

# **FATAL VISION®**

## Facilitator's Planning Guide

**Know What You Can Accomplish  
in the Time and Setting You Have**

*The goggles are the spark plug.*

*What you do with the time determines whether you're  
creating a spark, starting an engine, or driving the car.*

*Based on The Engagement Factor: The Critical Variable in Prevention and Outreach*

Michael Aguilar, Ph.D. | Innocorp, Ltd.

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## About This Guide

This guide is a companion to *The Engagement Factor: The Critical Variable in Prevention and Outreach* by Michael Aguilar, Ph.D. The book draws on communication theory, behavioral science, peer-reviewed research, and Dr. Aguilar's doctoral research at the University of Wisconsin–Madison to make the case for experiential engagement in prevention education.

This guide translates those principles into practical facilitator guidance. It is organized around a simple insight from the book: a five-minute demonstration is not a failed thirty-minute lesson. It is a different intervention with different appropriate outcomes. The frustration most educators feel is not about limited time—it is about trying to achieve a goal that does not fit their situation.

The guide helps you match your approach to your reality.

This edition also includes a Standards Alignment section showing how Fatal Vision demonstrations support the National Health Education Standards (NHES, 3rd Edition) and CDC HECAT Healthy Behavior Outcomes for alcohol and other drug prevention. Whether you need to justify your activity to an administrator, document standards alignment for a grant, or simply confirm that what you are doing connects to what health educators are required to teach, that section provides the language and citations you need.

## How to Use This Guide

Every Fatal Vision demonstration happens in a context: a specific amount of time, a specific setting, and a specific purpose. This guide helps you work with those realities rather than against them.

Too often, educators try to deliver a thirty-minute prevention message in a five-minute window and walk away frustrated. The problem is not limited time—it is attempting a goal that does not fit the situation.

Each use scenario includes a standards callout identifying which NHES standards and HECAT Healthy Behavior Outcomes it addresses. For the full mapping, including specific performance expectations and knowledge expectations by grade span, see the Standards Alignment section near the end of this guide.

## Ask Yourself Three Questions

### 1. How much time will you have with a participant?

Not total event time—actual contact time per person or group. A two-hour health fair where people cycle through your table in three-minute visits is a three-minute interaction, not a two-hour one.

### 2. What is your setting?

The key distinction is whether you control the environment. In a classroom, club meeting, or dedicated workshop, you can hold attention, manage the flow, and facilitate reflection. At a health fair, open house, or tabling event, participants control when they arrive and leave.

### 3. Given your time and setting, what can you realistically achieve?

This is the question most facilitators get backwards. They start with what they want to accomplish and feel frustrated when their time and setting will not allow it. This guide flips that: it starts with your situation and shows you what is achievable within it.

## Find Your Use Scenario

Use the table below to identify your use scenario based on your situation—not based on what you wish your situation were. These scenarios are not a progression. They represent distinct contexts of use. Choose the one that describes your situation.

Time Available	Setting	Your Use Scenario	Your Goal
1–5 minutes	Open / high-traffic	Quick Hit	Spark curiosity, capture a contact
10–30 minutes	Controlled, defined group	Dedicated Demonstration	Create insight through experience + debrief
30+ minutes / Ongoing	Structured program or sustained relationship	Fatal Vision Within a Larger Program	Build skills on an experiential foundation; develop identity, membership, and peer facilitation over time

## Use Scenario 1: Quick Hit

1–5 minutes with a participant | Open or high-traffic settings

### What You Can Realistically Achieve

- Attention captured through surprise—they were not expecting this
- Curiosity generated (“What was that? I want to try it.”)
- Awareness that a prevention resource and community exists (e.g., Students Against Destructive Decisions)
- Contact information or next-step connection established

### Your Focus as Facilitator

- Energy and enthusiasm—your excitement is contagious
- Make it fast, fun, and surprising—the experience does the talking
- Capture contact info or direct them to a clear next step
- Let the experience speak—do not lecture, do not explain the science
- Have QR codes, flyers, or sign-up sheets ready before you start

### What to Say

Keep it to one line they will remember:

*“What you just felt is drunk with a sober mind.”*

or

*“That’s what distraction feels like—when texting, you are not aware how much time has passed with your eyes off the road.”*

Then immediately direct them to the next step.

### Your Call to Action

- Scan this QR code to learn more
- This is who we are and what we do
- Come to our meeting on [date]—we’ll go deeper into what you just experienced
- Follow us on [social media] for more
- Take this card and share it with a friend

### What Not to Attempt

- Delivering a full prevention message—you do not have time and they are not ready for it

- Debriefing in depth—save it for when you have a captive audience
- Covering multiple impairment modes—one quick hit is enough
- Expecting attitude change from this interaction alone—you are planting a seed, not harvesting a crop

## Tools That Work Well in This Track

Any Fatal Vision tool that creates an immediate, visible “wow” moment works here. The key is speed and impact.

- Fatal Vision Alcohol or Distracted Driving Goggles with a walk-the-line activity—fast, visual, surprising
- Distract-a-Match® Game—fast tabletop activity that demonstrates divided attention

## If Things Go Sideways

At a tabling event, the most common mistake is trying to explain the science while people are waiting for a turn. If you catch yourself lecturing, stop mid-sentence, hand them the goggles, and say “Try it—you’ll see what I mean.” The experience communicates faster than you can.

## Use Scenario 2: Dedicated Demonstration

10–30 minutes | Controlled settings with a defined group

**STANDARDS:** NHES 1, 2, 4, 5 | HECAT AOD HBOs 3, 4, 5, 6 | See “Standards Alignment” section

This is where the shift from brief encounter to program begins. You have time to do what a tabling event does not allow: let participants experience impairment, then facilitate a conversation about what they discovered.

### What You Can Realistically Achieve

- A memorable insight that participants carry with them—not just information, but felt understanding
- Genuine comprehension of how impairment works: “I can’t trust my own judgment under the influence”
- Connection between the goggle experience and real-world decision moments
- Peer conversation and norm-setting—participants hear each other, not just you
- Short-term attitude shift (supported by peer-reviewed research)

### Your Focus as Facilitator

- **The debrief is the lesson.** The goggles create the moment; your facilitation harvests the insight.
- **Ask, don’t tell.** A participant who says “I had no idea it would be this hard” has learned more than one who hears you say it.
- **Let participants talk more than you do.** Their insights stick better than yours.
- **Connect the physical experience to specific decision moments** they will actually face.
- **Laughter is a bridge, not a problem.** When participants laugh, their defenses are down and attention is high. That is your moment.

### The Facilitation Sequence

This five-step sequence is the core of effective demonstration facilitation. Each step builds on the one before it.

Phase	Step	What to Do
<b>PHASE 1</b> <b>Create the experience</b>	<b>1. Baseline</b>	Have participants perform the activity without impairment. This establishes what “normal” looks and feels like, making the contrast vivid.

	<b>2. Experience Impairment</b>	Participants perform the same activity under simulated impairment (e.g., wearing Fatal Vision goggles). Get as many people doing the activity as time allows—direct participation produces significantly greater attitude change than observation alone (Jewell & Hupp, 2005).
<b>PHASE 2 Process the experience</b>	<b>3. Debrief= Connect to real-world relevance</b>	This is where learning happens. Ask: “What surprised you?” “What did you notice about your confidence versus your performance?” “How would this impairment affect your driving? Walking home? Taking care of someone?”
	<b>4. Building Skills</b>	Move from the debrief to their world: <i>“If you stepped in and stopped a friend from driving in that condition — do you think it would actually make a difference?”</i> (response efficacy->will the action work?) “Do you have the confidence to take this action?” (self-efficacy)
<b>Phase 3 Commit to Action</b>	<b>5. Takeaway</b>	One clear message asking for a commitment to improving the status quo.

## What Not to Attempt

- Rushing through multiple activities without debriefing each one
- Lecturing after the experience instead of facilitating—if you are talking more than they are, you have lost the moment
- Treating the debrief as optional (“We’re running short, let’s skip the discussion”)
- Extended skill-building or role-play—that requires more time than this track provides

## Tools That Work Well in This Track

Any Fatal Vision tool paired with a structured activity and debrief. The activity should be simple enough that failure is surprising and visible.

- Fatal Vision Goggles (any impairment type) with walk-the-line, catch, or DIES® mat activities
- Fatal Vision Roadster Pedal Kart—participants ride a course sober, then impaired; the contrast is dramatic and debriefable
- Fatal Vision Drowsy & Distracted Driving Goggles—Bluetooth-controlled impairment modes let you build the distraction experience step by step
- DIES® Distracted Driving Activity Mat with the DIES Steering Wheel—participants navigate a course, then do it again with distractions added

- intoxiclock® Pro—personalized BAC illustration showing how weight, gender, and drinking rate affect impairment duration
- Fatal Speeding™ Program Kit—steering wheel and pedal simulation with LED board comparing normal-speed and high-speed driving performance
- Vaping Dangers Event Kit—four interactive activities (Breath Battle™, Vape Risk-Taking Game, No Thanks! Memory Challenge, Dicey Decisions™) that make health consequences of vaping tangible

## If Things Go Sideways

The most common Dedicated Demonstration mistake is running out of time and skipping the debrief. If you realize you have five minutes left and have not debriefed yet, stop the activity immediately. A shortened debrief with one good question (“What surprised you about that?”) is worth more than another three minutes of goggle time. The goggles create the moment. The debrief is where learning happens. Never sacrifice the debrief.

## Use Scenario 3: Fatal Vision Within a Larger Program

30+ minutes | Fatal Vision tools within a structured program

**STANDARDS: NHES 1–8 (all standards) | HECAT AOD HBOs 3, 4, 5, 6, 8 | See “Standards Alignment” section**

In this track, Fatal Vision tools are one component of a larger program—not the whole program. The experiential moment the tools create is the foundation that everything else builds on: the debrief deepens understanding, skill-building provides practical tools, and connection to resources creates lasting support.

### Principles for Fatal Vision Within a Larger Program

#### 1. Position the experience early

The experiential component should come near the beginning of your program, not the end. It creates the shared reference point that everything else builds on. When you teach intervention skills later in the session, you can say “Remember what it felt like when you couldn’t walk a straight line? That’s what your friend is experiencing when they say ‘I’m fine to drive.’”

#### 2. Build from experience to understanding to action

The natural sequence is: Experience → Debrief → Context → Knowledge & Skills → Commitment.

- Experience: Fatal Vision demonstration with baseline comparison
- Debrief: Facilitated conversation using the questions from Use Scenario 2
- Context: How impairment connects to laws, enforcement, community resources—the bigger picture
- Knowledge & Skills: What to know and what to do when you encounter impairment—building the judgment to recognize a situation and the ability to respond, through discussion, role-play, scenario planning, and practice
- Commitment: Personal action plans, peer teaching roles, connection to ongoing support

Not every program needs all five steps. But skipping from experience directly to commitment (“Now sign this pledge”) misses the learning that makes the commitment meaningful.

#### 3. Use multiple tools for multiple insights

With thirty or more minutes, you can use more than one Fatal Vision tool to build a richer experience. Each tool demonstrates a different dimension of impairment, and together they create a more complete picture.

- Fatal Vision Opioid Goggles with weighted wrist and ankle bands demonstrate the cognitive fog, perceptual distortion, and physical heaviness of opioid impairment — what happens to awareness, coordination, judgment, and the ability to respond when your body isn’t fully yours

- Fatal Vision Roadster Pedal Kart or SIDNE® demonstrate operational impairment—what happens when you try to control a vehicle while impaired
- intoxiciclock Pro demonstrates metabolic reality—how long impairment actually lasts based on personal factors
- DIES Activity Mat demonstrates environmental impairment—how real-world obstacles become hazards under the influence

The principle: each tool makes a different invisible thing visible. Together, they build a comprehensive understanding that no single demonstration can achieve.

#### **4. Do not let extended time become extended lecture**

The most common mistake in longer programs is treating the extra time as permission to talk more. More time should mean more conversation, more participation, more skill practice—not more PowerPoint slides.

#### **5. Connect to the four leverage points**

Effective prevention operates through four channels: policy, enforcement, technology, and education. Your Fatal Vision demonstration is the education channel. In a longer program, you have the opportunity to connect the experiential moment to the other three:

- Policy: “This is why we have .08 BAC laws. What you just experienced is what .08 feels like.”
- Enforcement: “The walk-the-line test you just failed is the same test an officer uses during a traffic stop.”
- Technology: “Rideshare apps exist because of moments like this. Have you set one up on your phone?”

This integration makes the experiential moment more meaningful because participants see it in context—not as an isolated activity, but as one part of a system designed to keep people safe.

### **What Not to Attempt**

- Spending all the time on demonstrations with no skill-building—the experience is the spark, not the whole fire
- Keeping action plans generic (“Make good choices”)—specificity is what makes plans actionable
- Skipping the experiential component to “save time” for lecture—the experience is what makes everything else land
- Forgetting to connect to real, local resources and concrete next steps

### **If Things Go Sideways**

In longer programs, the most common failure mode is losing the group's energy in the middle. If you see attention fading during a content section, do not push through with more talking. Go

back to the tools. A second experiential activity re-engages the room in a way that no slide can. Then debrief that experience and weave your content into the conversation that follows.

## Use Scenario 3 (Continued): Relationship & Community Building

*Ongoing* | *Fatal Vision tools as the front door to sustained engagement*

**STANDARDS: NHES 4, 6, 7, 8 | HECAT AOD HBOs 3, 4, 5, 6, 8 | See “Standards Alignment” section**

Sustained relationship and community building is an extended form of Use Scenario 3. The first two scenarios are about what happens during a demonstration. This extended approach is about what happens between demonstrations—the sustained engagement that turns a single event into an ongoing relationship.

### Principles for Relationship and Community Building

#### 1. The tools are the front door, not the house

Fatal Vision tools create the initial engagement that draws people in. The pedal kart at the campus event gets students to stop, try, laugh, and ask questions. But what turns that three-minute interaction into a lasting connection is what comes next: the follow-up invitation, the membership opportunity, the chance to become part of something larger.

#### 2. Train members to become facilitators

The most powerful use of Fatal Vision tools in an ongoing program is training your members to run demonstrations themselves. When a peer educates a peer, the dynamic changes entirely. The student facilitator gains confidence, ownership, and deeper understanding. The student participant receives the message from someone they relate to.

#### 3. Create recurring touchpoints

A single demonstration creates a spike of engagement that fades without reinforcement. Build Fatal Vision into your regular rhythm:

- Monthly demonstrations at campus or school events—each one using a different tool or impairment type
- Peer facilitator training sessions where new members learn to run activities
- Community partnership events where your group brings Fatal Vision tools to local organizations
- Social media content featuring your demonstrations—the visual impact of these tools travels well online
- Local media coverage of your events—the visual drama makes compelling footage, and a TV crew or campus reporter covering your demonstration reaches people you would never get to your table

Each touchpoint reinforces the message and deepens the connection. Over time, the tools become associated with your group's identity.

#### 4. Connect demonstrations to your group's mission

Every Fatal Vision demonstration should tie back to your group's larger purpose. If you are a Students Against Destructive Decisions (SADD) chapter, the debrief connects to your advocacy work. If you are a campus wellness office, it connects to your health promotion goals. The tools serve the mission, not the other way around.

#### 5. Track your impact

When Fatal Vision tools are part of an ongoing program, you can measure things that a single demonstration cannot: how many students you have reached over a semester, how many peer facilitators you have trained, how engagement at your events has grown. These metrics tell the story of sustained impact.

### What Not to Attempt

- Relying on the tools alone to sustain engagement—tools create the spark, relationships sustain it
- Running the same demonstration the same way every time—vary your tools, activities, and settings
- Treating demonstrations as isolated events disconnected from your group's mission and goals
- Skipping facilitator training for new members—untrained users reduce impact and can create safety concerns

### Example: A SADD Chapter's Semester Plan

Here is what sustained community engagement looks like in practice for a Students Against Destructive Decisions chapter:

**September:** Activities fair with Fatal Vision Goggles at a walk-the-line station (Quick Hit). Goal: recruit new members, capture sign-ups.

**October:** New-member meeting with a facilitated demonstration (Dedicated Demonstration). Train returning members as peer facilitators while new members experience the goggles for the first time.

**November:** Pre-holiday community event with the Roadster Pedal Kart. Invite local media. Peer facilitators run the station. Post video on social media.

**January:** Classroom program integration (Fatal Vision Within a Larger Program) with the health teacher. SADD members co-facilitate, connecting the experience to the health curriculum.

**March:** Distracted driving awareness event using the DIES Activity Mat and Fatal Vision Drowsy & Distracted Driving Goggles. Partner with a local law enforcement officer.

**May:** End-of-year reflection. Report impact numbers: students reached, facilitators trained, events held, media coverage earned. Use these metrics in your annual report and next year's funding request.

Notice how each event uses a different use scenario, a different tool, and a different partnership—but all of them serve the chapter's mission and build on each other over time.

## **If Things Go Sideways**

The biggest risk in sustained engagement is burnout: a small group of leaders running every event while new members remain passive. If you notice the same three people facilitating every demonstration, it is time to prioritize peer facilitator training. Schedule a dedicated training session, pair experienced members with new ones, and give new facilitators ownership of the next event. The goal is building a community of facilitators, not a fan club for your best ones.

## Key Principles

Keep these in mind regardless of which use scenario you are in.

### **The goggles are the spark plug, not the engine.**

They create the opening. What you do with that opening determines the outcome. A spark plug that fires is doing its job. An educator who creates surprise and curiosity in three minutes has succeeded—as long as the next step is ready.

### **Discovery beats correction.**

Do not tell participants they are wrong about impairment—let them discover it. “Studies show that impaired drivers overestimate their abilities” is a correction. “I just tried to walk a straight line and couldn’t do it” is a discovery. Discovery sticks. Correction provokes resistance.

### **The contrast between expectation and experience is where learning happens.**

Every participant thinks they will handle the goggles fine. They do not. That gap—between what they expected and what they experienced—is the lesson. It is why establishing a baseline (performing the activity without impairment first) makes the impaired experience so much more powerful.

### **Lead with the experience, not the technology.**

When introducing the tools to participants, describe what they will experience, not how the technology works. “You’re about to find out what it feels like when opioids take over your body” is compelling. “These goggles use lens technology to simulate visual impairment” is a product description.

### **Laughter is not failure.**

Surprise enhances memory. When participants laugh, their defenses are down and attention is high. That is your moment—not the end of the lesson, but the beginning of it. What you do next determines whether the laughter becomes insight or just entertainment.

### **Know what your time and setting allow—then do that well.**

A five-minute demo is not a failed thirty-minute lesson. It is a different intervention with different appropriate outcomes. The frustration most educators feel is not about limited time—it is about trying to achieve a goal that does not match their situation.

### **Facilitation matters as much as the tool.**

The same demonstration can produce insight or just entertainment, depending on what you do with the moment it creates. A skilled educator who asks “What surprised you?” turns laughter into learning. An unskilled one lets the moment pass.

### **Internalized judgment is portable.**

It is the only intervention that travels with the person into every decision moment—the party, the parking lot, the moment someone says “I’m fine to drive.” Policy is not there. Enforcement is not

there. Technology may not be there. But what a person understands about impairment is always there.

**Participation is more powerful than observation. Get them into the goggles.**

Peer-reviewed research (Jewell & Hupp, 2005) found that students who wore the goggles showed significantly greater attitude change than those who only watched others wear them. Observation alone helps, but direct experience is where the real shift happens. Every minute a participant spends watching is a minute they could spend discovering.

## Standards Alignment: NHES & HECAT

Fatal Vision demonstrations are not stand-alone curricula—they are experiential engagement tools that support health education goals. This section shows how facilitated Fatal Vision activities align with the National Health Education Standards (NHES, 3rd Edition, 2022) and the CDC's Health Education Curriculum Analysis Tool (HECAT, 2021). Use these alignments to justify your demonstrations to administrators, integrate them into existing curricula, and document how your work supports established educational frameworks.

### What Are the NHES and HECAT?

The **National Health Education Standards (NHES)** are the consensus framework for what students should know and be able to do in health education by grades 2, 5, 8, and 12. Published by the National Consensus for School Health Education, they define eight standards covering functional health knowledge, analyzing influences, accessing information, interpersonal communication, decision making, goal setting, observable health practices, and advocacy.

The **Health Education Curriculum Analysis Tool (HECAT)** is the CDC's tool for evaluating health education curricula. Its Module AOD (Alcohol and Other Drugs) defines specific Healthy Behavior Outcomes, knowledge expectations, and skill expectations for alcohol and drug prevention education. When a health teacher or administrator asks whether your tools “align with standards,” the NHES and HECAT are what they mean.

### HECAT Healthy Behavior Outcomes Addressed by Fatal Vision Tools

The HECAT Module AOD identifies eight Healthy Behavior Outcomes (HBOs) that a pre-K–12 alcohol and other drug prevention curriculum should enable students to achieve. Facilitated Fatal Vision demonstrations directly support the following:

**HBO 3: Avoid the use of alcohol.** When participants experience impaired coordination, reaction time, and judgment through the goggles, they develop internalized understanding of why alcohol impairment is dangerous—not because someone told them, but because they discovered it.

**HBO 4: Avoid the use of illegal drugs.** Fatal Vision Cannabis, Opioid, and Multi-Drug goggles extend the experiential approach to other substances, helping students comprehend impairment effects they may not otherwise encounter until a dangerous situation.

**HBO 5: Avoid driving while under the influence of alcohol and other drugs.** This is perhaps the strongest alignment. HECAT knowledge expectation AOD1.8.17 specifically states: “Explain the risks associated with using alcohol or other drugs and driving a motor vehicle.” For grades 9–12, AOD1.12.20 calls for students to “Analyze the dangers of driving while under the influence of alcohol or other drugs.” The Fatal Vision experience delivers this analysis through felt understanding rather than lecture.

**HBO 6: Avoid riding in a motor vehicle with a driver who is under the influence of alcohol or other drugs.** When participants experience impairment firsthand, they develop empathy for

their own vulnerability as a passenger. The debrief question “Would you get in a car with someone who felt like this?” directly supports this outcome.

**HBO 8: Support others to be alcohol- and other drug-free.** Sustained engagement activities—peer facilitator training, advocacy events, and community engagement—directly build students’ capacity to support an alcohol- and drug-free environment among their peers.

## How Each Track Aligns with the NHES

Different tracks activate different standards. The more time and structure you have, the more standards you can meaningfully address.

### Use Scenario 1 (Quick Hit): Standards 1 and 8

Even a brief encounter touches **Standard 1** (functional health knowledge) by creating an experiential insight about impairment. When facilitated by peer educators at events, it also supports **Standard 8** (advocacy)—students are actively encouraging others to engage with a health-promoting message. Performance expectation 8.8.5 calls for students to “demonstrate confidence when persuading others to make health choices that enhance quality of life.” That is exactly what a trained peer facilitator does at a tabling event.

### Use Scenario 2 (Dedicated Demonstration): Standards 1, 2, 4, and 5

This is where standards alignment deepens significantly. **Standard 1** (functional health knowledge): The baseline-then-impairment structure directly addresses performance expectations like 1.8.3 (“Analyze potential risks and consequences of practicing unhealthy behaviors”) and the HECAT’s AOD1.8.9 (“Determine the immediate and long-term impacts of alcohol and other drug use on the brain, including impacts on decision-making”). **Standard 2** (analyzing influences): The debrief conversation about peer pressure, social norms, and the “I feel fine” illusion addresses 2.8.4 (“Explain how perceptions of social norms influence healthy and unhealthy behaviors”). **Standard 4** (interpersonal communication): When the debrief includes “What would you say to a friend who insists they’re fine to drive?” participants practice assertive communication and negotiation skills (4.8.5). When participants role-play declining a ride from an impaired driver—“How would you say no if your ride had been drinking?”—they practice refusal skills directly. **Standard 5** (decision making): The experiential insight feeds directly into the decision-making process. When a participant discovers that their judgment was impaired without their awareness, they are building the foundation for expectation 5.8.4 (“Analyze how personal beliefs can affect decisions about a health behavior”).

### Use Scenario 3 (Fatal Vision Within a Larger Program): Standards 1–8

When Fatal Vision activities are embedded in a structured program with time for skill-building, all eight NHES can be addressed. The experiential component provides the motivational foundation (Standard 1), and the extended program time enables analysis of influences (Standard 2), accessing valid health information (Standard 3), practicing communication and refusal skills (Standard 4), applying decision-making steps (Standard 5), setting health goals (Standard 6), demonstrating observable health practices (Standard 7), and developing

advocacy skills (Standard 8). This is why Use Scenario 3 is the strongest alignment point for educators who need to document standards coverage.

### **Use Scenario 3 (Sustained Engagement): Standards 4, 6, 7, and 8**

Sustained engagement activates standards that single events cannot. Training peer facilitators develops interpersonal communication skills (Standard 4). Planning events over a semester requires goal setting (Standard 6). Repeatedly practicing facilitation builds observable health and safety practices into habits (Standard 7). And the entire enterprise of peer-led prevention education is advocacy in action (Standard 8)—students taking initiative to secure conditions that support the health of their community.

### **Key HECAT Knowledge Expectations Addressed**

When your facilitated Fatal Vision demonstration includes a structured debrief (Tracks 2–4), you are addressing these specific HECAT Module AOD knowledge expectations:

**Grades 6–8:** AOD1.8.8 “Summarize the physical and mental effects of using alcohol, marijuana, and illicit drugs” • AOD1.8.9 “Determine the immediate and long-term impacts of alcohol and other drug use on the brain, including impacts on decision-making” • AOD1.8.11 “Determine reasons why people choose to abstain from or misuse alcohol” • AOD1.8.13 “Determine the benefits of being drug-free” • AOD1.8.15 “Describe the relationship between using alcohol and other drugs and other health risks, such as unintentional injuries” • AOD1.8.17 “Explain the risks associated with using alcohol or other drugs and driving a motor vehicle”

**Grades 9–12:** AOD1.12.7 “Describe the harmful effects of binge drinking” • AOD1.12.8 “Summarize the harmful short- and long-term physical, psychological, and social effects of using alcohol and illicit drugs” • AOD1.12.11 “Evaluate situations that could lead to the use of alcohol and other drugs” • AOD1.12.13 “Analyze why individuals choose to use or not to use alcohol and other drugs” • AOD1.12.14 “Analyze short- and long-term benefits of remaining alcohol- and drug-free” • AOD1.12.17 “Analyze the relationship between alcohol and other drug use and other health risks, such as unintentional injuries, violence, suicide” • AOD1.12.20 “Analyze the dangers of driving while under the influence of alcohol or other drugs” • AOD1.12.21 “Summarize the importance of not riding with a driver who has been using alcohol or other drugs”

### **Using This Alignment in Practice**

When proposing a Fatal Vision demonstration to an administrator or health teacher, speak their language: “This activity addresses NHES Standards 1, 2, 4, and 5, and supports HECAT AOD Healthy Behavior Outcomes 3, 5, and 6. The experiential component creates functional health knowledge through discovery rather than lecture, and the structured debrief practices analyzing influences and decision-making skills.”

When documenting your program for funders or annual reports, reference the specific performance expectations and knowledge expectations listed above. This demonstrates that your work is not “just goggles”—it is a standards-aligned educational experience that supports the outcomes health educators are required to deliver.

*Remember: The NHES emphasize that teachers foster students' self-efficacy by using real-life scenarios, allowing time for practice, and providing performance-based feedback. That is precisely what a well-facilitated Fatal Vision demonstration does—real-world simulation, hands-on practice, and guided reflection.*

## Quick Reference

Print this page and keep it with your equipment.

<b><u>Scenarios</u></b>	<b><u>Do This</u></b>	<b><u>Not This</u></b>	<b><u>Never Skip</u></b>
<b><u>Scenario 1</u></b> Quick Hit 1–5 min	Spark curiosity, capture a contact, One “wow” moment + a call to action	Lecture, explain the science, cover multiple topics	Having a next step ready (QR code, flyer, sign-up)
<b><u>Scenario 2</u></b> Dedicated Demonstration 10–30 min	Create insight through experience + debrief, Baseline → Experience → Debrief → Connect → Takeaway	Rush through activities, skip the debrief, talk more than participants	The debrief. It is where realization and learning happens.
<b><u>Scenario 3</u></b> Fatal Vision Within a Larger Program or Relationship & Community Building 30+ min or Ongoing	Build skills on an experiential foundation, Experience early, then build skills on the foundation it creates. Develop identity, membership, peer facilitation, Train peer facilitators, vary tools and settings, track impact.	All demos and no skills, or all lecture and no experience. Same demo, same way, same people running it every time.	Connecting the experience to real, local resources. Facilitator training for new members.

Based on *The Engagement Factor: The Critical Variable in Prevention and Outreach*

by Michael Aguilar, Ph.D.

*Dr. Aguilar’s research on experiential engagement in prevention education was conducted at the University of Wisconsin–Madison, where his doctoral dissertation examined how and why prevention educators adopt certain tools over others. The principles in this guide are grounded in communication theory, behavioral science, peer-reviewed research (Jewell, 2004; Jewell & Hupp, 2005; Hennessy et al., 2006), and nearly three decades of field experience.*

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