Reflection on our Health Education Teaching Experience at the Wisconsin Northwest Regional Juvenile Detention Center

Student Names: Daniel Gengenbach, Jordan Ellenbecker, and Tyler Vogt | Department of Kinesiology | University of Wisconsin- Eau Claire

ABSTRACT
During the 2016-2017 academic year, health education teacher education preparation courses at the University of Wisconsin- Eau Claire collaborated with the Wisconsin Northwest Regional Juvenile Detention Center (JDC). Undergraduate students in the courses prepared the health educators to teach middle and high school-aged (10-17 years old) detained students as part of a course. According to the children's court service managers, 90 percent of the children in the JDC had not had past success in schools. Further, most of them have unhealthy decisions in the past. We taught skill-based health education lessons such as interpersonal communication skills (e.g. conflict resolution and refusal skills).

Through this experience, we learned that although they are incarcerated, JDC students were not much different from students we see in the public schools. We also learned to adjust our active learning activities because JDC students were allowed to move only one person at a time with their staff's permission. As a group, we learned to adapt our lessons to our students' culture and discourse.

INTRODUCTION
During the 2016-2017 academic year in our KINS 336 and 337 health education preparation course at the University of Wisconsin- Eau Claire, we were able to teach a few health lessons to a group of students at a juvenile detention center (JDC). Many of us had such little knowledge about this experience due to the fact that we were not aware about how the students would react to us being there, teaching, and the students, we were worried that they would doubt our credibility and this would refuse to be taught by us. Throughout the two weeks, we were able to grow from the experience and interact with a group of students the majority of educators aren't exposed to. It was a very different setting with stern rules that needed to be followed in order maintain the safety of the students as well as ourselves. We learned many of these rules throughout the year and had to adapt to them as need be. There was a diverse range of students, many with learning disabilities. We often talked with our classmates to make decisions to meet the needs of our students. The number of students varied each day and there were two different rooms we taught in and we didn't know which one we would be teaching in until we got there. In this paper, we will be sharing our experiences at JDC and what we have learned from the experience.

TDLER'S STORY
"I assumed that the students wouldn't respond very well to us being there (JDC) and that they probably wouldn't take us very seriously. To my surprise, the students were very engaged and seemed to really enjoy us being there. For the most part, they were just kids that we are used to dealing with in a school setting." After observing a few of my classmates teach the students at the JDC, the idea of teaching them was becoming a little more comfortable. During a lesson at the JDC, students may be moving in and out of the teaching area which creates an environment that I just wasn't quite prepared for. There are also a number of rules that I didn't expect going into the JDC and we often found our selves throughout the semester as opposed to knowing about them beforehand. We were not allowed to have anything in our pockets, no wallets, phones, keys, etc. and we weren't even allowed to bring in bottled water or our own writing utensils due to the fear of students potentially using them as weapons. If we wanted to teach or work in groups or have a discussion that required us to stay up late, we had to get permission. In my first experience teaching at the JDC, this made me uncomfortable and I was unprepared for my lesson, therefore it didn't go as well as it could have. I was nervous to teach and because of that I spoke faster and in a way rushed through my lesson. I wasn't as clear and specific on the workbooks as I should have been which led to confusion for the students causing them to lose engaged and my lesson to go too far fast. After observing a few classmates teach the students at the JDC I learned to adapt our lessons so that we could relate to the students better. I learned to portray the students in a more positive way and to guide them with more demonstrations and examples for the students to get a better understanding of what I am asking from them.

In the Spring 2017, we were back at the JDC in our KINS 337 Health Education course. This time we were aware of the rules at the JDC would be group taught and shorter as the class times were only 50 minutes as opposed to the 75 minute periods we had in the previous semester. This was relieving to me as I felt my lesson in the previous semester was much too long and that I should scale it to ending day. I discovered after our first lesson that even though I liked the group teaching because we collaborated with each other to create appropriate lessons for JDC students. We wanted to teach the students by using health skills as we could because they really seemed to enjoy it and needed to learn it. For example, one of the lessons we taught was on refusal skills regarding peer pressure and alcohol. One of the students took played and struggled to use skills to refuse peer pressure besides just saying no in very low confidence. After thinking about it for a while and with some help from other students he said no and provided another activity that the he and his friends could do instead of drinking alcohol. "This experience taught me that even though students come from many diverse backgrounds, they still need and want the attention and love that we can provide them."

"Many of them have the same kinds of struggles as any other student might have, even if they're in a different or a number of other ways."

CONCLUSION
We learned through this experience various ways to meet the needs of a diverse group of students. We were able to practice different methods of teaching in a less than inviting environment with rules set in place different from what one would expect in a typical classroom. We found that it was often effective to collaborate with our peers as well as hearing the feedback from the students to find their interests and hopefully teach them content they know about as time at the JDC was limited. We think that our experience at the juvenile detention center was a good example where skill-based education was not only necessary but was preferred by the students as well. The reason that these students were there was because of their previous disabilities to practice healthy behaviors, but at the same time it was also beneficial to know what they did was wrong. With skill-based health education, students were not only told that there are things that you should do and there are things you should not do, but they were also given the opportunity to get up from their seats, and apply the skills that are needed to avoid ski-taking behaviors that they wouldn’t learn in a traditional health education setting where the teacher lectures a lesson and make the class just listen and take notes. Overall it was it was an effective learning experience that helped us as future educators, but as people.