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SPECIAL EDUCATION CURRICULUM DEVELOPMENT CENTER

an in-service training approach

A Social Attitude Approach
to Sex Education for the
Educable Mentally Retarded

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A COOPERATIVE PROGRAM INVOLVING
THE IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION
AND THE UNIVERSITY OF IOWA

IN-SERVICE TRAINING MATERIALS FOR TEACHERS

OF THE EDUCABLE MENTALLY RETARDED

Session III

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"The Board of Education requires me to give you some basic information on sex, reproduction and other disgusting filth."

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INTRODUCTION

The development of this series of lessons on social attitudes with a primary emphasis on sex education has been prompted by the repeated appeals of teachers who work with educable mentally retarded children. The initial requests for this material related directly to the need for information on sex education, however, the final document presents a much broader coverage of information relevant to the development of social skills and attitudes. The social needs of the educable mentally retarded are basically the same as those of individuals with average intellectual ability, the differences which do occur may be found in the retardate's need for guidance and the teacher's need for assistance in planning learning experiences to facilitate social adjustment. If sex education is to be presented in its proper perspective, the teaching of social attitudes, values, and sex information must be considered as experiences integral to the total curriculum. To separate the teaching of social attitudes and values from curriculum content on sex information and self image would be like giving instruction in writing with none in spelling.

The material presented in this guide is the result of an attempt to organize a sequential program of lessons on sex education. The emphasis on sex education subject matter reflects a commitment to the teaching of attitudes as an essential component of social development. The lessons have been planned as a sequential program for pre-primary through adolescence. It is intended that teachers will modify the material to the needs of their class but in general will follow the basic sequence of

the lessons. Individual groups of lessons, however, can be adapted from this material and taught separately. The material is organized on four levels, namely pre-primary 4-7 C.A., primary 7-9 C.A., intermediate 9-13 C.A., and adolescence 14 and above. The age levels are representative of special classes in Iowa.

A number of authors and organizations have prepared objectives for the education of the mentally retarded. In general they are very similar. The Educational Policies Commission has listed four major objectives of education: (1) self-realization, (2) human relationships, (3) economic efficiency, and (4) civic responsibility.¹ Although the degree of attainment may vary, these objectives are as applicable to the educable mentally retarded as they are to normal children.

The following objectives compiled by Kirk and Johnson² are representative of the many attempts to delineate objectives for the mental retardates.

1. They should be educated to get along with their fellowmen; i.e., they should develop social competence through numerous social experiences.
2. They should learn to participate in work for the purpose of earning their own living; i.e., they should develop occupational competence through efficient vocational guidance and training as a part of their school experience.
3. They should develop emotional security and independence in the school and in the home through a good mental hygiene program.
4. They should develop habits of health and sanitation through a good program of health education.

¹ Educational Policies Commission, The Purpose of Education in American Democracy (Washington: National Education Association, 1946), p. 47.

² Samuel A. Kirk and Orville Johnson, Educating the Retarded Child (Boston: Houghton Mifflin Company, 1951), p. 118, cited by Samuel A. Kirk, Educating Exceptional Children (Boston: Houghton Mifflin Company, 1962), pp. 103.

5. They should learn the minimum essentials of the tool subjects, even though their academic limits are third to fifth grade.
6. They should learn to occupy themselves in wholesome leisure time activities through an educational program that teaches them to enjoy recreational and leisure time activities.
7. They should learn to become adequate members of a family and a home through an educational program that emphasizes home membership as a function of the curriculum.
8. They should learn to become adequate members of a community through a school program that emphasizes community participation.

The philosophy underlying the development of this publication has evolved from the principles reflected in the previously stated educational goals and objectives. Due to the limited intellectual capacity of the educable mentally retarded, special educators have repeatedly stressed the need for an emphasis on good mental health and social adequacy.

In a review of the relationship between socio-cultural factors and endogenous³ mental retardation, McCandless attributes deficient intellectual development, to some extent, to environmental deprivation. McCandless defines intelligence as a "problem-solving ability" and implies that there is also a high degree of influence by social factors upon lowered intellectual functioning.⁴

In their text on mental retardation, Hutt and Gibby wrote of "the global person"⁵ in stressing the total human being. With reference to

³ Endogenous refers to psycho-biological insufficiencies which are inherited, as compared to those which originate in the environment.

⁴ Boyd R. McCandless, "Relation of Environmental Factors to Intellectual Functioning," Mental Retardation: A Review of Research (Chicago: University of Chicago Press, 1964), pp. 175-213.

⁵ Max L. Hutt and Robert G. Gibby, The Mentally Retarded Child - Development, Education and Treatment (Boston: Allyn and Bacon, 1965), pp. 220-222.

personality development in the retarded individual, the following seems to reemphasize the factor of social influence upon intellectual achievement.

It has been demonstrated by both clinical studies and research investigations that some individuals, with potentially normal or even superior intellectual capacities, are thwarted severely in the early experiences they have in meeting their biosocial needs. Experiences involving parental rejection, separation from parents, rigidity in training schedules, and a repressive home climate may separately or in combination produce avoidance reactions, and, in the extreme, may produce severe psychological withdrawal, low drive for accomplishment, and other forms of emotional disturbance. These forms of behavior may then form part of the pattern which involved intellectual retardation. The child may learn, as Gardner has put it, to have a "low expectation level that his efforts will lead to success in problem solving."⁶

The impact of environmental influences on the social and intellectual development of children with limited intelligence is well documented. Social competencies along with the acquisition of academic skills rank among the major goals for the education of the mentally retarded. Much of the research and current production of curricular material for the mentally retarded is being geared to the teaching of practical academic or vocational skills. Although the preparation of material designed to assist teachers in teaching social skills is not being ignored, the effort is comparatively less. Lip service on the part of curriculum planners is not sufficient to influence the teaching of social attitudes and behavior. Guidance and instruction in social attitudes should be viewed not only as tools for successful life adjustment but also as provisions for realization of greater intellectual potential. For sincere educators of the mentally retarded, this should offer an exciting challenge.

⁶ Ibid., p. 129.

This material in Social Living is an attempt to present a limited supply of exemplary lessons which teach specific areas of social development. The primary emphasis is on sex education. Later publications will focus on related areas of social development. It is sincerely hoped that teachers will compile additional lesson plans which will strengthen the retardate's self-image and increase his potential for self-direction. Good attitudes alone are not sufficient; the mental retardates need opportunities to acquire social competency as much as the academic skills.

The inclusion of planned learning experiences on sex education in the mentally retarded will be in addition to the curriculum currently employed in many special education programs. Too often such learning experiences are left to incidental teaching or handled through short term units. It is the firm conviction of those responsible for these materials that the teaching of information on sex as an integral part of social development is a major component of curriculum for the mentally retarded. Unless this belief is shared by the teacher using these materials its impact will be greatly reduced.

The study of attitudes regarding sexual feelings and practices and the study of human reproduction are generally accepted as two of the necessary areas to be included in preparing students for the responsibility of their adult roles. In the regular class program these topics are usually taught in high school and through a separate block of study in such courses as science, home economics, or health. The hesitancy to include these areas of study in public school programs has been due to the Victorian attitudes present within our culture and to a certain extent to misinformation. In general, parents have knowingly

allowed our children to learn "the facts of life" in any piece-meal manner in which they chanced to encounter them. If the truth is to be admitted, this has been predominately due more to a lack of knowledge as to how to present the information with the proper attitude than an inability to determine what to teach. These limitations coupled with personal inhibitions on the subject have excluded programs in this important area of development.

It is certain that as a society, we are still not yet completely free of the guilt feelings inspired by the Puritanical inference that sex is supposed to exist only for the purpose of human reproduction. We must squarely face the illogic of this and hope that we can instruct and inspire more healthy and positive attitudes.

Incorporating Sex Education into the Curriculum for the Educable Mentally Retarded

Transitions in social attitudes and practices are usually gradual. This is particularly true of sex education in our society -- that is, it has only been in the past four or five years, that much progress has been made in this area. New material and activities are being developed so rapidly that experts are predicting that broad, thorough sex education programs will come to exist in at least 70 per cent of the nation's schools within the next two years. The impact which this expansion of the regular curriculum will have on instructional programs for the mentally retarded remains to be seen. The difficulty experienced by the mentally retarded in making decisions having social consequences plus their generalized limitation resulting from their intellectual defect, mandates curriculum provisions for the teaching of sex information. A

search of the literature for examples of sex education for the mentally retarded yielded a paucity of findings. In general, the attention given to sex education for the mentally retarded has been sporadic with few attempts to approach the topic in a systematic manner. There are, however, a number of programs for regular students which offer indicators for teachers willing to modify and adapt material and techniques. The programs reviewed in the subsequent paragraphs summarize the experiences of programs for normal children which are relevant to teaching sex education to the mentally retarded. The following report, as adapted from an article in Scholastic Teacher, exemplifies the type of growth currently in progress.

Glen Cove, New York. The sex education program developed at Landing Elementary School was in response to a request made by the PTA in 1963. A group of parents interested in improving the lines of communication within their families asked the help of the school staff in setting up a program that could be presented in the classroom and carried over into home discussions.

The program is based on the philosophy that sex is something you are, not something you do. The lessons are aimed at helping the boys and girls establish more positive attitudes toward themselves, their growing bodies, and their peer and family groups. The idea is to give them a basis for making responsible decisions as they grow up and assume appropriate places in their adult society. The program taught by the school nurse, is a part of the school health curriculum. Sequentially appropriate material is taught at each grade level, beginning with the child and the wonder

of his growing body. Next, the child learns to understand human reproduction. He then learns to function at all ages as a worthy family and peer-group member. Parents are invited to grade-level evening meetings to become acquainted with the material planned for presentation in the classroom. While the school staff firmly believes that parents have the primary responsibility for sex education, it welcomes the opportunity to share in this responsibility.

A pamphlet, Getting Started, describes the program in detail and is available for \$1 from Getting Started, Glen Cove Public Schools, Glen Cove, New York 11542.⁷

Mamaroneck, New York. The need for sex education was recognized by the faculty of the fourth-through-sixth-grade Daniel Warren School of Rye Neck Public Schools. They decided that a successful program would have to include the community's involvement, an adequate curriculum, and pupil reaction.

The community involvement began informally with a number of casual sessions with parents. Later, conferences on the need for sex education were held with the PTA executive board, and an open PTA meeting was held for further discussion. The reaction of the audience was heavily supportive, though some members were curious about the subject matter of the curriculum. A strong and continuing faculty-parent communication was an important part of the plan.

To "build" the curriculum, the faculty experimented with 140 sixth-graders, who were divided into five classes. The concentration centered on the content, materials, and methods. Finally, the

⁷ Rose Daniels, "Sex Education in the Elementary Schools," Scholastic Teacher, April 21, 1967, p. 10.

results produced an instructional program that presently starts in the fourth grade with the study of the reproduction of plants and animals. In the fifth grade cell reproduction in plants and animals is introduced, including the embryo and fetus. The content of the program in the sixth grade includes the study of human reproduction and growth, emotional and social changes in maturation, and the functioning of the family as a social unit. Instruction is presented by the classroom teacher, with the aid of the nurse and physical education specialists.

The reactions of parents, students, and teachers have been overwhelmingly favorable to the Mamroneck program. The teachers of the sixth grade are enthusiastic about the challenge of teaching about human reproduction and growth. The students appear to be eager to know and are amazed and pleased that teachers discuss this topic with them.⁸

Washington, District of Columbia. Health and Family Life Education had its beginning in 1956, when a committee of school officials and community representatives began to consider a program of sex education for the city's schools. This led to a course of study in sex education two years later. Orientation meetings and in-service workshops were held for a selected number of teachers, and by 1961 all elementary, junior, and senior high schools were involved.

Although the study of animal reproduction starts in the primary levels, sex education really begins to unfold at the fifth grade

⁸ Paul G. Chaltas, Ibid., pp. 10-11.

level with the study of the structure and function of the body and emphasis on the reproductive system. For the untrained teacher at any grade level, this was found to be a sensitive and difficult area to teach. The best results were achieved when the teacher felt personally secure in, and professionally capable of, handling all aspects of the teaching-learning situation.

Parents and community agencies were able to become more closely involved in the program at the upper-elementary level. Parents of sixth graders were required to give unanimous consent before the study of human reproduction was undertaken. The school doctor and nurse, in conference with parents, teachers, the school counselor, and the principal, decided on appropriate materials (films and printed matter) for use with the pupils. The boys and girls were separated at various times for part of the instruction.

The pupils indicated that they liked the chance to "talk out" their health problems and questions in school. Parents expressed frank appreciation for the assistance the school gave in health education, especially in the sensitive areas. The program is further described in Personal and Family Living for Elementary Schools, \$1, and in A Brief of the Curriculum in Health and Family Life Education (K-12), 25 cents. Both booklets may be obtained by writing Curriculum Dept., Phillips Administration Annex No. 7, N. St. between 27th and 28th Sts. NW, Washington, D.C. 20007.⁹

University City, Missouri. A Family Life Education program was initiated in 1949 by Miss Helen Manley, then director of physical

⁹ Frances E. Noll, Ibid., p. 11.

education, health, and safety. This pilot project was set up at the request of an elementary school principal in response to the number and types of questions asked of him and of teachers by the boys and girls in the upper-elementary grades. Miss Manley visited the classrooms of the children from the sixth grade to the senior high school to conduct the program. The teachers of the sixth grade were informed of the visits and prepared their students by showing the relationship between the other systems of the body and the reproductive system. Before each visit the parents were invited to an evening meeting to view films and slides and to become familiar with the lecture content.

During the 1966-67 school year the possibility of changing from a program based on presentations by a specialist to one which is an integral part of classroom teaching was discussed. It was felt that because questions pertaining to growth processes can occur anytime and anywhere during the school year, classroom teachers are in a position to know the proper time to begin instruction. This method would seem to be more effective than setting a specific time during the school year to introduce sex education. Interested teachers were selected to teach the subject, assisted by the school nurse. Gradually a change from specialist to classroom instruction occurred. With this change, parents asked that their preview of the material either be eliminated or presented at the beginning of the school year in one mass showing. By presenting a "parent preview" of the major parts of the program, the parents were given an opportunity to learn about the type of instruction their children

were receiving.

Presently in the University City system emphasis in sex education has been at the sixth, eighth, and eleventh grades. Future plans call for extending the levels of emphasis to the fifth, seventh, and tenth grades including Kindergarten. The staff involved in the program found that current films and literature, as well as the great stress on sex in mass media, necessitated an over-all approach to the assimilation of correct terminology and word usage pertaining to sex factors rather than a pinpointed study at certain grades or age levels.

The classroom teacher, in general, agreed that the Family Life Education program has at last been put into its proper place as part of the regular classroom instruction. A program syllabus, Sex Education in the University City Public Schools, is available from the Coordinator of Physical Education, Jackson Park School, 7400 Balson Ave., University City, Missouri, 63130.¹⁰

Diamond Springs, California. El Dorado County has a multitude of small- and medium-sized elementary school districts, one high school district, and one unified district. Each district has approached the teaching of sex education in a different way, and for the most part no consistent pattern has been utilized from year to year. The concentration of effort in sex education and the concern of most districts has centered in the sixth to eighth grades, even though there is frequent comment by parents, teachers, and community members that the program should be started

¹⁰ Arnold N. Stricker, Ibid., p. 11.

in kindergarten and continued through high school. Among the material and in the program is a fifth through eighth grade continuing guide, Human Growth and Reproduction in the Elementary Curriculum, available for \$1, from El Dorado County Schools, P.O. Box 710, Diamond Springs, California 95619.

Early in 1967 a plan preparing for a complete K-12 program in sex education was approved by county administrators. The plan included appropriate community, parent, student, and educator involvement and will take three years of intensive development as well as continuing evaluation and adjustments to become operational. When completed and adopted it will become part of the curriculum for all school districts in the county.¹¹

Implications for Planning Sex Education Programs for the Educable Mentally Retarded

Although the attention given to sex education in the regular curriculum has been limited, a number of common findings are being reported which merit consideration as basic planning principles. These principles will be presented in relation to regular class programs then summarized with the implications for the EMR.

Systematic approach. A major area of agreement centers around the need for a systematic approach to sex education. It is not enough to present brief isolated lessons on reproduction, menstruation, or dating behavior. Children and youth need help in understanding their feelings and coping with social situations which they are destined to encounter. The teaching of specific information must be couched in a context which embraces the realities of life and the perspectives of the

¹¹ Shirley E. Wells, Ibid., p. 11.

child. A systematic approach implies a developmental emphasis with attention being given to relevant sex and social information at the primary level as a basis for more mature experiences at the older levels.

Teacher Competencies. The knowledge and attitudes of the teacher represent another important variable in the successful implementation of a sex education program. Knowledge of the subject matter is necessary but not sufficient for effective teaching in this area. The teacher must be capable of developing a relationship with his pupil which allows for effective communication. The students must feel free to ask questions and contribute to the discussion. Only when the teacher is able to reflect healthy attitudes and positive views toward the subject can maximum benefit for the student be the result. The values and attitudes of the typical classroom teacher are very middle class. In general the teacher represents a generation once or twice removed from his students. These factors seem to complicate the establishment of the kind of relationship desired. This is particularly true at the junior and senior high levels.

Parental Involvement. While parents are willing to concede to the educational responsibility for decisions on methods, techniques and content inherent in the teaching of basic skills and most subject matter areas this concession is not to be assumed in the area of sex information. This does not necessarily mean that objections should be anticipated, rather it means that parents should be involved in determining the direction of the program. They should also be kept abreast of the information employed and scope of the subject matter. How this is accomplished is a topic for another publication, however, the nature of the content is such that parental views should be solicited and considered.

Community Resources. Physicians, nurses, mothers, social workers, and clergymen are among the individuals who collectively represent the community resource available to education in developing instructional programs in sex education. The availability and/or willingness of a resource person to assist in the program should not be the only criteria for participation. Like teachers, other persons sometimes find it difficult to relate to young people. Consequently it is important that resource people be carefully selected. In addition to possessing the desirable personal qualities they must fully understand the relationship of their assignment to the over-all program.

While few special education programs for the EMR in Iowa are of sufficient size to warrant a major commitment of staff time to independently developing guidelines for sex education, the children and youth deserve a planned sequential program. If the curriculum employed in special classes is to reflect this concern and if teachers are to fulfill their instructional roles, direction, and suggested lessons will be necessary. It is because of these needs that this document in tentative form has been developed. The selection of the content resulted from considerable study on the part of the staff. However, no pretense is made that the material is all inclusive or that any particular segment of the content is crucial to the program. Rather, the intent is to encourage special class teachers at all levels to incorporate a developmental approach to the influencing of attitudes and the teaching of sex information. Teachers will need to modify and supplement the suggested lessons in order to meet the needs of their pupils. The content of the lessons is approached in a modified dialogue format. Suggested comments to the students along with directions for the teacher are presented. This format in itself represents an experiment. Later

evaluation will determine its merit. The total program is presented in tentative form and is to be used at the discretion of the teacher. No assurance can be offered that the material is appropriately graded for difficulty or that the sequence is unalterable.

A Message to the Teacher

Probably one of the most vital components of a comprehensive sex education program should be the assistance provided the teachers through orientation and workshop sessions. In the absence of these opportunities the special class teacher must prepare himself. This will involve considerable reading, exchanging of ideas with fellow teachers, and related professional persons as well as a self appraisal of his own attitudes and values. Without a good background on the part of the teacher maximum benefit from the program probably will not be attained. To do only as you please in the teaching of sex information is unfair to yourself, the pupils and the program. You must carefully plan your lessons and approach them with a firm belief that the subject matter is an integral and natural part of the total curriculum.

The teacher's role will not initially be easy. Because of the censorship our society has placed on open discussion of sex related problems, many teachers will be hesitant to answer questions pertaining to sexual feelings, human sexual organs, and reproduction. You should not be alarmed if you find yourself in this situation. The broad coverage of the subject in this publication and suggested references should help you gain confidence. An alternative may be to team teach specific lessons with another teacher. The important factor to keep in mind is that the social development of the educable mentally retarded child greatly depends on the experiences afforded him through their teacher. Sex information is

a very relevant part of the over-all information and experiences they need in order to attain an adequate level of social performance.

As a teacher of the educable mentally retarded you not only need to understand the technical information but must also be prepared to explain it in terms commensurate with the limited comprehension of the students. Ironically, it is difficult to find an acceptable terminology with which sex may be discussed because this subject has, in the past, been discussed in either a complicated, technical vocabulary or in terms considered to be vulgar and socially unacceptable. The retardate is not going to grasp the former, and a teacher may understandably not want to use the latter. This does not mean that the street vocabulary is ignored, rather it may be necessary to incorporate the popular terms with a technical vocabulary meaningful to the child. Our society's "language of sex" represents one of the frustrations we face in treating sex as a natural, wholesome part of life. Although sex is not often talked about openly, we may not assume that children are not exposed to a breadth of information on the subject.

Parents often scold their children for using words which they or other adults cannot accept. Instead of helping the children understand that there are more appropriate words they resort to admonishing them by using the well known phrase "that's naughty". But "naughty" words are also commonly heard on the school playground as well as in the classroom. Consequently, the teacher must remember not to appear shocked. First, it is a good idea not to promote additional inhibitions regarding sex by inferring that it is "dirty" or "bad". Second, every attempt should be made to help the child to become an acceptable member of society through the development of good language. From this, it seems reasonable to

assume that a child who uses terms not considered "proper" needs to be worked with, not reprimanded. He should first be asked what the word means and then why he used it. Most slang expressions with sex implications are devoid of any logic, and the child thus may be helped to use terms which are "smarter," as well as more appropriate. This approach teaches the child that he should know his word meanings and that some are more appropriate for use than others. Another point, easily made and reinforced through class discussion, can center around which words are socially acceptable and which are not. However, you do not want to belittle the child's family background, thus, care should be used in referring to the vocabulary of the home, where many children may hear these words frequently. School, television and radio programs, stores, and the church environment are places which may be used to illustrate the fact that many terms aren't generally acceptable and that there are other words we can learn and use.

PRE-PRIMARY LEVEL

P L E A S E R E A D

It is the policy of the Special Education Curriculum Development Center to disseminate suggested material, evaluations of commercially prepared materials, and, when appropriate, recommendations on methodology and teaching techniques. This document falls under the category of suggested material. Staff members have researched the literature for relevant information on social development and sex education for the educable mentally retarded, however, the composite of lessons developed by them has not stood the test of time or experimentation. For this evaluation we must rely on you the special class teacher. As you experiment with the suggested lessons or modifications of them, record your comments in the space provided opposite each lesson. Only through your serious efforts in teaching this material and your candid evaluation can this tentative guide be revised into a relevant and meaningful reference for teachers of the educable mentally retarded.

It should be noted that the material is written for teachers and not for students. The vocabulary used to explain concepts and topics has been selected which best enables the writer to communicate with teachers. In some cases suggested terms for use with pupils are cited; however, for the most part, the teacher is required to modify the vocabulary to best meet the needs of his group.

The format of this material differs from others used thus far by SECDC. In some situations an outline style is used; in other instances information is presented in dialogue. This variance is partly due to the nature of the content and partly to experimentation on the staff's part.

Pre-Primary Level

C.A. 4-7

The ultimate goals of education should include the self-acceptance and self-direction of each individual. Positive guidance in building habits and in concepts which form healthy, well-adjusted individuals should be present from the earliest stages of development. The initial responsibility, therefore, lies within the home. The school must begin this guidance from the first day the child enrolls and often must supplement the guidance which has not been sufficient in earlier years.

The current philosophy regarding a sex education program stresses that it should begin in kindergarten in order to gain success in establishing wholesome, natural attitudes throughout the growing years. This also provides for more readiness and acceptance of sequential instruction, which can lead to a clearer understanding of life processes.

The opportunity to teach children to accept their body parts and functions and the development of living things is actually simplified and enhanced by the fact that their interest in sex is based on curiosity. Prior to adolescence, they have little direct personal identification with sex, and primary children usually do not concern themselves with the abstract relations of love and emotion. If there are inhibitions or reactions of shame and embarrassment, they are the result of the subject being ignored or referred to as something that a child should not talk about. Its presentation within the school situation in a natural, honest manner by a teacher should quickly help a child overcome any such feelings. Therefore, all the questions asked by the children should always be answered within the limits of their comprehension and their present need for information.

For the pre-primary teacher of educable mentally retarded students, the opportunity to reinforce what might be considered incidental learning is extensive. Perceptual development exercises which are a part of reading readiness preparation may also be used in establishing natural attitudes toward body parts. This may be supplemented by using the correct terminology with reference to personal care and toilet training in cases where this is not yet accomplished.

To list awareness of male and female as the two sexes may seem to be an oversimplification. However, the fact that "boys and girls are different" is often a subject of whispered discussion between elementary school children who have never been given the opportunity to openly discuss what should be a natural and accepted fact.

Concepts of change in development will be more easily understood if pre-school children can be provided with pictures of people who are at various stages of age and growth.

Within this material the development of a child's self-image is deliberately and carefully guided. Although this is a basic and fundamental dedication of every teacher, it is a principle which can never be overly stressed. To include specific efforts in this area seems very appropriate in a curriculum designed for the formation of normal, healthy attitudes.

The material providing guidance in sex education and in social living for this beginning level is arranged in a way that allows for flexibility. It may be presented as individual units of instruction, or it may be integrated into the plans of other curriculum areas. The material is to be used as a guide to the content to be covered, for materials to be used, and for examples of lesson presentations; also, it may be adapted by each individual teacher in any way that proves to be most effective.

LESSON I HEALTHY BODY IMAGE

Lesson Objective: To develop a healthy image of own body through recognition of names of body parts. To accept the body as important to the individual.

LESSON APPROACH

Suggestions for Presentation:

Conduct practice sessions in which names for body parts are learned: head, arm, hand, elbow, foot, leg, heel, stomach, back. Games may be played in which children are told to move an arm above the head, raise a leg, etc. "Simon Says" is a favorite for this. Coloring the children's thumb nails, red for right, green for left will expand the exercises as well as involving further learning.

Ask questions with reference to body parts:

"What kinds of things do we do with our hands?"

"How do our legs help us?"

"On what parts of our bodies do we wear shoes? hats? gloves?"

"Why do we wear shoes? etc." -- eliciting answers such as for warmth or protection. Stress importance of care for body parts because they help us do so many things. Have children view pictures of persons in various positions and give verbal response as to body part involved in position:

This person is standing on his feet.

This boy is lying on his back.

This girl is waving her arm.

This woman is kneeling on her knees.

This baby is resting his head.

Have children imitate positions as they see them.

Instructions to the Teacher:

In discussing body parts, it is necessary only to name those involved in the actual exercises. However, prepare for the possibility of broader discussion if prompted by the children. They may become enthused in "listing" and want to identify ears, eyes, hair and other obvious body parts. It would not be at all unusual to have a reference to or question concerning a "rear" or "bottom" or "butt". This is the kind of opportunity too often hushed or ignored. This is the chance to really begin to form healthy concepts and terminology. The teacher should very naturally include this, as well as other references, with no show of alarm. Point up that the proper name is buttocks and continue the lesson as you presented it for other parts of the body. "What body part do we sit on?" Have the students respond with the proper word, buttocks. Terms used in the individual home, such as "bottom" should not be given negative inference and are more widely acceptable.

Resource Material:

1. Programs for Visual and Auditory Perceptual-Motor Training such as:
 - a. Readiness for Learning, McLeod, Price, New York: J.B. Lippincott Co., 1964, or any similar program with motor training activities.
 - b. The Frostig Program for the Development of Visual Perception, Marianne Frostig, Ph.D. and David Horne, B.A. Chicago: Follett Publishing Co., 1964.
2. Pictures of persons of varied sizes in different positions: standing, sitting, kneeling, lying, propped on elbows, etc.

3. Recordings

- a. Basic Concepts Through Dance: Body Image, EALP 601
- b. Listening and Moving, LP 605, 606-7.

Available from: Educational Activities

Freeport, New York











LESSON II PROPER TOILET HABITS

Lesson Objectives: To emphasize proper toilet habits with instructions as to cleanliness and naturalness. To learn accurate terminology for body parts and functions.

LESSON APPROACH

Suggestions for Presentation:

The physical plant of various schools and the specific procedures of the school system will affect the extent to which a teacher may work with actual training. It is hoped that the teacher or helper may accompany the child to the toilet and that facilities are located within the classroom.

Opportunities for using and teaching correct terminology should come easily with this aged child. The teacher should deliberately be alert for such occasions. If a child says he has to "wee-wee", "tinkle", or "grunt", or such expressions which may be used at home, the teacher should respond by indicating that there are other words which the children might use. A typical teacher comment might be, "Do you have to go to the restroom?" Depending upon the maturity of the children, they may be encouraged to use such terms as urinate and bowel movement. Keep this on a positive note by explaining that we use the right terms because we are in school and are learning to say things the best way. Also, explain that different families may use varied "pet expressions" and therefore, people don't always know what you mean. They will know if the proper term is used.

Other areas of training concern position at the toilet, use of tissue, flushing the commode after each use and washing hands after each use.

Proper Toilet Habits (cont.)

Opportunity for incidental, individual instruction might arise in situations similar to the following:

1. If comments or questions arise as to why the boys stand to urinate and the girls sit, explain: "Boys have a penis through which they urinate and since girls do not have a penis, they sit down."
2. Boys should be instructed to hold the penis while urinating. Note that we must be considerate to other people who share the toilet and we may be a good helper by keeping our toilet clean.
3. Boys should be instructed on raising and lowering the toilet seat before and after urinating.
4. If completely pulling down the pants is easier than opening the fly, let the boys know this is acceptable.
5. If standing to urinate presents difficulty, assure him that no stigma is attached to sitting down.
6. Teach girls to use toilet tissue in a front-to-back wiping procedure. The factors of cleanliness and frequent vaginal irritation and infection are often due to lack of proper instruction with this procedure.

LESSON III TYPES OF TOILETS

Lesson Objectives: To recognize different types of commodes and urinals and how to use them.

LESSON APPROACH

Suggestions for Presentation:

With the illustrations provided for typical commode and urinal types, explain to children that they may encounter the different kinds in public places.

Instruction should cover:

1. Difference between commode and urinal
2. Difference between men's and women's urinal (bowl of urinal for women juts out further)
3. Where and how to flush different models.
4. The bidet is for cleansing purposes -- used mostly by adults. (water supply and drain within bowl for douche purposes)
5. Lack of handle for flushing indicates automatic control of flushing. This is often done on a timed schedule--sometimes connected to door mechanism.

Resource Material:

1. Illustrations of commodes and urinal types.



Floor-base commode
with flat tank

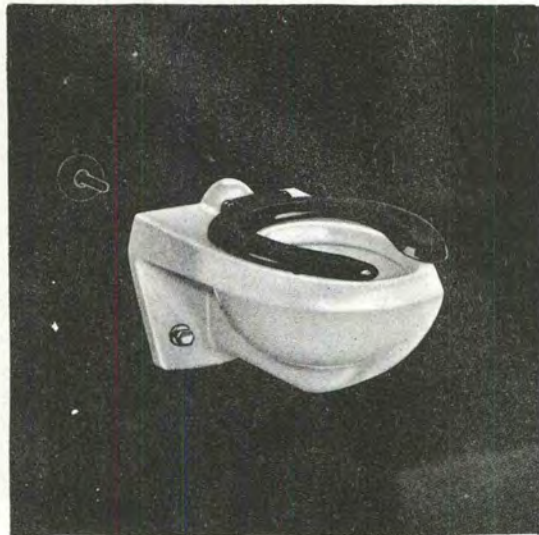
Floor-base commode
with regular tank





Floor-base commode
with attached flush handle

Off-the-floor commode
with detached flush handle





Off-the-floor commode
with attached flush handle

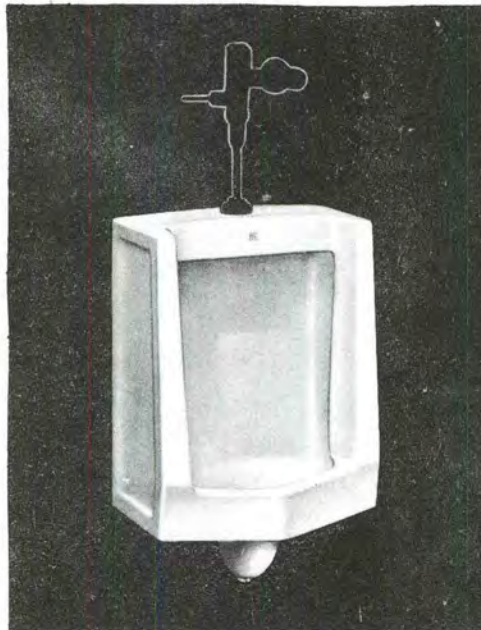
Integral seat commode
with automatic flushing

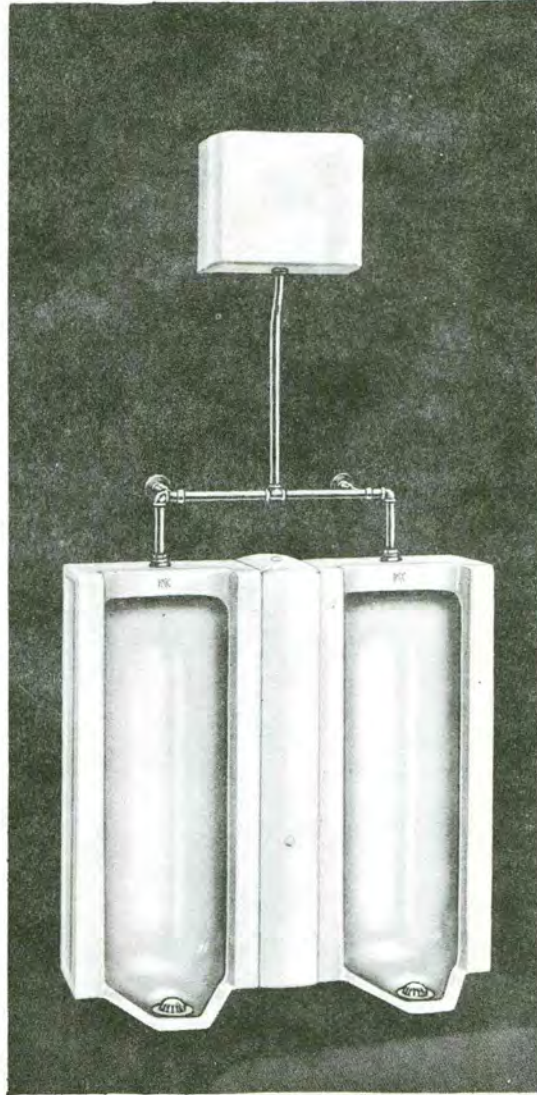




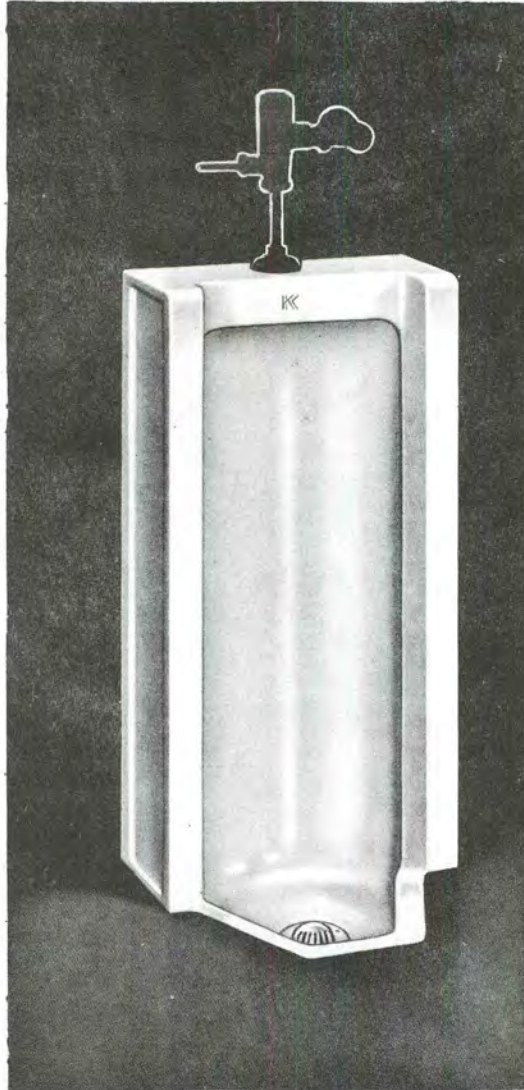
Bidet (ba-day) with faucets for hot and cold water, and drain fitting

Men's urinal (most common for schools)





Double, elongated urinal with automatic flushing

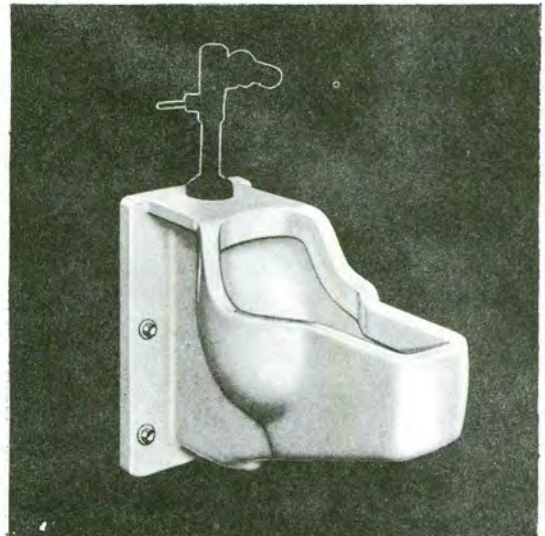


Single elongated urinal with top flush handle



Floor-base urinal
with flush handle

Women's urinal with
flush handle





Trough urinal with
flush handle

Trough urinal with
automatic flushing



LESSON IV MALE AND FEMALE ROLES

Lesson Objectives: To establish identity of specific male and female roles in our society.

LESSON APPROACH

Suggestions for Presentation:

This lesson may be handled strictly as covering differentiation between the sexes or may be included within a unit on the Family. It may also grow out of classroom discussion in which the subject arises. The former lesson on toilet training may also serve as an incentive.

Physical differences of bodies should be discussed in a natural manner to establish the fact that it is normal. The use of the word penis for the male organ should become established early. The additional recognition of modes of dress, styles of hair, and distinctive vocations is to reinforce the aspect of naturalness and establish basis for later study of male and female roles in reproduction.

Plan class activities such as: Divide class in small groups according to sex. Ask children, "What is the difference between the people in this group and those in the other?" Answer will be, "Boys and girls." Continue: "What do we call boys who are grown up?" Answers may vary with "men, women, mommies, daddies, etc." Explain the words male and female as terms to fit all sizes of people and to differentiate sexes.

Inform children that male and female are what we call the sex of a person, animal or plant - that sex means whether it is a male or female. Have class practice use of words male and female by pointing to pictures of both.

Discussion of differences: "Paul, how do you know Mary is a female?"

Male and Female Roles (cont.)

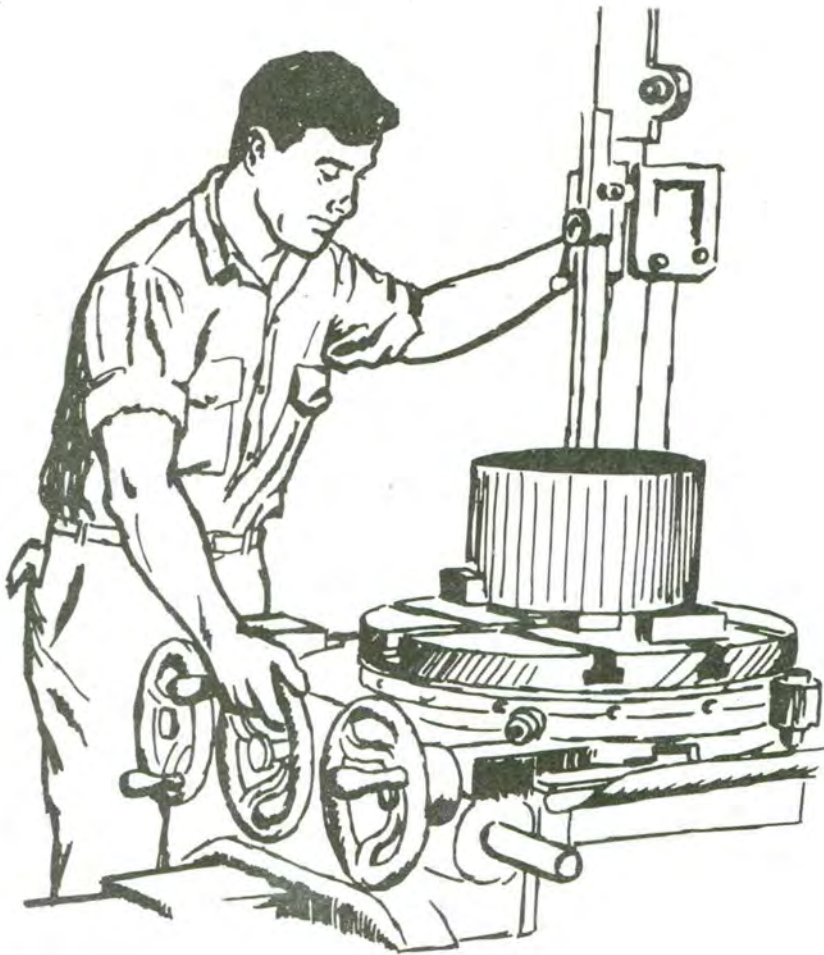
From this should come discussion of dress, hair, etc. and other ways we differentiate. In addition to pictures, use words like brother, sister, uncle, aunt, Mr., Mrs., Miss to establish definite individual references. Demonstrate with questions of repetition of previous coverage: "What sex are you, Joe?" "What sex is your mother, Lois?" "What sex is a brother?"

Resource Material:

1. Pictures to represent sex differences. Use pictures with good specific differences in male and female clothing attire (no women in slacks or men in robes!) Use activities recognized by our society as distinctive of sex preference due to physical energy or talent, i.e., men on construction work, painting a house exterior, or driving a truck; women doing needlework, ironing, nursing a baby. Do not give impression that home responsibilities for men or outdoor jobs for women are degrading or unnatural.









LESSON V SEQUENCE OF GROWTH

Lesson Objective: To note sequence of growth through comparison.

LESSON APPROACH

Suggestions for Presentation:

This lesson should naturally grow out of Lesson IV and sex differentiation. Point up that people, animals and plants are either male or female, but there are also other differences. Ask children "What is an adult?" Answers may lead to references such as "big", "grown-up", etc. Note that children are different sizes because we are all growing. It takes a long time though, for a person to grow into an adult. At this point, use pictures representing various stages of growth, extending period as long as necessary for formation of size concepts: big, little, adult, child, teen-ager, baby.

Through reference to adults, introduce word, Parents - "Who do we mean when we speak of our parents?" Add that all living things have parents. Read the book, Whose Little Bird Am I? to class, showing each picture. After reading, ask children how the birds knew that the stork was not their baby, referring back to text if they have difficulty with this concept. Use only the stork reference for establishing fact of family resemblance, but point up that, although this is more true of the birds, it isn't of all animals or people. Next, read All Kinds of Babies and How They Grow. This book points up differences and similarities between parents and offspring.

Have children draw pictures of people in groups. Have the children include themselves in the pictures and represent varied sizes.

Bring magazine cut-outs of animals, large and small.

Sequence of Growth (cont.)

Children may like to bring their own baby pictures or others to show how they have grown.

Instructions to the Teacher:

The emphasis of this lesson is toward establishing an awareness of growth and development. As a supplement, this lesson might accompany a unit on plant growth or a new pet in the classroom. As usual, it is expected that a teacher will honestly answer any questions which arise from discussion of babies, body changes, and parenthood. The actual study of birth is not included at this level for the retarded student because it is felt that the ability to comprehend the content will be more present at the Primary age level. If a particular classroom shows the curiosity and ability to handle the material presented in the Primary material, the teacher would be wise to adapt it.

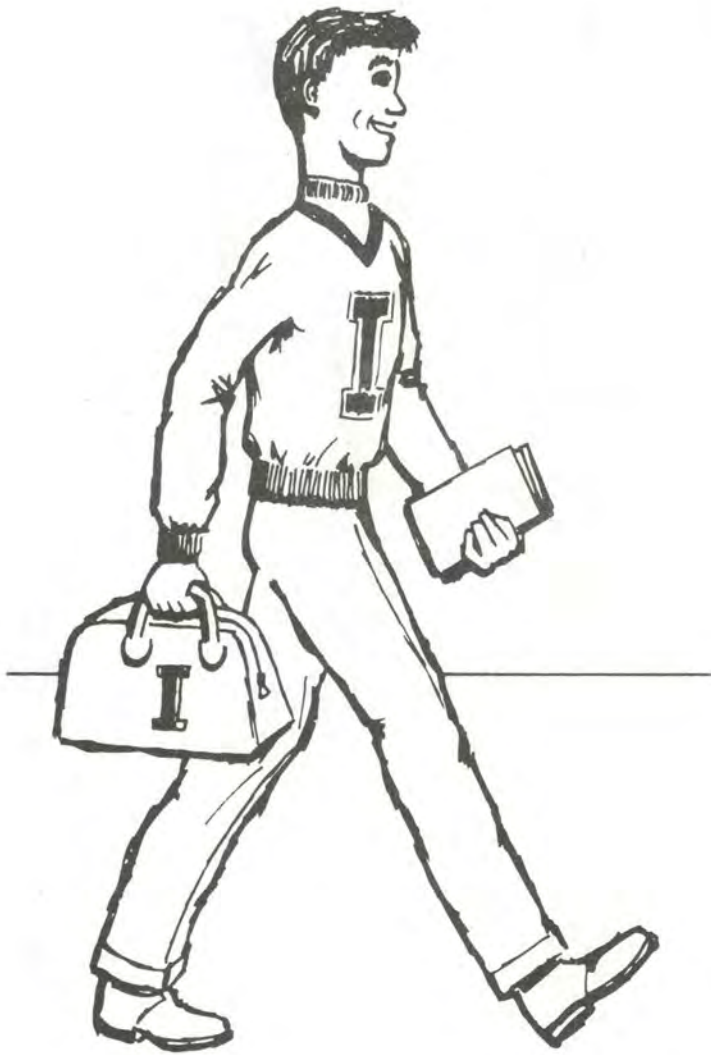
Resource Material:

1. Pictures of people at various stages of development, i.e., babies, pre-schoolers, children, teen-agers, adults.
2. Baby Animals and Their Mothers. Reich, Hanns. New York: Hill and Wang, 1964.
3. Whose Little Bird Am I? Weisgard, Leonard. London: Frederick Warne and Co., Inc., 1964.
4. All Kinds of Babies: How They Grow. Selsam, Millicent. New York: Wm. R. Scott, Inc., 1953.
5. Big and Little. Kaufman, Joe. New York: Western Publishing Company, 1966.











LESSON VI RESPECT FOR OTHERS

Lesson Objective: To develop respect for others.

LESSON APPROACH

Suggestions for Presentation:

The following suggestions are specific ways in which deliberate guidance is structured to encourage children to display respect for others. It is equally important for the teacher to employ similar guidance with opportunities arising from student relationships, discussion, and classroom situations.

Use suggested poster materials or similar pictured social situations. Advise children that they will be able to make up their own stories just like we read in books. Teacher may initiate and guide "stories" if learning isn't evolving from the procedure. However, the children should be encouraged to express themselves without help to the fullest possible extent. Discuss that everyone will want to help, so the children should be careful not to interrupt others when they are talking. Point out that this is "good manners" and it helps everyone enjoy the lesson. Questions listed with ordered poster materials may be used when available, and the story used if teacher does not feel it will take away from the pleasure of the children's original story. For classrooms in which materials aren't available, use magazine pictures of: family situations where work and play are being shared; children helping each other; children playing together; schoolroom situations; and children with both sad and happy expressions. The children should be led to discuss different "feelings"; that kindness and cooperation produce happiness and that the opposite does not. Use the individual approach

Respect for Others (cont.)

of "How would you feel" to help these young children see the results of positive behavior. Also stress the good feeling one has when they display helpful behavior.

Use the book, If Everybody Did for reading to class. After reading ask class if there is something they do or would especially like to do at home or at school but have been told they shouldn't. Some examples may sound like fun to the whole class and yet not be safe or wise fun. Relate this to the story and point out the reasons for having rules in our families, schools, and towns. All people, big and little, adults and children learn there are some things they would like to have or to do, but understand they can't when there is a good reason.

Have children draw pictures of something which someone they know (parents, relative, sibling or friend) does for them which makes them very happy. Compile into a booklet or make bulletin board display on "How Other People Make Us Happy." A follow-up project might be to have children draw pictures to illustrate "How We Make Others Happy."

Read the book, A Friend Is Someone Who Likes You. After story, ask class members if they ever thought of pets, trees, flowers or toys as friends? Have them describe what they like about their friends and what things they do which their friends might like about them. When possible, point up any compliments of positive statements concerning class members.

When class has refreshments, or if a school lunch is served to them, use this opportunity to stress etiquette and table manners. Also emphasize that saying "thank you" and "please" show the person who passes or collects napkins, milk, straws, etc. that he is being recognized as

Respect for Others (cont.)

doing something kind for us. Each child should have a turn and learn the experience of gratitude. The teacher should constantly be aware of her example in this by noticing all efforts toward "helping" and utilizing verbal reward, as well as commenting on any incidents of sharing or kindness between students.

Resource Material:

1. Teaching pictures such as:
"Social Development" and "Helping and Sharing" from David C. Cook Publishing Company., 1966, Elgin, Illinois 60126.
2. If Everyone Did. Stover, Jo Ann, New York: David McKay Co., Inc., 1960.
3. A Friend Is Someone Who Likes You. Anglund, Joan Walsh. New York: Harcourt Brace and World, Inc., 1966.

LESSON VII GOOD SELF-IMAGE

Lesson Objective: To develop a sense of individual importance and good self-image.

LESSON APPROACH

Suggestions for Presentation:

The development of a good self-image will grow out of the previous lessons dealing with respect for others, to a great extent, if total class success was experienced. However, some individuals will have problems of long standing or have outside influences too strong to be overcome by general positive classroom environment. The practice of keeping good, frequent anecdotal records will help the teacher in establishing which children need guidance, encouragement, and special attention in order to form acceptable behavior patterns and attitudes. Establishing what are the favorable factors of the individual child's personality and recognizing his talents and stronger abilities will enable the teacher to provide successful experiences for which he may be sincerely praised and appropriately rewarded. Any progress made should be pointed up with pride.

The following statement of outcomes for A Teaching Program in Human Behavior and Mental Health seems appropriate as a guide for devising meaningful experiences as well as a check-list for evaluation of social and maturational progress.

1. When presented with common everyday, meaningful situations, such as he might experience directly or indirectly, the child begins to use some of the methods for understanding and dealing with human behavior.
 - a. He recognizes that behavior is caused by something.

Good Self-Image (cont.)

- b. He realizes that there may be more than one cause for a certain behavior pattern.
 - c. He recognizes a need for knowing more about how a situation developed and for knowing the different sides before making a judgment or reacting to a situation.
 - d. He begins to use this information to try to think of what might be some of the most probable causes or reasons for behavior.
 - e. He begins to think and talk about alternative ways of working out a problem.
 - f. He begins to think about some of the probable effects of these alternatives.
2. The child realizes that the real work of the teacher is to provide experiences that will help pupils learn.
- a. He feels that it helps the teacher in her work if the pupils talk over their problems with her and let her know how they feel.
 - b. He feels that if the pupils do take their problems to the teacher, she will react to them and the problem in a casual way.
 - c. He feels that the teacher will react to classroom or playground situations by trying to find out the different sides of a problem (or what the children were trying to accomplish) before dealing with the situation.
 - d. He appreciates the fact that sometimes the teacher must react quickly (and sometimes arbitrarily, in a first aid manner) to a playground or classroom situation because of

Good Self-Image (cont.)

immediate or potential danger involved, but he (the child) is confident that before attempting to deal with it fully, the teacher will look into all aspects of the situation.

3. The child begins to take the initiative or responsibility for trying to work out some of his simpler problems.
 - a. He begins to recognize and think about his own problems.
 - b. He realizes that when something is worrying him or bothering him, he can seek help from his teacher and discuss things with her.
 - c. He tries to find the real nature of the trouble if he feels worried about a situation or if a problem bothers him.
 - d. He begins to think about various ways his own problems may be worked out.
 - e. He begins to think of some of the possible effects on both himself and others of working out a situation in various ways before making a decision or planning an activity.
4. The child begins to get an appreciation of the work of his parents and various community members with whom he has contact.
 - a. He begins to realize that everyone has certain basic needs, feelings, and behavior depends upon the methods used to work out these feelings.
 - b. He begins to realize that as he learns more about people, and why they may behave as they do, he can better work with them and adjust to them.

Good Self-Image (cont.)

Resource Material:

1. A Teaching Program in Human Behavior and Mental Health; Alice S. Hawkins, Ralph H. Ojemann; State University of Iowa, Iowa City, Iowa, 1960.

PRIMARY LEVEL

P L E A S E R E A D

It is the policy of the Special Education Curriculum Development Center to disseminate suggested material, evaluations of commercially prepared materials, and, when appropriate, recommendations on methodology and teaching techniques. This document falls under the category of suggested material. Staff members have researched the literature for relevant information on social development and sex education for the educable mentally retarded, however, the composite of lessons developed by them has not stood the test of time or experimentation. For this evaluation we must rely on you the special class teacher. As you experiment with the suggested lessons or modifications of them, record your comments in the space provided opposite each lesson. Only through your serious efforts in teaching this material and your candid evaluation can this tentative guide be revised into a relevant and meaningful reference for teachers of the educable mentally retarded.

It should be noted that the material is written for teachers and not for students. The vocabulary used to explain concepts and topics has been selected which best enables the writer to communicate with teachers. In some cases suggested terms for use with pupils are cited; however, for the most part, the teacher is required to modify the vocabulary to best meet the needs of his group.

The format of this material differs from others used thus far by SECDC. In some situations an outline style is used; in other instances information is presented in dialogue. This variance is partly due to the nature of the content and partly to experimentation on the staff's part.

Primary Level

C.A. 7-9

An emphasis upon study of the family is an accepted part of any school curriculum, particularly in classes for educable mentally retarded students. The materials provided in a unit on the family include many possibilities for their integration in all core areas and a wide range for instruction in the social competencies which we hold as goals for these individuals.

The theme of social living, with guidance to help a child develop his self-image and wholesome life attitudes, should be most adaptable to any unit of family life study. It is suggested that the material presented here be integrated into a broad, well-planned, unit of family study. It would also be appropriate to present a unit on animals, which would run at the same time that human reproduction is being discussed.

The suggestions for using a unit approach, which is probably the most appropriate way to present sex education, are made to emphasize the many areas that are within a child's background of experience. This facilitates reinforcement and functional teaching, that are so necessary for success with retarded children.

A family study unit begins where the character and the influences of the student's home situations leave off. Every group of educable mentally retarded children presents a different set of backgrounds; consequently, the background of each group will vary. Urban areas will be different from rural areas. To be comprehensible and meaningful, therefore, the study should be structured according to what influences the homes and families actually present in the lives of each classroom of students.

It seems pertinent to point out that each child must be taught at his achievement level. This is no less true of social areas than it is with academic skills. Attempting to relate to a child through standards, vocabulary, and exemplary life situations with which he has never had contact or experience is like reading to him in a foreign language. The teacher who sincerely desires to help his students form worthwhile attitudes for living cannot follow a set of pre-planned lessons without first considering the actual recipients and their individual needs. Rather than minimize the worth of unit plans or of texts constructed for teacher use, this enhances their value. With the guidance and the help of a variety of references and of materials previously researched, a teacher may have extra time to study the needs of the students; any time saved may then be spent in adapting the materials for the particular needs of each class. This means, for a program such as this one, that a teacher should read all the school records pertaining to his students; that he keep anecdotal records for comparison, along with an account of student behavior and responses; and that he be alert to the vocabulary and the attitudes expressed by each individual child, not only within the classroom but also in informal situations with peers. Visiting the homes of students is obviously the most valid way of establishing a true understanding of the kind of attitudes, standards, and materials with which they enter the school environment. Also, visiting the neighborhood at different times of the day can provide valuable information. This should help a teacher learn why his students perceive, receive, and respond the way they do. If the classroom atmosphere is so far removed from what is familiar to a student, he will withdraw to the degree necessary to retain his security of the known or he will reject that which denies the normalcy of his world.

If a teacher is to successfully instruct a child in the wholesome thought patterns, attitudes, and behavior that are characteristics of a healthy, well-balanced person, a child must first be ready to accept this instruction as a worthwhile tool for his personal life. This can occur only when a teacher establishes good rapport and assures each child of his acceptance.

Because "people seem to assign positive evaluations to those of their traits that have been approved by their parents,"¹² a strong need for approval by a young child has already been established by his awareness of and his conformity to the standards accepted within his home. This does not mean to imply that home and school standards are always in conflict. Nevertheless, teachers occasionally need reminding that the middle-class orientation held by many in the education profession may not always be the same as the orientation of the students they teach.

In teaching the primary child, his natural impressionability may be used to expand and to positively develop the attitudes he has already begun to form. In writing of the deprived child, Reisman says of the strong physical emphasis in his culture, "...the objective is not to follow the level of the child, but to utilize his physical interest as one avenue for leading him..."¹³ Therefore, a child's experiences must be used by a teacher to communicate with him and to present information and ideas with situations or with examples that can be best understood by him. A teacher must consciously avoid condemning standards or practices which a child has come to accept in his life, even

¹² Boyd McCandless. Children and Adolescents - Behavior and Development. New York: Holt, Rinehart and Winston, 1961, p. 180.

¹³ Frank Riessman. The Culturally Deprived Child. New York: Harper and Row Publishers, Inc., 1962, p. 32.

though his behavior and attitudes may not lie wholly within the bounds of socially acceptable behavior and attitudes. Keep in mind that a teacher can use examples of unacceptable behavior to teach why some acts are accepted by society and others are not. On the other hand, it should be remembered that every child has some good principles and attitudes which were gained from his home environment and previous experiences and that should be strengthened by praising the child and the sources of the learning.

The plans offered for consideration in this publication should be adapted to the needs of each individual and each class. It is hoped that this will not be interpreted as a suggestion to omit any coverage; rather, the teacher is encouraged to broaden the coverage if his class reveals a need or readiness for more detailed information. It should be emphasized that -- and this is true at every level of instruction -- if each teacher will practice the policy of answering all questions honestly, frankly, and in a natural manner, his efforts will be much more effective.

LESSON I SOCIAL DEVELOPMENT

Lesson Objective: To note incidents within health program for guiding social development.

LESSON APPROACH

Instructions to the Teacher:

The Health Series listed as resource materials is suggested for use with Primary level EMR for the following reasons:

1. Use of puppets for illustration adds novelty and chance for duplication of same in classroom. Children could use these in dramatizations of subject matter.
2. Concentration upon feelings, attitudes and good mental health presented in a manner to facilitate understanding and promote classroom discussion.
3. Flexibility and expansion due to manner of presentation of situation - question form to stimulate child's thinking. Teacher may use lessons to include many areas which may be relevant to the class.

Suggestions for Presentation:

Areas of texts in which teaching in Social Living may be emphasized:
Pages 46-47 Book I.

Pictures illustrate (with puppets) strangers encountering children at play or on the street, urging child to accept ride in car, and offering candy. Captions are:

"What to do?"

"We do not know him."

"We do not go with them." and

Social Development (contd.)

"We do not take anything from her."

One caption is "We tell" with pictures of policeman, teacher, and mother. Note: The facial expressions on the pictured adult figures seem rather harsh. If this causes concern for the children the teacher may explain that it is hard for "puppet" faces to show different expressions. However, these expressions may elicit the response which indicates a fear, sometimes felt by children, that adults may become angry, refuse to believe, or project guilt upon the child who reports any such incident with an adult. Every attempt should be made to alleviate any fear or guilt which could lead to harm for the child who does not accept reporting to an adult as the only correct way of handling this situation. Most important in instructing children to avoid personal contacts with strangers is not to cause undue alarm through an overly-serious presentation. If questions arise or situations in which a child has been molested is brought into discussion, the teacher should answer all questions and clarify extreme attitudes before allowing the discussion to end.

Prior to covering this subject with small children, a teacher should review or have written coverage of goals and possible questions and reactions which might be expected from her students. If it should be known that an individual in the classroom has had any such incident with possibility of traumatic affect, it would be wise to avoid upsetting the child with reminders. Although this is a rare possibility, it is important, in individual cases, to be mentioned as requiring special handling.

One consideration which should be covered when teaching this topic

Social Development (contd.)

is that of informing small children that handling of their genitals by anyone other than those in whose care they are (such as mother, father, a baby-sitter) is unnecessary. For these younger children, it is acceptable to rationalize the explanation with reference to the same reason for covering our bodies in public: "This is the way our people are more comfortable." This sort of vague explanation should never be resorted to except of necessity. However, it is preferable to explanations of possible perverted acts which could very likely result in both fear reactions as well as the implication that there is something unnatural about the genital areas of the body. Positive emphasis can come through explaining that we may shake hands with people who are not close to our family and display friendly, polite manners only.

This point may be utilized also in discussions of personal relationships with the family and establishing recognition and differentiation among family, friends, and strangers. For retarded youngsters, often extremely gregarious and an easy prey to the return of friendliness and kindness, it is essential that this instruction be thorough. The threat of their being victims of abuse or perversion is present on all levels.

Resource Material:

1. Health Series: Lyons and Carnahan, Chicago, c. 1967. Book I, All About You.
2. Additional Teacher Reference: Helping Children Develop Moral Values, Montagu, Ashley, Chicago: Science Research Associates, Inc. 1953.

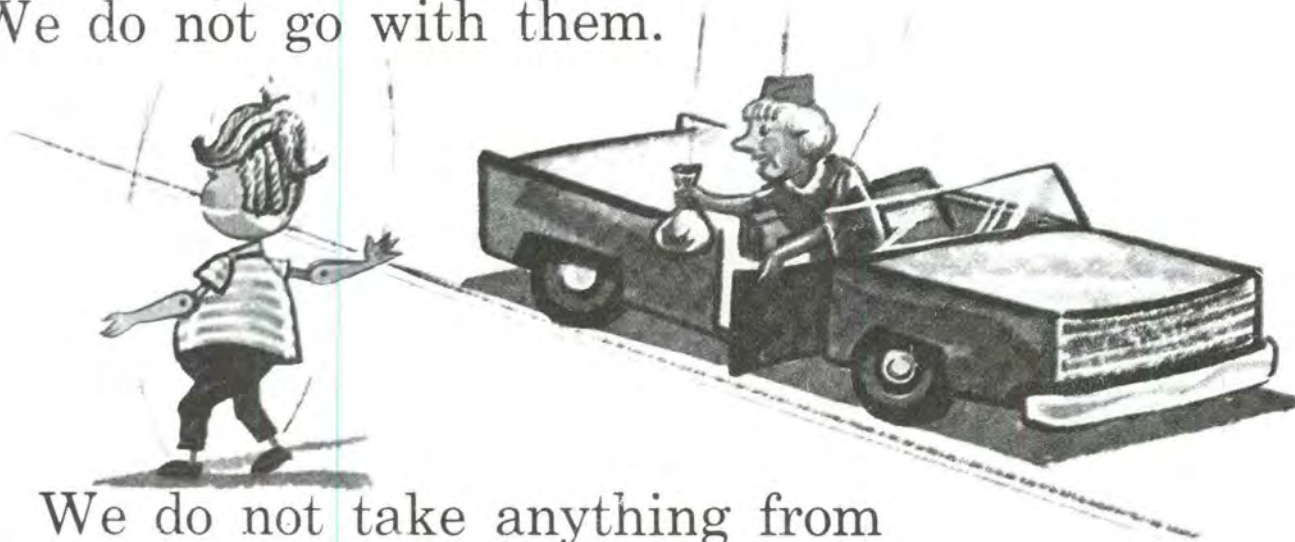
What to do



We do not know him.
We do not talk to him.



We do not go with them.



We do not take anything from
her.

We tell



LESSON II GROWTH

Lesson Objective: To accept growth as natural and the result of many things affecting the person.

LESSON APPROACH

Suggestions for Presentation:

Pages 72-84 "How Do We Grow?", in All About You.

These pages list the components of both physical and mental growth and will complement a Family Life unit well. Including "the love and care" we receive and "caring for others," this establishes a reference point of the reciprocity needed to balance the personality.

Have children discuss answers to questions on "How Do We Grow?" Concepts of growth from intangibles such as love, care, and caring for others will need more examples and explanations of maturation as growth as well as obvious physical signs. Help children to understand that all growth is getting them ready to be more like adults.

Activities which might aid in this lesson: (1) Pictures of children at earlier age (brought from home) to compare physical growth. Some photos might show activities which indicate social growth also, which should be pointed up by the teacher. (In areas highly populated by transient or migrant families, such pictures may not be frequently available in the home. It is suggested that the class be asked if they have pictures prior to requesting them to bring them in. If there is an indication of children who would be "left out" by this activity, specific volunteers may be assigned to bring pictures. Teacher-provided photos of children who are in the news over a period of years (i.e., the Dionne Quintuplets, the Kennedy children, the Fisher Quintuplets, etc.) might be used instead.

Growth (contd.)

(2) Page 78 of the suggested text, All About You, illustrates a mother assisting a child in activities of dressing self, picking up toys, and cleaning "spill" from clothing, and the child doing the same chores for herself. Ask the children what things they do for themselves and comprise a realistic check-list as goals of self-help duties, as well as small chores at home, which the class could attempt for a final chart for a record of accomplishments.

(3) Have children discuss pictures showing experiences of "love and care" and "caring for others." Ask them how the people in the pictures feel to emphasize the positive reactions to these situations. Follow through by emphasizing that happy minds make healthy bodies and bring more happiness in turn.

Resource Material:

1. All About You, Lyons and Carnahan, Chicago, 1967.

6 How we grow



What grows?
Can all things grow?



How do you know what grows?

How do you grow?



You grow taller.

How do you grow?



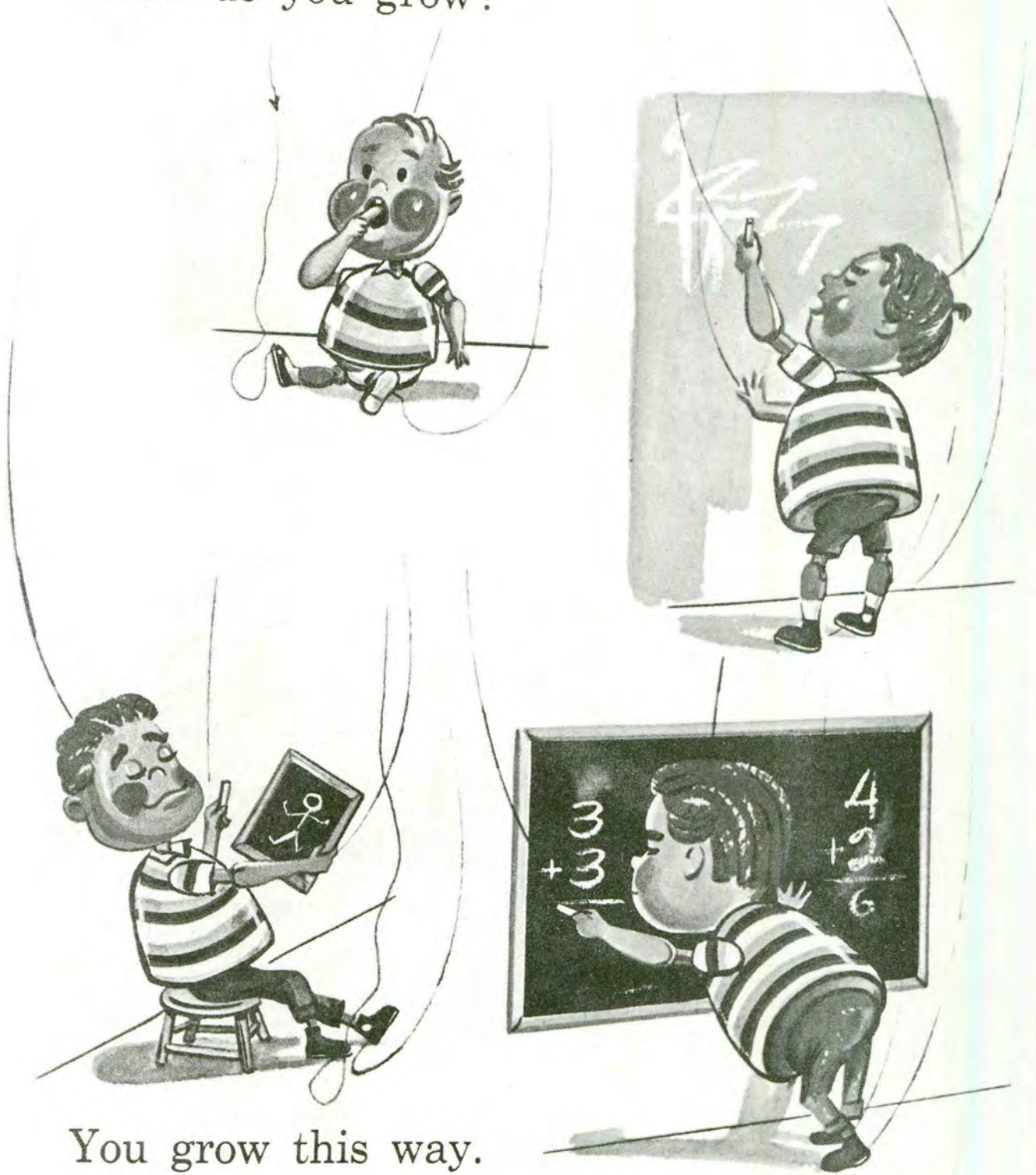
You grow this way.

How do you grow?



You grow this way.
You learn to crawl.
Then you learn to walk, run,
and jump.

How do you grow?



You grow this way.
You learn to think and do
things.

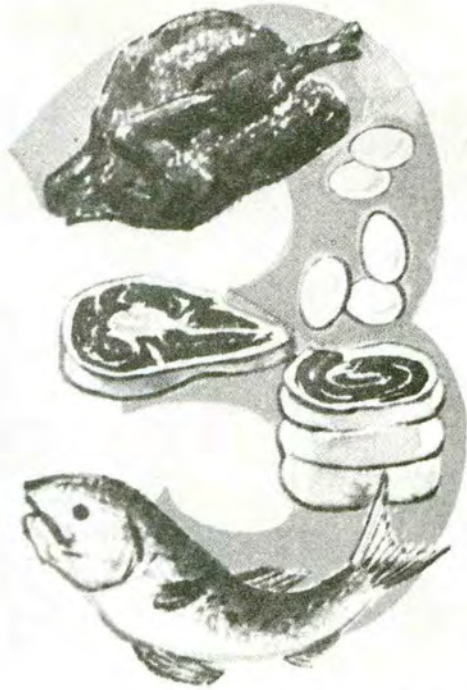
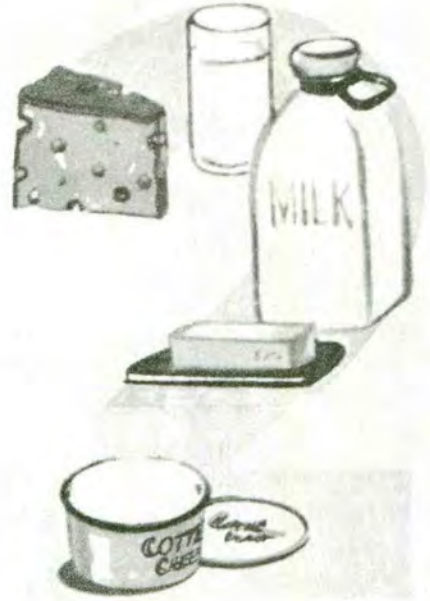
How do you grow?



You grow by helping yourself.

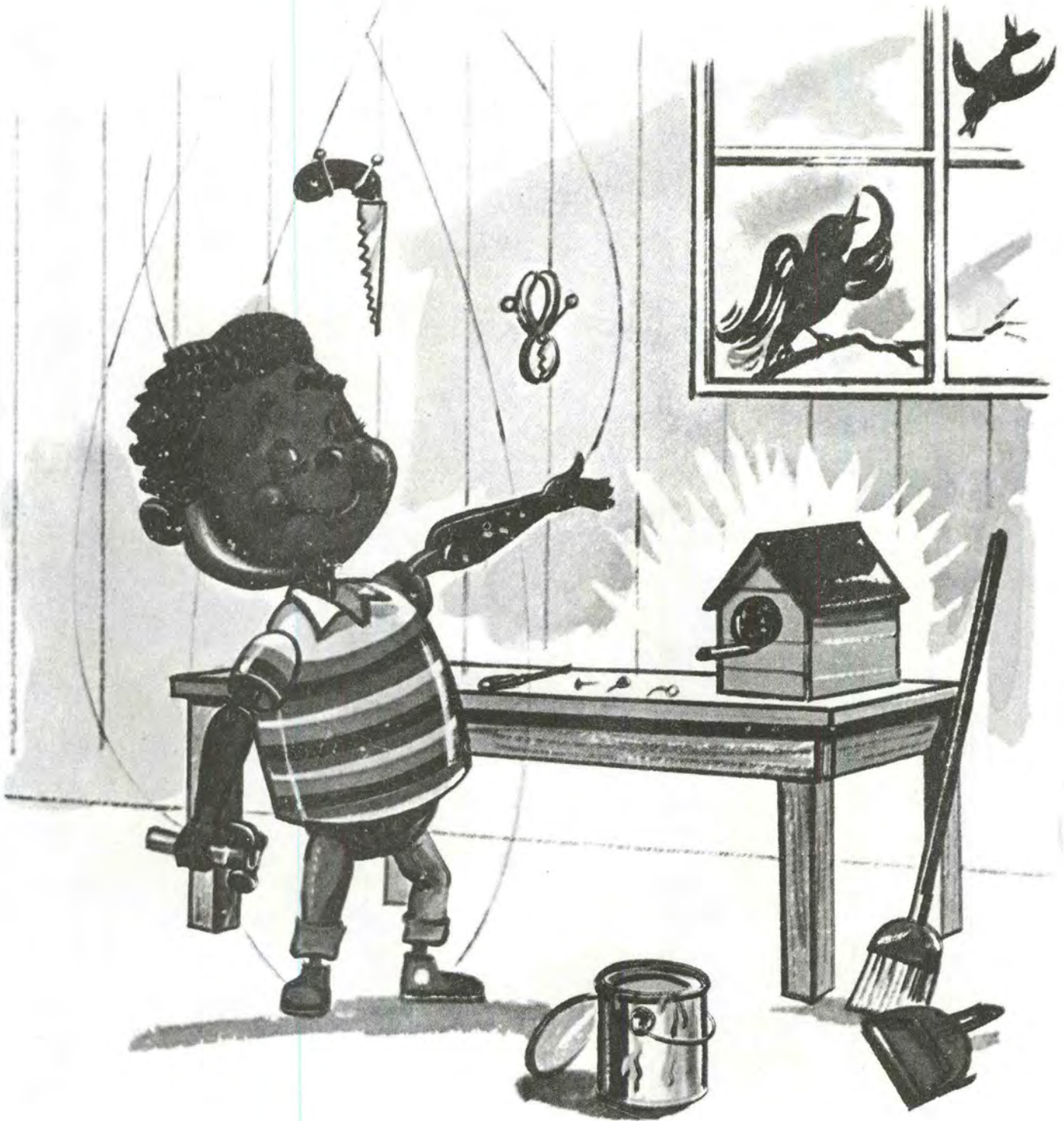
To help you grow

What helps you grow?



GOOD FOOD

What helps you grow?



WORK

What helps you grow?



PLAY

What helps you grow?



REST AND SLEEP

What helps you grow?



LOVE AND CARE

What helps you grow?



CARING FOR OTHERS

LESSON III DIFFERENCES IN PEOPLE

Lesson Objective: To recognize differences in human beings as natural and good.

LESSON APPROACH

Suggestions for Presentation:

Pages 85-90, "We Are Different", in All About You.

A pictorial listing of ethnic, physical, and temperamental differences is presented. Learning tolerance and acceptance are goals for which this material may act as supplement. It would be helpful to cover this area generally, prior to Family Study in which personal references are going to bring up differences in the students themselves or in their families. The success of this lesson and reference to it will provide a more positive and comfortable setting for the more personal references.

1. Use pictures (magazines, newspapers, or book illustrations) of famous persons, athletes, actors and TV personalities, politicians, etc. with which the children may be familiar as examples of positive success by persons of different ethnic origin, physical ability and limitations, and size.
2. Ask the children how they react when they see a person in public who is "different" (i.e., physically crippled, extreme in height or weight, dressed in costume of another country). Explain curiosity as a natural way of learning. Stress "how to handle it" through putting themselves into situation.
3. Use "Something To Do" - p. 90 in All About You as guide.
 - a. Tell how you and your best friend are alike.
 - b. Tell how you and your best friend are different.
 - c. Tell how you and your brother or sister are alike.

Differences in People (contd.)

Resource Material:

1. All About You, Lyons and Carnahan, Chicago, 1967.

2. Additional Teacher Reference:

Rearing Children of Good Will, Neisser, Edith G., New York:

The National Conference of Christians and Jews.

We are different



This is good.

We are different from others.

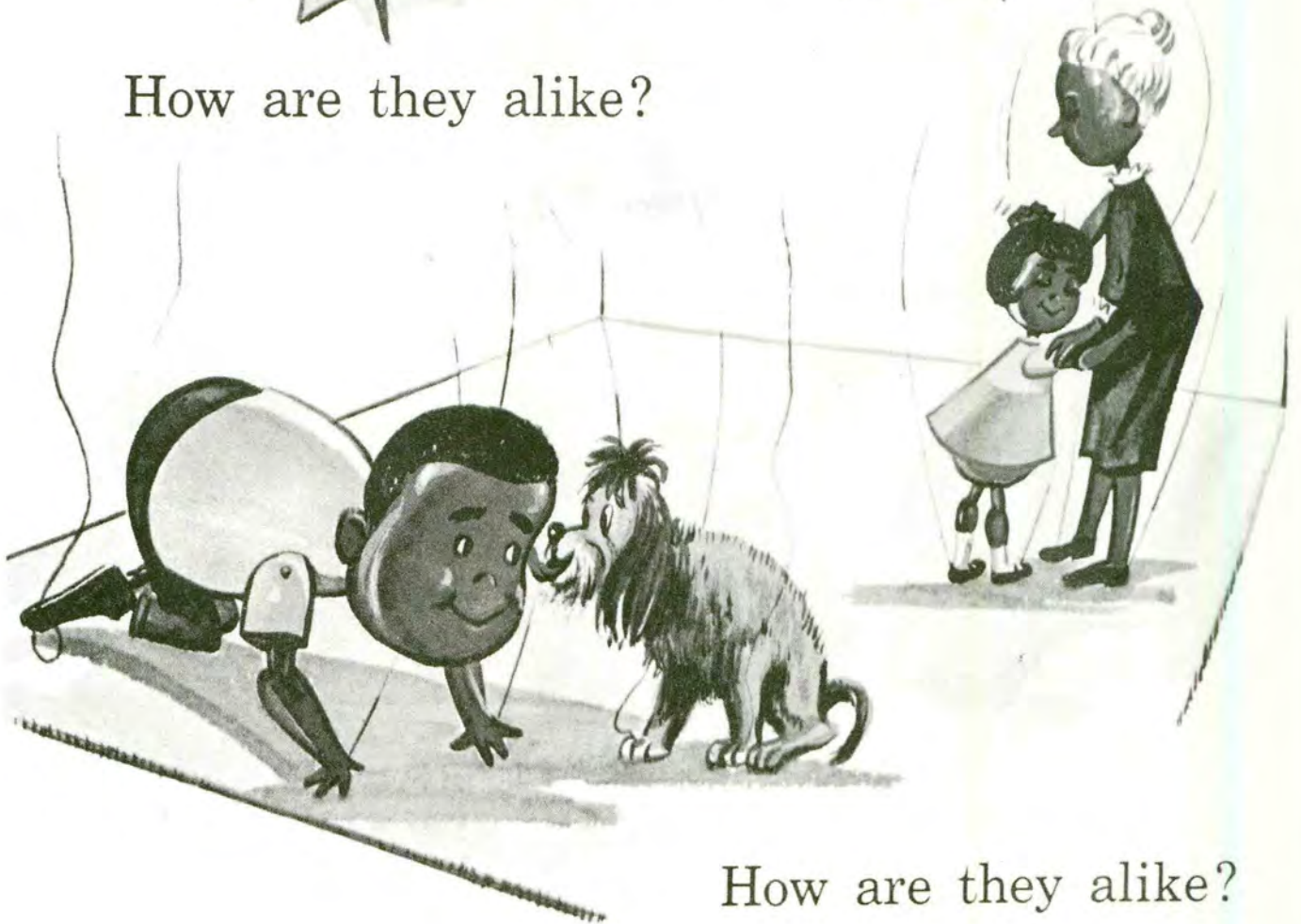


We can do different things.

We are alike

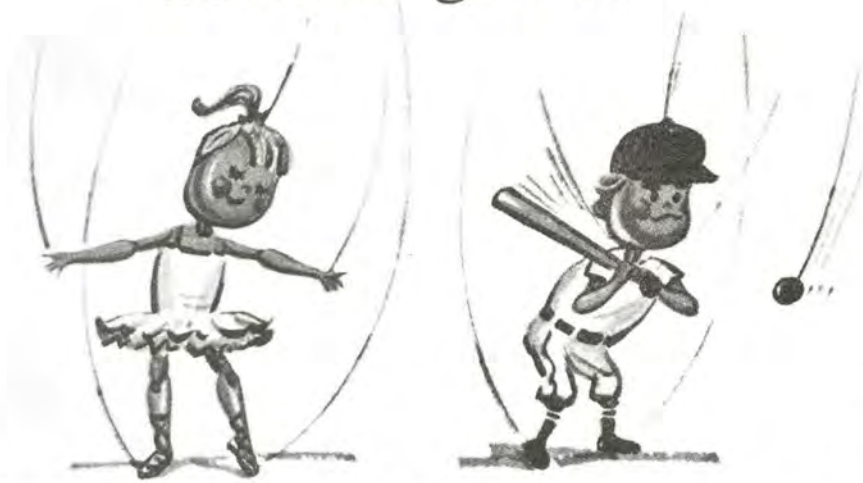


How are they alike?



How are they alike?

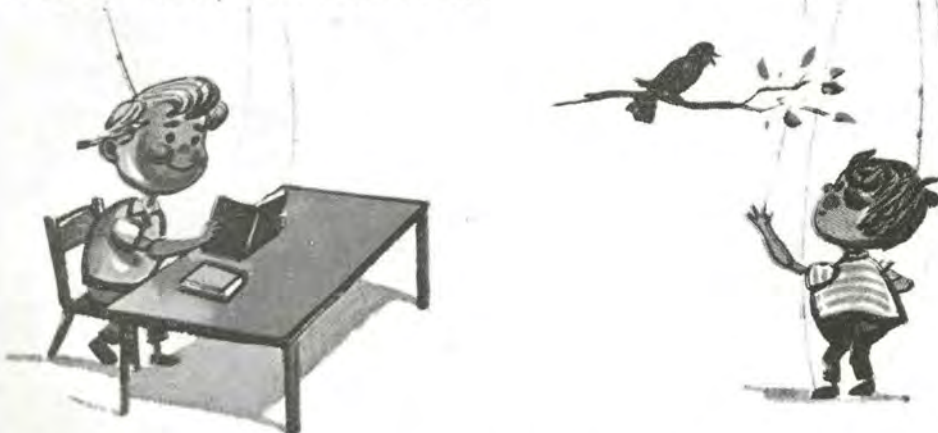
Something to do



Tell how you and your best friend are alike.



Tell how you and your best friend are different.



Tell how you are like your brother or your sister.

LESSON IV UNDERSTANDING NEGATIVE FEELINGS

Lesson Objective: To provide insight into some negative feelings through illustrative family situations.

LESSON APPROACH

Suggestions for Presentation:

The Text, You and Others, begins with presentation of a puppet "family" moving to a new neighborhood. Situations illustrate shyness of children and caution by parents in strange setting, longing of a boy for familiar surroundings, feelings of great love for family at such a period, and how tensions build and anger results with a strain such as a relocation. Examples show exchange of affection and "talking things over" as method of easing tensions.

The objectives of such a lesson should be to help the child understand that it is natural for both children and adults to have negative feelings and to be upset, and that closeness within the family, feeling free to give and accept help and affection at such times is an important part of being a happy family member.

This example is used to suggest that opportunities in direction for good emotional adjustments are most prevalent in study of family situations. To utilize these to their greatest potential, the teacher must be constantly mindful of the goals of good self-image and self-direction. Using incidents in the classroom and general school environment to reinforce these lessons are another method for helping the child form good habits of adjustment. Emphasis should also be extended for the child to understand that emotional health is part of body health. Integrating study of social situations and reactions to them with health study,

Understanding Negative Feelings (contd.)

emphasizing proper body care again contributes to the proper image of the "whole person" in the learning of the child.

Suggested Activities:

1. Have children who have moved from one town to another tell which they liked better and why. Lead others to suggest what they might do to help new neighbors like their town and neighborhood.
2. Have children "act out" new home location situation with teacher participation to illustrate adult reaction possibilities to fatigue, lack of information on location of grocery stores, utility hook-ups, etc. Ask children to consider what they might do to help.

Resource Material:

1. Book II, You and Others, Lyons and Carnahan.

When he got home from play, Mother was setting the table. Later she burned herself when she was cooking dinner. Then Mother dropped her bowl.



Moving was hard for Mother, too.

Without thinking Bob pushed her.
Betty fell from her chair to the floor
and began to cry.



“Now see what you have done,” Mother said. She put her arms around Betty.

“Son, you know better than that,” Father said.



Bob thought, “Everybody’s picking on me. Can’t they see I just want to be left alone? I wish Betty would be quiet. Why does she have to be such a big baby?”

Bob and Betty were ready for bed.
They had a little talk with their parents.
Dad said moving to a new home is good in
many ways. But it is hard too. Mother
had more to do. Dad had more to do.

Getting used to many new things is
hard on the whole family.



Name some good things about a new home.

LESSON V HUMAN REPRODUCTION

Lesson Objective: To accept explanation of human reproduction as a natural part of family life study.

LESSON APPROACH

Suggestions for Presentation:

Beginning presentation of human reproduction should come within the context of family study in order to relate it to the strengthening of children's feelings of belonging to their family group of mothers, fathers, and siblings.

Many approaches to sexual instruction begin with a study of plants and animals and their propagation. The approach presented here is deliberately more direct because of the retardate's limited ability to deal with abstracts and to transfer principles. This does not imply that study of plants or animals is lacking in value as distinct subject matter. It is suggested that it would best serve as reinforcement and be supplemental to the study of human birth and development.

Some teachers may feel the need for a gradual approach which plant and animal study, prior to human reproduction, would provide. In situations where a teacher lacks adequate information, understanding, or rapport with a class, it is wise to postpone sex education instruction until every effort has been made to establish the proper attitudes. The appeal for "proper attitudes" is simply reiteration of emphasis upon a natural presentation in an atmosphere providing sufficient security and comfort for the child to freely express himself, ask questions, and accept instruction.

Some facts presented within animal study which may later facilitate

Human Reproduction (contd.)

mother's breasts. We say the mother is nursing the baby with the milk from her breasts and this milk is very good for the baby. You have seen kittens eat this way when they are first born."

"Now we have said how a baby grows and is born. There is another very important part of the story of a baby. Why does the little egg inside the mother suddenly begin to grow into a human baby? The egg cannot do this by itself. To begin, every baby must have both a mother and a father. A father has tiny seeds inside his body. These are called sperm and are even smaller than the eggs the mother's body has. The egg from the mother and the sperm from the father must grow together to grow into a baby." (See note on p.108)

"This is how the baby comes into a home. The mother and father feel they are really a family now. It is a long time before the baby is able to care for itself and the mother and father must care for it."

Illustrations of the developmental stages of the egg should be shown at the time of inclusion within the lesson. The Wonderful Story of How You Were Born contains the type of drawings which would be of aid in guiding the understanding of the children. Use of the chalkboard for drawings or of the overhead projector during the procedure of the lesson are suggested. Other illustrations which would clarify the lesson and enhance the natural aspects would be: (1) a pregnant woman to correspond with explaining the change of the mother's body as the fetus grows, (2) a newborn baby, (3) a mother nursing a baby, and (4) the magnified sperm.

Human Reproduction (contd.)

Lesson Example B:

In a unit of Family study, the event of a new baby within the home is a natural inclusion which provides a very good approach for presentation of reproduction combined with the aspects of family relationships, love, affection, and care. The following story form may be adapted for use with puppets which the class has used as representative family members or by changing names to correspond with real or story characters with whom they may identify.

"Joe and Nancy were visiting with Mrs. Green who lives next door to their house. Mrs. Green was a very kind neighbor and Joe and Nancy often stayed at her house when Mother and Father had to be away from home just for a little while. Today, Mother had said that she needed to go to town and that Mrs. Green had baked cookies that morning because she knew Joe and Nancy would be at her house that afternoon."

"Joe and Nancy liked to help Mrs. Green when she worked in her yard or when she needed something from the grocery store in their neighborhood. Mrs. Green was kind to Joe and Nancy and she called them her favorite helpers."

"Joe and Nancy had just finished eating the cookies Mrs. Green had baked for them when Mother came to get them. She thanked Mrs. Green for keeping the children and said good-bye."

'Where have you been, Mother?' asked Joe.

'I've been to see the doctor,' said Mother.

'Oh, Mother,' Nancy cried, 'are you sick?'

'No, I feel very, very healthy and I am so happy. You see, I'll be going to the doctor many times to be sure I stay healthy because something

Human Reproduction (contd.)

very special is growing in my body.'" "

"'A baby! A baby! We're going to get a baby!' Nancy jumped up and down because she was so excited."

"Joe and Nancy knew that babies came from a mother's body, but they had not thought about having a baby in their own home."

'When may we get the baby?' Nancy asked.

'He can play with all the little toys I kept from when I was a baby,' said Joe.

'Are we going to get a boy, Mother? I would like a sister.' Nancy thought that she would like having a live doll to play with.

'Wait a minute. Only one question at a time! Let's sit down together and I will tell you why we must wait for our baby, and why we won't know if we shall have a baby brother or a baby sister.'

"Nancy and Joe curled up on the couch beside Mother as she began to tell them the wonderful story of how a baby grows and is born."

'You see, inside Mother's body are tiny eggs. They are smaller than any egg you have ever seen. It is when one of these eggs starts to grow that a baby begins. It grows and grows and after awhile, there are tiny legs, arms, and a head. The baby gets food to grow on through a tube which grows into its stomach. And as the baby grows, Mother's stomach will get bigger to make room for it. When there is no more room, the baby is strong enough to be born. Mother will have pains then which will mean that it is time to go to the hospital. The doctor and nurses at the hospital help the baby come out of the opening between Mother's legs. When the baby is born, the doctor must cut off the cord

Human Reproduction (contd.)

which grew into its stomach. We all have a navel in the middle of our stomach where that cord was cut off when we were born.'

'But how do you know if it's a boy or a girl,' asked Joe.

'If it's a girl, Joe, it will have an opening in the body between the legs like a mother has. A boy doesn't have an opening like that, does he? Instead, he has something which looks like a finger - his penis.'

'Joe, we were tiny like that once,' Nancy said. 'Look how we've grown! Oh, I'm glad this little egg started to grow so we can get a baby.'

'The egg doesn't grow by itself, Nancy,' said Mother. 'We've left out something very important in our story of how this baby is growing, just as each of you grew. The egg doesn't start to grow until it meets a sperm. Sperm grow inside Father's body and are even smaller than the egg. A baby begins only when the sperm and egg grow together.' (See note on p.108)

"When Father came home from work, Joe and Nancy talked with him about the new baby, too. Father was very happy."

'We will all help Mother with work so she may rest and stay very healthy,' he said. 'She will tire more easily as her stomach gets bigger with the growing baby inside. Mother and our new baby have to be taken care of.'"

The story may be expanded to include bringing the new baby home, consideration among members of the family and family ties emphasized with the fact that all the children are part of both Mother and Father.

Large posters, such as Beginning the Human Story, that illustrate

Human Reproduction (contd.)

a new baby in the family will encourage discussion to include all the social aspects of this particular presentation. Other helpful illustrations would be those listed for Lesson A and used in the same capacity.

Instructions to the Teacher:

Although conception is not explained within these sample lessons, the teacher must always anticipate the child's question of how the sperm and the egg come together. The answer should be given if the child has accepted and understood the other information sufficiently to lead his curiosity this far. Simply stated, "During a very private time just between mother and father, the sperm reaches the egg by the father putting his penis into the opening between the mother's legs."

The individual teacher and the environment of the specific classroom will determine the readiness for this full explanation. To be remembered is the fact that the children will accept this as a natural and good part of the total explanation only with the consistent, natural presentation of information by the teacher.

Perhaps the difficulty in ease of presentation occurs at this point due to the fact that pregnancy is an obvious condition to which we assume the children have been exposed. Development and birth can be viewed in visible natural surroundings. Our culture adheres to the act of sexual intercourse between human beings as a private and personal experience, however. It is a complex expression which is not totally within the grasp of the young child's mind. As adults we are more aware of the total significance. However, our response to the child's question is to satisfy his curiosity into the matter of propagation which has just

Human Reproduction (contd.)

been explained to him. Thus it seems wise to indicate that the occasion is a special or private time due to the fact that this probably is an area which is often unexplained to most of the children. Misconceptions occur when the child's understanding is left to his own imagination. As an example, the eight-year-old, told that a couple come "close together" and the sperm meets the egg, responded with reference to a young married couple who frequently visited her home and sat close together. "Why don't they have a baby?" Not all children will expose their misconceptions so readily. For this reason, the manner of presentation should be carefully considered for clarity and lack of ambiguity.

Resource Material:

1. What Shall I Tell My Child, Theodore Reik, New York: Crown Publishers, Inc., 1966.
2. The Wonderful Story of How You Were Born, Sidonie M. Gruenberg, Garden City, New York: Doubleday and Co., 1959.
3. Beginning the Human Story, Health for All Series, Glenview, Illinois: Scot, Foresman and Company, 1967.
4. Color Slide Program, "How Babies Are Made" available from: Creative Scope, Inc., 509 Fifth Avenue, New York, New York 10017. Cost: \$12.00.

Note: This series is very appropriate supplemental material for these lessons. It is suggested that slide #27 is not as effective an illustration as are the others and omitting it may avoid confusion. (Slide #27 is initial illustration of united egg and sperm within uterus.)

Human Reproduction (contd.)

5. Film: Kittens: Birth and Growth, Bailey Films, Inc.,
6509 DeLangpre Avenue, Hollywood, California.
6. Film: Your Family, Coronet Films, 65 E. South Water St.,
Chicago, Illinois.
7. Film: How Life Begins, Wexler Films, Los Angeles, California.
8. Film: Fertilization and Birth, Wexler Films, Los Angeles,
California.
9. Booklet: Pregnancy in Anatomical Illustrations, Medical De-
partment, Carnation Company, 5045 Wilshire Blvd., Los Angeles,
California 90036. (Available through a physician only.)

INTERMEDIATE LEVEL

P L E A S E R E A D

It is the policy of the Special Education Curriculum Development Center to disseminate suggested material, evaluations of commercially prepared materials, and, when appropriate, recommendations on methodology and teaching techniques. This document falls under the category of suggested material. Staff members have researched the literature for relevant information on social development and sex education for the educable mentally retarded, however, the composite of lessons developed by them has not stood the test of time or experimentation. For this evaluation we must rely on you the special class teacher. As you experiment with the suggested lessons or modifications of them, record your comments in the space provided opposite each lesson. Only through your serious efforts in teaching this material and your candid evaluation can this tentative guide be revised into a relevant and meaningful reference for teachers of the educable mentally retarded.

It should be noted that the material is written for teachers and not for students. The vocabulary used to explain concepts and topics has been selected which best enables the writer to communicate with teachers. In some cases suggested terms for use with pupils are cited; however, for the most part, the teacher is required to modify the vocabulary to best meet the needs of his group.

The format of this material differs from others used thus far by SECDC. In some situations an outline style is used; in other instances information is presented in dialogue. This variance is partly due to the nature of the content and partly to experimentation on the staff's part.

Intermediate Level

C.A. 9-13

In writing of the pre-adolescent stage of children between the chronological ages of about nine and thirteen, Redl makes two explanations for their modes of behavior: (1) "During pre-adolescence the well-knit pattern of a child's personality is broken up or loosened, so that adolescent changes can be built into it and so that it can be modified into the personality of an adult." (2) "During pre-adolescence it is normal for youngsters to drop their identification with adult society and establish a strong identification with a group of their peers."¹⁴ Therefore, since an educable mentally retarded child associates widely with persons of normal intelligence, a major objective should be to increase his chances of being integrated into the normal world. Although retardates easily play with younger children in their early years, an ideal expectation is their eventual inclusion in a broader scope of social activities which might extend into their later years. This can come about only through guidance which will help them to develop attitudes and behavior which society accepts as characteristic of a contributing, worthwhile citizen.

Experiences in social living for the intermediate level students must not only lay the foundations of preparing the students for the important and pronounced changes which are to come at this age, but they must also function as a vital phase of guidance for helping them with their current problems. The fact that social living deals to some degree with abstract concepts with which they are sometimes unconcerned or disinterested establishes it as a distinct challenge for

¹⁴ Fritz Redl. "Pre-Adolescents - What Makes Them Tick?" Human Development. New York: Thomas Y. Crowell, Co., 1966, pp. 619-627.

their teachers. Lessons in social living must, therefore, be skillfully integrated into (perhaps even disguised by) activities which are concretely active.

Children between the ages of 9 and 13 are beginning consciously to experience a need for independence and an impulse to rebel. The implication is that these children should be ordered about as little as possible; they need, instead, to be guided so that they can learn to observe and conclude for themselves. They need to direct themselves, particularly at this age. The limitations of educable mentally retarded children for forming concepts and their needs for reassurances and guidance, complicated by their past and present failures, will undoubtedly produce conflicts and frustrations for them during these critical years.

The teacher who is aware of these conflicting needs within his students will structure his lessons so that the learning environment in his classroom is filled with the excitement of discovery, not of authority. The use of socio-drama, panel discussions, and free class discussions, if they are skillfully guided by the teacher, are good methods of directing social realizations and attitudes. When a class of students, performing in activities and games, displays attitudes of fair play, tolerance, and genuine understanding of the needs of the majority, it is evidence of the positive social development of its members. Their behavior in the school cafeteria, on the playground, and in all-school assemblies also indicates how well the students are learning the attitudes of acceptable social behavior. The age span of this intermediate-level group may cause problems regarding when to present the materials in the lesson plans. If the age range is narrow, the lessons specifically relating to adolescent changes and menstruation should come when the majority of the group can accept this as meaning-

ful to them. However, it is probable that children who are just ten may be in a class with a number who are in the upper age range. In this situation, it will be wiser to go ahead and cover all of the material, even if it may require a later review. Otherwise, separate lessons might somehow imply to the younger students that sex is something that is secretive and must be hidden.

LESSON I EMBRYO AND FETAL DEVELOPMENT

Lesson Objective: To develop the idea of life beginning from a cell.

LESSON APPROACH

Instruction to the Teacher:

Teacher preparation should be for a four week unit of daily investigation of a carefully developed sequence involving comparative chick and human embryology. The comparison should not be stressed for retention of scientific facts, but structured as a "fun project" with participation by all students toward acquisition of natural attitudes about the development of life from a cell.

Suggestions for Presentation:

The eggs should be marked a.m. on one side and p.m. on the other to assure accuracy in turning each incubating egg at the beginning and end of each day. A chart assigning this task daily would be one of the phases of this study for every child.

Each day, one egg is broken open by a pupil for observation by the entire class. A booklet with a label noting each day's representation may contain drawings of the stage of development. Written accounts of changes will depend upon ability and interest of the group. Oral review and reinforcement would be more advisable if written work is going to reduce the class enthusiasm for the project. The drawings should be used as a means of reporting good observation practices, and the children should realize that the developmental stages are the reason for the drawings.

Teacher preparation should provide for answers to all probable

Embryo and Fetal Development (cont.)

questions such as: "Where does the embryo get its food?" "How does it breathe?" "In the human embryo, does the baby get the same food the mother eats?"

In observing the chicken embryo, there is the possibility that malformations, deformities, or death may be encountered when using so many sample eggs. Because children often ask about this, it should be handled realistically. Telling the children that accident or illness to the mother and many other things that even doctors can't always explain cause the embryo or fetus, in some cases, not to grow normally. With retarded students, this is an opportunity to contribute to the acceptance of some of their own difficulties. Of course, this coverage should not be stressed to a point of morbidity, but it should be explained that maldevelopment may occur in any part of the body, crippling limbs or internal organs such as the heart, brain, or lungs and that this may sometimes limit a chicken or human after they are born. Definitely to be included is the emphasis that doctors and teachers have learned to help in these situations so that a more normal life may be led. Children will probably have heard from family or adult discussions of women "losing babies." If this should evolve from the discussion it indicates the proper time to explain and help the child dissolve the fears and mystery which may develop from wondering about such. Caution should be used not to infer that death of the fetus is preferable to deformity. Use caution to avoid confusion or fear, but be assured that the children's curiosity is satisfied.

It is also possible that some children may be sensitive to breaking open the eggs with underdeveloped embryos because they are "killing

Embryo and Fetal Development (cont.)

baby chickens." There are varied reactions to such a classroom project due to this possibility. It is included here due to the realistic approach of this entire body of lessons. Any student with a strong objection should, of course, never be forced to participate in such a project. But a class would most probably appreciate the fact that they are making a scientific study, the type of which is necessary for learning. This should be explained to them. The analogy that "some chickens are used to feed our stomachs and that these are being used to feed our minds" might be more acceptable for these students.

Egg to Chick, by Millicent Selsam is a very good narrative handling of the explanation of the developmental stages of the chick embryo. The terminology would also be on the level of these children. The other books (or similar books) listed in Resource Materials should be available within the classroom to increase student curiosity and reinforce their concepts of life which begins from eggs. The teacher reference page is included as an aid for her information only in preparing terminology which is acceptable for this level.

Review of lessons on reproduction from the primary level materials may be needed for consideration of new students or to refresh the prior lesson with those who had it. This would be covered before beginning the comparative embryology.

Charts of the developing human fetus in various stages may be for the comparison. The difference in time needed from conception to birth will have to be emphasized for the understanding of the EMR. The important factors to be gained are those of progressive development from cell to complete body form.

Embryo and Fetal Development (cont.)

An additional method of handling this type of lesson has been supplied by teachers who have personally carried out the actual breaking of eggs. They then preserve the embryo, in each stage of development, in a jar of formaldehyde. This provides a complete developmental "picture" for the students.

Resource Material:

Three dozen fertile eggs from hatchery

Incubator

Magnifying glass

Charts: Human Embryo Development

Books:

Egg to Chick, Millicent Selsam, New York: International Publishing Co., Inc., 1946.

What's Inside?, May Garelick, New York: Wm. R. Scott, Inc., 1945.

Watch Them Grow, Bertha Morris Parker, Evanston, Illinois: Row Peterson and Co., 1959.

All About Eggs, Millicent Selsam, New York: Wm. R. Scott, Inc., 1952.

Eggs and Creatures That Hatch from Them, Melvin Uhl, Jr., Chicago: Melmont Publishers, Inc., 1966.

Eggs - and What Happens Inside Them, Margaret Cosgrove, New York: Dodd, Mead and Co., 1966.

A Child is Born, Ingelman - Sundberg Axel and Claes Wirsén, Photographs by Lennart Nilsson, New York: Delacorte Press, 1965.

Embryo and Fetal Development (cont.)

Pregnancy in Anatomical Illustrations, Carnation Company, Los Angeles, (may be secured through a physician).

Comparisons of Chick--Human Developmental Stages

For Teacher Reference

This information is included only as a reference for the teacher and is not intended as a presentation to the children. The book, Egg to Chick by Millicent Selsman provides a less technical reference on the same topic.

Chick

1st Day: Blastodisc begins to grow; living membrane (yolk sac) developing; embryo is center of the membrane.

2nd Day: Network of blood vessels appears on yolk sac (vitelline vessels).

3rd Day: Beating heart pumps blood through embryo and its vitelline vessels. Amnion begins to form. Embryo looks like a comma with head just beginning. Lens of eye appears.

4th Day: Amnion completely formed. Embryo has definite shape and is separate from yolk sac. Circulatory and respiratory systems developing. Legs, wings, and sense organs

Human

4 weeks: Rudimentary heart, head, eyes, ears, nose, mouth forming.

5 weeks: Amnion enclosing embryo is size of a big dandelion in bloom; embryo is as large as a kernel of rice. arms, legs and lungs begin to form.

8 weeks: Thimble-size embryo. Arms, hand, fingers, legs, feet, toes formed. Looks like a small image of a baby. Bones begin to harden.

12 weeks: Teeth buds begin to form. Legs growing too long to fit in small space of womb. They fold beneath the embryo. Embryo will fit into the hollow of two hands. Embryo has the look of a complete self; experiencing daily maturing.

16 weeks: Baby begins to move.

20 weeks: Embryo growing so fast that

Chick

begin. Allantois starts to form.

5th Day: Embryo rapidly growing. Allantois growing rapidly. Head is very large.

6th Day: The head is large, the body small. The lens of the eye is more clearly visible. Note the allantois amnion.

7th Day: Embryo has all the parts it will ever have. From now on the greatest change will be in size.

8th Day: The embryo is beginning to look like a young bird. Yolk stalk can be seen between the legs attaching the embryo to the yolk sac.

9th Day: The mouth opening appears; the beak is formed. Pupil of eye can be clearly seen. Wings and legs are easily recognized.

10th Day: A regular pattern of tiny pores appears on the skin. From each one a tiny feather of down will emerge. Embryo

Human

it must curl up. Movement frequent.

Baby is able to change position in womb because of the prolonged length of the umbilical cord which permits movement without disturbing the function of the cord.

24 weeks: Wax covering which comes from skin covers body. This protects the embryo from the long soaking in the warm water of the amnion.

28 weeks: Beginning of eyebrows, eyelashes and hair. Scarcely longer than his father's shoe. Though fully developed, still too weak and small to live outside mother's body (some born 28 weeks live with help of an incubator.)

40 weeks: When the 10th lunar month (the 10th by the moon) has passed, the embryo is ready to be born. The walls of the womb in the mother start to push on the amnion surrounding the baby. No one knows for sure what starts the wall pushing. The walls pushing on the amniotic sac causes the sac to break. The baby is pushed

Chick

begins to move.

11th Day: Embryo continues to grow larger. The food reserves of the yolk are diminishing.

12th Day: A few feathers appear in the tiny pores of the skin. Embryo is growing rapidly, but still has plenty of room within the shell. Toes and claws are formed.

13th Day: Growing rapidly.

14th Day: Growing rapidly.

15th Day: Embryo is so large now that it is cramped for space and lies huddled against wall of shell. Body has grown more than head.

16th Day: Eye closes, will not open until hatching. Whole body is covered with down. Upper side of beak has angular projection for breaking egg at hatching.

17th Day: Embryo gets still larger and stronger.

18th Day: Almost complete and fully proportioned chick. The legs are almost strong enough to

Human

out. The cord helps pull out the placenta which is no longer needed.

The baby no longer needs the cord so the doctor cuts it off. It doesn't hurt when it is cut, just as hair doesn't hurt when it is cut. Only a little piece is left to show where the cord has been (the navel). The doctor wraps the baby in a warm blanket. The nurse tenderly dries it, and with warm oil and cotton removes the wax-like covering that has protected the baby's skin from soaking in the fluid of the sac. A baby is born!

Chick

support the little bird, which is about to hatch.

19th Day: Embryo gets still larger and larger.

20th Day: Chick reaches full-term development and awakens in the egg. It breaks the amnion enclosing it. Muddled peeping heard.

21st Day: Shell is cracked with egg tooth, then the head pushes the shell apart. Wet and exhausted the chick has hatched! After about 15 minutes of rest, the chick pulls itself up and begins to shake itself dry.¹⁵

¹⁵ Stanley B. Brown, "Comparative Embryology at the Second Grade", The American Biology Teacher, 29:200-6, March, 1967.

LESSON II SOCIAL AND PHYSICAL
DEVELOPMENT

Lesson Objective: To review material on social and physical development prior to study of adolescent changes.

LESSON APPROACH

Instruction to the Teacher:

Teacher preparation should include review of materials presented in previous sections of this program. Also consideration as to which individuals may not have been exposed to this particular material. Review is emphasized for these students, as well as re-emphasis for those previously taught through these suggestions. Although review is included in this section, it will probably not be sufficient in view of the possible incidence of many students not previously instructed. Materials for this level cannot be presented as easily nor within the context of the philosophy of this program unless preceded with the suggested coverage for lower levels. They should be completely covered prior to this summary review, if not included for Lesson II.

Suggestions for Presentation:

"Since you have been in school, you have learned many things about people. Early in school you learned about parts of the body and names for them." (Use chart of human body and have children name body parts.) Add comments on how important our bodies are and that we should care for them in order to be healthy, happy people.

"We have learned that we grow from a tiny egg inside our mother's body, and we studied how a baby is born. People grow from this small size to be grown-ups or adults." (Use diagrams and pictures for review.)

Social and Physical Development (cont.)

"There are two sexes among people." Ask children what the two sexes are and discuss differences in manner similar to pre-primary level presentation. (Pre-primary Lesson IV)

"In school, we think a lot about how to live with other people. We've studied families and how important it is to get along happily with our families and also how to act with people outside our families." Have children comment on types of behavior that help make friends and contribute to a happy home.

Socio-drama would serve, at this point, to indicate attitudes and increase student interest in material to be covered in future lessons. Structure in this situation would evolve from the teacher's suggestions that several students portray incidents such as: (1) mother, sister, and father in occasions when sister (daughter) wishes to go to the movies with a friend -- let children take story from there; (2) two friends playing together on school playground when third child approaches with negative, argumentative comment; (3) boy and girl from class assigned to work together on cleaning class aquarium (or similar "chore" which may be more relative). During these acting sessions, the teacher should look for indications of positive and negative attitudes, responses significant of pre-adolescence, and any expression which might indicate an individual with more serious social adjustment problems. Any indication of need here should be incorporated into future lesson plans for additional emphasis.

When necessary review is completed, new materials which we have referred to as "preparatory" for adolescence should begin through relation to previous study.

Adolescent Physical and Emotional Changes (cont.)

their bodies begin to grow in ways that will someday show they are grown up. We hear people talk about babies, children, teen-agers, and adults. We know it takes a long time to grow big enough to be the size of an adult. Your mothers and fathers and grandparents are adults. But what about the boys and girls you know in Senior High School? Some of them are as tall or weigh as much, sometimes more, than adults you know, don't they?" (Allow for class discussion and view pictures from magazines which clearly evidence facts of growth differences and similarities between teen-agers and adults.)

Lead children to a discussion of differences between adults and teen-agers. Guide toward ideas of more responsibility through holding jobs, having families, handling problems better (you can ask for more help from an adult). Also point up that teen-agers do some of these things, working toward the idea of gradual acceptance of adult role. "So, we realize that growing to be an adult takes many years. We see that our teen-age friends are more like adults than we are. Do you ever wish you were grown up right now? Let's see what kind of things you would do if we could put a sign on you right now, saying 'I'm an Adult' and just be an adult!" Work into more socio-drama from children's suggestions of what they would do as adults, letting them act out a situations to be handled, i.e., mother with sick baby, man trying to find a job, couple buying furniture for a home. After drama, point up both positive and negative handlings of situations with objective of explanation that older persons can usually handle these situations more easily because of the added years and experiences from which they have learned.

"You may feel that you are a long way from being an adult, but very

Adolescent Physical and Emotional Changes (cont.)

soon these changes we spoke of are going to start you toward being an adult. What kinds of changes do you think are going to happen when you (girls) begin to grow toward being a woman and the boys begin to grow toward being a man?" Answers will probably include beard, height, and some may indicate dress items such as cosmetics and high heels which should be clarified as not being the natural changes occurring inside and outside the body.

Resource Material:

Magazine pictures

Health For All, Book IV, Chapter 5, "How Do We Grow," Chicago:
Scott, Foresman and Company, 1965.

Films:

Human Growth, Wexler Films, Los Angeles, California.

Growing Up Day by Day, U-5055 (University of Iowa).

Girl to Woman and Boy to Man, Wexler Films, Inc.

LESSON IV HEIGHT AND WEIGHT

Lesson Objectives: To accept adolescent height and weight changes as natural and as varied with individuals.

LESSON APPROACH

Suggestions for Presentation:

"We have talked about some of the changes we see in boys and girls that soon will be happening to you. I have said that these changes do not happen all at once and that they don't happen to all boys and girls at the same time. Some of the changes have already come to some of you.

"First, let's talk about growing taller and gaining weight. Sometimes this happens very fast. We usually think of men as being much stronger and larger than women because the adults we see are more like that. There's a funny thing about the way we start to grow into adults though. And that is: The girls start growing up before the boys do! When girls are 10, 11, 12 and sometimes 13, they can look around the classroom and see that they are getting taller than boys who are the very same age. Sometimes this makes a girl feel embarrassed. She thinks she is going to be too tall and doesn't like to be bigger than the boys. Let's look at some pictures of boys and girls at these ages to see this difference. (Show picture or chart suggested in Resource Material). If we look at pictures of older boys and girls we can see that those boys have 'caught up' -- even grown bigger than the girls. Remember that we said we were going to get ready for this 'growing trip' so that we wouldn't have troubles along the way? Now, we know that it is natural and right for girls to be larger at these ages than boys of the same age. The girls don't have to worry or be embarrassed and the

Height and Weight (cont.)

boys don't have to feel like maybe they aren't going to look like men some day because they are smaller than the girls."

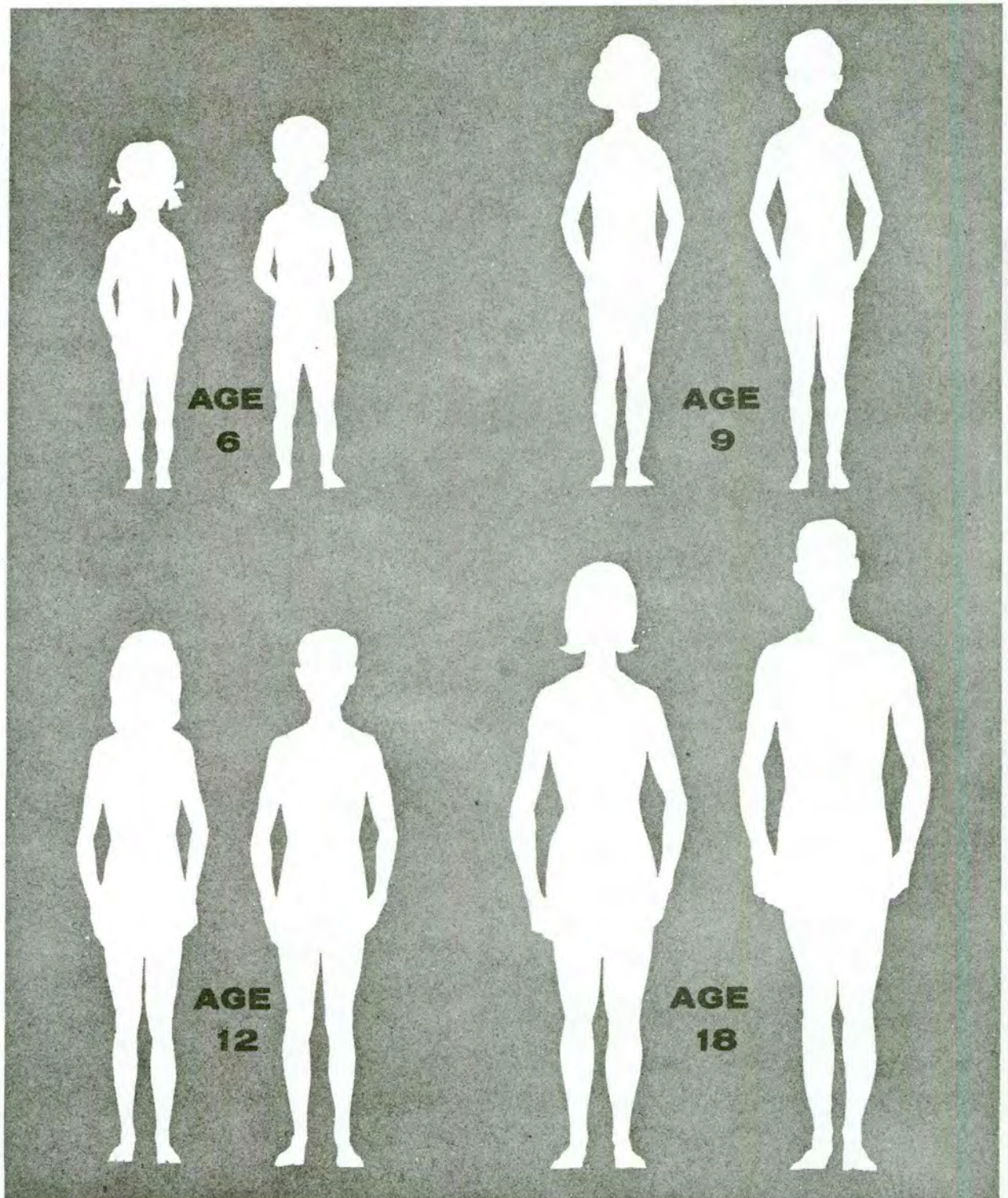
Resource Material:

Charts illustrating varied both sizes of children of the same chronological age during growth "spurts."

Example: p. 37 Human Growth and Reproduction, by Boyer, Brandt, River Forest, Illinois: Laidlow Brothers, 1967.

(Note: Many basic health texts cover Adolescent changes to some extent)

What's Happening To Me?, Lerrigo, Marion O., New York: E. P. Dutton and Co., Inc., 1956.



Boys and girls change in both size and body shape as they grow from childhood through adolescence.

LESSON V ACNE

Lesson Objective: To learn why many individuals have acne and the proper care when it is present.

LESSON APPROACH

Suggestions for Presentation:

"Another 'trouble' which we might have along our 'growing trip' comes with changes that cause our skin to be different. This doesn't always happen, but it isn't very pleasant when it does. The doctors call this acne. We usually say a person has pimples. These show most on the face and sometimes the back and are black or look like little red sores. Pimples need not be a problem if a person keeps clean. Also it is very important never to squeeze the pimples. Doing this breaks the skin and causes scars. Germs may get into the pimple and make it very sore and ugly. So, remember, hands off!

"There are special soaps for people who really are uncomfortable with pimples. (Show sample of such) For most people, the regular face soap used at home is good enough. But the face needs to be washed often and carefully rinsed. Girls who are older and wear make-up should not put it over pimples unless the make-up is made just for girls with this problem.

"Pimples, or acne, may cause a boy or girl to be embarrassed, but most people know this is just another sign you are growing up. If you are clean and don't handle the pimples, they will go away in a short time. We should never tease a person or say hurting things about something which he cannot help."

Acne (cont.)

Resource Material:

Samples of facial soap - regular and medicated.

LESSON VI PUBIC AND FACIAL HAIR AND VOICE CHANGE

Lesson Objective: To accept growth of pubic and facial hair and voice changes as characteristics of physical maturation.

LESSON APPROACH

Instruction to the Teacher:

Use chart to shade areas where development being discussed is located. Resource material from 3M Products suggested.

Suggestions for Presentation:

"One of the signs of growing up which we first notice is new hair growing on face and bodies. We see it most on boys who begin to have soft hair on the upper lip and around the chin. We know that the boy is beginning to have a beard and will soon have to start shaving when it becomes thicker. This may happen to boys when they are 13 or 14 usually, however, it generally happens a little later. In other words, some 12 year-old boys have begun to grow hair on their faces and others don't begin to grow hair on their faces until 15. As they get older, there may be hair on the chest, too. Girls have some hair on the face, but it isn't usually noticeable until they are older. Other places on the body begin to have hair on both boys and girls: (1) Under the arms (shade area of armpit on chart). Because you begin to perspire or sweat more as you grow older, this is a place which needs special attention. When girls are older and the hair is thicker, they usually shave this underarm hair because it looks neater to be without it. It is also easier to use deodorant on the bare armpit. Deodorants help a person to keep away the odor or smell that comes when there is much

Pubic and Facial Hair and Voice Change (cont.)

perspiration. (Show sample types of deodorant.) (2) (Shade pubic area above the genital region.) Hair growing above the penis in boys and the vagina in girls is another sign of growing up. This hair also gets thicker and darker as a person gets older. (3) Hair on the arms and legs grows thicker, especially on the lower arm and leg. Some people have light hair, some have dark, just as differences in the hair on our heads. Also, some people have much more hair than others. This is just a natural difference among people.

"Have you ever been talking to a boy who was between twelve and fifteen years old and suddenly his voice just 'squawked' or went up real high? It sounds funny and you probably would laugh at the sudden change. But a boy who has this happen can laugh, too. There is nothing wrong with his voice. In fact, a boy should be proud of this voice change. It means that the voice is changing from what we think of a boy sounding like to the deeper, strong voice of a man.

Resource Material:

Chart of body (or drawing) on which the teacher may draw or chalk to indicate areas of development.

Transparencies with overlays.

Samples of types of deodorant: cream, roll-on, and spray.

Printed Originals for Preparing Overhead Projection Transparencies

School Health Education Study: "Human Reproduction Systems"
Visual Packet No. 4362 - Progression Level 3
3M Company
Education Services
Box 3100
St. Paul, Minnesota

LESSON VII REPRODUCTIVE ORGANS: BOYS

Lesson Objective: To accept changes in the reproductive organs of boys as natural preparation for potential parenthood.

LESSON APPROACH

Suggestions for Presentation:

"Boys and girls must not expect all of these changes to happen at once. You must remember, too, that people look different and that they grow in different ways. Some of you will grow slower and not as much as others. Many things cause these differences. We have different parents. How many of you have had people tell you that you look like your mother or father? (Allowing for discussion of this by the students will make it more personally relative for them).

"Why do you think you look like other people in your family?"

"We know that it takes a part from the man -- remember the tiny cell from the father that grows with the part of the mother, the tiny egg -- to make a baby. The parts that grow together to make the baby cause the baby to have parts that look like the parents. Sometimes it is more like the mother, sometimes, more like the father, but usually a little of both. If a person has dark hair, one of his parents probably has dark hair. So the differences in our size, color, eyes, and hair are things that are natural and that we can't do much to change. It is not smart to let worries about these differences make our 'growing trip' an unhappy one.

"Do you wonder why all of these changes begin to happen in our bodies when we get to the ages you will soon be?" Children may be at a complete loss for an answer to this question. Some may respond that

Reproductive Organs: Boys (cont.)

"they need to "look" like adults, need more strength, and there may be some reference to the ability to reproduce, though this would be unlikely. Consider all responses because they will be useful indications of the child's personal goals in "growing up" and helpful in guidance toward a positive set of goals. "The very important reason for the growing changes we are talking about is to allow your bodies to make the tiny cells and tiny eggs that the grown-up human body must have to make a baby. In other words, your body is growing now so you may someday be a father, if you are a boy, or a mother if you are a girl. Children's bodies are not made that way. Do you remember when we pretended we were grown-up and had to solve some family problems?" (Refer to specific socio-drama situations used for Intermediate Lesson IV.)

"It was hard for you to make adult decisions as a grown-up would. We need to learn much more before we have to do the things a grown-up, especially one with children, would and must do. The way our bodies grow through the years makes this seem a good idea.

The parts of the body, both inside and outside, which are used when two people make a baby together, will be changing around the time of the other changes we have talked about. Because they are different in the two sexes, we will talk first of the changes in boys, then of the changes in girls. When these changes begin, you will probably feel different, maybe embarrassed. But we are going to learn that no one is left out or different, even if you don't notice or see all the changes, you will be feeling them. They seem strange because never before in your life did you change so much in such a short time.

Reproductive Organs: Boys (cont.)

"In boys, as we have said, the body is getting ready to make sperm. This is the big word for the tiny cell which is the father's part of the baby when it first begins to grow. The sperm grow in the two body parts which are like little bags and hang down between the legs, behind the penis. When a boy gets older, these little bags, called testes also grow. The penis gets larger, too. The little sperm, and millions of them grow, take up room in the testes. Other changes in a boy are that he begins to have more muscle and strength.

LESSON VIII REPRODUCTIVE ORGANS: GIRLS

Lesson Objective: To accept changes in the reproductive organs in girls as natural preparation for potential parenthood.

LESSON APPROACH

Suggestions for Presentation:

"The body changes which help a girl get ready to be able to be a mother are like the boys in that the tiny egg cells have to be made inside her body. But a woman's body must also carry the baby while it is growing strong enough to live outside. To get ready for this, a girl's body grows wider in the part we call the hips (show area on chart). Her breast begin to grow larger, and she starts to look more like a woman in her figure. We know that the breasts are important as the place where they baby's milk will be made.

"These changes take place outside of the body of a girl, but important changes take place inside the body of a girl, too. We have said that during the ages of 10 and 13 in girls and 12 to 15 in boys, it is natural for all these changes to begin. We need to stop and think that these are big changes, that they do not come on a certain day, week, or even year. They come when each body is ready, and you are not a man or a woman just because these changes start. It takes a long time for these important changes to be finished. We said that the sperm and egg begin to grow-- the sperm in the boy's body and the egg in the girl's body. This does not mean you are ready to have a baby. It takes a while for the sperm and egg to be strong enough to make a baby. It takes a longer time for you to learn all the things you need to know before you should marry and have a baby.

Reproductive Organs: Girls (cont.)

When the eggs begin to grow inside the body of a girl, they grow in places called ovaries (show chart). These are two body parts on each side of the stomach. To be able to get to the place where the baby is to grow, the egg cell must leave the ovary and travel down this tube (indicate on chart the journey down the Fallopian tube) and rest in this part (indicate uterus -- use reference of womb if term seems needed). This begins to happen in the body of a girl sometime between the ages of 10 and 13. One time during each month, one egg cell travels down to this place (womb). The egg is not ready to make a baby when this first begins nor until the girl is older and can take care of a baby. So, it has no reason to stay in the womb, and it comes out of the body through the vagina (indicate and say "the opening between the girl's legs"). When it comes out of the body it is just like blood and comes out only a little at a time. When this happens, we call it menstruation or say that a girl is having her monthly period.

"It takes from three to five days for all of this blood to come out. This is another sign of growing up just like the changes of hair, voice, and size which we have talked about. When this happens to a girl she must care for herself to keep her clothes from being soiled, and she may be a little more tired than usual. But it is something which happens to every growing girl and every woman. Sometimes a girl doesn't know when this is going to happen, and her clothes might be spotted with the stain. Here is another embarrassing situation. It doesn't happen often, though. If it does happen to anyone you know, you will understand and won't hurt feelings by saying anything about it. The girls will have a special lesson on how to care for themselves

Reproductive Organs: Girls (cont.)

during their periods, and they will learn about pads they use to catch the blood and how to know when to expect a period by keeping a record. The boys would probably be bored with all of this, so we won't bother them with having to attend that class."

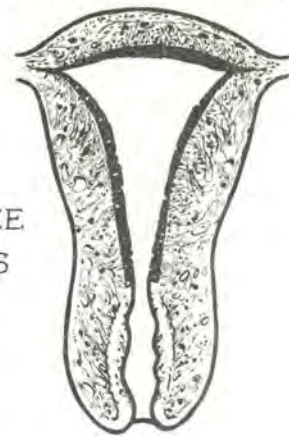
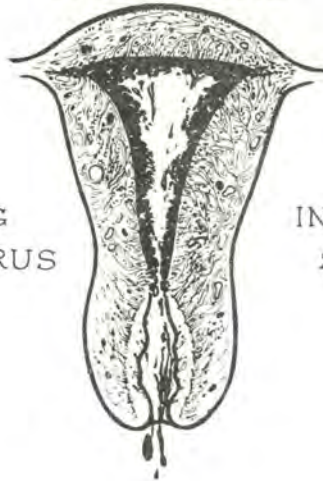
Resource Material:

Educational Material on Menstruation furnished by the makers of Tampax Tampons. Highly recommended for teacher preparation. Order, free of charge from: P.O. Box 271, Palmer, Mass. 01069.

PREMENSTRUAL

MENSTRUAL

POSTMENSTRUAL



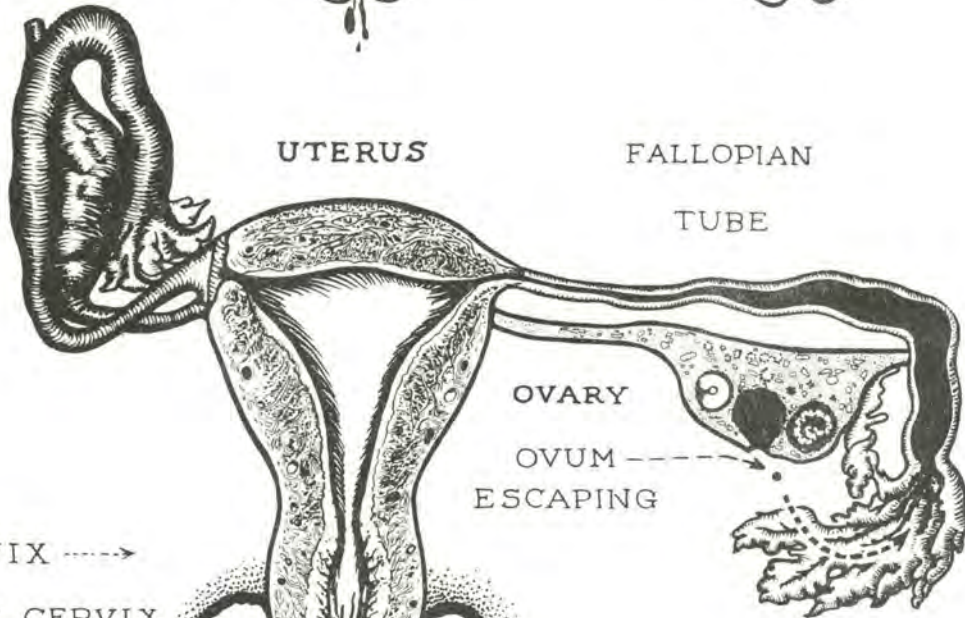
LINING
OF UTERUS

IN THREE
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OVARY
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UTERUS

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OVARY
OVUM
ESCAPING

CERVIX ----->

MOUTH OF CERVIX

VAGINA
OR
BIRTH
CANAL

0 inches 2
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SCALE

Dickinson
© J.P.
printed in USA

ONE OF THE PAIR
OF LUBRICATING

GLANDS ----->

HYMEN

INNER LABIA

VULVA

FEMALE REPRODUCTIVE ORGANS

Educational Department, Tampax Incorporated, New York, N.Y.

LESSON IX MENSTRUAL HYGIENE FOR GIRLS

Lesson Objective: To instruct girls in proper attitudes toward menstruation and practices in menstrual hygiene.

LESSON APPROACH

Instruction for the Teacher:

This instruction is suggested as for presentation to girls along because the hygiene is not necessary information for the boys. The fact that it is personally related to girls only would tend to make it embarrassing, in addition to being a new situation difficult to comprehend in itself.

Open session by asking if the girls have any questions about the class coverage previously presented. Answer any which may not be included in the following lesson example.

Suggestions for Presentation:

"Now that we understand what menstruation is, that it is normal and happens to every girl, we will talk about what to do when you have monthly periods. Some of you may have heard talk that makes you think of this as being sick. Some women even say they're 'sick' when they mean they are having their monthly period. This isn't a sickness, and you should not think of it as that. You may not feel quite as well during this time. Some girls are more tired, some feel cramps or light pain in the stomach or a backache. But when this happens, it is usually because a girl has not had enough rest, hasn't eaten the right foods or had regular bowel movements. These things will cause you to feel worse during a period. Many girls feel what we call 'the blues' during a period. You may cry easily or get your feelings hurt more easily than you usually do. Knowing to expect this will help you get

Menstrual Hygiene for Girls (cont.)

through those days. Maybe you will just feel like being more quiet and do things you know you enjoy doing instead of trying new things that might be harder because you haven't done them before. The things you do everyday shouldn't be changed very much by having a period. You would probably not want to go swimming in a pool with other people because it wouldn't be clean.

"The most important thing to remember when you have a period is to keep very clean. The waste blood does begin to have a smell which would be noticed by other people." Display supplies, showing each one as they are discussed.

"These pads are called 'sanitary napkins' and are sold in boxes of different sizes at drug stores and grocery stores. Your mother will probably get them for you with other things she buys there. Be sure to tell her when you need them or when you have only a few left. These pads should be changed about every four hours. During a period, while going to school, you would put a clean one on before coming to school, change at school during lunch period, change again before leaving school or when you get home, and always put a clean pad on before going to bed. Taking a bath every day is very important. The water should not be very cold or very hot, but a warm bath is important. You should also wash away any dried blood which is on the hair or body when you change the pad. It is all right to shampoo your hair during a period. However, the hair should be dried quickly in a warm place, so you will avoid catching a cold. Now we will learn how to use the sanitary pads and this sanitary belt. The belt fits around your waist next to the

Menstrual Hygiene for Girls (cont.)

skin with these metal hooks in the middle of your stomach and back. This is put on when your period begins and worn until it is over. You will know your period begins when you see a red stain on your panties or pajamas, or perhaps it will start when you use the toilet. As soon as you know you have started, put the belt on, then place the napkin between your legs and close under the vagina where it will catch the blood. Be sure it is tight against your body. Then take the short end of the napkin and pull it through the metal hook in front and hook it in this part (demonstrate) so that it won't pull out. Now pull the long end of the napkin up in the back and hook it the same way. We will all try this together to be sure we know when we need to."

Instruction to the Teacher:

Pass out supplies and have the girls slip the belt on and practice hooking the pads in front and back separately. Check each individual to assist those with difficulty or misunderstandings. Be alert for girls with possible motor coordination problems which cause difficulty. In such cases, it may help to have the back clasp slipped around front, the pad attached, slipped around the body, placed under the body and pad fastened in front clasp as final step. Work with the girls to find the easiest method for secure positioning.

A trip to the school restroom which contains a commercial dispenser for sanitary napkins should include a demonstration of use of the machine. The experience will be more valuable if each girl has a coin and may use the machine to be sure she understands. Also use this occasion to indicate the available disposal bags and stress that the

Menstrual Hygiene for Girls (cont.)

napkin should never be flushed down a commode. Demonstrate using a newspaper for home disposal of soiled napkins for burning or garbage and stress washing of hands afterward, again reviewing cleanliness of genital area.

Retarded girls are too often caught unprepared for a period which begins away from home. Kits such as those offered by Kimberly-Clark contain sanitary napkin holders or the cosmetic carry-all found on sale in variety stores would be a good suggestion for carrying napkins when a period is expected. The thought of carrying a napkin in an obvious place might be embarrassing, and it should also be stressed to the girls that the napkin should never be dusty or soiled when placed next to the body. A napkin holder might be a provision the girls would not think of themselves.

Perhaps the most difficult aspect of the period, for the retarded girl, is knowing when to expect her periods once they have begun. In the event of any girls known to have periods already, it would be most helpful to assist personally for a few months in the manner suggested in the following approach.

Suggestions for Presentation:

"We say that you have a menstrual period once a month. The time between the day one period stops and another begins is usually around 28 days. But it may be just 18 days or may be 30 days or more. In other words, it is different for different girls. When you first begin to have menstruation, it may be different each month until your body gets used to the changes. After awhile you will be regular and know most of the time when to expect to start. The way to count the time

Menstrual Hygiene for Girls (cont.)

between periods is to begin counting from the day one period begins and count 28 days from that (or whatever the usual number for you is). It may seem hard to do at first because you are not used to remembering. It is important so that when it is time to start, you will have your belt and napkins with you. Also, if you feel blue or your stomach is a little swollen, it won't worry you, because you'll know it is just the way the body must work. Until you get used to keeping track of the days, your mother or teacher might help you keep a calendar, which is always a good thing to do. Few girls remember exactly what day they began a period if they don't mark it down. Let's use these calendars you have been given to practice. Say that you began a period today. Now, let's count 28 days on the calendar." Allow time for counting and check responses to see which girls, if any, have difficulty counting off calendar blocks to represent days. Assist where needed and suggest that the girls ask for help when they need the actual accounting.

"Now mark an X on the day you will expect next month's period to begin. In this way, you will look at your calendar often, and a few before the day marked X on your calendar, you should carry your napkin and belt whenever you go to school or plan to be away from home for longer than an hour. This will keep you from being embarrassed by a stain on your clothes."

Instruction to the Teacher:

In areas where the socio-economic level is low, the purchase of a sanitary belt, even napkins is often not afforded. If such conditions are known to exist, it would be a worthy gesture on the teacher's part if she employed the cooperation of the various companies selling

Menstrual Hygiene for Girls (cont.)

sanitary napkins and belts or arrange for school aid in supplying samples which may be given to girls who otherwise would have to improvise by using strings for belts or cloths for pads.

Use of tampons is usually omitted from initial instruction in menstrual hygiene. The one logical restriction of the usage is that in some girls the hymen is not flexible enough to permit full insertion of the tampon. However, this is an infrequent incident. The comfort afforded by the tampon would alleviate much of the negative attitude and possible embarrassment which many girls experience in using sanitary pads. The ability of retarded girls to position the tampon correctly is the single factor inhibiting full recommendation here. If a teacher would consider the ability of her specific group adequate in accomplishing the use of a tampon, she should add instruction on this usage at the same session in which she instructs use of the pad.

Resource Material:

Sanitary belts

Sanitary napkins

Dispenser (or use the one in the school restroom)

Newspaper

Calendars for each girl

LESSON X SLEEP, EXERCISE AND DIET

Lesson Objective: To develop an awareness of the need for additional sleep and exercise and attention to diet during adolescent changes.

LESSON APPROACH

Suggestions for Presentation:

Introductory statements to stimulate discussion: a) "With all of these changes we have talked about, we realize your bodies will be growing. Sometimes the growth is fast. You will suddenly find your clothes are too small! Muscles are growing, too. How do you think you will feel or what differences in the way you are already feeling help you know about these growing changes? b) Do you get tired sooner than you used to? c) Do you get more hungry?"

During these important changes in our bodies, we should be careful to remember the good health habits we have learned in school. You may need to go to bed a little earlier to build up the strength you need. This is a better way to get rest than just watching TV after school or doing something for which you sit down all the time. Those growing muscles need exercise, too, and you should plan to give your body both rest and exercise. Your study of some of the changes to expect will help you remember that eating the right kinds of foods is an important way to keep your skin healthy as well as making you feel better."

Instruction to the Teacher:

A study of nutrition would be very appropriate at this point, with the usual emphasis upon balanced diet and additional emphasis upon proper attention to tendencies for overweight and underweight. Your regular

Sleep, Exercise and Diet (cont.)

growth check will aid in indicating specific problems requiring more guidance than may be gained through general classroom coverage. To encourage proper exercise, a program such as that presented in the resource material section (Dimensions in Health) following the program suggested by the Council of Youth Fitness should be used as a regular part of weekly routines if not available through a specific physical education program. Keeping charts and records of progress will add incentive to this project.

Resource Material:

Choosing Your Goals, Book 6, Dimension in Health Series, Chicago:
Lyons and Carnahan, 1967, pp. 37-55.

(Note: Most Health texts for upper elementary grades contain specific information in this area.)

LESSON XI PEER RELATIONSHIPS

Lesson Objective: To use classroom experiences for development of more successful peer relationships.

LESSON APPROACH

Suggestions for Presentation:

The self-concept of a child is greatly affected by peer acceptance at this age level. The sociogram suggested here is a valuable instrument in gauging the success of each class member in this area. Use should initially be in the first month of the school year.

The teacher who is unfamiliar with the procedure of giving and evaluating a sociogram should study a text on the subject, such as Social Differences in the Classroom, in order to secure the maximum benefit from the results of such an instrument. He can obtain adequate information, however, by preparing simple questions to ask each member of the group. These questions may be affirmative or negative or a combination of the two, and should deal with the relationships between pupils within the classroom.

The questions should not be presented to the entire group but be asked individually. Skillful scheduling at periods when the class is involved in a very motivating lesson will lessen the tendency by the pupils to look around the group and to make signals to each other or to ask questions, thereby revealing their choices which influences the answers of others.

The teacher must maintain an objective and detached attitude toward the replies and attempt to encourage each child to answer each question, yet not pressure the child or influence his reply.

Peer Relationships (cont.)

A form for the sociogram may be similar to the following list of affirmative and negative questions:

1. Whom would you like to sit next to in school? (+)
2. Whom would you rather not sit near in school? (-)
3. Whom would you like for a partner in a game? (+)
4. Whom would you rather not have for a partner in a game? (-)
5. Whose home would you like to visit? (+)
6. Whom would you rather not have come to visit in your home? (-)

The above set of questions concerns three different situations: the schoolroom, recreation or leisure time, the home. It is sometimes a shock to the teacher to discover a pupil who has been neither accepted nor rejected by any of the pupils. The teacher should then attempt to help this isolate become more acceptable to the group.

A form for recording the replies may be adapted from the roll sheet or a new form may be prepared by the teacher:

List pupils' names in a column

Rule six (6) spaces after each name to record each choice. Make spaces wide enough so name of person mentioned can be written there.

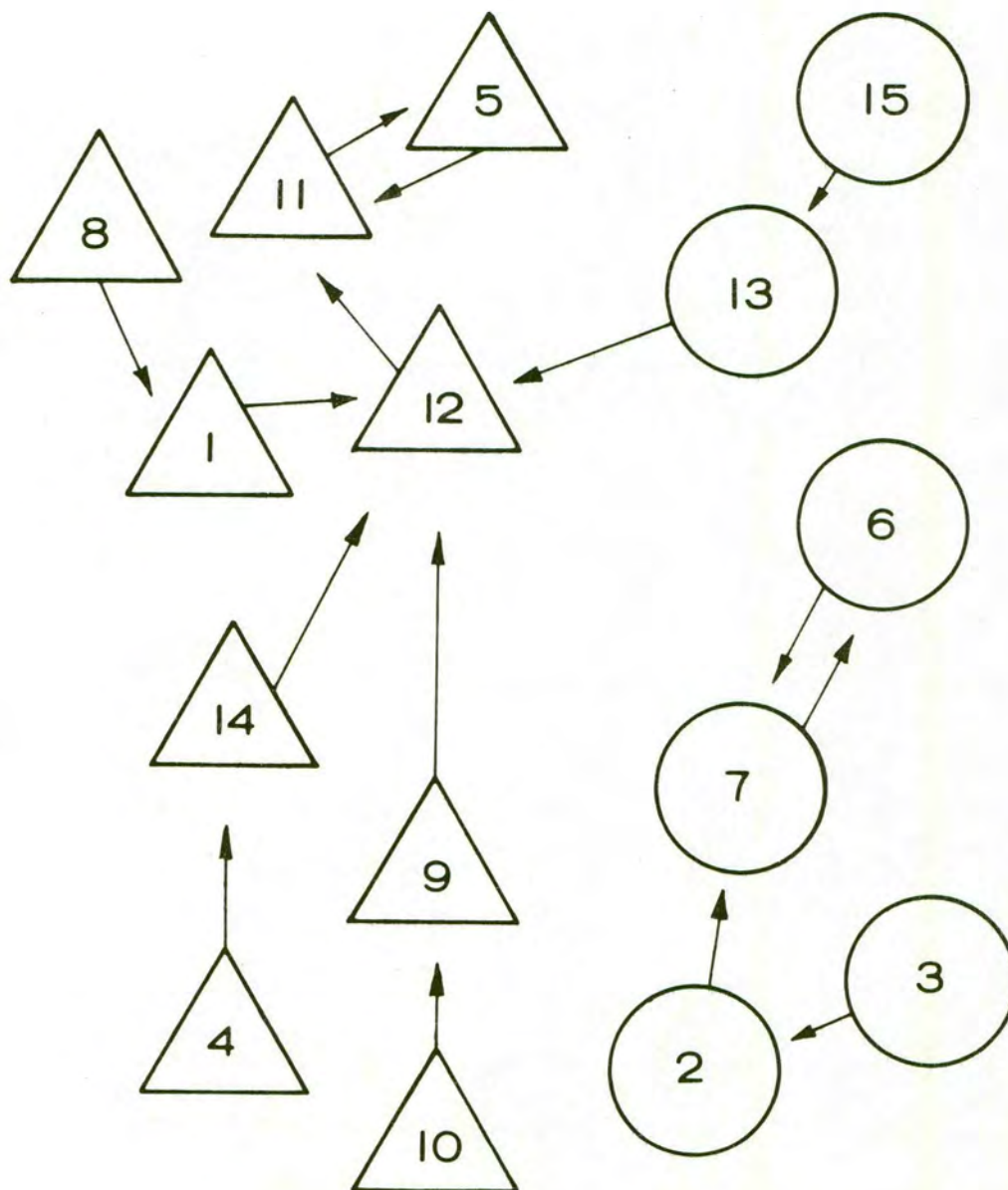
Identify the columns of spaces to conform to the questions asked. As a pupil is questioned, his choice should be written in the corresponding column opposite his name so that each child's selection will be immediately available for evaluation by the teacher.

In recording the information on final charts, the teacher should number the names so that the records may be kept confidential.

Symbols may be used for composing the charts. A simple form is the CIRCLE for the girls and a TRIANGLE for the boys.

Peer Relationships (cont.)

The chart should be numbered at the top of the page in order to identify the number of the question from the sociogram. In other words, each of the questions is charted separately on the final form so that the direction of pupil responses and selection will not be confused. A typical chart for Question 3 of the suggested list is attached.



Peer Relationships (cont.)

This sample chart pictures the responses of fifteen (15) children in one class of EMRs to "Whom would you like for a partner in a game?" (Question #3) When evaluating the information, the chart or graph shows that a boy, #12, was chosen four times. He was the most popular of the pupils for this question. The reciprocal choices were #5, and #11; #6 and #7. There were "chain" choices: #8 to #1; #1 to #12; #4 to #14; #10 to #9; #9 to #12; #12 to #11; #15 to #13; #13 to #12; #3 to #2. The ones who were not chosen were #3, #4, #8, #10 and #15. This indicates at least five lonely pupils in the group of fifteen, as well as much rivalry for the attention of pupil #12.

It should be the teacher's duty to discover why these pupils were accepted or rejected and why one pupil was so well accepted. The teacher will need much patience and tact to bring the rejected children into the group and help them to become better accepted. He must discover whether the cause of the rejection is health, personal hygiene, lack of skill in a game, personal appearance or mannerisms, or attitudes toward others. Whatever the cause of the rejection, the teacher should make every effort to help this child become acceptable.

The teacher may improve trouble spots in the classroom almost immediately by shifting the children's desks to different parts of the room. There is nothing to be gained by compelling two persons who actively dislike each other to sit side by side. Although children's habits are not quickly changed, they may be gradually reformed by the teacher's patient, helpful direction into more desirable patterns.

A new sociogram may be given to the pupils when a problem occurs that is caused by unusual behavior. The questions should be changed in

Peer Relationship (cont.)

content to suit the conditions.

Even if no problem appears, the teacher should give a sociogram several times during the year to compare the status of the pupils. A child who was previously considered a nonentity may mature socially and become a leader, while some other child may show many rejections.

The teacher may avoid trouble among the pupils by recognizing the changes in group dynamics and by using skillful guidance and careful groupings for various types of lessons and activities.

Instructions to the Teacher:

Personal and Family Living, a curriculum guide from the Public School System of the District of Columbia, offers suggestions that should lead to extensive coverage of how to gain more emotional maturity and to help pre-adolescents realize that rebellious feelings may be expected, but that they may learn how to handle these feelings without being an objectionable personality.

The teacher attempts...

To help children realize that all of us, at times, become angry, have fears about our ability, and feel utterly worthless.

To help children to recognize their inadequacies and act to eliminate them, where possible.

To help children understand that certain inadequacies cannot be eliminated and must be accepted without any great feeling of guilt.

To have realistic social expectations with regard to the nine to twelve year old age group.

To make as much as possible of "group" or "gang" situations in

Peer Relationship (cont.)

learning. Characteristic of age is to belong to group.

To develop an understanding of the needs of the boys and girls in the class.

To help children understand their growth pattern.

To give children a sense of self-direction and self-evaluation.

To help children understand what can be reasonably expected of them.

To help children develop an awareness of the many personalities and abilities found within a group.

To help children understand that there are many factors -- physical, mental, and social characteristics -- which affect our behavior.

The children ask...

How can I overcome a feeling of being different and not belonging in the group?

How can I get others to like me and accept me in the group?

How can I keep from losing my temper so easily?

How can I overcome a fear of learning new things?

How can I learn to be a good winner and loser in games?

Why don't I like certain people?

Why do I sometimes get angry so easily?

Why can't I learn as easily as others?

Why do I have to wear eyeglasses while others do not?

Why do I have straight hair and freckles?

Why can't I always do the things I want?

Why can't I do the same things my older brothers and sisters do?

Peer Relationship (cont.)

Suggestions for Presentation:

Discuss in large groups and small groups--analyzing problem.

Use puppet shows and dramatics as an outlet for tension.

View films in the area.

Dramatize stories having a moral.

Make scrapbooks illustrating feelings.

Get other members of the group to help those in need.

Find or draw pictures showing:

A happy boy and his pet

An angry old witch

A family having fun together

Two children fighting over a toy

Find and share stories, or parts of stories, and poems showing how people feel when they are happy, sad, jealous, wicked, etc.

Write a "feeling" situation that troubles you on a card.

Make individual charts. Let each child evaluate himself and the group.

Keep records.

Instructions to the Teacher:

More acceptable forms of personal behavior result when children know...

There are many reasons for people acting the way they do.

Others have the same feelings and problems as we do.

We can learn to overcome our feelings or resentments. Discussing them with adults or friends is one good way.

We can learn to control, in part, certain of our feelings.

Negative Behavior (cont.)

All of us have to meet such situations, and find best ways of meeting them

The nine to twelve year old knows the difference as to whether the action is right or wrong.

The teacher feels the teaching has been effective when the child reports...

"I saw a child take a wagon from a neighbor's yard. I was afraid to tell my family, because they said it was wrong to tattle. I could not hold back any longer. I told Mother about it. She helped me to see that it is sometimes wrong not to tell. By not telling in this instance, I was encouraging someone to do wrong."

"I had a note to take home to Mother. It was telling her about something I had done in school that was wrong. Instead of showing her the letter, I signed it myself and took it back to school. The teacher knew I had signed it. When we talked it over, I had to tell the teacher I did it because I was afraid to show the letter to Mother. We talked further about the reasons people had for doing wrong. Mother knew that people sometimes do make mistakes. I had just added to my mistakes. I felt very ashamed and promised I would explain everything to Mother."

LESSON XIII SEXUAL FEELINGS

Lesson Objective: To understand and accept normal sexual feelings experienced in adolescence.

LESSON APPROACH

Instruction to the Teacher:

This lesson should be included in those covering emotions and control of feelings.

Suggestions for Presentation:

"We have talked about many kinds of growth and changes this year. You know now that your sex organs grow and body changes happen which will make it possible for you, as grown men and women, to marry and have babies. We have also learned that our feelings grow, become stronger, and we need to know how to handle our feelings in ways that make us happy people who are liked by other people. Some feelings which we haven't talked about yet come because of the changes that take place in the sex organs. We will call these sexual feelings, and I suppose many of you have heard boys and girls talk about these changes. When the sperm begin to form in the boy's testes, it is very natural for him to have what some people call 'wet dreams'. A boy may awake and find the bed wet from semen (a liquid coming from the penis). The reason for this is because more sperm are being formed all the time and it's like running water into a bucket which spills over when it gets too full. The penis gets stiff and hard before this happens. A boy may have dreams when he has this happen while he is sleeping and think that caused the 'wet dream' or spilling over. He shouldn't worry about this. The fullness of the penis, which we call an erection, probably caused him to have the dream.

Sexual Feelings (cont.)

A boy may have an erection at other times, too. If he gets excited, the penis may become full and he may be uncomfortable because the sperm need to be released or let out. A boy may cause the sperm to 'spill out' himself by handling his penis in a way called masturbation. Many boys feel embarrassed or ashamed about this, but probably don't know that it is natural and that other boys need to do this sometimes, too. Boys and girls learn, when they are still small, that it sometimes feels good to touch yourself in these places we have learned to call our sex organs. The important thing to understand now is that these feelings are going to be stronger because of these changes we have learned about, and you need to learn that you will be living with these feelings and don't always let them become so strong. This shows you are growing up just as you learn not to always fight when you feel angry or cry when you feel hurt, or say anything you feel like saying.

It is natural for boys and for some girls to masturbate, but this isn't something you need to do regularly, and it isn't something you do around other people.

ADVANCED LEVEL

P L E A S E R E A D

It is the policy of the Special Education Curriculum Development Center to disseminate suggested material, evaluations of commercially prepared materials, and, when appropriate, recommendations on methodology and teaching techniques. This document falls under the category of suggested material. Staff members have researched the literature for relevant information on social development and sex education for the educable mentally retarded, however, the composite of lessons developed by them has not stood the test of time or experimentation. For this evaluation we must rely on you the special class teacher. As you experiment with the suggested lessons or modifications of them, record your comments in the space provided opposite each lesson. Only through your serious efforts in teaching this material and your candid evaluation can this tentative guide be revised into a relevant and meaningful reference for teachers of the educable mentally retarded.

It should be noted that the material is written for teachers and not for students. The vocabulary used to explain concepts and topics has been selected which best enables the writer to communicate with teachers. In some cases suggested terms for use with pupils are cited; however, for the most part, the teacher is required to modify the vocabulary to best meet the needs of his group.

The format of this material differs from others used thus far by SECDC. In some situations an outline style is used; in other instances information is presented in dialogue. This variance is partly due to the nature of the content and partly to experimentation on the staff's part.

Advanced Level

C.A. 14+

The philosophy upon which this sequence of lessons is based suggests that it is possible to at least lessen the state of isolation experienced by the adolescent educable mentally retarded youth. Any successes that can be built into his school experiences should be brought about by a developmental approach of deliberate and intensive guidance for social acceptance and realization. During adolescence, retarded students find themselves beset with a new set of problems which act to increase the challenge and responsibility facing the teacher at the advanced level of special education. Hutt and Gibby have described a number of their difficulties in the following pas-

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sages:

"Puberty is certainly a critical period for the mentally retarded child, as it is for all children. The retarded child has had numerous problems throughout his childhood, but puberty brings additional stresses that create difficulty in adjustment....The period of puberty ushers in sudden changes in both physical and psychological areas. There are rapid physiological changes, among which increased hormonal activity is especially important. Secondary sex characteristics develop and require, of themselves, new psychological adjustments on the part of the child. In the boy, for example, the growth of pubic hair, and also of facial hair, makes his image of himself (his self-percept) different. In the girl, the beginning of menstruation and the development of breasts assume similar importance.

From the psychological standpoint there are important problems during puberty. The increased sexual drives and the great importance attached by society to the development of secondary sexual characteristics make unusually difficult the readjustment of the mentally retarded child, whose capacity for understanding and dealing with these phenomena is limited. It is difficult for the child to know how to handle his increased sexual excitement. Many of his former conflicts are reactivated by this sudden upsurge of sexuality. He may now be regarded as more of a man by society, yet be totally unable to accept the responsibilities of

¹⁶ Max L. Hutt and Robert Gwyn Gibby. The Mentally Retarded Child - Development, Education and Treatment. Boston: Allyn and Bacon, Inc., 1965, pp. 220-222.

his new role. The weak ego of the retarded child is not strong enough to cope with this, and he is, therefore, frequently overcome by strong emotional states.

The gap between the retarded child and other children of his own age widens during puberty and is more and more evident both to others and to himself. He is less able to interact socially with children of his own age group, he is not a part of their closely-knit interest groups, and he is, in general, not accepted by them. They go on to high school, with its plethora of activities, while he remains behind. The children of more average intelligence are concerned, during puberty, with their future life plans and vocational goals, while the retarded child is still struggling to master the rudiments of social adjustment. In academic areas the differences between others and himself are now very pronounced and quite obvious to all. Younger siblings have begun to "catch up" or pass him in school, and this creates additional emotional burdens for him. He sees himself more and more as a defective person, and his self-percept of being worthless and unfavorably unique is reinforced....

In puberty the retardate tends to be subjected to overt rejection on all sides -- by social institutions, by the family, by neighbors, and by other children. There is scarcely a single area in which rejection is not pronounced. Friendships, especially with children of the opposite sex, are difficult to establish, and the lack of heterosexual relationships makes the task of dealing with his increased sexual drives more difficult for him to handle. He usually does not have a "girl friend," and therefore meets further frustration in dealing with his sexual drives. There are fewer parties, dances, "swing" sessions, shows, or "dates" to provide the normal outlets for his needs. Unless he is indeed fortunate, he is relegated to the category of undesirable, to the portion of humanity that is shunned and is better off (from the standpoint of the rest of society) when not seen or recognized. Adolescents are ruthless when they deal with deviants of even normal intelligence in their own group -- they are (partly due to projection of and reaction formation to their own fears) even more so in their treatment of the mentally retarded child. They simply do not want him "cluttering up" their activities. At best, he is ignored.

Because this level is the final phase of education for the retarded individual, a teacher must work toward reinforcing all academic areas, particularly the area of vocational guidance.

All special educators must conscientiously strive to help educable mentally retarded children reach the goal of social competence, as this is a basic prerequisite for their successful integration into society. Therefore, the responsibilities resting with the teacher of

the advanced group are vast. Both the quality and the quantity of instruction needed at this advanced level must penetrate personal and social frustrations which complicate the educable mentally retarded student's already limited learning ability. The guidance and the instruction that successfully remove these blocks of frustration must surely be considered as major educational gains.

The content of the lesson suggestions presented for this level relate to a number of realistic life situations to which educable mentally retarded students perhaps are already exposed. The lessons are designed to help students deal with the independent adult status for which they are being prepared. The material and attitudes presented here will, hopefully, facilitate their development of worthwhile human relationships and self-direction.

Advanced Block I

LESSON I PERSONALITY

Lesson Objective: To understand that personality is what we see in a person's behavior and only one aspect of the total person.

LESSON APPROACH

Instructions to the Teacher:

The texts suggested under Resource Material are references which include pertinent subject matter for all of Advanced Block I. A variety of references is offered due to the realization that school text supplies may vary. The references will aid the teacher in guiding discussion covered in these lesson suggestions. The reading level of the texts is not appropriate for use by EMR students.

Suggestions for Presentation:

"Personality is what we see in all of a person's behavior. It starts the moment a person is born. Every person has basic needs and the way his needs are satisfied causes his personality to be what it is. Three things that make your personalities are:

How you see yourself.

How you want other people to see you.

How other people really see you.

Construct a lesson on How You See Yourself. Suggested exercise would be for a short autobiographical sketch from each class member. (In some you may need to use structured questions and interview techniques to help the students develop their autobiography.) Use these to illustrate how we see both good and bad in ourselves and that we need

Personality (contd.)

to consider whether we see more faults than we want to or if we may have over-estimated ourselves.

In reviewing autobiographical sketches, note incident of references to maleness and femaleness. Emphasis upon pride in being the sex one is contributes to healthy attitudes and should be included in instruction toward a positive self-image.

For lesson activities on How You Want Others to See You, compose a list of desirable social characteristics for boys and girls from class suggestions. Have magazine pictures or other displays which illustrate positive and negative characteristics in appearance and behavior to stimulate suggestions. From list of characteristics, lead students to make personal lists of their own. Be alert for any indication of a student's lack of choice of good characteristics as an indication of need for further illustration and convincing reasons for acceptable traits. In constructing a lesson on How Others Really See You, help students to realize that this is affected by the way you move, dress, speak, and act. Guide the students to understand that people don't always see you as you think they do. If possible, provide full-length mirrors in the classroom so that students may "catch" views of themselves in the class at different times. Tapes of the student's voice often help to produce new insight into how a person appears to others.

Instructions to the Teacher:

Study of personality should be extended according to comprehension and interest of class. Later sections covering how emotions affect personality will provide further opportunity for students to work on the improvement of their personality.

Personality (contd.)

Resource Material:

Growing and Changing, W.W. Bauer, Chicago: Scott, Foresman and Co.,
1963, pp. 205-259.

Your Health and Safety, Thomas Gordon Lawrence, New York: Harcourt,
Brace, and World, Inc., pp. 333-409.

Health For Life, J. Rosewell Gallagher, Boston: Ginn and Co.,
pp. 2-57.

Advancing in Health, W.W. Bauer, Chicago: Scott, Foresman, and Co.,
1963, Unit 7.

Op. Cit.: Lyons and Carnahan, Dimensions in Health Series: Found-
ations for Fitness, pp. 46-59, 224-245.

Young Living, Nanalee Clayton, Peoria, Illinois: Charles A. Bennett
Co., Inc., 1963, p. 20-Chap. 3.

Threshold to Adult Living, Hazel Thompson Craig, Peoria, Illinois:
Charles A. Bennett Co., Inc., 1962, Chapters 2 and 3.

Health and Safety, W.W. Bauer, Chicago: Scott, Foresman, and Co.,
1966, Unit 2.

Tape recorder and tapes.

Magazine pictures.

Full-length mirror.

Additional Resource Material:

Emotional Problems of Growing Up, English, D. Spurgeon, Chicago:
Science Research Associates, Inc., 1951.

Guiding Children's Social Growth, Weitzman, Chicago: Science
Research Associates, Inc., 1951.

Building Self-Confidence, Wrenn, Gilbert C., Stanford, California:
Stanford University Press, 1948.

Advanced Block I

LESSON II HEREDITY

Lesson Objective: To establish a basic acceptance of heredity as one factor contributing to behavior and appearance of individuals.

LESSON APPROACH

Instruction to the Teacher:

A more technical study of heredity is planned for the third section of study on the Advanced level. Coverage within this section is for the purpose of establishing heredity as a contributing factor to the whole person. Questions which the students ask should be answered even if it means a more detailed emphasis than planned.

Suggestions for Presentation:

Explain that we are studying about all the things which go together to make us the person we are. Display pictures of young plants and animals and older examples of the same which resemble each other (i.e., a young carrot resembles a grown carrot as does a baby kitten and a grown cat. However, a caterpillar does not resemble the adult butterfly.) Use these to define heredity as that which causes the resemblance. Students having previous lessons from this program will have discussed how they resemble other members of their family, consequently a review of this material should come readily. Include the word trait for vocabulary recognition. Inherited traits to be mentioned: body features and structure, mental ability, special ability in such fields as music, mathematics, and painting. The direction of emphasis should be toward

Heredity (contd.)

the fact that heredity is another reason for people behaving and appearing as they do. Examples of well-known families in which a talent is obvious may be used.

Resource Material:

Magazine and Poster pictures.

Texts listed for lesson I.

Advanced Block I

LESSON III ENVIRONMENT

Lesson Objective: To understand that environment includes influential factors outside the individual which affect the total person.

LESSON APPROACH

Suggestions for Presentation:

Define environment as everything outside of you that influences you, i.e., care and training given by parents; friends; school; relatives; personal experiences; and relationships with all of the people with whom you come in contact.

Have students mention personal traits and discuss whether they may be attributed to heredity or environment.

Describe two extremes of environment (if possible, use two represented by class members) such as city life and farm life. Another example would be a home of professional worker or factory worker. The environment known by an invalid and a person of normal physical health would be a still different illustration.

Read summary bibliographies of well-known personalities such as Abe Lincoln, John F. Kennedy, and George Washington. Have class discuss what influences affected these men and whether heredity or environment played a more important role.

Instruction to the Teacher:

A MAJOR GOAL FOR THE ADVANCED SECTION OF THIS CURRICULUM SHOULD BE A POSITIVE EMPHASIS ON THE FACT THAT AN INDIVIDUAL MAY RISE ABOVE DISADVANTAGES AND POOR INFLUENCES THROUGH A BETTER UNDERSTANDING OF HIMSELF AND OF PEOPLE IN GENERAL. USE EVERY OPPORTUNITY TO ESTABLISH THIS GOAL.

Advanced Block I

LESSON IV INTERACTION OF BODY AND MIND

Lesson Objective: To accept that understanding the interaction of mind and body will enable the individual to handle emotions in a more mature manner.

LESSON APPROACH

Suggestions for Presentation:

Differentiate between mental and physical aspects of the body functions by examples of states of mind (happiness, excitement, worry) and physical conditions such as cold, hot, pain, fatigue, numbness. Relate these by examples of bodily ills affecting the mind, i.e., physical illness may make us depressed; when prolonged, it may lead to severe inferiority feelings. Also the mind affects the body. Many illnesses are blamed on "nerves" or "tension," i.e., ulcers, high blood pressure, etc. Couch the previous remarks in comments and examples which the children understand.

Have students think of an incident in which they experienced this dual affect. Also help them to see that we are not always aware of this. Learning to look for the cause of a feeling helps us deal with that feeling. As we near adulthood, we should begin to try harder to look for causes which help us handle our feelings. Explain that we will work on how to do this after we study more about what makes a person to be as he is.

Advanced Block I

LESSON V BASIC NEEDS

Lesson Objective: To recognize basic needs and to accept the importance of satisfaction of these needs.

LESSON APPROACH

Suggestions for Presentation:

Open this session by asking class to answer the question, "What do you need?" After a variety of answers have been given, analyze with the group whether these are all real needs or if they are just desires. Use this basis to define a need. Explain that basic needs change from birth to maturity, using the following outline taken from the curriculum guide, Health and Family Life Education from the Public Schools of the District of Columbia to explain in a manner comprehensible to the group.

Basic Needs*

A. Small children

1. Love

- a. Fondling, cuddling
- b. Meeting organic needs

2. Discipline

- a. For own protection - running into the street, touching stove, etc.
- b. Learn respect for authority

* The teacher should make a determined effort here to show the students the possible causes of some teenage behavior. Point out that it is a sign of real maturity and courage to be able to overcome difficulties of childhood and grow up to be responsible, successful adults.

Basic Needs (contd.)

3. If either love or suitable discipline is missing, the seeds of some degree of maladjustment in later life have been sown.

B. Older children, teenagers, adults

1. Love

- a. Receiving and giving
- b. Nurtured by kindness, sympathy, tenderness, helpfulness, and tolerance

2. Independence

- a. Right to develop and use his abilities
- b. Rights of a free society
- c. Must earn this

3. Security

- a. Emotional security is necessary
- b. Personal and financial security in moderate amounts

4. Achievement

- a. Doing a job well
- b. Sense of personal worth
- c. Recognition by others
- d. Builds self-confidence
- e. Dangers
 - 1) May "burn the candle at both ends"
 - 2) May make you selfish for "center of the stage"
 - 3) May not recognize that others want recognition too
- f. Show genuine interest in others - one of the chief ways of cultivating a likeable personality

Basic Needs (contd.)

5. Faith - Philosophy of Life - Code to live by - Purpose in Life
 - a. Gives meaning to life
 - b. Gives value to the individual
6. Companionship
 - a. Need to be needed and respected
 - b. Hermits usually have a cat, dog, or other pet
7. Need to create
 - a. Establishing a home and raising a family
 - b. Art, music, writing, etc.
8. Guidance or example in living
 - a. Especially for teenagers
 - b. Results of poor examples may be disastrous
9. New experiences to keep growing
 - a. Studying, traveling
 - b. Making new friends
 - c. Joining a new organization

Instruction to the Teacher:

Much time and reinforcement may be needed for comprehension of this material. It is well worth deliberation, however. Analyzing incidents of behavior and the "why" of them will help the students begin to form more understanding. These students have been exposed, usually, to enough television, movies, and general discussion to have some regard for psychology even though they don't understand the term. They may be more motivated by realizing that they are using psychology in this study.

Basic Needs (contd.)

Appealing to them as adults and helping them realize that the opportunity for such a study provides them with knowledge not available to all the adults they have encountered may further the initiative to use this instruction to better themselves.

In discussing a "philosophy of life," or "our future life" have students list immediate and long range goals. Work with individuals in an effort to make this realistic, recognizing their intellectual limitations and choosing those within their own special abilities and interests.

Note: Lesson #10 - Experience Unit on Family Living - Advanced Level from the Special Education Curriculum Development Center may be included if vocational considerations are considered appropriate here.

Resource Material:

Health and Family Life Education, District of Columbia Public Schools, Washington, D.C., 1965, pp. 82-84.

Experience Unit on Family Living - Advanced Level, Special Education Curriculum Development Center, College of Education, The University of Iowa, Iowa City, Iowa, 1967.

Advanced Block I

LESSON VI HOW NEEDS ARE MET

Lesson Objective: To study the effect of how needs are met.

LESSON APPROACH

Instructions to the Teacher:

The following lesson construct is adapted from the D.C. guide to be used by the teacher as an aid in guiding students to see satisfactory and unsatisfactory ways of meeting needs.

How Needs Are Met

The way in which a child's needs are met determines his personality. As the following chart shows, these needs may be met in a satisfactory or an unsatisfactory way.

	<u>First Step</u>	<u>Second Step</u>	<u>Third Step</u>	<u>Fourth Step</u>
	<u>Need</u>	<u>Activity or Behavior</u>	<u>Result</u>	<u>Feeling Tone</u>
1.	<u>Infant</u> hunger	cries	not fed	tension, frustration
	affection	cries	he is fondled and cuddled	satisfaction, relaxation
2.	<u>Child</u> affection	runs to mother	pushed away	frustration, tension
	achievement	struggles to put on shoes	succeeds with assistance	satisfaction, relaxation

How Needs Are Met (contd.)

2. Discuss effects of continuous satisfied needs in a child's life. Bring pictures from magazines or newspapers showing infants and children who show that their needs have been met and some pictures showing that their needs have not been met. Describe which needs may or may not have been met.

Observe a child and report whether or not you think his needs have been met and give the reasons for your answer.

3. Make a report of an instance in your life when a need was met. Give your reaction.

Report an instance in your life when a need was not met. How did you react?

4. Give an acceptable form of behavior and tell what purpose it serves; and an unacceptable one and what purpose it serves.
5. Discuss what would determine whether or not one had a pleasing personality.
6. List several activities and tell the accompanying emotion.
7. What unsatisfied needs would delinquency indicate?

Advanced Block I

LESSON VII BASIC EMOTIONS

Lesson Objective: To recognize and define positive, negative, and conflicting emotions.

LESSON APPROACH

Suggestions for Presentation:

Define emotions as the feelings we have discussed throughout this study. Some emotions are stronger than others, some help us, and some may cause problems for us. The way we control our emotions shows how grown-up we are. We shall look at different emotions which we feel and try to learn the best ways for handling these:

1. Pleasant emotions

- a. Feelings of love, joy, peace, happiness, well-being, and success

Have students discuss occasions during which they experience these positive emotions. Guide them to see that these emotions are experienced when needs are satisfied and goals are met. Refer to lesson on basic needs and have students identify what needs were being met when these emotions were experienced within the situation described by them.

2. Unpleasant emotions

- a. Feelings of hate, anger, defeat, frustration, worry, discouragement

Use the same technique in discussing these emotions as with pleasant emotions. Ask, "What did you do, or what did you want to do when you felt this way?" Responses will probably indicate desires

Basic Emotions (contd.)

to retaliate against someone or something or indicate withdrawal patterns. Guide the students to accept the unpleasant as an expected part of life which is not always apportioned as we might consider fair or equal. Ask what might happen if an individual reacted in an aggressive, destructive manner. Use the example of "one of those days when everything goes wrong" to illustrate how a person could become involved in real difficulty if he reacted each time in a negative manner. Again, point out which needs were not met in situations producing unpleasant emotions.

Stress that everyone has both pleasant and unpleasant emotions and that they may not be good or bad in themselves. Anger or hate may be against injustice or cruelty and may be used to accomplish worthwhile things. Use a newspaper article or story to illustrate how such emotions were used creatively or constructively. Note that fear is good when it occurs against a real danger which is averted because fear produced the correct reaction. This is positive handling or control of our emotions.

Have students keep a "diary" for a week showing how many times they became angry and noting how they handled the anger. Providing class time for this activity would encourage the activity.

3. Conflicting emotions

Provide many concrete examples as basis for students to respond with and recognize their own examples of conflicting emotions, i.e., wanting to go with the "gang" but not going because you were angry with one member or ashamed to go to the place they were going; not wanting to get up in the morning; putting off chores to watch TV;

Basic Emotions (contd.)

etc. Again, emphasize that everyone has conflicting emotions. Our control is working when we don't let the unpleasant emotions "win out" more often than the pleasant ones.

Advanced Block I

LESSON VIII HEALTHY WAYS OF HANDLING EMOTIONS

Lesson Objective: To learn healthy ways of handling emotions.

LESSON APPROACH

Suggestions for Presentation:

"We recognize that everyone has pleasant and unpleasant emotions and that we may expect both good and bad things to happen to us as long as we live. But we may help ourselves to have more good things in our lives by the way we handle our emotions. Many things happen to us which we do not cause. Some of the things that may cause unpleasant emotions are not our fault at all." (Cite examples of freak accidents, extreme weather events such as floods; death of a loved one; a friend moving away; or the necessary lack of material needs.) "But if we act in a way to hurt others, or ourselves, we are making more unpleasant situations. If we accept the happening and control our emotions, we may cause pleasant things which help us get over the unpleasant. Let us look at ways in which we may handle emotions the right way."

1. Working them off - cleaning house, raking the yard, washing the car, athletics - using physical energy to get your mind off the unpleasant.
2. Creative activities - work on a hobby, paint, play a musical instrument, etc.
3. Talking it out with a sympathetic friend or advisor.
4. Think back on times when you have used anger, fear, etc. to hurt someone, hurt yourself, or destroy something - remember

Healthy Ways of Handling Emotions (contd.)

that you don't want to do that again.

5. Have courage when you know you are right - stand up for yourself if the crowd wants you to do something wrong.

Resource Material:

Bulletin Board display on "Good Ways to Handle Strong Emotions" - draw or use magazine pictures showing activities such as those listed within lesson.

Advanced Block I

LESSON IX UNHEALTHY MODES OF HANDLING EMOTIONS

Lesson Objective: To recognize unhealthy ways of handling emotions.

LESSON APPROACH

Suggestions for Presentation:

"We have discussed good ways to handle our emotions, but we need to know the wrong ways, too, so that we may recognize them if we should act this way." Ask students for their ideas on "wrong" ways of handling emotions. This will help evaluate how well they have grasped previous lessons. Listing should include:

1. Always arguing and seldom agreeing with other people - the attitude that "I'm always right."
2. Fighting at the slightest provocation.
3. Taking anger out on someone else - usually someone smaller.
4. Loss of self-respect - self-degradation.
5. Lack of respect for others.
6. Childish behavior.

The students may cite behavior incidents of teasing, fighting, reckless driving, stealing, etc. In many incidents, the unhealthy attitudes may be some of which the EMR are frequently "victims." Help them to see that they may gain stature by reacting in a more mature manner than that displayed by individuals who persecute them. One of the most affective come-backs to teasing or degrading remarks is the statement, "If you can't say anything good about a person, it's best to say nothing at all." To retaliate with this statement, made in a calm, smiling manner is often more startling than a fist in the face!

Unhealthy Modes of Handling Emotions (contd.)

Instruction to the Teacher:

Impress the students with the fact that they cannot expect success or happiness if they go through life blaming other people if some of their basic needs were not met in their early years. They are now learning how to be a pleasant, cooperative person and these lessons are tools to be used just as thoroughly as instructions from a driver's training manual on how to operate a car.

Advanced Block I

LESSON X INDIVIDUAL PERSONALITY EVALUATION

Lesson Objective: To experience a guided evaluation of the individual personality with goals of improvement in areas indicated.

LESSON APPROACH

Suggestions for Presentation:

The following points are listed for use as an evaluation sheet to be mimeographed in a form with numbered statements to the left and three columns to the right, marked "always," "not often," and "never." The teacher should read the questions aloud as the students follow them and mark the column for their own evaluation. After the sheet is finished, the student should note five areas of his personality which he would like to improve. If possible the teacher should arrange personal conferences with each student to check the evaluation and suggest actual methods of attacking problems. Follow-up should be provided and a later evaluation of progress made.

Self-Evaluation Chart

1. I budget my time and energy.
2. I pay attention in class.
3. I set a time for study and don't do other things at that time.
4. My homework is neat, well-done, in on time.
5. If something upsets me very much, I do not go all to pieces.
6. I daydream a lot.
7. I do things because I think they are right, not because of the way I feel.

Individual Personality Evaluation (contd.)

8. I do things for myself and do not think my parents should do them for me.
9. I feel I am an important person in this world.
10. I talk over my problems with someone I trust.
11. I have friends I do things with.
12. I make new friends but keep the old friends.
13. I do not try to hurt people's feelings.
14. I try to make others feel good.
15. I join in the fun.
16. I enjoy seeing other people be popular.
17. I have good table manners.
18. I keep my voice low and pleasing.
19. I am polite to everyone.
20. I am careful with things that belong to other people.
21. I know when, where, and how to chew gum.
22. I am a good listener.
23. I can disagree without getting into a fuss or a fight.
24. I don't brag.
25. I take part in a club or church group.
26. I am not bossy when I help.
27. I have a hobby.
28. I take part in sports.
29. I do not always think I am right.
30. I give other people a chance to say how they feel.
31. I can take changes and still be happy.
32. I do not get moody if I lose an argument.

Individual Personality Evaluation (contd.)

33. I do my share of work at home.
34. I finish what I start as best I can.
35. I can laugh at my own mistakes.
36. I think of what others may like to do.
37. I try to better myself if someone shows me I need to.
38. I do not gossip.
39. I don't say things I might be sorry for later.
40. I try to not be jealous.
41. I am cheerful.
42. My family likes to have me around.
43. My friends like to have me around.

Advanced Block II

LESSON I ADULTS

Lesson Objective: To study relationships between teenagers and adults with the goal of more positive relationships.

LESSON APPROACH

Instruction to the Teacher:

The unit suggested under Resource Material includes lesson plans on the study of the teenager in home situations which would be appropriate supplement for this block of study. Other suggested texts have applicable material, as indicated, for use in teacher preparation of specific lesson plans.

Suggestions for Presentation:

The initial introduction of this lesson series should provide liberal opportunity for expression and discussion by class members. The teacher should be alert for indications of attitudes to use as guidelines for subject coverage. A display of newspaper clippings and pictures and magazine articles reporting activities of teenagers would be an incentive to begin discussion. Accounts of successful club projects, scholarship winners, handicapped youth who function despite limitations, and youth in employment situations would be good examples of positive images. Accounts of riots, criminal offenses, the extreme groups of demonstrators and "hippies" should also be provided, as well as mention of school "drop-outs." Note which impress the students more as interesting reports, ask the students if they feel one sample better describes teenagers in general, and if they feel adults accept one image more strongly than the other.

Adults (contd.)

Family relationships should be covered from the emphasis of the home in which the single student is now residing. The Marriage and Family content is planned for Block III of the Advanced level materials.

The following points are suggested as guidelines for discussion and activities:

1. Independence being newly experienced by teenagers produces conflicts in adjustment patterns. Parents and children both feel this. "Talking things out" is helpful and necessary in accepting new roles.
2. "Times have changed" attitude calls for tolerance from both teenager and parent in establishing behavior patterns acceptable by all.
3. Every teenager needs to feel he has a mature adult outside the family with whom he may confidently discuss problems. Help students to make this selection a serious undertaking, guiding them to choose an adult who is a good listener as well as a person who can give good advice.

Resource Material:

Experience Unit on Family Living, Special Education Curriculum Development Center, 1967, Lessons 1-9.

The New Health and Safety, Bauer, W.W., Chicago: Scott, Foresman and Co., 1966, Unit 5.

Note: All text references used in Block I for Personality coverage may be helpful here also.

Let's Listen To Youth, Remmers, H.H., Chicago: Science Research Associates, 1950.

Advanced Block II

LESSON II AUTHORITY

Lesson Objective: To form more positive attitudes toward authority.

LESSON APPROACH

Suggestions for Presentation:

Explain the term authority, asking for examples of authority figures as a means of checking the comprehension of the term. Ask who the authority figures are in the home, school, church, and government. You may need to resort to such terms as "boss" or "head of the family."

The following material was adapted from the series, A Teaching Program in Human Behavior and Mental Health, prepared in the Preventive Psychiatry Research Program, Institute of Child Behavior and Development, State University of Iowa, Iowa City, 1964.

Compare the varied responsibilities of different authority figures such as parents, teachers, and policemen in relation to teenagers. A policeman may be at an intersection where a traffic light is not working; a teacher may be in the hallway as class is dismissed to keep pupils from running; a parent may be waiting up at night when you come home from a movie. In each case the authority figure is enforcing a law or regulation.

Who made the regulations which were being enforced? Did the policeman make the rule that one should not cross the street against the traffic signal? No, this regulation was made by other people in our city government. But the teacher may have made the hallway regulation, and parents usually set a time for girls and boys to be home.

Now let's just say that for some reason a boy or girl decided not

Authority (contd.)

To follow the rule or regulation even though the authority figure was attempting to enforce it. A stern lecture could follow, given by any of these. But one of these persons could not decide whether the unruly one should be punished or not, or what the punishment would be. That is the policeman. In the case of a juvenile (explain term), someone in the juvenile courts would handle the case. A judge and jury may decide about an adult. We will learn more about our courts later, but the point is here that parents and teachers may have more types of responsibilities in guiding the behavior of boys and girls than a policeman. Later we will see an important reason for the policeman having only the responsibility of law enforcement, but right now we can see that with the number of people he has to work with, it would be pretty difficult to have more responsibilities.

We see, then, that authority figures seek to influence behavior for much the same reasons that we have laws. Certainly they act to protect us, but more important, perhaps, is the task of guiding others in their behavior so that they learn to guide themselves. And let's not forget that some authority figures, such as our parents and teachers, mean much more to us than just being authority figures. They are our friends and they care for us.

Why do authority figures have authority?

As boys and girls, you may wonder just how authority figures get their authority to tell you what to do. Sometimes young people feel that just because a person is older, that gives them the right to boss. Age may have something to do with it, but it is not usually just age alone. Rather, it is the experience and knowledge that comes with age.

Authority (contd.)

If your pet dog was sick, and you didn't know what was wrong, your family would probably call the veterinarian. He is an authority, through training and experience, in animal diseases, and he is more likely to know what is wrong with your pet and which treatment to use. Your parents, through their experience, have found that certain standards of behavior will enable one to live a happier, more useful life. Parents try to guide their children along these lines. Fathers and mothers also seek help from other authorities by reading or listening to what experts in child behavior and child care have to say, by talking to grandparents, and the like. Teachers also have had experience and special training to better equip them for their responsibilities to students. Teachers, too, get help from other authorities such as the principal, specialists from the school administration, and by attending school themselves. You can think of things that you have learned through experience that a younger person might not have learned yet. Why is it well for us to learn some things through other people's experiences rather than having to learn everything on our own?

At times we can't tell that a person has authority because of his higher level of understanding or experience. This may happen when the authority figure merely commands that this be done or that be done and no reasons are given. People may do as the authority wishes more because they are afraid of what might happen to them if they don't than from actually seeing the necessity of such behavior. The authority figure seems to rely on his "power" to get people to do as he wishes.

Authority (contd.)

How do we feel about authority figures?

Just as we experience a variety of feelings toward rules, so we may have a variety of feelings toward authority figures. At times we may feel one way, at times another. We may feel differently toward different authority figures. Let's try to think of what our feelings are, and what some possible reasons might be for our feelings. Perhaps each of us could write a paragraph or two and then we can compare our ideas with those of others. As we share our ideas, we could tally the main ideas on the board.

Here are some comments from papers about this topic written by another group of students. What do you think of these?

"If your older brother (or sister) was staying with you, you wouldn't mind -- if he (or she) treated you right or let you do what you wanted, if it wasn't wrong or if he (or she) had a reason. You wouldn't like it though if they were bossy and wouldn't let you do anything, just to show they have authority."

"For the person who had respect for you, you would probably behave and not give him a hard time. For people who had no respect for anything you do, you wouldn't like them, and if they tell you to do something you would try to give them a hard time."

"You like to be around people who treat you like your age."

"Teenagers get along better if they respect all adults and people of authority at all times."

"Sometimes people in authority make us nervous."

"We like to feel we're needed and wanted."

Authority (contd.)

The four things mentioned much more frequently than anything else were that teenagers should obey the authority figures, should respect them, should not talk back, and should be nice to them. It is interesting to note that in most cases they said should rather than do these things.

How do the ways in which authority figures work affect our relationships?

In our comments about our feelings toward authority figures, we have seen a difference in authority figures. Responsibilities may be the same, but the way in which they are carried out may be different. Earlier it was mentioned that some authority figures rely more on power to influence the behavior of others. If we meet an authority figure of this type or have to work with him, it might help us to try to understand him better.

Some studies have been made about the "power"-minded person. More studies need to be made so that we can be more sure of our information, but it may help us to know what some of the studies have suggested so far. We should always keep in mind that even people who seem to be very much the same still have many differences, and while studies may show that power-minded people tend to be more this way or that, not all will be that way to the same degree.

Some studies have indicated a person who uses power to influence others may be more likely to:

feel that he must do as he is told or what is expected of him;

show his angry feelings;

feel that punishment is necessary to guide behavior;

get worried about having approval of others;

Authority (contd.)

feel uncertain in a new or changing situation, and like to do things the same old way;

have less understanding of children's behavior (study of teachers).

If a teacher, for example, had these tendencies to a greater extent than most people, we might expect certain things to follow. Teachers know that it is important for their students to do well in their work, for teachers to have good control of the students' behavior. A teacher might feel that this was extra important, not just for the pupils' sake, but in order for him (or her) to gain approval from others. The teacher may have always taught a subject a certain way. Social studies assignments, for example, may have first been read from the text; then the teacher explained the material; and then a test was given. Believing that students were learning this way and being afraid that if another way of teaching were tried the students might not learn so well or that control of the group might be lost, the teacher might keep on using this one way day after day.

Whenever a student doesn't do so well as he was expected to do, or disrupts the classroom with "misbehavior," or questions the teacher about how or what was being taught, or maybe openly disobeys, we might expect that this teacher would worry not only about the pupil, but even more about how this situation might affect opinions about the teacher himself. In fear of losing approval or security, the teacher may try the harder to prove himself the "authority." Also, since this teacher is more likely to show angry feelings, we might expect the method of showing himself as authority to involve more use of power and punishment on the "offender." So it would seem that with a person having

Authority (contd.)

Now that we know a little more about how authority figures may work in different ways, we can compare our reactions to them and try to think of how different actions may bring different results in our relationships with authority figures. Here are some questions for discussion:

1. How might each of the three "methods" that authority figures may use determine how classwork is planned and presented? how classroom regulations are made and enforced?
2. How might students react to each of these situations? With what possible results for them? for the teacher?

How about our room?

The chief purpose of school is to give us the chance to learn what we can so we will better make our way in life. This involves learning to handle our problems and direct our affairs as well as we can by ourselves and also learning to work well with others. Materials and a good classroom have been provided. Much depends though upon a good understanding and relationship between the teacher and pupils. This is a two-way street. Both students and teachers have a responsibility to let each other know how various situations affect them and then try to see things from the other's point of view.

Remembering that we need a situation where we can learn subject matter efficiently and can become better able to guide our own behavior, let us think about the things we have discussed concerning rules and authority. What type of working situation would we like in our room? What understandings between pupils and teacher might help us as we work together this year?

Authority (contd.)

Students and the teacher may find it helpful to hear each other's opinions about some of these questions:

1. How can students best let a teacher know if too much or too little is expected of them, if they feel mistreated, or if they feel a change is needed in the learning situation?
2. Are there times when a teacher must command or use power? If so, when?
3. Should a teacher take some action every time a rule or direction has not been followed?
4. How can a line be drawn between the occasional slip we all make and habitual "misbehaving"? How might a teacher's actions vary as for example, in situations that look very much the same on the surface?
5. What can a teacher do to change a disturbing situation while involved in the longer process of finding out the cause for the situation and treating it.
6. Should every student be treated exactly the same for the same offense?
7. How might a teacher feel if there are continued interruptions during class and how might he handle them?
8. Why might a teacher give pupils less chance to share in planning class activities at the beginning of a school year than later? on a day when most students are very excited for some reason? after an experience when students have not handled their responsibilities well?

Authority (contd.)

9. How might these ideas about relationships with teachers help us in our relationships with our authority figures?

Resource Material:

A Teaching Program in Human Behavior and Mental Health, Book VI,
Shirley W. Kremenak and Ralph H. Ojeman, Preventive Psychiatry
Research Program, Institute of Child Behavior and Development,
The University of Iowa, Iowa City, Iowa, 1964.

Trouble and the Police, Titus, Nicholas, Syracuse: New Readers
Press, 1959.

Advanced Block II

LESSON III PEER GROUP

Lesson Objective: To recognize worthwhile factors for consideration in peer group associations.

LESSON APPROACH

Instruction to the Teacher:

Success in peer group relationships will, to a great extent, be covered by the material on developing personality in Block I. The area of emphasis in this Block should incorporate the goal of guidance in problems which are real and immediate. An attitude of informality will facilitate success in establishing rapport with the individual class and should aid in bringing out real problems which they are facing. However, the class coverage should not be so unstructured as to neglect real teaching in social growth. Free discussion, questionnaires and personal interviews between pupil and teacher should indicate areas of need. Problems of the retarded adolescent will most probably be more acute than those faced by most teenagers and will be generally experienced by the majority of the class members. Teacher preparation for guidance would include review of text sources on social development and personality, bibliographical references in the area of counseling, and knowledge of the family and neighborhood situations of the students with whom he is working. If a class does not respond freely with contributions which provide real subject areas, the teacher should familiarize himself with writings on peer group relationships of the adolescent in general, and of the retarded adolescent in particular. The intellectual limitations of the retardate may cause rejection and isolation by

Peer Group (contd.)

individuals within the same age group. Developing positive personality traits will increase success in this area. Another problem of the retardate is that he is often "used" socially as the butt of jokes or ridicule. It is important to teach methods of overt evidence of self-respect and good standards with reference to choice of companions for avoidance of this experience.

Retarded individuals, eager to please, wanting acceptance, and easily influenced by what they think is more intelligent selection by others need much guidance in behavior and its consequences. They need concrete examples such as: reckless driving, activity without direction (loitering on streets or "looking for action"), pilfering or stealing, invasion of private property or rights, sexual exploitation, and drug experimentation. They must be realistically taught that people who engage in such activities must consciously avoid the law and be alert for trouble. The repeated accounts of criminal acts which are blamed on the retardate often omit the fact that being caught was the result of a slow reaction when others equally guilty manage to get away. Reference to the study of emotions and the affect of negative behavior has its place in this instruction also. Moral teaching, or what is viewed by the student as such, is not sufficient, however. To state consequences and the practical use of laws will be much more acceptable by the teenager.

Resource Material:

The People Around Us, Donald L. Clarke, Circle Pines, Minn.:

American Guidance Service, Inc., 1967.

Advanced Block II

LESSON IV DATING

Lesson Objective: To study dating as an area for healthy social relationships.

LESSON APPROACH

Instruction to the Teacher:

The availability of materials on dating procedures and problems is large enough to provide a teacher with more resources than in many areas covered within this curriculum. The "question and answer" type books based on real dating situations are good sources for realistic preparation in making the instruction meaningful.

Suggestions for Presentation:

The following coverage may be expanded greatly through use of suggested Resource Materials.

What attracts a date?

Dating Manners.

Things to do on a date.

How to refuse or break a date.

What about blind dates and pick-ups?

What good grooming tips should be remembered?

Money considerations in dating.

Attitudes of Parents toward dating.

Use of telephone.

The preceding topics should be easily planned due to broad coverage in suggested texts and expected ease of discussion by students. The

Dating (contd.)

subjects of steady dating, petting, and premarital sexual relations should follow, but may not afford individual discussion contributions as readily as the others.

"Steady" Dating

Have students discuss why couples "go steady" and whether this practice is accepted as "the thing to do" in their locale. Discuss pros and cons of steady dating. Through discussion of steady dating as a relationship which allows a boy and girl to know each other better, become more familiar with each other, introduce subject of petting on dates. We expect this to occur more with couples who go steady, but emphasize that some young people expect this as a part of any date. The Duvall-Hill text on When You Marry includes the following points on petting during dating.

Why do young people pet? (answers from young people)

It seems expected of you.

The rest of the crowd are all doing it.

You need some assurance that you are desirable.

Where else can you get a little loving? Most young folk are too old to be fondled by their parents any more and too young to enjoy the caresses of marriage.

It's exciting.

Sure it's sex, but what's wrong with that?

It's something to do. . . most dates are a bore without it.

How else can you know you are compatible?

What's Wrong with Petting?

Petting often rules out other activities.

Dating (contd.)

It tends to overemphasize the physical aspects of the relationship.

It may limit the choice of companionship.

It may cause feelings of shame and guilt (due to early training or community attitudes).

It rouses sex feelings and then leaves them unsatisfied.

It too often leads to premarital sexual intercourse with the threats of unwanted pregnancy and feelings of regret.

It makes good marriage adjustment difficult, especially when the petting has been too promiscuous and too deeply established as a pattern of behavior.

Review the points on controlling emotions from Block I lessons and lead the students to discussion of dating procedures which will help them avoid situations conducive to petting (planning group dates and attending public functions, engaging in sport activities). Explain the difference between the intimacies implied by petting and pleasant evidences of affection such as holding hands and a goodnight kiss.

Resource Material:

Love and the Facts of Life, Evelyn M. Duvall, New York: Association Press, 1963.

The Ingenu Date Book, Sylvia Schuman Reice, New York: Dell Publishing Co., Inc., 1965.

The New Health and Safety, W.W. Bauer, Chicago: Scott, Foresman and Co., 1966, pp. 183-219.

Health Education for Young Adults, Jessie H. Haag, Austin: Steck-Vaughn, Co., 1965, pp. 330-344.

Dating (contd.)

Thresholds to Young Living, Hazel T. Craig, Peoria, Ill.: Charles
A. Bennett, Co., 1962, pp. 175-192.

Teenage Living, Nell Giles Aherne, Boston: Houghton, Mifflin Co.,
1966. (Full coverage on dating.)

Understanding The Other Sex, Kirkendall, Lester, Chicago: Science
Research Associates, Inc., 1955.

Understanding Sex, Kirkendall, Lester, Chicago: Science Research
Associates, Inc., 1947.

Advanced Block II

LESSON V PRE-MARITAL SEXUAL RELATIONS

Lesson Objective: To study the factors involved in premarital sexual relationships as a basis for individual life decision on sex attitudes.

LESSON APPROACH

Instruction to the Teacher:

The following lesson on premarital sexual relations is written for the purpose of supplying the teacher with some suggested points for coverage and an example of attitude. This procedure will be followed for the remainder of the lessons within this block. Full lessons have been omitted due to the wider availability of materials in these subject areas. It is anticipated that these study areas will adapt themselves well to class discussion and the lesson procedures will come more realistically from the individual teaching situation.

Suggestions for Presentation:

Refer to previous lesson on dating and petting in introducing this section. Explain that the teenager faces many responsibilities with approaching adulthood. Remind students that all new tasks and responsibilities in life require adjustments and may be expected to cause some problems. "In learning how to develop our personalities and handle emotions, we have said that it is wise to talk over our problems with someone who may be able to help us. Some of the problems that teenagers face and the way they decide to handle them are so important that they will affect them the rest of their lives. That's why we study them in school. We have talked about problems in dating, and we have studied

Pre-Marital Sexual Relations (contd.)

about the sexual growth of human beings enough so that we know boys and girls have sexual feelings toward each other. These feelings are naturally very strong during the teen years. They are part of the human body for a good reason and are nothing to be ashamed of when you control the feelings and not let the feelings control you. Most teenagers have questions about this subject, and they may talk with many people who have different ideas about how to handle sexual feelings. It is best to decide what you really feel yourself before making a decision on this. That's why we give you this study to help you learn the facts and make the decisions which will bring you more happiness and make you a worthwhile person."

At this point, a review of the Intermediate Level lessons on adolescent changes should be provided as background to understanding why we have sexual development and feelings, with emphasis upon the natural increase during the teen years.

"It is very hard for a teenager living in our country today to know what is really the best way to handle sexual feelings or even to understand what is meant when we hear so much about sex. Our movies are often advertised as being "sexy;" magazine and television ads tell you what clothes to wear, what shaving cream or hair oil to use, what kind of toothpaste, even, will give you a "sexy" smile (display examples of such advertising). As young people who use their minds to make their own decisions, you may intelligently begin to question some of the things adults may do or say just to get what they want. Advertising is good. It helps any person or company sell its product by telling the people about it. But all advertising isn't just limited to telling you

Pre-Marital Sexual Relations (contd.)

what a product does. People advertise in the way which they think will make more people buy their product. Sometimes they even make people feel they should be a certain way just because they say it so much and do it with pretty pictures, music, romantic settings and showing things that don't actually happen in real life. We have studied personality and have some idea of what makes a likable person. It takes many things to make the whole person and just using a certain brand of toothpaste or hair oil is not going to bring you lots of friends and dates overnight. Many of the things we read and see today make us think that the most important thing about a person is how much "sex appeal" he or she has -- that means how attractive the body is and how much attention the opposite sex gives to it. We know that it is important to be proud of the fact that you are a girl or a boy. A girl should enjoy being a girl, and a boy should enjoy being a boy. And it is good to want to look as attractive as you can. This means learning what is good taste in the clothes you wear and being clean and neat. You don't have to be very pretty or handsome to be attractive. But the way you look is only a part of you as a whole person. The sex you are and the sexual feelings which you experience are also only a part of you as a whole person. The advertisements we have looked at seem to say that sex is the most important part of a person. We know we need many things working together for the kind of person who is happy and who other people enjoy being around. Those people who make one part of the whole person more important than all the other parts often ends up in an unhappy state or with very big problems on his hands. We have seen people who have let their appetite for food become more important than we consider necessary. They suffer

Pre-Marital Sexual Relations (contd.)

the problem of being overweight which means that their health is usually not so good, they have trouble buying clothes and are often left out of doing things with other people. But the sexual feelings of human beings are harder to control, you may say. If you want food, you may expect the opportunity to have a meal sometime during the day. In our society, we have felt that sexual feelings being satisfied through human intercourse has its place only within marriage. The difference in the examples of the desire for food and the desire for sexual release is that the human body cannot go on living without food but life may continue without sexual satisfaction. This fact brings us to know that we have choice where sex needs are concerned. It doesn't make the problem any easier for the teenager who must make the choice. So, let's face the problem and see what the facts are which will help you make the decision as to how you are going to handle your sexual feelings. We have discussed ways in which strong emotions may be "worked off" through housecleaning, mowing the lawn, washing the car, and in sports. These are useful when we have strong sexual feelings. We have also discussed masturbation as a means of relief for sexual arousal. We know that problems do come up when a boy and girl do face the situation of "petting" or "necking" until they feel that sexual intercourse between people who are not married is all right simply because it gives pleasure. You may have friends who feel this way and sometimes young people do things just because "everybody else does." But this is letting other people make decisions about what is right for your life. And no one can do that but you if you really want to be an independent adult who can handle his own life.

Pre-Marital Sexual Relations (contd.)

Having sex relations with a person before you are married is called premarital intercourse. Often when a couple think they are in love or are engaged to be married, they decide they have a right to show their love through sexual relations. They may see no difference in having intercourse now or later since they are sure they are going to be married anyway. Can anyone suggest why this isn't "straight thinking?"

Problems which may arise from premarital intercourse:

1. Pregnancy - this seems to be the most prominent consequence considered and will probably be suggested if there is class contribution to discussion. Marriages which are of necessity complicate all three lives involved. A child is a real human being with needs for love and care. These may not be adequately met if a couple marries of necessity without the means or maturity to accept the responsibilities involved. Conception of a child delegates a societal responsibility in the life of the parent whether the actual responsibility is shouldered. Other factors for consideration are interruption of schooling and vocational training for both girl and boy (if he marries the girl and must work to support her). If a good marriage is a goal set by an individual, this is a poor beginning for accomplishing it. (Contraceptive methods are not always an effective prevention of pregnancy.)
2. Embarrassment and feeling of inadequacy for "normal" sexual relations. Beginning experiments in sexual relations present adjustment problems which are natural. The unmarried couple, experiencing these may mistakenly think they are (or one is)

Pre-Marital Sexual Relations (contd.)

sexually abnormal or sexually unsuited. The added conditions of possible guilt feelings, insecurity from inadequate environment, and fear of pregnancy tend to further inhibit a mutually satisfying experience. These frustrations may seem great enough to weaken the relationship and present doubts about the possibility of a good marriage adjustment. Sex within marriage is accepted as a part of a total life together with the positive outlook of having the proper setting, the privacy and adequate opportunity for adjustments. The fact of the marriage contract itself establishes a more secure and meaningful basis for the act.

We have spoken of couples who definitely plan to marry and how they handle control of their sexual feelings. But we know that many young people include sexual relations as something they do, just for "kicks" -- for no reason except that they consider it fun or think it makes them feel grown-up. The problem of pregnancy is too often thought of as just the girl's problem -- or not thought of at all. Can you think of any reason for not having the pleasure of sexual relations until you are married?

We have learned ways of forming habits and traits which help us get respect from other people. We want others to have a good opinion of us. And it is important that we have a good opinion of ourselves. When young people use sex as just a way to have something different for fun, they are not putting much price on their body. A boy who uses a girl's body just for his pleasure is not showing respect for her. A girl who lets a boy use her body is not respecting herself as a whole

Pre-Marital Sexual Relations (contd.)

person with many things about her which give pleasure to other people. Then, there is the question of the real importance of sex. And it is a very important part of human life. When a man and woman love each other enough to spend the greatest part of their lives together, sex can be a beautiful way of making this love felt for each other and add much pleasure in making the two of them special together. This is a much deeper, more important experience than the physically good feeling that comes with sex when it is outside of married love. When sex is used as we said, just for "kicks," it is taking away the importance of something everyone has a right to in adult married life. There are real problems like pregnancy, forced marriage, and venereal diseases (which we will discuss) which may happen when you don't think of sexual relations as belonging in marriage. People may think they are smart and may keep these things from happening. But everything a person does affects the way he thinks of himself and others, and the way others think of him. Keeping sex as something important and special, respecting the sexual part of your body enough to not use it without real meaning is a decision you may make which will really give you much more happiness when you may use your sex in the special way as part of married love."

Resource Material:

Why Wait Till Marriage?, Duvall, Evelyn M., New York: Association Press, 1965.

Love and Sex in Plain Language, Johnston, Eric, Philadelphia: J.B. Lippencott Co.

Pre-Marital Sexual Relations (contd.)

Teen-age Sex Counselor, Glasberg, Bert Y., New York: Barron's
Educational Series, Inc.

Advertisements from magazines and newspapers that play up the angle
of enhancing sex appeal.

Check texts used on lesson I - Dating.

Advanced Block II

LESSON VI VENEREAL DISEASES

Lesson Objective: To learn facts about venereal diseases.

LESSON APPROACH

Instruction to the Teacher:

Introduce this study as a continuing discussion of problems on which teenagers must make decisions which will affect their lives. Resource persons in Public or School Health may be valuable in this area for relating the problem to the specific area in which the students are living. If such a person is contacted to present a lecture, he should be asked to include realistic data on:

1. Prevalence of venereal disease within community
2. Prevalence of cases in teenage population
3. Actual examples of sources of contact and history of how spread occurs
4. Symptoms
5. Local sources for advice and treatment

Suggestions for Presentation:

The following information on the lesson topic is taken from the curriculum guide on Health and Family Living from the District of Columbia and contains indicators for classroom instruction. The content coverage is not assumed to be on the level of comprehension of the students, but is provided solely for teacher use as background knowledge. From this, it is hoped lesson plans may be structured with minimum use of additional resource materials.

Venereal Diseases (cont.)

Some reasons for the recent startling increase in the number of cases of Venereal Diseases:

1. Increase in premarital and extramarital sexual relationships.
2. Capability of gonococcus to develop immunity to new drugs being used.
3. More sexual relationships among the very young (13-15) with poor judgment and more promiscuous behavior.

Venereal Disease:

Syphilis and gonorrhea together rank first among the nation's reportable diseases, causing great personal injury and even death. There has been an alarming increase of 50% in the incidence of syphilis during the last two years. Even more disturbing, among persons under 20 years the number of syphilis cases more than doubled during recent years. In 1960 over 60,000 cases of VD were reported among teen-agers. This figure does not include untreated cases and cases that were treated and not reported. Most of the infected youngsters are among the underprivileged. However, there is evidence of a steadily increasing number of cases from better homes.

We have all of the knowledge needed to gradually wipe out syphilis and gonorrhea: information about cause and spread; adequate diagnostic procedures; effective treatment; and, methods of prevention. However, many do not report for treatment or begin treatment early enough to avoid permanent injury. Because of frequent exposure to drugs for other infections, persons may not notice symptoms until the disease is in

Venereal Diseases (contd.)

advanced stages, and drugs may become less effective after repeated use. The wisest course is to avoid infection.

Since VD germs die very quickly outside the body, transmission is primarily through direct sexual contact. Unlike many other infectious diseases, exposure and cure offer no protection since there is no immunity for syphilis or gonorrhea. Control of VD, therefore, requires a major educational task of changing sexual behavior.

In VD education there are three facts which must be emphasized: (1) venereal disease is contracted primarily through sexual contact with an infected person; (2) any signs or symptoms affecting the sexual organs require immediate medical attention; and (3) only a licensed physician is qualified to treat the disease properly.

Goals:

To inform youth of the growing prevalence of venereal disease among young people.

To develop an understanding of the nature of syphilis and gonorrhea: their transmission, symptoms, treatment, and harmful effects.

To develop an understanding of the relationship between venereal disease and standards of sexual behavior.

To foster a sense of personal responsibility for avoiding infection and getting treatment when needed.

I. Syphilis

A. Cause and source of infection

1. Syphilis is caused by a spiral shaped bacterium. (germ)
2. It is contracted primarily through sexual intercourse with an infected person.

Venereal Diseases (contd.)

3. The syphilis germs enter the body usually through the sensitive surfaces of the oral, anal and genital areas.

B. Symptoms or signs of the disease

1. Syphilis affects men and women in about the same way.
2. In the early stage, chancres or sores appear on the body.
3. Because antibiotics are frequently used for many other infections, signs of syphilis may not appear at all.
4. The sores are full of germs and may be passed to another person easily.
5. The sores will go away with or without treatment. Unless the disease is treated, the germs multiply and spread inside the body.
6. A second stage of the disease develops in three to six weeks. Signs of this stage are: rash, sores in the mouth, sore throat, fever, headache, falling hair.
7. Secondary symptoms (signs of the second stage) also go away with and without treatment.
8. After all outward signs disappear, the disease is in the latent or quiet stage. If it is not treated, it continues to spread and injure body tissues.

C. Harmful effects of Syphilis

1. Untreated syphilis may not cause pain for many years even though it is damaging the tissues.
2. Untreated syphilis causes permanent injury by attacking the heart, brain, spinal cord and other nerve tissue.
3. Final results of untreated syphilis are blindness, insanity,

Venereal Diseases (contd.)

deafness, paralysis, heart failure, and death.

4. Syphilis infection during pregnancy may cause a still-birth or permanent injury to the newborn.

D. Diagnosis, treatment and cure

1. Syphilis may be diagnosed by a blood test and microscopic examination.
2. Syphilis may be treated and cured at any stage. Use of antibiotics will kill the germs.
3. Tissue that has been damaged cannot be repaired.
4. Early diagnosis and treatment is the only way to avoid permanent injury.
5. It is dangerous to treat oneself with pills and ointments. There is no substitute for a licensed physician.
6. A person may become reinfected after treatment and cure. There is no immunity.

Suggested Learning Experiences:

1. Look up meaning of word "venereal."
2. List common names for syphilis: Pox, lues, bad blood, siff, haircut, old Joe.
3. Discuss ways in which disease is contracted. Explore beliefs that infection is spread by door knobs, etc.
4. Locate areas of body where symptoms may appear.
5. Trace the course of the disease in the body.
6. Discuss how signs of syphilis may not appear because of masking effect of antibiotics in the body for other infection.
7. Emphasize that unless treated germs will multiply and spread

Venereal Diseases (contd.)

in the body even though the victim may not notice signs of illness.

8. Discuss the harmful effects of untreated syphilis.
9. Explain how the syphilis germ can infect and injure the unborn by invading the placenta.
10. Discuss the dangers of self diagnosis and treatment.
11. Compare treatment by reputable physician with that of "quack" doctors. Discuss how to identify "quack" practice.

II. Gonorrhoea

A. Cause and source of infection

1. Gonorrhoea is caused by a specific germ. It is not the same as syphilis. Both diseases may infect the body at the same time.
2. Gonorrhoea is usually contracted by sexual contact with an infected person.
3. It enters the body through the genitalia.

B. Symptoms

1. Females generally do not observe any pain or outward sign in the early stage of the disease. The advanced stages may cause pain as the germ spreads through the uterus and tubes.
2. Males notice a discharge from the penis within several days after the infection. There may also be itching and local irritation.

C. Harmful effects

1. Untreated gonorrhoea may cause sterility, blindness, arthritis,

Venereal Disease (contd.)

heart disorder, death.

2. Pregnant females may pass infection on to newborn during birth. Blindness may result.

D. Diagnosis, treatment and cure

1. Diagnosis is easy in the male if he reports the discharge to his physician. Microscopic examination of a smear will identify organisms.
2. In females diagnosis may require laboratory cultures and takes a little longer. (several days)
3. There is no blood test for gonorrhea.
4. Treatment will cure the disease but will not repair injured tissue.
5. Early diagnosis and treatment is the only way to avoid permanent injury.
6. Reinfection is possible after cure. There is no immunity for gonorrhea.

Suggested Learning Experiences:

1. List common names for gonorrhea: clap, strain, gleet, morning drop, a dose, the whites.
2. Investigate possibilities of securing free pamphlets to provide each pupil, or make up a special notebook with VD information.
3. Display charts that show the recent increase of venereal disease in spite of modern medical knowledge and drugs. Explore reasons for this increase, especially among teenagers.

Venereal Disease (contd.)

III. Control of venereal disease

- A. Every person is responsible for his own health and the health of the community.
 - 1. Following a strict code of sexual behavior prevents infection.
 - 2. Early diagnosis and treatment is necessary to avoid permanent injury.
 - 3. It is dangerous to rely on quacks and remedies.
 - 4. Since there is no immunity, reinfection must be avoided.
- B. Community resources are available to cure and control venereal disease.
 - 1. Licensed physicians have the knowledge to provide successful treatment and cure.
 - 2. There are free clinics that diagnose and provide treatment.
 - 3. Community efforts depend entirely on cooperation of responsible individuals.

Suggested Learning Experiences:

- 1. Discuss how community control depends so much on case finding and individual cooperation.
- 2. Discuss reasons for laws requiring premarital and prenatal blood test. Explore the question, "Does the community have the right to enact laws regulating health practices of individuals?"
- 3. Discuss the relationship of venereal disease to other social problems.

Venereal Diseases (contd.)

Resource Material:

Venereal Disease, Man Against a Plague, Simon Podair, Palo Alto, California: Fearon Publishing, 1966.

For Youth to Know, D.A. Boyer, River Forest, Illinois: Laidlow Brothers, 1966, pp. 50-56.

The New Health and Safety, W.W. Bauer, Chicago: Scott, Foresman and Co., 1966, pp. 85-114.

Health Education for Young Adults, Jessie H. Haag, Austin: Steck-Vaughn Co., 1965, pp. 177 +.

Health and Family Life Education, Public Schools, District of Columbia, Junior High Guide, pp. 71-75.

Senior High guide, pp. 53-59.

Advanced Block II

LESSON VII SMOKING

Lesson Objective: To learn the reasons for and effects of smoking.

LESSON APPROACH

Suggestions for Presentation:

The following information on the lesson topic is taken from the curriculum guide on Health and Family Living from the District of Columbia and contains indicators for classroom instruction. The content coverage is not assumed to be on the level of comprehension of the students, but is provided solely for teacher use as background knowledge. From this, it is hoped lesson plans may be structured with minimum use of additional resource materials.

In 1560 Jean Nicot, the French ambassador to Portugal, wrote that an American Indian herb he had discovered had a marvelous curative power. For a time his view was widely accepted. The herb was given the generic name Nicotiana. It was first introduced into Europe for smoking in pipes. This herb was both harsh and disagreeable. Later it was supplanted by a milder herb Nicotiana tabacum, which produced a much more pleasant smoke. Nicotina tabacum is now the chief source of smoking tobacco and is the only species cultivated in the U.S.

Skepticism about the medical value of tobacco developed near the end of the 16th century. Shortly thereafter, smoking was condemned as a pernicious habit responsible for all kinds of ills. This did not prevent smoking from becoming an almost universal habit among men in the American colonies. There was no scientific evidence concerning

Smoking (contd.)

the harmful effects of tobacco until the middle of the 19th century.

In 1859 a French physician named M. Bouisson presented the first well documented clinical study of the matter. In this study of patients of Montpellier hospital he observed that of 68 patients with cancer of the buccal cavity (45 of the lip, 11 of the mouth, 7 of the tongue and 5 of the tonsils) sixty-six smoked pipes, one chewed tobacco and one apparently used tobacco in another form. He suggested that because cancer of the lip ordinarily developed at the point where the pipe was held in the mouth, that cancer resulted from irritation of the tissue by tobacco products and heat. Bouisson's observations were confirmed repeatedly over the next half century.

In 1936 two New Orleans surgeons, Alton Oshsner and Michael E. DeBakey, observed that nearly all their lung cancer patients were cigarette smokers. Noting that lung cancer seemed to be on the increase and it was paralleled by a general rise in cigarette smoking, they suggested a casual effect relationship between these two phenomena.

Dr. Raymond Pearl, the noted Johns Hopkins University statistician, in 1938, reported that smokers had a far shorter life expectancy than those who did not use tobacco. The effect was so great as to indicate that smoking must be associated with diseases other than cancer.

The first experimental evidence for an association between tobacco and cancer came in 1939 when A.H. Roffo of Argentina reported that he had produced cancer by painting tar-like tobacco extracts on the backs of rabbits. After World War II there was a renewed interest in the subject of smoking and health due partly to trends in tobacco consumption and partly to trends in death rates.

Smoking (contd.)

Recent investigations indicated clearly that lung cancer is directly related to smoking habits. The more one smokes and the earlier one starts smoking, the greater chance there is of developing respiratory cancer.

Young people hear a great many contradictory statements and opinions expressed about the use and harmful effects of tobacco. Instruction in the harmful effects of tobacco should enable the students to distinguish between fact and fiction and to make a responsible decision regarding the use of tobacco. The recent report of the Advisory Committee to the Surgeon General of the Public Health Service clearly states that cigarette smoking is a health hazard of sufficient importance in the United States to warrant appropriate remedial action.

The risk of developing lung cancer and other respiratory diseases increases with the duration of smoking and the number of cigarettes smoked over a period of time. The risk is diminished by discontinuing the habit. Smoking is a natural and socially acceptable habit in spite of its obvious health hazards.

It is very important to stress that young people now have the benefit of accurate and scientific information that was unavailable to older people.

Goals:

To inform young people about the effects of tobacco on the body.

To help them understand the relationship between smoking and the occurrence of cancer of the lung and respiratory tract.

To encourage pupils to critically evaluate contemporary

Smoking (contd.)

smoking habits and to adopt an attitude that is sensible and consistent with recently acquired knowledge.

Fundamental Learnings:

I. Tobacco is composed of several ingredients that are harmful.

a. Tars and resins are tissue irritants.

II. The harmful effects of smoking are:

a. Irritation of respiratory membranes.

b. Dulling of the senses and lowering of mental efficiency.

c. Nervousness

d. Speeding up and irregularity of the heartbeat, increase in blood pressure.

e. Digestive discomfiture and dulling of the appetite by interference with gastric secretions.

f. Lung Cancer

Cigarette smoking is casually related to lung cancer in men. The data for women, though less extensive, points in the same direction. The risk of developing lung cancer for pipe smokers and cigar smokers is greater than for non-smokers but much less than for cigarette smokers.

g. Cardiovascular Disease

Male cigarette smokers have a higher death rate from coronary artery disease than non-smoking males. The association of smoking with other cardiovascular disorders is less well established.

h. Chronic Bronchitis

Cigarette smoking is the most important of the causes of chronic bronchitis in the United States and increases the

Smoking (contd.)

risk of dying from chronic bronchitis.

i. Emphysema

The smoking of cigarettes is associated with an increased risk of dying from pulmonary emphysema.

j. Peptic Ulcer

Epidemiological studies indicate an association between cigarette smoking and peptic ulcer which is greater for gastric than duodenal ulcer.

k. The Tobacco Habit and Nicotine

Nicotine is rapidly changed in the body to relatively inactive substances with low toxicity. The chronic toxicity of small doses of nicotine is low in experiments with animals. These two facts, when taken in conjunction with the low mortality ratio of pipe and cigar smokers, indicate that the chronic toxicity of nicotine in quantities absorbed from smoking other methods of tobacco use is very low and probably does not represent a serious health hazard.

Significant Facts from Smoking, and Health Report of the Advisory Committee to the Surgeon General of the Public Health Service.

1. The habitual use of tobacco is related primarily to psychological and social drives, reinforced and perpetuated by the pharmacological actions of nicotine.

Social stimulation appears to play a major role in a young person's early (and first) experiments with smoking.

The overwhelming evidence indicates that smoking -- its beginning, habituation, and occasional discontinuance -- is to

Smoking (contd.)

a very large extent psychologically and socially determined. This does not rule out physiological factors especially in relation to habituation, nor the existence of predisposing constitutional or hereditary factors.

2. No scientific evidence supports the popular hypothesis that smoking among adolescents is an expression of rebellion against authority.
3. Individual stresses appear to be associated more with fluctuations in the amount of smoking than with the prevalence of smoking.
4. A clear cut smoker's personality has not emerged from the results so far published. While smokers differ from non-smokers in a variety of characteristics, none of the studies has shown a single variable which is found solely in one group as is completely absent in another.

The tobacco habit should be characterized as an habituation rather than an addiction in conformity with World Health Organization definitions.

III. People smoke for several reasons.

- a. Smoking is an old social custom.
- b. Nicotine has a sedative effect.
- c. Many people need a "prop" or an adult pacifier.
- d. Teen-agers often follow the adult pattern.
 1. They want to be a part of the group.
 2. Smoking is a sign of growing up in some people's eyesight.
 3. It often relieves tensions by providing something to do.

Smoking (contd.)

IV. In making up your mind consider:

- a. The harmful effects on the body.
- b. The increased chances of getting cancer.
- c. The effect on athletic achievement and physical development.
- d. The high cost of the smoking habit.
- e. The alternate ways in which one may gain security and demonstrate poise and self assurance other than by smoking.
- f. The misconceptions related to smoking.
- g. (Remember that) The most effective teaching will be related to meaningful experiences on the part of the student.
- h. Teachers may add additional material on physiology if they feel that a particular class needs it.
- i. (Remember that) Teaching is a 24 hour a day job and that health teaching including smoking education is everyone's business and can't be isolated in a particular subject field.
- j. (Remember that) The image of the teacher is important. The teacher should be able to justify why a teacher who is teaching the harmful effects of smoking continues to smoke, herself or himself.
- k. Point out to the class that they should be able to decide independently not to smoke without losing the respect and friendship of their companions.

Suggested Activities:

1. Demonstrate the use of nicotine as an insecticide. Use commercial garden preparation.
2. Collect advertisements from magazines and newspapers; make a collection of radio and TV commercials. Interpret in class, analyzing

Smoking (contd.)

how the industry handles the health problem.

3. Collect statistics on occurrence of cancer. Include breakdown by age when smoking started. Make charts.
4. Invite the athletics coach to talk on smoking for athletes. List regulations on smoking for letter men.
5. Have several class members (whose parents smoke) take pulse before and after inhaling from a cigarette. Report to class.
6. Estimate cost of smoking habit. What are preferable uses for this amount of money?
7. Interview several smokers. Ask the question, "Should I smoke when I get older?" Report on comments.
8. Discuss fire hazards from careless smoking habits.
9. Introduce to the class a lesson for helping the student draw conclusions and make decisions concerning the discussions as to whether To Smoke or Not To Smoke.

Pro

Con

Realizing that a junior high school pupil of fourteen is not much concerned about his health at 40, have the class discuss:

1. Pulse rate
2. Effect of smoking on the heart
3. Youth who smoke often limit their social circle to a small group of other students who smoke
4. The habit of smoking encourages some individuals to beg for cigarettes or money to buy them. Smoking often damages the student's reputation in the eyes of his peer group, his teacher, his principal or his coach.

Smoking (contd.)

Students who smoke at an early age often lose the respect of adults in the community.

Discuss the reasons that students who smoke at an early age are often associated with bad character traits.

Discuss why many parents do not like their children to attend social functions with those who smoke. Do boys have the same respect for a girl who smokes, as they have for one who doesn't smoke?

What is a juvenile delinquent? Discuss how parents and prospective employers associate smoking with juvenile delinquency.

Give the Following Class Demonstrations:

1. Bring a clean fresh garment to class and also one that has been smoke filled. Allow the class actually to compare and discuss the odor.
2. Fill several balloons with cigarette smoke and release it into a room so that the class can see and smell the effects of the smoke on the students' clothing.

Discuss the possibilities of a boy or girl smoking if both of the parents in the family smoke.

Discuss the influence of tobacco advertisements on smoking.

Discuss the findings of the Surgeon General's Report.

1. Do not use terms or words that are too vague or complex.

List under key activities the use of health tapes or speeches by doctors,

Smoking (contd.)

health consultants, etc. to clarify and give additional information to the students on smoking. Conduct projects such as bringing in newspaper clippings and discussing items in these papers that indicate what the nation thinks about smoking.

Discuss "The Reason Why Young People Smoke."

Discuss each of the following reasons in class.

1. To follow the crowd.
2. To follow the people they admire.
3. To prove that one is growing up.
4. For pleasure.
5. For relaxation.
6. For sociability.
7. To reduce hunger cravings.

Discuss the Relationship of Self-Discipline to Smoking

1. Habit formation.
2. Carry-over of self-discipline from other activities to restraints in smoking habits.
3. The drop in the sale of cigarettes immediately after the Surgeon General's report and the recent upsurge in sales after the passage of several months.
4. The importance of self-discipline in everything we do affecting our behavior patterns including smoking.

Smoking (contd.)

Resource Material:

Health and Family Life Education, Public Schools, District of Columbia, Senior High Guide, pp. 44-49.

Health and Safety for You, Diehl, Laton and Vaughn, pp. 164-168.

Healthier Living, J.J. Schiffers, pp. 52-55.

Guidebook for Teen-Agers, Jenkins, Bauer and Schacter, pp. 173-175.

"The Effects of Smoking", E. Cuyler Hammond, Scientific American, July 1962, W.H. Freeman and Company, 666 Market St., San Francisco 4, California.

Smoking and Health, Summary of the Report of the Advisory Committee to the Surgeon General, D.C. Government, Dept. of Public Health, U.S. Dept. of Health, Education, and Welfare, PHS Publication No. 1103.

LESSON VIII ALCOHOL

Lesson Objective: To learn the reasons for drinking and the affects of alcohol upon the human mind and body.

LESSON APPROACH

Instruction to the Teacher:

The following information on the lesson topic is taken from the curriculum guide on Health and Family Living from the District of Columbia and contains indicators for classroom instruction. The content coverage is not assumed to be on the level of comprehension of the students, but is provided solely for teacher use as background knowledge. From this, it is hoped lesson plans may be structured with minimum use of additional resource materials.

There is a need for Alcohol Education. Our alcoholic population constitutes a cross-section of American society. Intelligence, professional competence, family background, social status, economic wealth, occupational skills, and education appear to play a minor role in preventing uncontrolled drinking.

Recent studies indicate that the courses of study in alcohol education and the methods or teaching approaches vary greatly as to the scope, content, and purpose for including such an area of concentration into the school curriculum. Here compiled is a comprehensive resource study of Alcohol Education materials.

It is important that the alcohol education materials be handled in such a way as to create no essential conflicts in the student's mind in what he learns at school as compared with what he sees in his own home and community. If what the student sees in his home and community is at odds with what he is taught in the school, he may end up confused and

Alcohol (cont.)

in conflict with the school or with his home--a situation which is at best, an unhappy one; at worst, a thoroughly destructive one. The problem of alcoholic beverages and their use is exceedingly complex with its many implications.

For the most part the young and physically healthy person is not much impressed by dangers to the body from excess drinking. He has unbounded confidence in the endurance of his own body, and although he may imagine that someone else may be injured, it is difficult for him to believe that he will become a drunkard or addict or will ruin his health by drinking. Teaching of the facts about alcohol should emphasize the relation of alcohol to physical strength, to personal appearance and courage, to efficiency and usefulness as well as its effect upon the internal organs of the body. The realistic objective of alcohol education is to help the students acquire a sense of responsibility toward himself and his community in relation to various aspects of alcoholic beverages.

Suggestions for Presentation:

1. What is Alcohol?

a. Kinds of alcohol

(1) Ethyl alcohol - (chemical formula - C_2H_5OH) Frequently referred to as grain alcohol.

(2) Methyl alcohol (wood alcohol) It is obtained by heating wood in a closed container, the resulting vapor is condensed into liquid.

(a) Highly poisonous

(b) When used as a beverage, death or blindness may result.

(3) Denatured Alcohol - (ethyl alcohol, to which has been added methyl alcohol, benzine and other substances). Unsuitable for beverage.

b. Use of alcohol in industry

Ethyl alcohol has very wide and valuable utilization as:

- (1) Solvent in drugs, flavoring extracts, perfumes, hair tonics, shaving lotions and various cosmetics.
- (2) Source material from which plastics and certain synthetics come.
- (3) Source from which chloroform, iodo form, ether and vinegar are produced.
- (4) Used in preparation of soaps, dyes, imitation leather, explosives, celluloid and photographic film.
- (5) Antifreeze in automobiles because of low freezing point.
- (6) May be used for heat and light instead of gasoline because it is highly inflammable and combustible.

c. Use of alcohol in medicine

- (1) Only medicinal value is as a mild sedative, but it is agreed that there are only a few uses for such a sedative.

2. Alcoholic Beverages

a. Types of alcoholic beverages - Beverages containing alcohol in various proportions fall into several groupings according to their derivation.

- (1) Brewing - method of fermentation with starchy grains or vegetables as barley, corn, wheat, and rye to produce beer, ale, etc.

Alcohol (cont.)

(a) Beer contains - 3 to 5% alcohol

(b) Ale contains - 6 to 8% alcohol

(2) Fermentation - chemical action of yeast cells on the fruit sugar which is changed to alcohol and carbon dioxide gas to produce wine, port, sherry.

(a) Wine contains 10 to 14 % alcohol

(b) Port and sherry up to 23 % alcohol

(3) Distillation - used to produce liquors with a higher alcohol content than is produced by natural fermentation. May contain up to 50% of ethyl alcohol.

(a) Whiskey. Fermenting of starchy grains or vegetables continued until all the starch has been converted to sugar, the sugar to alcohol, producing a liquid mix high in alcohol content.

(b) Gin. Ethyl alcohol with water, flavoring materials, roots and herbs added.

(c) Rum. Distillation of molasses fermented with yeast.

(d) Brandy. Distillation of grapes or other fermented fruit juices.

(e) Vodka. National Russian liquor, distilled from rye, potatoes or other grains or vegetables.

b. Classification of alcohol

(1) As an anesthetic. According to science, alcohol is properly classed as an anesthetic. It produces a progressive descending depression of the central nervous system.

Alcohol (cont.)

- (2) As a narcotic. Induces relief of pain accompanied by sleep or stupor.
- (3) As direct cause of damage to tissues and organs of the body.
- (4) As a direct cause of diseases of the nervous system especially the brain.
- (5) As a physiological depressant, not a stimulant.

c. Common misconceptions

Alcohol

- (1) Is not a stimulant.
- (2) Is not a tonic contributing to physical vigor.
- (3) Is not an effective aid to appetite.
- (4) Is not a valuable source of relief for discomfort of of a cold, fever and minor aches.

3. Frequent Reasons Offered for Drinking

- a. Social pressure. Young people fall into custom without question about its value.
- b. Independence. It frequently enhances the feeling of importance of the individual (a so-called liberty) to do as he pleases.
- c. Habit. Many circumstances induce the adolescent to take his first drink. A deep-lying law of human nature termed "habit" may cause him to repeat the act of drinking until it does become a habit with him.
- d. Satisfaction. Various people achieve satisfaction in life in different ways. Psychiatrists suggest the theory of

Alcohol (cont.)

satisfying the infantile (oral) urge.

- e. Excitement. Much of the drinking in adolescent years is motivated by the desire for excitement.
- f. Relaxation. Modern man works for long intervals with close application to the complicated tasks of life -- producing tensions from which he must seek relaxation; so he reasons. There are also other forms of relaxation as mentioned under the study: Leisure Time.
- g. Escape. Emotional insecurity. The individual is unable to meet the unpleasant phases of life and attempts to escape into a dream world of fantasy.

4. Disposition of Alcohol in the Body

a. Individual reactions and tolerance

- (1) The effect of all alcoholic beverages depend on amount of alcohol, ounce for ounce, they contain.
- (2) Individuals vary in their tolerance for alcohol according to:
 - (a) Height and weight
 - (b) Speed of consumption
 - (c) Amount of food in the stomach at time of imbibing alcohol
 - (d) Frequency of use
 - (e) Emotional condition at the time of imbibing alcohol
 - (f) Personality make-up: "alcohol-prone" individual
 - (g) Nutritional status of the blood and especially the brain cells.

Alcohol (cont.)

b. Physiological effects

(1) Effect on the cells and tissues

- (a) It does not build or repair tissues
- (b) May interfere with normal function of cells and tissues.

(2) Effect on body functions

- (a) Circulation. Tends to affect the contraction or dilation of blood stream rapidly, requires no digestion and is absorbed into blood from stomach walls and small intestine.
- (b) Respiration. Continued use decreases the air capacity of the lungs; later may tend to paralyze breathing centers.
- (c) Excretion. Interferes with the flow of blood and the proper functioning of the skin in assisting to regulate the body temperature; creates an excess of uric acid and other wastes for the kidneys to eliminate.
- (d) Nervous system. Has a narcotic effect on the brain for long periods after its entrance and continues to exert its effects. (Refer to psychological effects).
- (e) Liver and gastro-intestinal tract. Impairs the normal function. May cause cirrhosis of the liver. (refer to disease)

(3) Effect on Nutrition

Alcohol (cont.)

- (a) Alcohol provides calories but not vitamins or minerals.
- (b) Excessive use interferes with the appetite for other foods and, therefore, may cause malnutrition, especially deficiency of "vitamin B" due to poor diet.

c. Psychological effects

- (1) It depresses the high function of the brain, impairing judgment and discrimination.
- (2) It blocks the inhibitors, thus causing a false sense of confidence and well-being.
- (3) All nerves that control movement are affected, thus impairing all movement, fine precise movements, such as typing, and gross movements, such as walking.
- (4) Reaction time is greatly decreased, thus interfering with driving and leading to accidents.

5. Alcohol in our Daily Lives

a. Business and industry

- (1) Efforts of business and industrial groups to establish "company policies" involving alcohol on the job.
- (2) Effect of drinking upon industry and its employees fall into five categories:
 - (a) Accidents and damage to equipment
 - (b) Loss of wages
 - (c) Loss of time and production
 - (d) Loss of employment
 - (e) Medical and hospital costs

Alcohol (cont.)

b. Traffic

- (1) Automobile. An automobile operated by an individual under the influence of alcohol is a menace to all who use the highways. Approximately 35% or more traffic casualties caused by the drinking of alcoholic beverages.
- (2) Railroads. "Rule G" established by "Brotherhood of Engineers" states no alcoholic beverages while on duty.
- (3) Trucklines. Only involved in 1/6 of the fatal and 1/9 of the non-fatal accidents. Use of alcohol or narcotics is strictly prohibited, and any driver is dismissed for violation.
- (4) Airways. Each company has a regulation which prohibits pilots from drinking alcoholic beverages within 24 hours before they are scheduled to fly, due to the adverse effects of alcohol and the variance in individual tolerance.

c. Home and family life

- (1) Cultures vary in determining use of alcohol. With some it is customary with meals, or as a part of religious ceremony.
- (2) Excessive use of alcohol is often considered a major cause leading to divorce, if a family member is unable to control his drinking.
- (3) Effect of heredity. Often children of chronic alcoholics are frequently born with mental disorders.

Alcohol (cont.)

d. Youth

- (1) The possible effects of "just a drink or two."
Social pressure, and then habit.
- (2) Approximately 70% of alcoholics started drinking as teen-agers.
- (3) Psychological effects limit participation in athletics; also affect endurance, skill and speed.

e. Disease

(1) Physical

- (a) Cirrhosis of the liver. Shrinking and hardening of the liver, condition frequently found in alcoholics.
- (b) Polyneuropathy. Disorder of many nerves, brings burning sensation in the soles of the feet, pain in the legs and arms.
- (c) Pellagra. Disease due to lack of B-complex.
- (d) Basically, physical decline due to malnutrition, vitamin deficiency, anemia, fatty liver, general flabbiness and poor health.

(2) Mental

- (a) Alcohol psychoses - Delirium Tremens (DT). Condition lasts 3-5 days; ends fatally in 10% of alcoholics.
- (b) Alcohol acts as a poison to the cells of the brain cortex, causing deterioration.

(3) Alcohol and life expectancy

(a) Heavy drinking shortens life span.

(b) Life expectancy of abstainers and moderate drinkers about the same.

f. Implied waste

(1) In terms of treatment and care of alcoholics in hospitals and jails, crime, accidents, lost wages, support of dependents, etc. approximate one billion a year.

(2) 4-5% of national income, approximate ten billion a year spent in purchase of alcoholic drinks - two to three times as much as is spent on education.

6. Alcoholism

a. Definition. Alcoholism is a "disease" which refers to a departure of the mind or body from a state of normalcy of health or function.

(1) Primary alcoholism. Those who from their very first drink are unable to control their desire for it, or those who through use over a great many years have developed an inability to take a drink or leave it alone.

(2) Secondary alcoholism. Includes those who use alcohol for its sedative action as a means of escape from reality.

b. Possible theories as to cause

(1) There is much difference of opinion as to the cause of alcoholism. Some "causes" are related to "reasons offered for drinking" previously mentioned.

Alcohol (cont.)

c. Symptoms

- (1) Excessive drinking begins.
- (2) Blackouts occur and drinking becomes a felt need.
- (3) A need for morning drinks takes hold.
- (4) Drinking becomes acutely compulsive.
- (5) Solitary drinking is accompanied by alibis.
- (6) Unintentional excessive drinking is accompanied by alibis.
- (7) Alcoholic becomes aware of social, emotional, and spiritual losses.

d. Treatment and rehabilitation

- (1) Team approach. Medical, psychiatric, spiritual and sociological efforts working together.
- (2) Medical treatment
 - (a) Aversion. Use of drugs to make alcoholic ill, if alcohol is taken.
 - (b) Tranquilizers. Prescribed by physician.
- (3) Psychiatric treatment. Trying to find the "reason" for excessive drinking.
- (4) Lay therapy. Psychological re-education.
- (5) Agencies. Public and private.
- (6) The family of the alcoholic play an important role in the rehabilitation of the alcoholic. Note number of member organizations formed for children and spouses of alcoholics.

Alcohol (cont.)

7. Differing Viewpoints (with respect to use or non-use of alcoholic beverages).

a. Opinions: Non -use

- (1) Some religious groups think the use of alcohol, as a beverage is immoral.
- (2) Some religious groups think the use of alcohol is unethical; it impairs man's moral sense.
- (3) Use of alcohol is an unwise and expensive habit.

b. Opinions: Use

- (1) Some religious groups feel responsibility in drinking rests with individual's conscience and integrity.
- (2) Social use of alcohol gives satisfactions to which the user has a right.
- (3) Alcoholic drinks have been used for centuries as part of a meal in many lands.
- (4) Governments at all levels need the substantial income derived from taxes on alcoholic beverage industry.
- (5) Most adults who drink give little thought to reasons for drinking.

8. Efforts to Control Use

- a. Constitutional Amendments: Prohibition (18th) and Repeal (21st).
- b. Laws and ordinances regulating sale of alcoholic beverages.
- c. Rehabilitation programs by:
 - (1) Clinics, hospitals
 - (2) Courts
 - (3) Industrial, religious and other social groups

Alcohol (cont.)

(4) Self-help, like Alcoholic Anonymous

9. Critical Thinking

a. What teen-agers should do

(1) Young people are frequently exposed to alcohol and social drinking.

(a) Profiteers sell teen-agers alcohol illegally.

(b) Thoughtless adults serve teen-agers drinks or permit parties with alcoholic beverages.

b. Complete avoidance, the best policy

(1) All medical authorities agree that drinking is harmful during the teen years.

(2) Drinking is especially hazardous for new inexperienced drivers.

(3) Lowered inhibitions complicate the sex problem, by permitting behavior that would otherwise be avoided.

c. Good mental health, the best precaution

(1) Strengthen personal resources and lessen need for false support.

(2) Decide upon your own course of action in advance and stick to it.

(3) Have the courage to follow best impulses even if you have to be different from the crowd.

Suggested Activities:

1. Ask students to watch for any newspaper articles concerning the use of wood alcohol for "drinking".
2. Have students bring in labels from various commercial products

Alcohol (cont.)

containing alcohol, as noted on the label.

3. Note: Teacher might explain difference between fermentation and distillation:

Fermentation is a natural process which may be stopped before complete, which accounts for the difference in amount of alcohol in some alcoholic beverages.

Distillation is a mechanical process. It is a way of raising the alcohol strength of a mixture of alcohol and material by boiling it down then collecting and condensing into a liquid the vapors produced by heating.

4. Have a panel discussion on "most frequent reasons offered for drinking."
5. Make a graph comparing nutritional value of alcoholic beverages with other foods.
6. Investigate the team approach adopted by business and industrial firms to save "alcoholic employees."
7. Inquire at your local police precinct, the number of motorists arrested under the influence of alcohol during a month. Find out, "What is the law" concerning intoxicated drivers?
8. Discuss briefly "Tests for Intoxication":

Drunk-o-meter - testing device. A person suspected of drunkenness is asked to blow up a balloon, and then his breath is tested for alcohol concentration.

Blood test - most accurate, requires services of physician or technician.

Alcohol (cont.)

Urine test - widely used.

In all these tests, the time that has elapsed between the drinking of the alcohol and the sampling of the body fluids has an important bearing on the interpretation that is made of the findings, since the body starts immediately to get rid of the alcohol.

9. Report on local ordinances relating to alcohol; sale of liquor to minors, penalties for infringement of the laws, and misrepresentation of age.
10. Investigate the attitudes of insurance companies toward users of alcoholic beverages.
11. Make a chart showing life expectancy of drinkers as compared with non-drinkers. Use insurance data.
12. Investigate the various definitions of alcoholism.
13. Investigate public and private agencies that use the team approach. What have been their measures of success?
14. Prepare and present a report on one of the public or private agencies concerned with treatment or rehabilitation.
15. Distinguish between temperance, abstinence and moderation.
16. Discuss the "limitation" appeal as mentioned under "Consumer Knowledge" in advertisements -- "The Man of Distinction," and other examples.
17. Compare the advertising policies of England and the United States. English laws prohibit commercials on TV dealing with alcohol or tobacco until after children's bedtime.
18. Talk over ways of managing situation like:

Refusing a drink

Alcohol (cont.)

Refusing to ride with a driver who has been drinking

Refusing to serve alcohol at your parties

Etc.

LESSON IX DRUGS

Lesson Objective: To learn the differences and effect of drugs.

LESSON APPROACH

Instruction to the Teacher:

The following information on the lesson topic is taken from the curriculum guide on Health and Family Living from the District of Columbia and contains indicators for classroom instruction. The content coverage is not assumed to be on the level of comprehension of the students, but is provided solely for teacher use as background knowledge. From this, it is hoped lesson plans may be structured with minimum use of additional resource materials.

There are several thousand persons under the age of twenty-one who are already addicts or becoming addicts. Cure is very difficult and complete avoidance is the only sane policy.

Of greater danger to the general public is the indiscriminate use of drugs milder than the opiates. We live in an age of many tensions. The highly competitive nature of contemporary living intensifies the assortment of problems which confront the individual. As a result, many too often rely upon the use of drugs to obtain "instant" relaxation or a spurt of activity when tired or depressed.

Young people should be aware of the danger of abuse and overuse of sedative and stimulant drugs. Most of these drugs are available by prescription only, but in many places it is easy to buy them. It is necessary for the individual to take personal responsibility for the proper use of such medication.

Drugs (cont.)

Suggestions for Presentation:

1. Narcotics: addiction-producing drugs. Some function as stimulants, and some as depressants.

a. Classes of narcotics

(1) Opium and its derivatives (derived from poppy plant)

(a) Morphine, codeine, heroin

(b) Heroin is most dangerous in terms of producing drug addiction.

It has no legitimate medical use.

(2) Cocaine

(a) Stimulates central nervous system, later addict is afflicted with hallucinations and sleeplessness.

(b) Not to be confused with novocaine (harmless drug related to cocaine) often used as local anesthetic in tooth extractions.

(3) Barbituates (sleeping pills)

(a) Synthetic chemical drugs

(b) To be used only when prescribed by a physician

(4) Marihuana (from the Indian hemp plant)

(a) Drug produces a variety of effects including exaltation or a violent delirium.

(b) Many nicknames including "reefers," etc.

(c) May lead to "dope habit," therefore to be avoided.

2. Causes of Addicition

a. Slum conditions. Due to bleak life where flat monotonous routines exist, a desire to seek escape by various unconventional methods.

Drugs (cont.)

- b. Personality weakness. Deep seated mental or emotional disturbance.
 - c. Imitation (fad). Going along with the crowd begins with curiosity or experimenting for "kicks."
 - d. Weakening of international control. Smuggling.
 - e. Racketeering, graft, corrupt and profitable illicit trade-
"anything" to make money.
 - f. Self-medication for relief of pain.
3. Legal aspects of the use of narcotics. Legally, narcotics can only be obtained by a physician's prescription.
- a. Harrison Narcotic Act (Narcotics Drugs Import and Export Act). A national law passed in 1914 providing elaborate safeguards, hence a "federal offense."
 - b. United Nations. Promotion of international treaties to control inter-national traffic.
4. Social effects of drug addiction
- a. Great waste of human talent and energy
 - b. Destruction of personal and family relationships on any socio-economic level.
 - c. Anti-social and criminal behavior while under the influence
 - d. Stealing and other criminal acts in order to keep a drug supply.
5. What can be done about drug addiction?
- a. The only sane policy is complete avoidance except under the care of physician.
 - (1) Follow instructions with care and accuracy.
 - (2) Avoid improper use of prescriptions.
 - b. Adopt sound mental health habits.

Drugs (cont.)

(1) Develop an attitude that physical pain is a useful sign indicating a hidden problem.

(2) Consult psychiatrist for help with chronic unhappiness, anxiety, fear, etc.

c. Drug addiction can be treated by:

(1) Inpatient treatment for physical rehabilitation

(a) Federal hospitals for treatment - U.S. Public Health Service - Lexington, Kentucky and Fort Worth, Texas.

(2) Painful withdrawal symptoms

(3) Psychotherapy for emotional problems

d. Educating the public.

Suggested Activities:

1. Make a chart showing the narcotic drugs. Give source of each drug, and the effects of each drug.

2. Find out to what extent sleeping pills and other drugs such as benzedrine are used by adults you know.

3. Discuss harmful effects of narcotics, other than the addicting characteristics. Relate narcotic traffic to other illegal activities.

4. Discuss pain as a symptom of illness, both mental and physical. What is danger of self-medication to get rid of pain without finding cause?

5. Investigate Addicts Anonymous - similar to Alcoholic Anonymous.

The coverage above does not include information on the recently publicized "hallucinogenic" or psychedelic drugs such as mescaline and

Drugs (cont.)

diethylamide of lysergic acid (LSD). Although there is widespread publicity on these drugs, the following is included for teacher information:

LSD produces "comic-strip" visions of surroundings, exaggerating objects in the visual field, distorting sounds, and distorting the normal body image. Some injury, both emotional and physical has been evidenced through research on the drug and from case histories of users of LSD and similar hallucinogenic drugs. Breakdown of chromosomes and resultant birth defects in children born to women who have taken LSD are examples of the physical damage reported (Saturday Evening Post, August 12, 1967). The Mental Health Lectures (cited under the heading, Resource Material) described the sensation of clarity produced by the drugs as a delusion, as is the increased creativity which has been attributed to the experience by users. Objective appraisal of creative works done under the influence of LSD was mentioned in both reference articles. The increased creativity expressed by the user was not seen in the actual work produced.

Resource Material:

Health and Family Life Education, D.C. Public Schools.

Mental Health Lectures, 1967, Connecticut Mutual Life, Hartford, Connecticut, 1967.

Health Education for Young Adults, Jessie H. Haag, Austin: Steck-Vaughn Co., 1965, p. 63.

LESSON X SEXUAL DEVIANTS

Lesson Objective: To accept sexual deviants as problem personalities to be avoided.

LESSON APPROACH

Suggestions for Presentation:

"We have talked about handling our sexual feelings in ways which will provide the most happiness for us in our total life -- that is when we are older as well as now. We have said it is important to be proud of your sex and that it is natural for boys and girls -- men and women, to be attracted to one another. Through your school years, you have learned how we grow from babies who depend on others to take care of them, to school age when we still feel the need to "cling" to mother and father, then later our friends are very very important people in our lives, and we find we can do more for ourselves.

Do you remember when, just before you were teen-agers, the boys all played together and the girls played together and acted like they hated each other? We know that boys and girls go through a time when they really aren't very attracted to each other. Then you become teen-agers and seem to "make up for lost time." You have heard people say, "That girl is boy-crazy," or "That boy is girl-crazy." They mean that it seems that person thinks only of someone of the opposite sex all the time." (We have learned that a healthy person puts his mind and his energy to many different things.)

"The fact of boys liking girls and girls liking boys is natural and good and adds to a whole person. In our country we think of this as the normal way to handle sex feelings. The control of these feelings and accepting them as one of many parts of a person is thought of as behavior

Sexual Deviants (cont.)

of the normal, accepted person in our society. This does not mean that everyone in our society behaves this way -- just as we may know persons whose body is not healthy, we may also meet people whose mind is not healthy. By a healthy mind we do not mean how much school learning a person has or how smart he is. A person with a healthy mind has good ideas about respecting himself and acting in a way that others respect; about respecting other people and not hurting them or using them just because it helps him in some way; about the body being natural and a part of the whole person; concern for his good physical health; and pride when he cares for his body with respect.

We may not be able to do everything we would like to do. Some people may be scientists or doctors, others don't have the talent to do this or may not even want to. But everyone can have a healthy mind. You have been learning how to have a healthy mind through your studies in school. If you use this learning to help develop your personality, to respect yourself and others, to do the things you can do well and not think how sorry you are that there are things you can't do, you are practicing use of your healthy mind and will find more people respect you and like you for doing this.

We know that we like to do things that please other people and to do things that make other people notice us. For this reason, we must be careful of people we meet and be sure that pleasing them or getting their attention is not going to be something that would hurt us or other people. We have said there are people who do not have healthy minds. This is sad and many times we blame people for problems which they can't

Sexual Deviants (cont.)

help. We must not think of the people as bad, though they sometimes do things we don't think are right. What we must do is to be adult enough to not let this kind of person lead us into doing the bad things which he does. Let's see what kinds of things would show us that a person might not have a healthy mind."

(For the teacher) The teacher should guide discussion so that as many contributions as possible may come from the students. This is also an opportunity to help students define the difference between persons who do not conform to norms because of physical or mental defects, economic deprivation and responsibility but are good social companions as opposed to those whose deviations from accepted behavior and social participation are due to lack of emotional maturity.

Discussion could be initiated by asking class members for examples (without personal names) of persons whom they know that they don't want to be associated with. It may be necessary to prompt participation by referring to the practice of "name-calling" which is a familiar form of rejection or retaliation. Use terms which you know are current (this point is made because slang is added to, and connotations differ with locale and era. Examples are "making out" and "queer" which, in a former decade meant full sexual intercourse and a homosexual, but at the time of this writing are used in many areas by teen-agers to mean petting and a non-conformist.) Ask the students what these terms mean to them. In this way, you may establish an understanding of what they personally consider undesirable behavior and, where indicated, clarify opinions and aid tolerance and establish a basis for presenting the kind of information

Sexual Deviants (cont.)

this specific lesson is intended to convey. The following factors should be covered as a result of the above procedure.

A homosexual is a person who is more attracted, sexually, to someone of his own sex than of the opposite sex. The reasons for homosexuality are not, as yet, clearly established (and those suggested are a bit technical for comprehension by this group). The implications with regard to homosexuality which are significant for the retardate are similar to those needed by the normal teen-ager with a greater degree of stress toward avoidance of exploitation. The opinion that any male with feminine features or mannerisms is a homosexual should be discouraged. This is not always a characteristic of a homosexual and many homosexuals are very masculine in appearance and athletic in behavior. The practice of implying homosexuality for reasons of feminine characteristics is unkind and is not based upon intelligent reasoning. The practice of this has been responsible, to a degree, for the attitude that a boy must prove his "manliness" through sexual activity or the inference of it.

Boys need to be assured that homosexuality is not something that is "going to happen to them" because this seems to be a real concern, particularly in males who do not successfully associate with girls to the extent considered natural by society. Stress that this is the reason for our repeated statement of having pride in your own sexuality. The potential for homosexuality will not be as likely to develop if this attitude is accepted.

A homosexual is not basically a harmful person. This kind of life is not accepted in our country because we consider the natural relationships of dating, courtship and marriage to be for the eventual purpose

Sexual Deviants (cont.)

of family unity and procreation. Because we think this way, the person who chooses (and it is a choice) to live as a homosexual in our county cannot expect to be accepted fully by society nor live the full life afforded others. For this reason, it seems wise to avoid anyone who would want to practice homosexuality in a relationship. If the student has no first-hand knowledge in this area, explain that some homosexuals (more prevalent in large cities) do use young boys or girls for their own sexual pleasure. Also, some people who do not respect others use them to lure homosexuals and are paid for this. Impress upon the students that they may not run into such a situation ever, but to avoid situations where someone they don't know invites them to a strange place or wants to be alone with them for no acceptable reason. Remind them that this is why we warn small children to be careful with strangers.

Introduce and emphasize that homosexuals are not the only people who do not think of sex in a healthy way. Others put too much of their thought and energy to it, but don't have normal, healthy ways of relieving these feelings as we have discussed. These people may try to get young people (men with girls and women with boys) into sex play. Again, they should learn to limit their company, particularly when alone, to persons they know will not show disrespect for them by using them or their bodies in a way that will do no good for them. Emphasize that sex is good when it is used in the right ways, but that we are making it something which we can't fully enjoy at the right time if we join anyone in using it in this unhealthy way.

BLOCK III

LESSON MARRIAGE AND FAMILY LIVING

Lesson Objective: To prepare for marriage and family life.

LESSON APPROACH

Instructions to the Teacher:

The outline presented for coverage of Marriage and Family Living is taken from the D.C. Guide previously used. Because the outline seems very adequate and resource materials in this subject area are numerous, this block of study is not as specifically detailed as some. The following suggestions seem pertinent for this instruction with EMR.

1. The subject of premarital counseling should be thoroughly emphasized with concrete detail as to the procedures involved in a specific community. Resource persons from local churches and social agencies should be included.

2. The subject of heredity may be approached in a technical manner to the extent of comprehension and interest indicated by the students. They will enjoy personal comparison of dominant and recessive traits such as nose structure, ability to roll the tongue, and eye color. The students should be guided in understanding sufficiently to realize that many of their traits will be passed on to their children. Because their limited learning ability may be of deep concern to them personally or a point which is emphasized as genetic cause for not marrying (by others), this should be discussed realistically for the purposes of allaying any unnecessary fears or guilt feelings as well as reemphasis upon the importance of premarital counseling including physical examination.

The pamphlet entitled Who Should Not Marry? (listed under Resource Materials) discusses, in a positive and unbiased manner, certain spec-

Marriage and Family Living (cont.)

ific disorders which should be carefully considered by persons directly affected with them prior to marriage. The approach here, and that suggested for classroom coverage, is one of emphasizing honest appraisal of all factors each individual takes into a marriage with mutual understanding and acceptance.

The following points are taken from Dr. Popenoe's article.

(A.) Any serious disease should be considered fairly. Is the disease infectious and therefore certain to endanger the partner? Is it progressive and likely to leave the partner handicapped with the care of a chronic invalid or widowed prematurely with the responsibility of little children?

(B.) Mental defect, in general, does run in families. But it is the upper levels of mental deficiency, represented by the high grade imbeciles and the morons, who are the products of this inheritance in most instances.

(C.) Even in a superior family with a previously flawless record, a defective child may be born. Parents must decide for themselves how much risk they are willing to take, since some risk is inseparable from life.

Dr. Popenoe cites cases in which some defects, both physical and mental, were investigated and found to be due to causes not genetic in nature, though they had been assumed as such without specialized investigation.

3. The subject of contraceptives as methods for planning children for reasons of an adequate adjustment period and economic practicality

should be included in discussion of premarital counseling. Local or state Planned Parenthood Associations usually supply excellent materials on this subject.

Suggestions for Presentation:

I. Choosing a Mate -- most important decision an individual ever makes.

A. Reasons for marrying

1. Good reasons

- a. Desire to share ideals and dream with one you love
- b. Desire to establish a home and to raise a family

2. Poor reasons

- a. Loneliness
- b. Lack of affection at home
- c. Escape unhappy home situation
- d. Sympathy for another
- e. Recent failure or disappointment (rebound)
- f. Sex curiosity
- g. Fear of not getting married (girls)
- h. Fad
- i. Pregnancy
- j. Financial security
- k. Prestige, seeking an ideal

B. Factors which may enhance a marriage

1. Both partners come from happy families

- a. People tend to take the same traits into marriage which they experienced in their own homes.
- b. Lack of parent-child conflict in the growing years

2. Physical and mental health
3. Parental approval of marriage
4. Areas of similarity - the more areas in which there is similarity in a couple the more chance for happiness in marriage
 - a. Interests - recreational, social
 - b. Educational background
 - c. Socio-economic background
 - d. Age (within ten years)
 - e. Religion
 - f. Nationality and Heredity
 - g. Race
 - h. Ideals and attitudes
 - i. Personality type
 - j. Attitude toward raising children

To the teacher: Impress upon the students that the differences represented by the situations discussed MUST be decided in some way. Stress the possibility of a much happier marriage where the couple agrees on most of the above areas.

5. Emotional maturity of partners
 - a. People do not change after marriage.
 - b. The partners are inclined to relax and not put their best foot forward as much after marriage as before.
- C. Enduring qualities desirable in a successful marriage
 1. Physical attraction
 2. Mature love
 - a. Unselfishness and thoughtfulness toward each other

- b. Companionship
 - c. Tenderness and affection
 - d. Sharing work and responsibility
 - e. Patience, sympathy, forbearance
 - f. Putting partner's well-being and happiness ahead of one's own
3. Mutual trust
 4. Ability to deal with emergencies - illness, financial difficulties, misunderstandings
 5. Sense of unity - "our money", "our car", "our home", etc.
 6. Satisfaction of personality needs
 - a. Someone to understand me
 - b. Someone to appreciate what I wish to achieve
 - c. Someone to admire me
 - d. Someone to give me confidence, etc.
- D. Age for marriage - not a matter of years but of readiness for marriage
1. Financial independence
 - a. Able to establish a home independent of parents
 - b. Reasonable ability to meet unforeseen emergencies
 2. Emotional independence of parents
 3. Courtship has been over a period of one year or more
 - a. Anyone may be on "good behavior" for a considerable length of time.
 - b. After continued courtship, the "true self" will show. This is the self you will live with.
 4. Both partners have dated several others to determine personality preference.

5. Both partners are ready to settle down.
6. Both partners are mature enough to undertake the duties and obligations of parenthood, such as sacrificing one's own pleasures for the interests of the family.
7. Ready to take on responsibility for the routine of housework, cooking, and caring for children. (Girls)

E. Enemies of marriage

1. TV stories, advertisements, movies falsely portray marriage.
 - a. "Live happily ever after"
 - b. Husband and father portrayed as a bungling, ineffective person.
2. Taking marriage vows with mental reservations -
 - a. "If it doesn't work, we will quit".
 - b. Elopement - often hastily thought through
3. Adult-infantilism
 - a. Girl-doll and boy who needs mothering are attractive for awhile
 - b. Mature partner will become "door mat" for partner who throws tantrums, sulks, etc.
 - c. Attempt to help partner grow up is seldom, if ever, successful.
 - d. Resents partner sharing love with children
 - e. Large percentage end in divorce

II. Engagement

- A. Purpose: to get to know each other better
1. More freedom of association

- a. See one another in all kinds of situations, not just when on good behavior.
 - b. Can observe reactions to all kinds of situations
 - c. Opportunity to adjust to in-laws
2. Consider both viewpoints on many subjects.
- a. Future goals and attitudes toward life
 - b. Where they will live
 - c. Attitude toward money - who will handle it, spending and saving, etc.
 - d. Attitude toward children and the raising of children
 - e. Whether or not wife will work outside of the home
 - f. Religious differences, if any, should be worked out
 - g. Social activities, recreation, friends
3. Make a final confirmation of your decision.
- B. Danger signals during engagement
- 1. Frequent quarrels
 - a. May have basic differences in values in life
 - b. May have different moral or ethical standards
 - c. May be personality conflicts
 - 1. One wants to dominate
 - 2. One, or both, may be selfish
 - d. Should take a long careful look at the relationship
 - 2. Differences which cannot be resolved:
 - a. Dislike of partner's family, friends, or social activities
 - b. Lack of companionship
 - c. Religion

3. Refusal of one or both partners to resolve differences
 4. Insistence upon physical intimacy on the part of the boy
 - a. Between one fourth and one third of engagements do not end in marriage.
 - b. Restraint will improve chances for success and happiness in marriage.
- C. Preparation for marriage
1. Engagement of sufficient length to become well acquainted and to resolve differences
 2. Learn household and homemaking skills
 3. Plan a church wedding - even a small one makes a good foundation for a marriage.
 4. Visit a pastor and a marriage counselor.
 5. Have a physical examination
 6. Read a good book on the place of sex in marriage (mutual discussion should be included in premarital counseling)
 7. Plan a honeymoon within the budget, one free from rush and hurry of ordinary living.

III. Marital Adjustment

- A. Adjustment and compromise are necessary on the part of both partners.
- B. Resolve differences as they arise - do not let them accumulate
- C. A sense of humor can smooth many rough places.
- D. Realize that your partner is an imperfect human being just as you are.
- E. Never take each other for granted.

1. Love must be nourished by kindness, appreciation, and praise
2. Words and little acts of affection are welcomed by both husbands and wives.
3. Continued care with cleanliness and personal appearance is important.

F. Be realistic.

1. Marriage is not free from drudgery and routine.
2. Some quarreling is inevitable. It may serve a constructive purpose.

G. All couples meet difficulties which must be adjusted. Adjustments take time and effort sometimes over quite a long period of time.

H. Areas requiring adjustment

1. Financial

- a. Begin marriage by keeping track of expenditures.
- b. When regular expenditures are fairly well established, work out a budget.
- c. For marital unity, have one bank account even if wife works.
- d. Budgeting
 1. Keep records of income and expenditures.
 2. Must decide which items are necessities and which items can wait.
 3. Helps couple live within income - they can see what money is going for non-essentials and revise spending if necessary.
- e. Both partners must try to understand and appreciate differences or similarities in family backgrounds from which

they come.

- f. Obtain information on consumer buying, credit buying, life insurance, and health and hospital insurance.

2. In-laws

- a. In-law friction is not inevitable.

In-law jokes have done harm to the attitude of many toward the relationship.

- b. In-law interest in the couple is often interpreted as interference.
- c. In-laws and the couple are both in a transition period from parent-child dependence to adult independence.
- d. Each partner must realize that there is still an affectionate relationship between the partner and his or her family.
- e. The wise partner accepts the in-laws as friends without being critical.
- f. The newly-married couple should set up a home independent of both sets of parents.

3. Sex relationships

- a. Consideration and patience will work out most problems in this area.
- b. If any problems seem to be serious, consult a doctor.

4. Social activities and recreation

- a. Sharing in most of the social activities and some of the recreational interests increases companionship of a couple.
- b. All activities need not be shared; his bowling night, her get-together with the girls.
- c. The more areas, however, in which a couple have the same

interests, the greater the chances for a happy marriage.

5. Associating with friends. There is usually little disagreement in this area.
6. Religious life. Most couples have settled this difference, if any, before marriage.
7. Training and disciplining of children
 - a. The coming of a child makes a major change in a home.
 - b. Changes in our society make even more necessary a stable family life which meets the basic needs of individuals.
 - c. For proper development, child needs loving care of father as well as mother.
 - d. Consistency of discipline by both parents is important for security.
 - e. The best and only satisfactory way to develop good habits in children is by setting a good example.

I. Recipe for a happy marriage--

1. 1 cup of consideration
2. 2 cupfuls flattery carefully concealed
3. 2 cupfuls milk of human kindness
4. 1 gallon faith in God and each other
5. 2 cupfuls praise
6. 1 small pinch in-laws
7. 1 reasonable budget
8. generous dash of cooperation
9. 3 teaspoons pure extract of "I am sorry"
10. 1 cup of contentment
11. 1 cup each of confidence and encouragement
12. 2 children at least

13. 1 large or several small hobbies
14. 1 cup of blindness to the other's faults
15. Flavor with frequent portions of recreation and a dash of happy memories.
16. Stir well and remove any specks of jealousy, temper, or criticism. Sweeten well with generous portions of love, and keep warm with a steady flame of devotion. Never serve with cold shoulder or hot tongue.

J. Quarreling - words plus feelings

All families experience difficulties between the members at times, even resembling "snake pits" at times.

1. Value of quarreling

- a. May bring into the open differences which are not hard to resolve.
- b. When held at a minimum, it is a tension reliever.

2. Destructive quarreling

- a. May become a habitual pattern
- b. Frequent quarreling may accumulate grievances.
- c. May say things that are hard to forget.
- d. Bring up past grievances that should have been forgotten.
- e. One quarrel can lead to another until there is deep resentment.

3. Avoiding or reducing number of quarrels

- a. Discuss differences before they build up, when no one is hungry, tired, or upset
- b. Talk things over freely. Engaged couples should practice this.

- c. Accept the fact that you cannot agree on some matters.
- d. Habitual quarreling between parents is frightening for most children.
- e. Family conference is a good lesson in democratic living for children and should limit quarreling.

K. Divorce and Separation

1. Causes

- a. One, or both partners, is too immature to take the responsibilities of marriage.
- b. Conflicting expectations and outlook.
- c. Inadequate preparation for marriage
- d. Specific personality traits
- e. Infatuated with someone else

2. Problems of divorce --

- a. Require major adjustments to life
- b. Will still have to live with own personality defects
- c. Usually serious emotional shock
- d. Creates or increases financial problems
- e. Children experience loss of security. They are torn between loyalty to both parents.

Suggested Activities:

I. Choosing a Mate

- A. Briefly review the characteristics of an ideal home and one that is not ideal. Would a person tend to take the same attitudes into his or her new family? Discuss what could be done to change the pattern.

- B. Bring in a Pastor or Marriage Counselor to discuss and answer questions on successful marriage.
- C. Discuss the following situations and how they might affect the happiness of a marriage:
- a. John likes fishing, camping, boating, and dislikes to go to many parties. Mary is afraid of the water, dislikes mosquitoes, and loves parties and dancing.
 - b. John is a college graduate; Mary left school in the tenth grade.
 - c. John's family is wealthy; Mary's father is poor and proud.
 - d. John is 15 years older than Mary. (difference in ages of their friends.)
 - e. John is Catholic; Mary is Protestant. (Possibility of divorce should be investigated in mixed marriages. What about children? When the babies appear parents may change their mind about promises which they have made).
 - f. Racial differences (Not too well accepted by either race.)
 - g. John is happy-go-lucky about spending; Mary is conservative.
 - h. John is an extrovert and is happiest in a crowd; Mary is quiet and seldom wants to visit or entertain.
 - i. John believes that children should be raised strictly and should be seen but not heard; Mary believes in relaxed living and somewhat permissive behavior.
- D. Discuss: "Love at first sight." Could it be permanent love? Justify your answer.
- E. Evaluate a recent movie you have seen. How did the relationship of the hero and heroine represent characteristics of last-

ing love or of love that may not last?

- F. Consult different sources on definitions of love. Make a list of these definitions and be prepared to evaluate them.
- G. Add to the list of personality needs which may be met in marriage.
- H. Discuss possible difficulties arising because young couple lives with one set of parents.
- I. Consult several young married couples. What unforeseen emergencies arose early in their marriage? Report to class.
- J. Observe teen-age marriages with which you are familiar. What are some of the obstacles which the couple is facing?
- K. Ask any students who have been dating for some time to report traits of character in their dates which did not appear during the first weeks of dating. (Selfishness, carelessness in appearance, etc.)
- L. Have the students take the following questionnaire, marking themselves 0 for "never, not at all"; 1 for "an average amount"; and 2 for "completely, entirely."
 - 1. I am independent of my parents and able to make my own decisions.
 - 2. I am emotionally mature.
 - 3. I get along well with most people.
 - 4. I understand my own personality and that of my partner.
 - 5. I understand that women behave differently from men in many ways, and that compromises and allowances must be made between both sexes.
 - 6. I handle money wisely.

7. I am competent in handling my part of the responsibilities of the home.
8. I understand some of the modern methods of avoiding conflict in marriage, and of settling quarrels when they arise.
9. I have worked out satisfactory plans for developing good relationships with my in-laws.
10. I am entering marriage with the intention of making it "until death us do part."

Any score less than 15 denotes lack of readiness for marriage.

II. Engagement

- A. Bring a marriage counselor in to discuss most frequent areas of difficulties in lives of young married couples.
- B. Discuss: "I am marrying Jim, not his family."
- C. Talk with young couples who started their married life living with one set of parents. What are the special problems encountered? Report to class.
- D. Have student whose mother works tell pros and cons of mother working outside of the home.
- E. Discuss the desirability of enjoying the same type of social activities and friends.
- F. List some moral and ethical standards (honesty, obeying traffic laws, sexual morality, etc.) Discuss how these differences might affect a marriage.
- G. Describe a broken engagement you know about and why the break was justified. Conceal identities.

- H. Make a list of household and homemaking skills a boy and a girl should bring to marriage. Have boys and girls compare each others' lists.
- I. Have girls interview recent brides and boys interview recent grooms to find out cost of wedding and honeymoon.

III. Marital Adjustment

- A. List some areas which will need to be compromised. (Time of getting up and going to bed, mealtime, diet, vacation plans, spending of money, etc.)
- B. If any students know of instances where little irritations grew and developed into an explosion, have them report on them.
Conceal identities.
- C. Discuss sense of humor. (Burned toast, tooth paste in lavatory, etc.) It has been said that it is not the big things in marriage which cause trouble, but an accumulation of small things.
Discuss.
- D. Discuss need for personal attractiveness on the part of both members of the couple.
- E. What areas of homemaking might come under the term drudgery and routine?
- F. Discuss times when quarreling might serve a constructive purpose.
(When small annoyances begin to bother, quarreling brings them out in the open.)
- G. Review discussion on need for feeling of unity in a marriage.
- H. Have students copy following list for future reference:

Household Finance Corp., 919 N. Michigan Ave., Chicago, Ill.

American Institute for Economic Research, Great Barrington, Mass.

U.S. Government Printing Office,
N. Capitol St., betw. G & H Sts.,
Washington, D.C.

Nat'l Ass'n of Secondary School Principals,
1201 - 16th St., N.W.,
Washington, D.C.

- I. Have students investigate consumer and credit buying, also insurance. Consult Better Business Bureau.
- J. Bring in cartoons about in-laws. How do the usual cartoons affect attitudes of people toward in-laws? What might explain why those who marry young may have more in-law difficulty than those who marry later?
- K. Give several rules which, if followed, should aid in better in-law relationships.
- L. Analyze a case of in-law friction which you know about. Who was most at fault, in-laws or young people? Justify your answer.
- M. What changes take place in the home when a baby arrives?
- N. Discuss changes in our society which make a stable family more necessary. (Atomic war scares, mobility of families, etc.)
- O. List some of the ways the father can help in the care of the child.
- P. Give examples where consistency of discipline is important, either on the part of one parent, or between parents.
- Q. List ways in which parents may be good examples to their children.
- R. Discuss: "Don't do as I do, do as I say."
- S. Discuss differences which may be resolved by bringing them into the open. (Leaving clothes lying around, etc.) Discuss better ways of relieving tension. (Physical activity, talking it out, etc.)

- T. If any of the students are familiar with those who quarrel, frequently, have them report how things are brought up unrelated to the original quarrel. Discuss "Never let the sun go down on your anger." (Sometimes a good night's sleep reduces the size of the difference. When you are rested is a better time to discuss differences.)
- V. List some immature characteristics which might lead to divorce, or separation. (boy cannot settle down to one job; girl will not move to another town away from her parents, etc.)
- W. Give some conflicting expectations and outlook. (Girl wants to stop working; boy says they need the money. He wants a new car; she wants new furnishings, etc.).
- X. The following is a list of the most annoying traits of husbands and wives. Wife nags, is not affectionate, complains too much, interferes with hobbies, slovenly in appearance, is quick-tempered, interferes with my discipline, is conceited. Husband is selfish and inconsiderate, unsuccessful in business, untruthful, complains too much, does not show affection, does not talk things over, not interested in home, harsh with children, touchy, has no interest in children.
- Y. What are some of the major adjustments necessary in divorce? (Going places alone; being a single person in a group of couples, etc.)
- Z. Have any students who are familiar with divorce situations tell what effect they had on the children.

RESOURCE MATERIAL

Block III

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- Personal Adjustment Marriage and Family Living. Landis, Judson T. Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1950.
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- When You Marry. Duvall, Evelyn M. Boston: D.C. Heath and Co., 1962.
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The American Institute of Family Relations
5287 Sunset Boulevard
Los Angeles 27, California

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Films, Filmstrips and Slides:

"How Babies Are Made"
Color Slide Program
Creative Scope, Inc.
509 Fifth Avenue
New York, N.Y. 10017

"Kittens: Birth and Growth"
Bailey Films, Inc.
6509 DeLangpre Avenue
Hollywood, California

"Your Family"
Coronet Films
65 E. South Water Street
Chicago, Illinois

"Growing Up Day by Day"
U-5055
University of Iowa
Iowa City, Iowa 52240

"How Life Begins"

"Fertilization and Birth"

"Human Growth"

"Girl to Woman"

"Boy to Man"
Wexler Films, Inc.
Los Angeles, California

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Listening and Moving, #LP 605, 606-7.

Educational Activities
Freeport, New York

Printed Originals for Making Overhead Projection Transparencies:

4161 The Family
4261 The Health and Happiness of the Family
4361 Individual Health and Family Life
4462 Conception, Prenatal Development and Birth
4362 The Human Reproduction Systems
4382 Health Information and Mass Media
4461 Marriage and The Family: Responsibilities and Privileges

3M Visual Products
3M Company
Education Services
Box 3100
St. Paul, Minnesota

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- Johnson, Warren R. Human Sex and Sex Education. Philadelphia: Lea and Febiger, 1963.
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Pamphlets Relating To Family Life Education

Public Affairs Pamphlets, 381 Park Ave., South, New York 10016.
Among over 200 pamphlets published by this organization are the following, which cost 25¢ each.

SEX AND OUR SOCIETY by Kirkendall and Ogg.
HOW TO TELL YOUR CHILD ABOUT SEX by Hymes.
SO YOU THINK IT'S LOVE by Eckert.
TOO YOUNG TO MARRY? by Kirkendall.
IF I MARRY OUTSIDE MY RELIGION by Black.
WHAT MAKES A MARRIAGE HAPPY? by Mace.
BUILDING YOUR MARRIAGE by Duvall.
SAVING YOUR MARRIAGE by Duvall.
WHAT IS MARRIAGE COUNSELING? by Mace.

Pamphlets (cont.)

NINE MONTHS TO GET READY by Carson.
YOUR NEW BABY by Carson.
WILL MY BABY BE BORN NORMAL? by Gould.
WHY CAN'T YOU HAVE A BABY? by Guttmacher and Gould.
A NEW CHAPTER IN FAMILY PLANNING by Ogg.
MAKING THE GRADE AS DAD by Neisser.
ENJOY YOUR CHILD - AGES 1, 2, AND 3 by Hymes.
THREE TO SIX: YOUR CHILD STARTS TO SCHOOL by Hymes.
UNDERSTAND YOUR CHILD - FROM 6 TO 12 by Lambert.
COMING OF AGE: PROBLEMS OF TEEN-AGERS by Landis.
KEEPING UP WITH TEEN-AGERS by Duvall.
YOUNG ADULTS AND THEIR PARENTS by Milt.
THE ONLY CHILD by LeShan.
SO YOU WANT TO ADOPT A BABY by Carson
YOU AND YOUR ADOPTED CHILD by LeShan.
YOUR CHILD'S FRIENDS by Gruenberg and Krech.
YOUR CHILD'S SENSE OF RESPONSIBILITY by Neisser.
HOW TO DISCIPLINE YOUR CHILDREN by Baruch.
CHILDREN AND TV by Frank.
THE SHY CHILD by Ross
WHAT CAN YOU DO ABOUT QUARRELING? by Milt.
HOW TO BRING UP YOUR CHILD WITHOUT PREJUDICE by Young.
YOUR CHILD'S EMOTIONAL HEALTH by Wolf.
MENTAL HEALTH IS A FAMILY AFFAIR by Pratt and Neher.
WHEN A FAMILY FACES STRESS by Ogg.
FAMILY THERAPY - HELP FOR TROUBLED FAMILIES by Thorman.
THE ONE-PARENT FAMILY by Wolf and Stein.
THE MODERN MOTHER'S DILEMMA by Gruenberg and Krech.
STEPMOTHERS CAN BE NICE! by Burgess.
HOW TO BE A GOOD MOTHER-IN-LAW AND GRANDMOTHER by Neisser.
WHEN PARENTS GROW OLD by Ogg.
THE UNMARRIED MOTHER by Butcher and Robinson.
DIVORCE by Ogg.

Science Research Associates, Inc., 259 Erie Street, Chicago 11, Illinois.

SRA Better Living Series for parents and teachers

WHEN CHILDREN START DATING by Neisser.
HELPING BOYS AND GIRLS UNDERSTAND THEIR SEX ROLES by Levine and
Seligmann.
HELPING CHILDREN UNDERSTAND SEX by Kirkendall.
WHAT IS POPULARITY? by Northway.
HELPING CHILDREN SOLVE PROBLEMS by Strang.
EMOTIONAL PROBLEMS OF GROWING UP by English and Finch.
HOW CHILDREN GROW AND DEVELOP by Olson and Lewellen.
GUIDING CHILDREN'S SOCIAL GROWTH by Weitzman.
PLANNING PARTIES FOR YOUNG PEOPLE by Rosenheim.

Pamphlets (cont.)

DEVELOPING RESPONSIBILITY IN CHILDREN by Foster.
HELPING CHILDREN DEVELOP MORAL VALUES by Montagu.
LET'S LISTEN TO YOUTH by Remmers and Hackett.
A GUIDE TO SUCCESSFUL FATHERHOOD by English and Foster.

SRA Junior Guidance Series for grades VII - IX

HOW TO GET ALONG WITH OTHERS by Neugarten.
LIFE WITH BROTHERS AND SISTERS by Ullmann.
GETTING ALONG WITH PARENTS by Whiteside-Taylor.
GUIDE TO GOOD MANNERS by Beery.
GOOD GROOMING FOR BOYS AND GIRLS by Stevens.
ALL ABOUT YOU by Menninger.
FINDING OUT ABOUT OURSELVES by Kirkendall.
YOU AND YOUR PROBLEMS by Dimond.
YOUR PROBLEMS: HOW TO HANDLE THEM by Remmers.

SRA Senior Guidance Series for grades IX - XII

GROWING UP SOCIALLY by Weitzman.
BECOMING MEN AND WOMEN by Neugarten.
HOW TO LIVE WITH PARENTS by Jenkins and Neuman.
DATING TIPS FOR TEENS by Kirkendall and Osborne.
UNDERSTANDING THE OTHER SEX by Kirkendall and Osborne.
UNDERSTANDING SEX by Kirkendall.
WHAT YOU SHOULD KNOW ABOUT PARENTHOOD by Eckert.

American Medical Association and National Education Association

(AMA, 535 North Dearborn Street, Chicago 10, Illinois; NEA,
1201 Sixteenth Street NW, Washington, D.C.)

A series of 5 booklets by Marion O. Lerrigo, Ph.D. and Helen
Southard, M.A., published in 1962, at 30¢ a copy.

A STORY ABOUT YOU, for children in grades 4, 5 and 6.
FINDING YOURSELF, for boys and girls of junior high school age.
APPROACHING ADULTHOOD, for young people (about 16 to 20) of both
sexes.
PARENTS' RESPONSIBILITY, for parents of young children.
FACTS AREN'T ENOUGH, for parents, teachers and youth leaders.

The Louisiana Association for Mental Health, 1528 Jackson Ave., New
Orleans 13, Louisiana.

MILESTONES TO MATURITY, a series of eight letters for senior high
students, by Henry Bowman, Bernice Moore, Lloyd W. Rowland, and
Robert L. Sutherland.

Pamphlets (cont.)

1. Milestones to Maturity
2. Personality and You
3. Your Present Home and Your Future Home
4. When Dating Begins
5. Love - or "Love"?
6. It's Better to Match than to Patch
7. When are You Ready for Marriage?
8. Partners in Living

Sex Information and Education Council of the U.S. (SIECUS), 1855
Broadway, New York, N.Y., 10023

SIECUS Discussion Guides

- SEX EDUCATION by Lester A. Kirkendall, Ph.D., October, 1965. 50¢.
SEX EDUCATION OF THE MENTALLY RETARDED CHILDREN by Warren R.
Johnson, Ph.D., January, 1967. #004 15¢.
MENTAL RETARDATION AND MASTURBATION, by Warren R. Johnson, Ph.D.,
April, 1967. #037 15¢.

Periodicals

The Family Life Coordinator, published by the E. C. Brown Trust Founda-
tion, Eugene, Oregon, 96403, at the University of Oregon, Depart-
ment of Sociology. Quarterly, \$3.00 per year.

The Journal of Marriage and the Family (formerly Marriage and Family
Living), published quarterly by the National Council on Family
Relations, 1219 University Ave. S.E., Minneapolis, Minn., 55415.
Membership of \$12.25 per year includes subscription and Newsletter.

SIECUS Newsletter, published by Sex Information and Education Council of
the U.S., 1855 Broadway, New York, N.Y., 10023. Quarterly, \$2.50
per year.

Teacher Evaluation

Identify lesson and specify activity.

Lesson No.: _____ Lesson Title: _____

Check:

Content: Very appropriate ___ Somewhat appropriate ___ Not appropriate ___

Suggestions
for teacher: Very helpful ___ Somewhat helpful ___ Not helpful ___

Resources: Very helpful ___ Somewhat helpful ___ Not helpful ___

Evaluative Statement:

Suggestions for Revision:

Teacher Evaluation

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Lesson No.: _____ Lesson Title: _____

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Suggestions
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Suggestions for Revision:

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