance of mental health, the more they’ll be able to support themselves and each other.

-Karina Garcia

HOW IT WORKS

A TWO-WEEK PROCESS

WEEK ONE

Challenge your students to create a

Horizontal/Diagonal Bingo. This will allow students to try something from each of the four types of coping mechanisms: Creative, Physical, Meditation/Mindfulness, and Outreach. The reason behind this is that we are all different. Different strategies work for different people, and for some, physical coping mechanisms might not work as well as creative ones, and so forth. During this week, encourage students to reflect on how each of the coping mechanisms worked for them by asking questions such as:

- How much did you enjoy that activity?
- Did you feel less stressed/anxious after completing that activity?
- Would you use this activity again during times of high stress/anxiety?
- Do you have other ideas of activities that have worked for you during high stress/anxiety?

WEEK TWO

Challenge your students to create a Vertical Bingo.

After reflecting on week one, have students each choose one of the four types of coping mechanisms that they believe worked best for them and challenge them to complete all four activities in that category to create their vertical bingo. This will help students begin to create a habit of self-care and help in building resilience.

RESOURCE LIST

CRISIS HELP

NATIONAL SUICIDE PREVENTION LIFELINE

Local crisis workers are available 24/7 to help. If you think you or someone you care for is having a medical or psychiatric emergency, call 911 or go to the hospital.

suicidepreventionlifeline.org
1.800.273.8255

Ayuda en español (1.888.628.9454)

CRISIS TEXT LINE

Free emotional support and information to teens in any type of crisis, including feeling suicidal. Text with a trained specialist 24 hours a day.

crisistextline.org
Text HOME to 741741

TREVOR LIFELINE

For LGBTQ youth

thetrevorproject.org
1.866.488.7386

TEEN LINK

Speak with a teen phone worker between 6pm and 10pm (PST), call toll free.

866teenlink.org/chat-now
1-866teenlink (866.833.6546)

TEEN LINE

teenline.org/talk-now
310.855.HOPE (310.855.4673)
800.TLC.TEEN (800.852.8336)

MENTAL HEALTH TOOLS

HEALTHWISE

Definition of stress, how it affects us and ideas for relieving stress

thrive.kaiserpermanente.org/thrive-together/live-well/stress-management

Breathing exercises to deal with stress with specific instructions

healthy.kaiserpermanente.org/health-wellness/health-encyclopedia

PSYBERGUIDE

A guide to mental health apps

psyberguide.org

NAMI

(NATIONAL ALLIANCE ON MENTAL HEALTH)
Tips and helpful information about living with a mental health condition.

nami.org/find-support/living-with-a-mental-health-condition

SUICIDE PREVENTION LIFELINE

Ways to help yourself or a friend.

suicidepreventionlifeline.org/help-yourself/youth

SELF-ASSESSMENT TOOLS

screening.mentalhealthamerica.net/screening-tools

findyourwords.org/deal-with-depression/depression-self-assessment-test

LEARN MORE

FIND YOUR WORDS

A network to share mental health stories and to find support for yourself or others.

findyourwords.org

NAMI

(NATIONAL ALLIANCE ON MENTAL HEALTH)
Information and support on a wide range of topics as well as “ending the silence” free presentation for schools.

nami.org/learn-more/mental-health-conditions

COMMUNITIES

People living with mental health conditions sharing their own stories

notalone.nami.org
ok2talk.org

U.S. DEPT OF HEALTH & HUMAN SERVICES

Clear, concise descriptions and suggestions for youth, families, educators.

mentalhealth.gov

FOREFRONT SUICIDE PREVENTION

Information, strategies and tools for suicide prevention in schools and communities

washington.edu/research/research-centers/forefront-suicide-prevention