Taylor Blackburn

Independent Study and Mentorship

Spiece 2A

Research Assessment

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"Remarks by the President in Panel Discussion at the National Prescription Drug Abuse and Heroin Summit." National Archives and Records Administration, 29 Mar. 2016. Web. 03 Feb. 2017.

Assessment:

The pathway from prescription pain pills to heroin is a common occurrence today and several support groups and drug therapies are helping regulate this increasing number of addictions. This article from reflects on recent problems of the increase of opioid abuse in the United States and the unsafety to the public arisen from it. It involves the perspectives from President Obama, several doctors, and recovering addicts sharing their personal story with abuse. It's important to me that this article is straight from this source and formatted as a speech would be, because I can evaluate the responses of the individuals and take the information that I need in order to adequately understand the progression of abuse.

I want to continue research on a topic mentioned briefly in the article: the science behind buprenorphine and how it suppresses the symptoms of opioid withdrawal and blocks receptors in

the brain from enjoying in the effects of other opioids. I want to take what I have learned in my biology class about certain signal molecules blocking the receptors in neuron cells and apply it to how it can help make drug therapy more efficient.

Many believe the stereotypes associated with drug abuse: it's criminal; it's found in the poor and minorities; or even"boys will be boys." However, this abuse is largely a public health problem as opioids are widely accessible across America, not just in areas or within people associated with this abuse. Hopefully in the future, the public will realize the problem that can occur within anyone given the circumstances and the treatment centers working to fix it.

I found it incredibly interesting that many people have their own unique stories with their encounters from drug abuse that they recovered from. This shows how with enough determination and will to overcome challenges, it is possible to heal from the physical and mental detriments from abusing opioids. For example, in the article, Crystal Oertle and Justin Riley were victims from this abuse that were able to find their way back to reality through treatment programs. Obama believes that in "85 percent of counties in America, there are just a handful or no mental health and drug treatment facilities that are easily accessible for the populations there." Therefore, many feel that they do not have the options necessary to recover. And some others were motivated to start/ continue the harmful use of opioids as a way to get through the day or use it because of emotional issues internally. When people turn to drugs to try and fix themselves and because they hope to find themselves and escape from the problems of the real-world, it starts at a young age.

Therefore, I want to target my research towards younger kids in order to prevent the problem early-on. If kids understood the detriments of drug abuse then the high accessibility of drugs in local communities would not have as much of an impact, because they would have the education required to In my personal opinion, I believe that the treatment programs that target middle schoolers disinterest the students and are not as effective as they could be. With the knowledge from this article about improving treatment of opioid abuse and conducting more research about effective ways to grab the attention of a younger generation, I hope to make an impact on their lives.

Remarks by the President in Panel Discussion at the National Prescription Drug Abuse and Heroin Summit

DR. GUPTA: Mr. President, I'm going to start with you. Obviously you have a lot going on, and this is a significant commitment. You flew down here. You're attending this conference. You're going to make comments here. Why this particular topic for you, sir?

THE PRESIDENT: Because it's important, and it's costing lives, and it's devastating communities. And I want to begin by thanking Congressman Rogers for helping to put this together and the leadership that he has shown. We very much appreciate him and his staff for making this happen. I want to thank UNITE, and the organization that has been carrying the laboring oar on this issue for many years now. We are very grateful to them. And I just want to thank our panelists -- especially Crystal and Justin. Obviously we greatly appreciate the work the doctor does, but part of what's so important is being able to tell in very personal terms what this means to families and to communities. And so I am looking forward to hearing from them.

This is something that has been a top priority of ours for quite some time. My job is to promote the safety, the health, the prosperity of the American people. And that encompasses a whole range of things. It means that we're tracking down ISIL leaders, and it means that we're responding to natural disasters, and it means that we're trying to promote a strong economy. And when you look at the staggering statistics in terms of lives lost, productivity impacted, costs to communities, but most importantly, cost to families from this epidemic of opioids abuse, it has to be something that is right up there at the top of our radar screen.

You mentioned the number 28,000. I's important to recognize that today we are seeing more people killed because of opioid overdose than traffic accidents. I mean, think about that. A lot of people tragically die of car accidents, and we spend a lot of time and a lot of resources to reduce those fatalities. And the good news is, is that we've actually been very successful. Traffic fatalities are much lower today than they were when I was a kid because we systematically looked at the data and we looked at the science, and we developed strategies and public education that allowed us to be safer drivers.

The problem is here we've got the trajectory going in the opposite direction. So in 2014, which is the last year that we have accurate data for, you see an enormous ongoing spike in the number of people who are using opioids in ways that are unhealthy, and you're seeing a significant rise in the number of people who are being killed.

And I had a town hall in West Virginia where -- I don't think the people involved would mind me saying this because they're very open with their stories -- the child of the mayor of Charleston, the child of the minority leader in the House in West Virginia, a former state senator -- all of them had been impacted by opioid abuse. And it gave you a sense that this is not something that's just restricted to a small set of communities. This is affecting everybody -- young, old, men, women, children, rural, urban, suburban.

And the good news is that because it's having an impact on so many people, as Hal said, we're seeing a bipartisan interest in addressing this problem -- not just taking a one-size-fits-all approach, not just thinking in terms of criminalization and incarceration -- which, unfortunately, too often has been the response that we have to a disease of addiction -- but rather, we've got an all-hands-on-deck-approach increasingly that says we've got to stop those who are trafficking and preying on people, but we also have to make sure that our medical community, that our scientific community, that individuals -- all of us are working together in order to address this problem.

And I'm very optimistic that we can solve it. We're seeing action in Congress that has moved the ball forward. My administration, without congressional action, has taken a number of steps. And I know that you've heard from some of our administration here today about, for example, providing $100 million to community health centers so that people have more access to treatment. (Applause.)

Concentrating on physician education in terms of how they prescribe painkillers to prevent abuse. Making sure that the treatment -- Medication-Assisted Treatment programs are more widely available to more people. Making sure that the -- not antidote, but at least means of preventing people once they have overdosed from actually dying is being carried by EMTs. So we're taking a number of steps. But, frankly, we're still under-resourced.

I think the public doesn't fully appreciate yet the scope of the problem. And my hope is, is that by being here today, hearing from people who have gone through heroic struggles with this issue, hearing from the medical community about what they're seeing, that we've got the opportunity to really make a dent on this. And I just want to thank all the people who are involved here today, because I know we've got people who are much more knowledgeable and are doing great work out in the field each and every day. My hope is, is that when I show up, usually the cameras do, too, and it helps to provide us a greater spotlight for how we can work together to solve this problem. (Applause.)

DR. GUPTA: Thank you very much. Mr. President, you had a chance to hear a little about Crystal Oertle’s story backstage -- again, 35 years old, mother of two.

First of all, are you comfortable talking about your story? Is this something you’re comfortable with?

MS. OERTLE: Yes.

DR. GUPTA: My understanding is, around age 20, you started using Vicodin recreationally, once a week or so. Wonder if you could tell me what sort of happened at that stage in your life? How did things progress from there on?

MS. OERTLE: Well, I think my path into addiction, which eventually was heroin addiction, is pretty similar to a lot of people's stories. They start out with the Vicodin, low milligrams, not knowing how addictive it can be, using it recreationally until then they need it. That's what happened with me. It slowly happened from weekend to then needing it throughout the week, needing something to go to work. Eventually I needed something stronger than the Vicodin. I was doing OxyContins, Dilaudid, things like that, until that eventually led into me doing heroin.

DR. GUPTA: Can you talk about that? When you say it eventually led to heroin, what does that mean?

MS. OERTLE: Well, I was physically addicted. And the higher milligram things like Oxycontin and Dilaudid to me are pretty much like heroin. They're like synthetic heroin -- almost as strong. So when it came to the point and I couldn't find those kinds of pills, I had to go to the street to prevent my withdrawal symptoms, so that I could participate in my life -- my children, getting them to school, me going to work. So that's how I got into using heroin after the pills.

DR. GUPTA: Again, you have two children.

MS. OERTLE: Yes.

DR. GUPTA: And you were doing this in order to be able to function, it sounds like. So heroin -- where were you using it?

MS. OERTLE: In my home. In the bathroom -- while my kids were there, while they were at school. It was so much a part of my life -- it was a part of my life. It's crazy to think about now the things that I did, but it was necessary, or I wouldn't have been able to function.

DR. GUPTA: Who do you call, if you will? What did you do when you started to get help? How did you -- where did you even begin?

MS. OERTLE: Well, I tried a few times on my own. It didn't work. I personally couldn't get through the withdrawal symptoms. I couldn't tough it out. I know some people can. I couldn't do it. This last time has been the most successful recovery for me. I've been in recovery about a year. (applause.) Thank you.

I'm on it's called Medicated-Assisted Treatment, and I take Suboxone, which is the Buprenorphine that the Surgeon General was talking about earlier. I'm in a program, it's

called UMADAOP -- it stands for Urban Minorities Alcohol and Abuse Outreach Program -- I think that's what it stands for.

THE PRESIDENT: That's pretty good. (Laughter.)

MS. OERTLE: And that's where I go. And it's very intense. It's a lot of counseling, group counseling with other people that are in treatment, and then individual counseling, talking to a doctor. It's just really good. It's really worked for me this time.

DR. GUPTA: And again, I prefaced by saying talk about what you're comfortable talking about, but did you have interaction with law enforcement?

MS. OERTLE: Yes, yes, quite a few times.

DR. GUPTA: What happened?

MS. OERTLE: I've had to steal. I've stolen from department stores and -- to feed my habit. I've been involved in drug busts a couple times. So, yeah.

DR. GUPTA: When you talk about this medically assisted therapy, you're essentially using one type of medication -- doesn't give you the same type of euphoria or high -- but to help you wean off of the heroin in this case. Is that right?

MS. OERTLE: Yes, yes. And what I take actually blocks -- I couldn't get high if I wanted to use heroin. It blocks the receptors in the brain so that you can't get high.

DR. GUPTA: And I'm going to come back to you in a few minutes again, but I wonder if you could just say -- you've tried this a bunch of times, and now you've been a year again in recovery. Is there something that worked this time? And for people out there who say it just doesn't work for me, I've tried, it doesn't work -- what worked this time for you?

MS. OERTLE: I think this time I wanted it more than anything, and taking that step forward, along with the support that I get from my family and UMADAOP advocating -- I mean, this helps. Getting out there, telling my story, and helping other people helps me, and it makes me want to stay in recovery and keep doing what I'm doing.

DR. GUPTA: Great. Thank you very much.

MS. OERTLE: Thank you. (Applause.)

DR. GUPTA: Mr. President, you've heard these sorts of stories before. When you hear it so lucid in terms of what the situation was like in the emergency room, the woman wanted help, what is your reaction when you hear this story?

THE PRESIDENT: It's heartbreaking. And the fact is that for too long, we have viewed the problem of drug abuse generally in our society through the lens of the criminal justice system.

Now, we are putting enormous resources into drug interdiction. When it comes to heroin that is being shipped in from the south, we are working very aggressively with the Mexican government to prevent an influx of more and more heroin. (Applause.) We are now seeing synthetic opioids that are oftentimes coming in from China through Mexico into the United States. We're having to move very aggressively there, as well.

So the DEA -- (applause) -- our law enforcement officials -- (laughter) -- good job, DEA. (Laughter and applause.) We're staying on cutting off the pathways for these drugs coming in. But what we have to recognize is, in this global economy of ours that the most important thing we can do is to reduce demand for drugs. And the only way that we reduce demand is if we're providing treatment and thinking about this as a public health problem, and not just a criminal problem. (Applause.)

Now, this is a shift that began very early on in my administration. And there's a reason why my drug czar is somebody who came not from the criminal justice side but came really from the treatment side -- and himself has been in recovery for decades now. (Applause.) Because this is something that I think we understood fairly early on.

Now, I'm going to be blunt -- I hope people don't mind. I was saying in a speech yesterday, your last year in office, you just get a little loose. (Laughter.) But I said this in West Virginia as well, and I think we have to be honest about this -- Part of what has made it previously difficult to emphasize treatment over the criminal justice system has to do with the fact that the populations affected in the past were viewed as, or stereotypically identified as poor, minority, and as a consequence, the thinking was it is often a character flaw in those individuals who live in those communities, and it's not our problem they're just being locked up. (Applause.)

And I think that one of the things that's changed in this opioid debate is a recognition that this reaches everybody. So there's a real opportunity -- not to reduce our aggressiveness when it comes to the drug cartels who are trying to poison our families and our kids -- we have to stay on them and be just as tough -- but a recognition that, in the same way that we reduce tobacco consumption -- and I say that as an ex-smoker -- (applause) -- in the same way that, as I mentioned earlier, we greatly reduced traffic fatalities because we applied a public health approach, so that my daughter's generation understands very clearly you don't drive when you're drunk, you put on your seatbelt, and we also then instituted requirements for things like seatbelts and airbags and reengineered roads, all designed to reduce fatalities -- if we take the same approach here, it can make a difference.

So when I'm listening to Crystal and I'm thinking, what a powerful story, I want to make sure that for all the other Crystals out there who are ready to make a change that they're

not waiting for three months or six months in order to be able to access treatment. (Applause.)

Because, Crystal, I think you'd agree that if all we were doing was dispensing the drug that is blocking your cravings for an opioid but you weren't also in counseling and working with families, et cetera, it's shown that it doesn't work as well.

We've got to make sure that in every county across America, that's available. And the problem we have right now is that treatment is greatly underfunded. (Applause.) And it's particularly underfunded in a lot of rural areas. Our task force, when we were looking at it, figured out that in about 85 percent of counties in America, there are just a handful or no mental health and drug treatment facilities that are easily accessible for the populations there. So if you get a situation in which somebody is in pain initially because of a disk problem, they may not have health insurance because maybe the governor didn't expand Medicaid like they should have under the ACA -- (applause) -- they go to a doctor one time when the pain gets too bad, the doctor is prescribing painkillers, they run out, and it turns out it's cheaper to get heroin on the street than it is to try to figure out how to refill that prescription, you've got a problem.

And that's why, for all the good work that Congress is doing, it's not enough just to provide the architecture and the structure for more treatment. There has to be actual funding for the treatment. And we have proposed in our budget an additional billion dollars for drug treatment programs in counties all across the country. And my hope is, is that all the advocates and folks and families who are here and those who are listening say to Congress, this is a priority. We've got to make sure that incredibly talented young people like Crystal are in a position where they can get the treatment when they need it. (Applause.)

DR. GUPTA: Justin, you're 28 years-old, and this, for you, started at a very young age. I mean, you're still young, but this started at a very young age. Can you share with us a little bit of -- when was the first time you started taking some of these drugs?

MR. RILEY: So I really started experimenting with kind of -- the way that I frame it, as a kind of a hole in the soul. I never felt good enough or liked who I was or how I sounded or anything of that nature. And being kind of just in my own skin was something very, very uncomfortable for me. And that started around 3rd, 4th grade, where I was consciously very disappointed with who I was.

And for those of you who have ever been a 3rd-grader or know a 3rd-grader, that's a sad statement. That the future of our country -- at such a young age, it's so sad and hopeless. But the other side of that, though, and where we really come into play -- and I'll start to sound a little bit like a broken record -- and if you don't mind, sir, I'll take a leaf out of your book of being blunt, but even more important than when that started, how that started, what that looked like -- even though that's important to understand -- is that

people can and do recover. (Applause.) And there are millions -- there are millions and millions and millions of people that can and do recover.

I am very fortunate to be able to be up here and to represent, and to be an example. I am not special or unique. I have worked very hard, and I can appreciate that, and I would challenge others to also work hard. But those of us who are in recovery and know people that can and do recover, that's -- and even to me -- as important as this part of the conversation is. And we have to have this part -- is what's even less talked about and even more underfunded is that people can and do recover, and they do that in a lot of different ways, and they're extraordinary. (Applause.)

DR. GUPTA: To the extent that you're comfortable, again -- did you say 3rd grade?

MR. RILEY: Yes.

DR. GUPTA: When you say 3rd grade, I mean, were you starting to use these sorts of drugs? That's, what, seven, eight, nine years-old?

MR. RILEY: So I had -- my mom is close, in the third row, so that's cool. Hi, mom. (Laughter.) So I had a precarious allergy and still do -- I was allergic to poultry. And so I learned at a young age, you take Benadryl, and Benadryl then makes you sleepy. And then if you also know you don't want to deal with life, just sleep through it. So for me -- and they didn't fly me in because I'm the Benadryl guy, but that was part of my early journey. But that stopped satiating that hole in the soul, and I literally couldn't sleep through all of life, so eventually that did manifest into other things, of course.

DR. GUPTA: So from Benadryl you started using other medications? I mean, you're still pretty young. I mean, if you don't mind me asking, how did you even gain access to some of these other drugs at that age?

MR. RILEY: Very typical -- at least where I grew up, and I grew up in Greeley, Colorado, a great rural community. And amazing parents, amazing family, but it's pretty commonplace to have alcohol and other drugs in the home. My parents raised me exceptionally well, but that feeling of inadequacy, searching for something to fill that space was pretty strong for me.

DR. GUPTA: You eventually were in recovery, and you were in and out of recovery seven times is my understanding.

MR. RILEY: Yes.

DR. GUPTA: Can you tell me about the first time? Did you pursue it on your own? Was your family -- did they help nurture this for you?

MR. RILEY: I think the true first attempt at recovery for me -- which was to no surprise when you have such an amazing family and parents -- was my parents took me to my pediatrician, and they said, Luke -- they call me by my middle name -- Luke is

struggling. He's doing the sports thing, doing leadership stuff in school, but we found out that he's been drinking. Instead of water in his Nalgene for tennis practice, there's vodka in there. What are we going to do about that?

And culturally -- which I think speaks to what we brought up earlier and what you articulated so well -- was, culturally speaking, that bias or that lack of understanding that there's got to be something bigger going on here -- before this gets into what we now know today is proportions of an epidemic -- but it was chalked up to boys will be boys. And it was one of those very rare moments when I decided to be open and honest around some of the things that I was doing. But again, having -- and I mean, it's a pediatrician, right? I mean, I'm not a doctor, clearly, but very, very much -- almost without knowledge. I mean, there was just nothing that that doctor at that point in time could do other than, well, you know, he's doing good in sports, doing good in school, I'm sure this good-looking young guy will be okay. And that wasn't the case.

DR. GUPTA: You weren't okay, I mean, clearly, from what you're describing. How bad did things get for you?

MR. RILEY: Bad, to me, is a very relative term. I've met a lot of individuals that went through things that, frankly, I don't know IF I could have gone through. But for me, again, even more so than how bad did it get or how many stories could I go into to articulate the hopelessness or the things that my family went through, is truly the reverse of that -- the recovery, the power of those stories of when I did start to get well. And when I was allowed to be in my parents' home, when my father was the best man in my wedding, when my dad called me when I was a couple years into recovery and he said, because of what you have done, I want to be in recovery. And he's still in recovery to this day. And those stories to me -- (applause.)

THE PRESIDENT: And, Sanjay, maybe I can just interject, because I'm listening to Justin's story, and when I was a kid, I was -- how would I put it? -- Not always as responsible as I am today. (Laughter.) And in many ways I was lucky because, for whatever reason, addiction didn't get its claws in me, with the exception of cigarettes, which is obviously a major addiction but doesn't manifest itself in some of the same ways.

But I think that part of Justin's point is really powerful, which is, we live in a society where we medicate a lot of problems and we self-medicate a lot of problems. And the connection between mental health, drug abuse is powerful. Anxiety, folks who are trying to figure out coping skills -- we have an entire industry that says, we're going to help you self-medicate. And the line between alcoholism, which is legal, and folks who are taking Vicodin and then on to harder illegal substances isn't always that sharp, particularly among children.

So one of the conclusions that we came to is that it's important for our health system to be addressing wellness in a way that prepares doctors, provides resources, insurance policies -- all that can help with these issues, as opposed to, if you have a broken arm

you get treatment, but if you've got significant depression that you may be masking through alcohol or through opioids, then you're not getting treatment.

And one of the things that we tried to do through the Affordable Care Act was insist on parity in insurance policies. One of the steps we're now taking in response to the opioid epidemic is to really ratchet up the guidelines that we're providing to insurers, so that if that young lady that Leana was talking about comes in, if she has insurance, that, in fact, that it's treated as a disease and it's covered. And Medicaid and Medicare start really taking parity seriously so that mental health issues and addiction issues are treated as a disease in the same way that if somebody came in with a serious medical illness that it's treated. (Applause.)

DR. GUPTA: So can you give a little bit more detail on that? Because people talk about mental health parity and they say this has been around for some time but the impact has not been felt the way that a lot of people would like to feel it. What will the task force be able to do that hasn't already been done?

THE PRESIDENT: Well, the goal of the task force is to essentially develop a set of tools, guidelines, mechanisms so that it's actually enforced, that the concept is not just a phrase -- an empty phrase, but, as a practical matter, if you're trying to get a provider for treatment, they may or may not get reimbursed, but there's a consistency in terms of how we approach the problem.

And when it comes to Medicaid and Medicare, obviously there are guidelines, because that's a government program that we can provide. When it comes to how we oversee the parity provisions in the Affordable Care Act, we've got to let the insurance carriers know that we're serious about this. And this is where, though, the public education and employer education around these issues is very important, as well.

Because 85 percent of folks still get their health insurance through their job, through their employer. And for business owners, for companies to recognize that they are much better off checking and pressing their insurer to see that, in fact, mental health and substance abuse parity does, in fact, exist, they will save money, their workers will be more productive, and they'll be getting more bang for their insurance buck. That's all part of the approach that I think we can take and we've got to carry through over the next several years.

DR. GUPTA: Thank you.

Rubric rating submitted on: 2/7/2017, 10:02:07 PM by speicee@friscoisd.org

	10	8	5	0
Understanding Your score: 10	Throughly describes and paraphrases the information.	Adequately describes and paraphrases the information.	Somewhat describes and paraphrases the information.	Does not describe paraphrase the information. Does not answer the

	Thoroughly answers the question "What did you learn?"	Adequately answers the question "What did you learn?"	Somewhat answers the question "What did you learn?"	question "What did you learn?"
Applying Your score: 8	Thoroughly applies and illustrates the information. Thoroughly answers the following questions: "Why is this information relevant to you, your learning, your topic, and your ISM journey?	Adequately applies and illustrates the information. Adequately answers the following questions: "Why is this information relevant to you, your learning, your topic, and your ISM journey?	Somewhat applies and illustrates the information. Somewhat answers the following questions: "Why is this information relevant to you, your learning, your topic, and your ISM journey?	Does not apply and/or illustrate the information. Does not answer the following questions: "Why is this information relevant to you, your learning, your topic, and your ISM journey?
Analyzing Your score: 10	Thoroughly analyzes, examines, and breaks down the information. Thoroughly answers the questions: What are the key parts of this information? How can it be classified? Thoroughly connects to prior knowledge and thoroughly explains whether or not the information changed or modified prior knowledge	Adequately analyzes, examines, and breaks down the information. Adequately answers the questions: What are the key parts of this information? How can it be classified? Adequately connects to prior knowledge and thoroughly explains whether or not the information changed or modified prior knowledge	Somewhat analyzes, examines, and breaks down the information. Somewhat answers the questions: What are the key parts of this information? How can it be classified? Somewhat connects to prior knowledge and thoroughly explains whether or not the information changed or modified prior knowledge	Does not analyze, examine, and break down the information. Does not answer the questions: What are the key parts of this information? How can it be classified? Does not connect to prior knowledge and does not explain whether or not the information changed or modified prior knowledge
Synthesizing Your score: 8	Thoroughly synthesizes prior knowledge with new learning to	Adequately synthesizes prior knowledge with new learning to	Somewhat synthesizes prior knowledge with new learning to	Does not synthesize prior knowledge with new learning to

	demonstrate continuous growth of knowlege. Thoroughly answers the questions: How can I combine this new knowledge with my prior knowledge in order to facilitate continuous growth? How can I combine all of this information to create a plan to develop my original work?	demonstrate continuous growth of knowlege. Adequately answers the questions: How can I combine this new knowledge with my prior knowledge in order to facilitate continuous growth? How can I combine all of this information to create a plan to develop my original work?	demonstrate continuous growth of knowlege. Somewhat answers the questions: How can I combine this new knowledge with my prior knowledge in order to facilitate continuous growth? How can I combine all of this information to create a plan to develop my original work?	demonstrate continuous growth of knowlege. Does not answer the questions: How can I combine this new knowledge with my prior knowledge in order to facilitate continuous growth? How can I combine all of this information to create a plan to develop my original work?
Evaluating Your score: 8	Thoroughly judges/appraises the information. Thoroughly nswers the questions: Was this new knowledge effective in helping me achieve my goals? Was this new knowledge hepful, surprising, encouraging, discouraging, motivating, disagreeable, controversial?	Adequately judges/appraises the information. Adequately answers the questions: Was this new knowledge effective in helping me achieve my goals? Was this new knowledge hepful, surprising, encouraging, discouraging, motivating, disagreeable, controversial?	Somewhat judges/appraises the information. Somewhat answers the questions: Was this new knowledge effective in helping me achieve my goals? Was this new knowledge hepful, surprising, encouraging, discouraging, motivating, disagreeable, controversial?	Does not judge/appraise the information. Does not answers the questions: Was this new knowledge effective in helping me achieve my goals? Was this new knowledge hepful, surprising, encouraging, discouraging, motivating, disagreeable, controversial?
Creating Your score: 8	Demonstrates a clear, detailed, and well-thought-out plan describing what you will do with/as a result of this new learning. Thoroughly	Demonstrates a clear and well-thought-out plan describing what you will do with/as a result of this new learning. Adequately answers the	Demonstrates a somewhat clear and well-thought-out plan describing what you will do with/as a result of this new learning. Somewhat	Does not demonstrate an acceptable plan describing what you will do with/as a result of this new learning. Does not adequately answer the

	answers the questions: How can I blend this new knowledge with previous knowledge to create new ideas? What new questions have arisen as a result of this new information.	questions: How can I blend this new knowledge with previous knowledge to create new ideas? What new questions have arisen as a result of this new information.	answers the questions: How can I blend this new knowledge with previous knowledge to create new ideas? What new questions have arisen as a result of this new information.	questions: How can I blend this new knowledge with previous knowledge to create new ideas? What new questions have arisen as a result of this new information.
Evidence of Proofrading Your score: 8	No grammatical, spelling, or usage errors.	Very few grammatical, spelling, or usage errors.	Too many grammatical, spelling, or usage errors.	Enough grammatical, spelling, or usage errors that the assessment is borderline incomprehensible.
Proper Heading/Format Your score: 10	All requirements met	Most requirements met	Some requirements met	Few or none of the requirements met.
Professional Tone Your score: 10	Entirety of assessment is written in the appropriate professional tone.	Most of assessment is written in the appropriate professional tone.	Some of assessment is written in the appropriate professional tone.	None of assessment is written in the appropriate professional tone.
Annotated Article Your score: 10	Thoroughly annotated article submitted with assignment	Adequately annotated article submitted with assignment	Somewhat annotated article submitted with assignment	No annotated article submitted with assignment

Comments: