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ABSTRACT

Responding to the need to help children successfully make the transition from childhood to adolescence, this collection of articles examines specific obstacles children face in today's society, along with methods to address them. Following an introductory essay, the articles are: (1) "Adolescent Angst" (Browing, Castro, Difuntorum, and Helms), examining issues of developing self-esteem, peer pressure, competition, and puberty; (2) the poem "How We Are" (Schreiber) and article "Deaf and Dumb?: Adhering to Misconceptions" (Ballard, Garcia, Kelly and Walker), which attempt to dispel myths concerning deafness; (3) "Anne-Marie and Michael: Two Siblings with Autistic Disorder" (Lauderdale and Sellers), illustrating the use of behavior modification with autistic children; (4) "Adolescent Depression: Crisis in Our Schools" (Chamberlain, Gee, McFarland, and Reed), describing teenage depression, identifying suffering individuals, and strategies for dealing with depression in the classroom; (5) "I Had Been Married Two Months When My Husband Had Me Committed" (Ball, Berger, Losch, and Roberson), providing a case study of bipolar disorder and treatment options available; (6) "Grab that Bully by the Horns: What Makes Bullies Tick?" (Jenness and others), examining the evolution of the bully, parents of bullies, victims, and intervention; (7) "Flipping the Script: Children's Views on Bullying Behavior" (Agardy and others), providing children's views on bullies and how schools can control the bully; (8) "Children Raising Children" (Gikas), addressing the issue of teenage pregnancy; (9) "Teenage Pregnancy: Truth-Consequences" (Bonilla), examining pregnancy from the teen point of view; (10) "How Are We Happy? Genetic vs. Environmental" (Gower, Swanson, and Van Wieren), examining issues which affect happiness; and (11) "School Stinks: I Dare You To Motivate Me!" (Prouty, Pearson, Manies, and Morris), addressing learning motivation. (SD

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MINEFIELDS IN THE WAY

GROWING UP IN AMERICA

Second Printing
Revised



Katherine Lynn Lauderdale, BA, and Carlos A. Bonilla, PhD., Editors
*An ICA Publication in Psychology

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Editors

**Katherine Lynn Lauderdale, BA
and
Carlos A. Bonilla, PhD**

Minefields in the Way: Growing Up in America

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The Land Mines Children Encounter

→ Angst

→ Happiness

→ Deaf and Dumb

→ Bipolar Disorder

→ Autistic Disorder

→ Bullying

→ How Kids Can Handle Bullies

→ Adolescent Depression

→ Teenage Pregnancy

→ Motivation

Editors

Katherine Lynn Lauderdale is in pursuit of a doctorate in Clinical Psychology. Self-employed as a consultant for accounting and computer software, Kathie also tutors college students on a variety of classes, and speaks on issues such as: assertive training, domestic violence and sexual harassment. Kathie has co-edited six titles, the last one "*A Skeptics Guide to Alternative Medicine: A Holistic Approach to Well-being*", She has also had her work published in "*Chaotic Conversation: A Foray into the Complex World of Communication*," and "*A Skeptics Guide to Alternative Medicine: A Holistic Approach to Well-being*", (ICA Publishing, 1998).

Carlos A. Bonilla is a molecular biologist and human geneticist who has published extensively in the fields of toxicology, pharmacology and education. A former National Heart and Lung Institute (NIH-Cardiac Functions Branch) special fellow in Cardiovascular medicine. Dr. Bonilla has devoted much of his time during the past fifteen years as -a consultant, columnist and author- to the problems affecting K-12 students in general and Latino students in particular.

Illustrators

Eric Affleck is a cartoonist whose work appears weekly in IMPACT, the official newspaper of San Joaquin Delta College in Stockton, California. His charcoal and acrylic paintings have been exhibited at the Bonner Gallery. Eric, 21 years old, is pursuing a degree in fine arts under the guidance of Mario Moreno. Eric had his work published in "*Chaotic Conversation: A Foray into the Complex World of Communication*," "*Tending to the Emotional Needs of Teachers and Students: Tricks of the Trade*," "*Our Educational Melting Pot: Have we reached the boiling point?*" and "*A Skeptics Guide to Alternative Medicine: A Holistic Approach to Well-being*." (ICA Publishing, 1998) Eric created our covers and his other illustrations can be found on pages 17, 27-34, 48, 100, 107 and our covers.

Peter Weese is 17-years-old and a Junior in High School. His passion is drawing and art. He plans to attend art school and pursue a career as a cartoonist or an illustrator. Peter had his work published in "*Our Educational Melting Pot: Have we reached the boiling point?*" and "*A Skeptics Guide to Alternative Medicine: A Holistic Approach to Well-being*," (both ICA Publications, 1998). Peter's work can be found on pages 5, 38, 56-57, 77-79 and 89.

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Land Mines in the Way

Growing Up in America

Throughout life we are presented with many challenges, but the transitions between infancy and adulthood are the most chaotic. When we, as adults, reminisce about our own childhood, we lapse into nostalgia: a mother who gave us cookies and milk before sending us out to play until dinner, riding our bikes, exploring the neighborhood, running free without fear, uninhibited by problems that beset young children of today.

In my family, we never locked doors during the day. We ran all over the neighborhood, in and out of our friends' homes, our parents not worried about us getting into trouble. Adults in the neighborhood knew each other and looked out for all the children on their "turf." In the evenings, our parents intermingled over back yard fences, had block parties and neighborhood barbeques. It seemed they had radar and knew when we had gotten into trouble but, in reality, parents simply communicated and kept each other informed. The rule then was "love thy neighbor" and "do unto others, as you would want them to do unto you."

We walked to school alone or with our friends but without our parents; ran in and out of our neighborhood store, swam in the neighborhood pool and explored the local fields. We were disciplined by all adults, and then sent home to

really “face the music.” It was a free and innocent time and children were taught to respect adults and themselves. In other words “children were children!” In other words, “children could be children!!”

Today, in America, childhood is no longer a time of innocence and freedom, and growing-up is a process akin to soldiers in battle, running through minefields. Today, children must be taught fear and caution, must learn to be suspicious of strangers, to be on the lookout at all times, for their own safety.

But I ask you, the reader, can a child learn trust and fear at the same time? Without trust, there can be no respect. Without respect for self there can be no respect for others. Drugs, violence, emotional instability, crime, gang affiliations, absentee parents, divorces, mixed families and teenage parenting are just some of the problems children must endure while growing-up in our society today; this, at a time when hormones and internal chaos are raising havoc with their young lives.

How can we, as parents, teachers and interested adults, help children adjust to these difficult years? We must understand it is a different lifestyle, a different world than we knew as youngsters, a brand new ball game. Children today are faced with seemingly unsurmountable obstacles which transform their world: stress, depression, developmental disorders, and confusion are the norm not the exception.

Knowledge empowers us; knowledge motivates us. By learning about the obstacles our children face, we can find ways to bring more stability and security into their lives.

JUST HOW CHAOTIC AND PROBLEMATIC CAN CHILDREN'S LIVES BE?

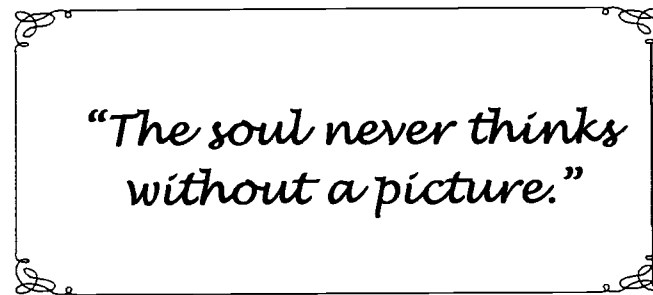
In the ensuing pages the authors give you a guided tour through the problems of adolescence, the perils of growing-up in America during the last two decades of the twentieth century.

We, the editors, illustrators and authors, invite you to read, reflect, enjoy and, above all, learn how to make it easier for children to safely navigate through the minefields in their way.

Katherine Lynn Lauderdale

Editor

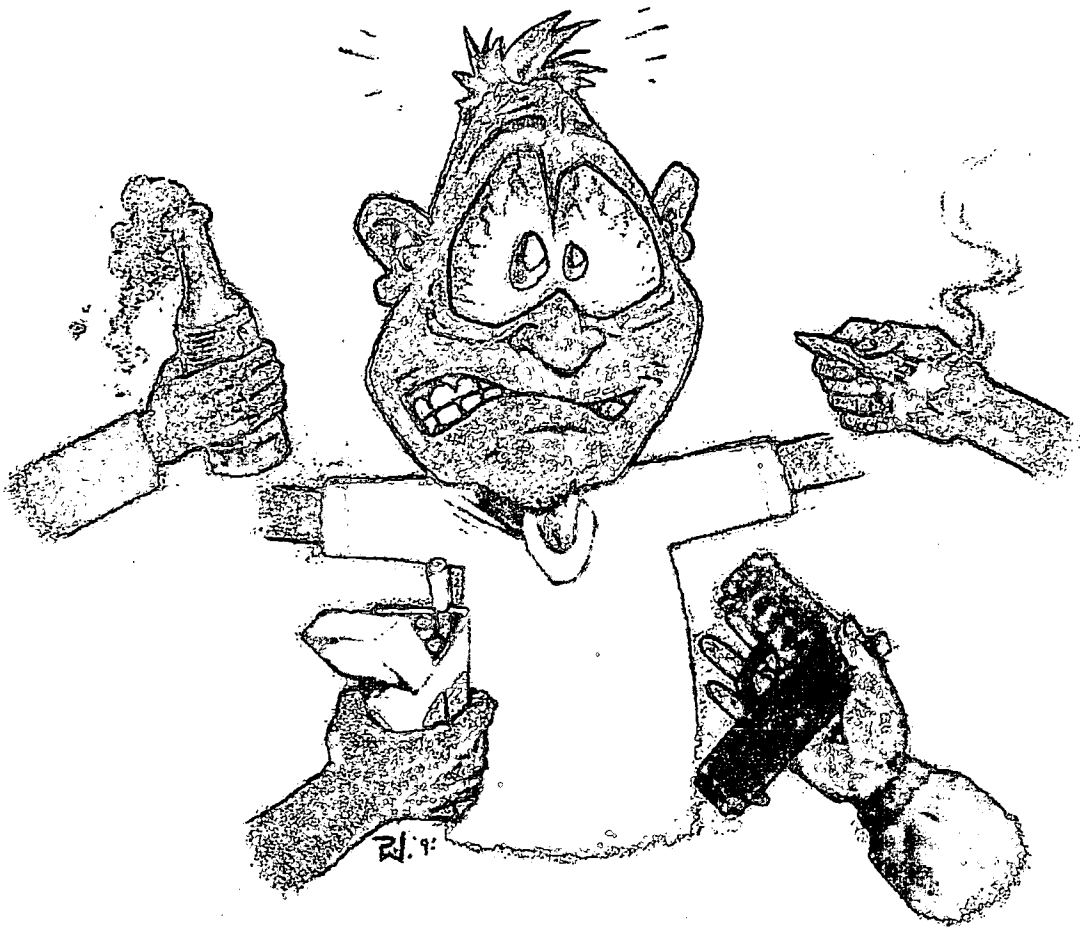
Behavior is learned by children during every waking moment. To the extent we are observed in action by children, we are all teachers. We become their models and what they watch forms the memories from which their actions are drawn. Role modeling is the most powerful form of teaching even as it was when Aristotle crystalized the idea for his students in ancient Greece:



"The soul never thinks without a picture."

Timothy C. Brennan, Jr. "Uneasy Days for Schools" Newsweek. June 29, 1998. Timothy is the superintendent of Parsippany-Troy Hills Public Schools, New Jersey.

Adolescent Angst



Pat Browning
Lillian Q. Castro
Gerald Difuntorum
Sandra Helms

The Angst of Adolescence

Teens say they are happy but are still riddled with self doubt. They are concerned about everything from their bodies to their academic abilities. "My mom treats me like a person," and "valuing God is cool." These are two responses from a recent nationwide survey taken by USA-Today Weekend Magazine which polled 272,400 teens ranging from twelve to nineteen-years-old. Our class recently conducted a similar survey asking these questions:

- Who understands you the most?
- How important are looks when it comes to making friends, succeeding in life and receiving respect?
- How do you feel about yourself?

Overall, most adolescents will say things are fine. But, are they really?

When asked who understands them the most, parents and friends are the top responses. Most teens say parents still have the greatest influence in their lives, and more than 80% say they had an adult in whom to confide. Teens admire others who are smart and have a good sense of humor. Others report getting good grades makes them feel better about themselves. When asked how teens spend their time after school, most boys



reported involvement in sports and extracurricular activities. The young women usually participated in youth group activities such as scouts or community service. According to a recent editorial in the Oakland Tribune, the number of young women actively involved in competitive sports is higher than ever before (McKibben). This is a result of Title IX, a federally mandated

law requiring schools which receive federal money offer equal sports opportunities for both sexes. Adolescents benefit from their activity in sports at school, i.e.:

- The value of physical and mental effort
- How to win or lose gracefully
- How to deal with pressure

The young women we talked to are not active in competitive sports although, overall, young women are making strides in all sports. The pressures of puberty are considerable and include, of course, the biological changes in their bodies. Two researchers from the University of Chicago, Drs. Martha K. McClintock, a biopsychologist, and Gilbert Herdt, an anthropologist, say puberty may initially begin around the age of six. Hormones that initiate the onset of puberty *DO NOT* originate in the ovaries and testes, but from the adrenal glands, better known for producing stress hormones. The adrenal sex steroids do what sex hormones typically do: influence behavior and the body and scientists now think dihydroepiandrosterone (DHEA) is the hormone involved in regulating the onset of puberty (Marano).

These two researchers also discovered evidence this early hormonal activity is responsible for the behavior suggesting puberty has begun. Sexual attraction was the hormone that first manifested itself in the fourth grade, between the ages of nine and ten.



Adding to the trauma is another factor: children must learn the value of self-esteem before they can curtail the pressure from influential friends.



“The peer group, no matter how inappropriate it seems to adults, really does give something significant to the child,” says Dr Dumont. “It is a place where the kid feels accepted, where he can feel good about himself. It enhances their self-image.” According to Judith Tufaro, Clinical Coordinator of the Adolescent Center for Chemical Education, Prevention, and Treatment at Fair Oaks Hospital, peer pressure starts in preschool. During a child’s early years the need to conform becomes important. At this time, “kids gravitate toward other kids with the same problems and in the same situations as themselves. There is a very strong need to satisfy that thirst for unity and for acceptance.” This can lead to parents losing influence on their children and the peer group ultimately gaining control.

When asked what was the hardest part of being a teenager, Breanne, thirteen-years-old, said having friends talk her into doing stupid things is the hardest. She was recently grounded because she let a friend talk her into walking home from school instead of taking the bus. Julian, twelve-years-old, agreed saying, "Friends can talk you into stupid things and you do it to be cool." Interestingly enough, although most teens we surveyed say they do not feel pressured to drink alcohol, smoke, have sex, or use illegal drugs few do feel pressured to look a certain way or have a boyfriend or girlfriend. Some girls say boyfriends who pressure them to have sex is the hardest part of being a teen. Unfortunately, many will agree to sex when they do not want to or do not feel ready.

What can give teenagers the power to say no? In our environment, where peer pressure and the desire "for love" are such strong forces, self-esteem can be a lifeline. Teenagers who feel good about themselves are less likely to engage in destructive behaviors and although those with high self-esteem still make mistakes, they are more likely to learn from them.

Peer pressure will always be around. Is it possible for parents to build skills in the child that will help when influential peers become overbearing? Ms. Tufaro believes there are coping skills parents can show children at an early age that will help them successfully choose the right decisions. "Most of the children I see in therapy have certain characteristics," she explains. "They have low self-esteem, a feeling of not belonging, poor interpersonal, communication, situational, and judgmental skills. Parents and

educators can teach all these skills, and they can do a lot to foster self-esteem and a feeling of belonging.” Parents can increase their teens’ chances of success-now and in the future-but how is it done?

Patty Rhule offers this advice:

- ☞ Have frequent talks with your kids.
- ☞ Spend time with them.
- ☞ Keep your eyes and ears open to discover new ways to offer your support, information and answers, even when your kids do not come to you with questions.
- ☞ Respect your teen’s feelings and encourage him or her to share them with you.
- ☞ Share your own beliefs and values with your children.
- ☞ Tell your children what you learned from your mistakes and successes.
- ☞ Set clear rules and boundaries, but try not to be too harsh with your words or punishments.
- ☞ Avoid comparisons with other children.
- ☞ Encourage achievement, but avoid putting undue pressure on your children.
- ☞ Always offer praise when your kids make good choices.

“Remember,” Ms. Tufaro says, “the life your children actually live and the lives you perceive them to be living are different. Their concerns are real and important to them, no matter how trivial they may seem to you.”

-Turfaro

According to the survey the problems typically associated with females are now becoming more apparent in males. Teens who answered the questions believe good looks matter when it comes to personal achievement, specifically making friends, winning the respect of others and accomplishing anything in life. When asked if teens are satisfied with their looks, both the national survey, and ours, found only three in ten teens are very satisfied with the way they look. Just like the girls, boys are obsessed with having a

perfect body. Half the boys say they want to bulk or tone up, while half the girls want to lose weight. Teens are excessively sensitive to the message that a certain kind of body look is desirable. It was the search for this perfect body that led Jeff, an outgoing, academically successful sixteen-year-old to begin lifting weights. After a year, he looked fit and well-muscled but still dissatisfied. That is when some men at the gym suggested he try steroids. He finally gained his perfect body at the expense of his health. "Let your child know you realize he is under tremendous pressure to try drugs, drink, or experiment with sex" (Dumont).

Even though you expect him to resist experimentation, do not pretend the pressure does not exist.

Aaron, a junior in high school, shaved his head and went to white supremacist demonstrations, frightening his politically liberal parents. Shouting hate slogans made Aaron, an insecure and academically marginal student, feel powerful.

You cannot simply get rid of the peer group by grounding your kid for two weeks or telling him he cannot see certain people. If you do not like the group, see what will give the child the same self-image and self-esteem that the group gives. If you are going to take a peer group away, you have to offer something in its place. Look to a child's strengths. Maybe an aggressive kid would benefit from tutoring someone in elementary school.

“Nevertheless, remember,” comforts Dr. Dumont, “not all peer pressure is negative. Sometimes the peer group can expand a kid’s horizons. The gold medal winning 1980 U.S. Olympic ice hockey team is an example of a group where peer pressure had an ennobling result.”

The results of positive peer pressure do not have to be of national significance. Positive peer pressure can be as simple as a group of high school students becoming involved in planting trees to improve the environment. “But positive or negative,” Dr. Dumont warns, “peer pressure is always there. Acknowledge it as a tremendously strong force.

“Parents face peer pressure, too. It starts in preschool and it does not disappear at the end of adolescence. It truly is the fad that never fades.”

The Authors



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BIOs

Pat Browning has been working with children for the past 15 years. She just completed a BA in Behavioral Science and will enroll in the teaching program October, 1998 to obtain her credential; she plans to teach in elementary school. Married with two grown daughters, Pat resides in Lodi, California.

Lillian Q. Castro born on the island of Tinian, in the Northern Marianas, is a volunteer and mentor for the Stockton Unified School District and having completed a BA in Behavioral Science she plans to continue graduate work in Counseling Psychology Lillian is married and has two teenagers in college. Lillian's work has been previously published in "*Chaotic Conversation: A Foray into the Complex World of Communication*", ICA Publishing, 1998.

Gerald Difuntorum will graduate in December, 1998 with a BA in Criminal Justice. He plans to pursue a career with the FBI or ATF. He is currently employed for the Federal Government as a food inspector/packer. He is married.

Sandra Helms, is married, with two children and grandmother of two wonderful boys. She has a home-based business, a craft business and works as an Office Assistant for the Department of Corrections. A student at National University, she will receive her BA in Behavioral Science (June, 1999). She enjoys children, will enroll in the credential program, and will teach Kindergarten in the future.

Samuel Francis Mc Donell, a graduate of Stagg High School, loves all forms of art and is interested in drama, singing and dance. He is currently attending San Joaquin Delta College and plans to enter show biz. Samuel drew the art work on pages 6, 7 and 8.

How We Are

-Kathleen B. Schreiber

You hear the sound of laughter
I see a smiling face
You hear the rapid footsteps
I see the stride and grace
You hear a joyous greeting
I see a friendly hand
Yours is a word that's spoken
Mine is an act as planned.

You hear a shrieking siren,
I see a flashing light
You hear the blare of traffic
I see its glare at night
You hear the lilting music
I feel the catchy beat
Yours is a sound of motion
Mine is the mute repeat

You hear a tree that rustles
I see the swaying leaves
You hear a wind that whistles
I feel a steady breeze
you hear a songbird calling
I see its graceful flight
Yours is a sound of nature
Mine is a gift of sight

You hear the preacher praying
I see the way he stands
You hear the people singing
I see it signed by hands
You hear the final Amen
I see the bow above
Yours is a vocal worship
Mine is an act of Love

Deaf and Dumb?

Adhering to Misconceptions



**Kimberlie Ballard
Marie Garcia
Tricia Kelly
Tracey Walker**

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Few hearing people know much about deafness. It is a low incidence disability and the public may not encounter many, if any, deaf individuals (Scheetz). However, with mainstreaming becoming increasingly popular this is about to change. More students will encounter deaf ones and they will require the teacher to teach the deaf student in a mainstream classroom.

Once a deaf student is placed in a mainstream classroom with children who have normal hearing the misconceptions about deaf individuals become obvious. Most people hold onto a few common misconceptions of the deaf, such as:

- Myth #1 • the deaf are all dumb and mute
- Myth #2 • all deaf people can read lips
- Myth #3 • all deaf people can hear normally with hearing aids
- Myth #4 • the American Sign Language is not a true language

To dispel these myths and re-educate interested parties, we intend to give the reader accurate information and knowledge. Hearing individuals who have not encountered a deaf person for the first time may experience strained communication, misunderstandings and embarrassment. As a result, both parties formulate misconceptions. These interactions led to the development of myths still evident today. It is our responsibility to clarify, or dispel, some of these preconceived ideas.

Myth #1 -The deaf are all dumb and mute

When encountering people who have hearing losses and observing them sign or write, people automatically assume that all deaf people are unable to speak. "We equate

speech to language and the hearing individual may surmise that without speech, language does not develop and thought processes do not occur” (Scheetz). Nothing could be further from the truth. Many deaf people prefer not to use their voices because they cannot hear how they sound or monitor their tone. Nevertheless, they usually derive this decision from being ridiculed at an earlier attempt.

Myth #2 - All deaf people can read lips

Most people automatically assume all deaf people read lips. The deaf are frustrated when attempting to communicate. Lip reading is an art of distinguishing different speech sounds from the many homophonous phonemes. “Persons with profound deafness who are experienced in lip reading can understand 30%-60% of simple words” (Hedge).

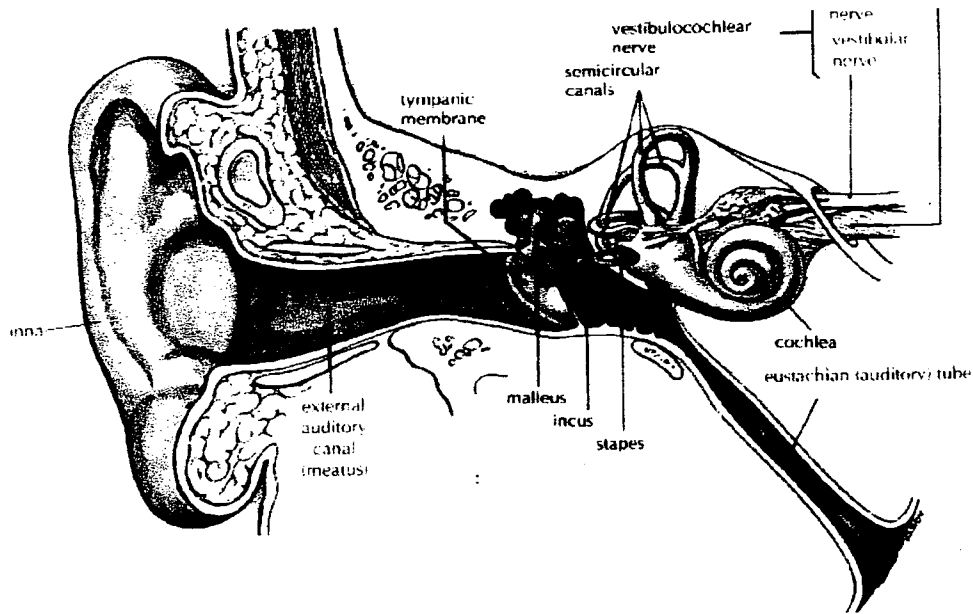
Myth #3 - All deaf people can hear normally with hearing aids

The next common misconception about deaf people is that they hear normally with amplification. Noting that the benefits of hearing aids vary depending on hearing loss is important. Hearing aids serve the purpose of amplifying sounds, they do not give the individual perfectly clear speech sounds.

Myth #4 The American Sign Language is not a true language

The final misconception is that the American Sign Language (ASL) is considered a means of manually encoding English, rather than its own language and vocabulary, separate from English (Shein). In 1965 William Stokoe proved that ASL is a true language with its own grammar and lexicon.

Having discussed the myths, we need to understand how we hear, and to understand the anatomical structure of the hearing mechanism.



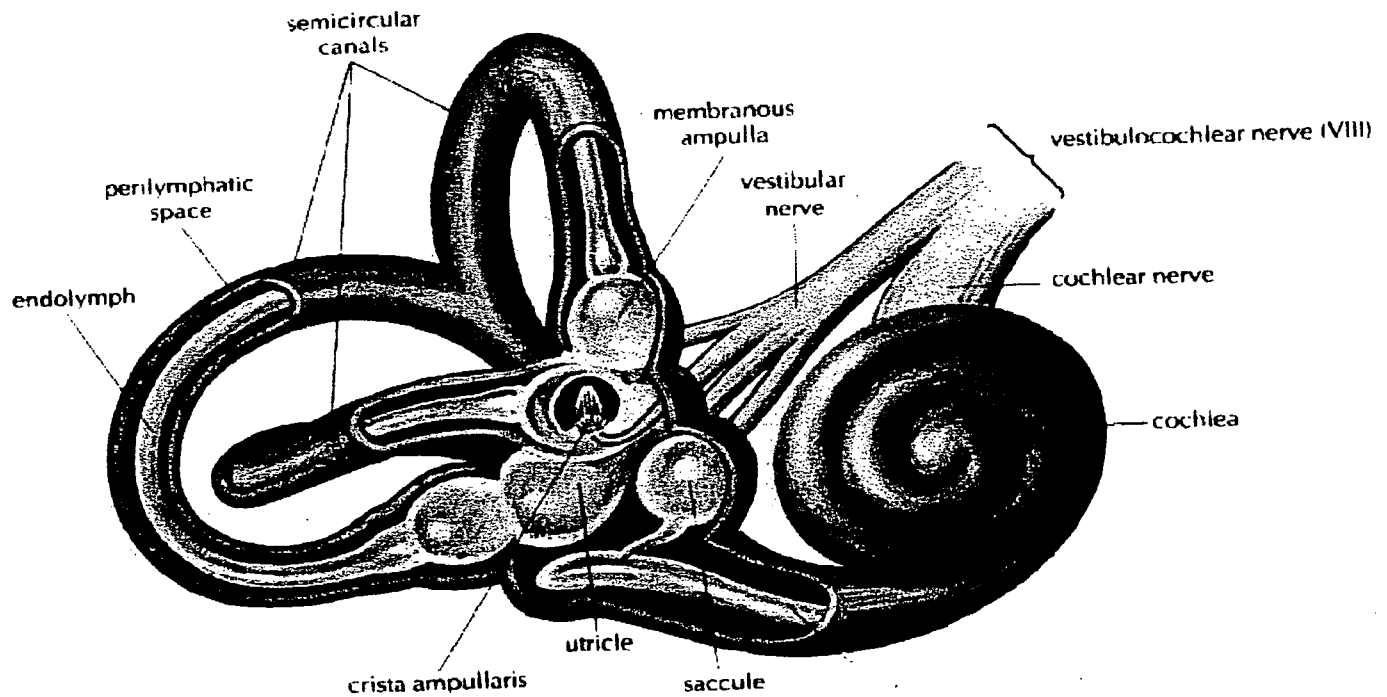
Pharynx

How Do We Hear?

The answer is very complex and detailed. The human ear is divided into the outer, the middle and the inner ear. The outer ear is composed of the pinna (auricle) and the external auditory meatus (ear canal). The middle ear consists of the tympanic membrane (eardrum), the ossicular chain (the malleus, incus, and stapes), and the eustachian tube which connects the middle ear cavity to the nasopharynx. The inner ear includes the oval window, semicircular canals, cochlea and the auditory nerve (Hedge). They funnel environmental sounds into the external auditory meatus, where they hit the tympanic membrane. The vibration of the tympanic membrane transmits the sound to the ossicular chain. External sounds transmit the vibrations of the malleus and the incus to the stapes.

The bottom of the stapes conducts the sound waves through the oval window to the cochlea. Within the cochlea are hair cells immersed in endolymph (fluid within the cochlea). When the vibrations travel from the outer ear, through the middle ear, to the inner ear, they cause the fluid and hair cells to vibrate. The cochlea then senda this vibration to the auditory nerve and finally to the brain. When something blocks the process, the result is a Conductive or a Sensorineural Hearing Loss.

Conductive Hearing Loss



Conductive Hearing Loss is the result of obstruction in the outer or middle ear.

Such obstructions prevent environment sound waves from reaching the inner ear. When sound waves do not reach the inner ear, the brain cannot identify. Thus, hearing is dysfunctional.

Conductive Hearing Loss: Causes and Treatment

A few of the most common causes of conductive hearing loss include:

- * Blockage of the outer ear (wax build up)
- * Atresia (closure of the auditory canal)
- * Middle ear infection (otitis media)
- * Otosclerosis (hardening of the ossicular chain)

Those individuals suffering from a conductive hearing loss may seek medical or surgical treatment. Those experiencing discomfort from wax build up can have the obstruction removed. Those suffering from middle ear infection can regularly take antibiotics to eliminate the obstruction. Those dealing with Otosclerosis can seek surgical treatment (a Stapedectomy) which allows the ossicular chain to become mobile (Scheetz). Once the procedure is complete the individual's hearing is restored.

Sensorineural Hearing Loss

The middle ear may conduct the sound waves to the inner ear through the hair cells. A brain cannot identify the sound waves if the hair cells in the cochlea, or if the auditory nerves are damaged. This is called a sensorineural hearing loss (Hedge).

Sensorineural Hearing Loss: Causes and Treatment

A few of the most common causes of sensorineural hearing loss include the following:

- * birth defects
- * anoxia (deprivation of oxygen to the brain)
- * accidents
- * syphilis

Unlike a conductive hearing loss, a sensorineural hearing loss is permanent. Sensorineural hearing loss ranges from mild to profound. Hearing loss and the age of onset may cause more complex problems, especially in children.

Deaf children who lose their hearing before birth (congenital deafness) or before speech and language acquisition have severe problems with articulation and academic subjects. As educators, it is our responsibility to provide services needed to enhance the education experience for deaf children.

Interpreters and Note Takers

Teachers within a mainstream classroom must enhance the education experience for their deaf students. Therefore, they need substantial support systems and services. Such services might include a note taker and an interpreter.

The role of the note taker is to document imperative information for the deaf student to reflect on later. It can be very difficult for a deaf student to watch the interpreter, the chalkboard and write notes “without losing the full intent of the message being delivered” (Scheetz). The notes must include the date, assignments, due dates, test dates, all in clear legible hand writing (Luetke-Stahlman).

Another support service for deaf children in a mainstream classroom is an interpreter. The role of an interpreter is solely to ease communication between the deaf student and his teacher and hearing peers. Unless the interpreter is hired as a teacher-interpreter, he is not supposed to function as a teacher or an aide in the class. The interpreter is also responsible for making sure the student can see both, the interpreter and the teacher (Luetke-Stahlman).

Conclusion

New challenges face teachers every day. The responsibility of educating twenty normal and hearing children is immense and having to educate a deaf student in the same classroom exacerbates the problem. Educating a child with a disability about which the teacher knows little also contributes to the problem.

One fact stands. Few hearing people know much about deafness. With mainstreaming becoming more popular the teachers must educate themselves to benefit the deaf child. To dispel any preconceived notions of deafness, they must become familiar with the true causes of deafness, and the anatomy of the hearing mechanism. The teacher must also be aware of the support services available to help ease communication and education of deaf children. With mainstreaming becoming increasingly popular, the hope it will dispel the misconceptions about deafness.



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BIOs

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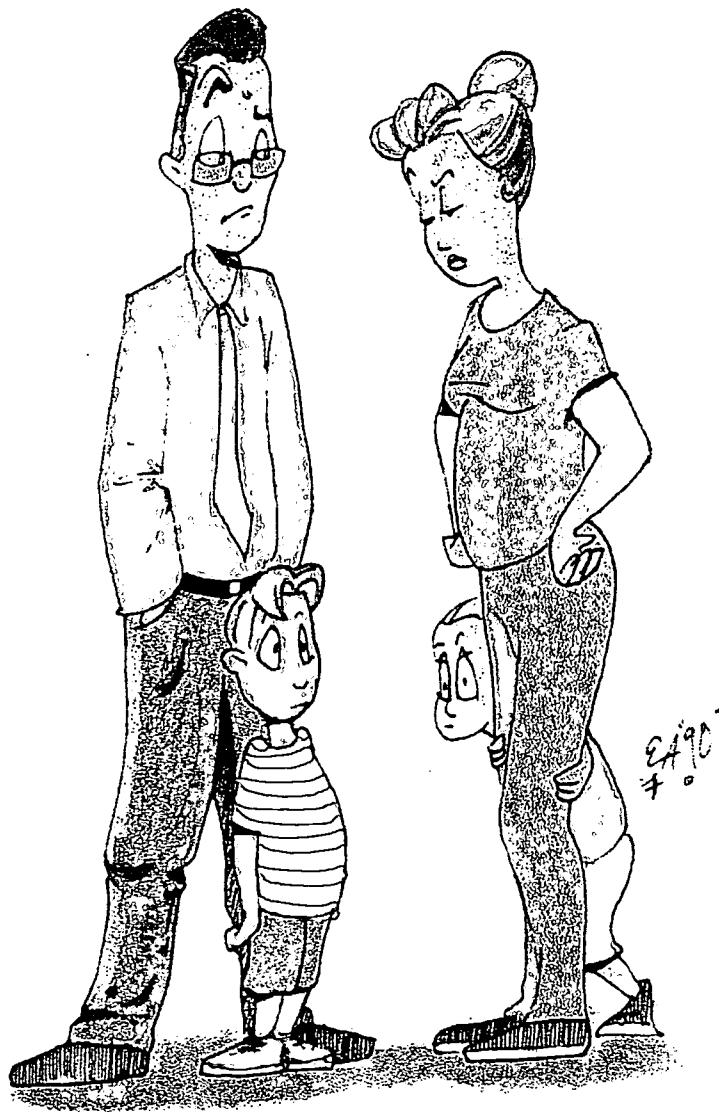
Marie Garcia

Patricia Kelly teaches Special Education. She is pursuing a MA in Special Education. Tricia wants to work with the deaf and other special needs children. Her family, who raised foster children, is her inspiration. She thanks God for guidance and inspiration. Her work was also published in "*Hello Parents . . . Where are you?*" ICA Publishing, 1998.

Tracey Walker

Anne-Marie and Michael

Two Siblings with Autistic Disorder



Katherine Lynn Lauderdale
Michael T. Sellers

Autism is a communication disorder and, more specifically, an expressive language disorder and pervasive developmental disorder beginning in infancy involving a wide range of abnormalities including: deficits in language, perceptual and motor development, defective reality testing and social withdrawal. These symptoms include very limited social interaction and preferred solitary activities. Also affected is the area of communication often manifested by delayed speech or a total lack of spoken language. If the child learns speech before the onset of the disorder, it may be lost. If speech develops, it may remain abnormal in many ways: pitch, intonation, rate, rhythm, stress or echolalia (a meaningless repetition of words by an individual, usually of whatever has been said to him/her) is often present.

Individuals with Autistic Disorder appear to have relentless attachment to specific, non-functional rituals. Body movements include the hands (clapping, finger flicking, flapping), whole body (rocking, dipping and swaying) and abnormal posture (walking on tip toes, odd hand movements and body postures). The individual shows a persistent preoccupation with parts of objects, buttons, or a fascination with movement (spinning, opening and closing doors) and spinning other items. An attachment to an inanimate object (toy, blanket, wisps of cloth) is common. These behaviors manifest in different combinations in each child.

A child with autistic disorder is especially hard on the family, particularly the parents, who feel bewildered and confused. All parents want “normal” and “happy” children and the diagnosis of autism creates insecurity. As the child’s self isolation begins, the parent (especially the mother) feels rejected. This only aggravates an already

exasperating situation. Eventually, with counseling, parents accept the problem and training begins to teach them effective ways to reach their autistic child. One way is through Behavior Modification.

Behavior modification is a simple form of therapy that works well. It uses positive reinforcement, usually in the form of a token significant to the child. The child is presented with an array of objects such as crackers, M & Ms, Gummi Bears, (and so on) from which to choose; the token initiates a response and becomes the reinforcer which therapists uses to reach the patient.

After the reinforcer has been found, the therapist's work begins on what behaviorists call a "target" behavior. Using the token, the therapist rewards acceptable behaviors and attempts to extinguish inappropriate ones. Though this method seems simplistic, it may take a considerable amount of time to develop a relationship and attain the desired outcome, so patience is essential for patient, parents and therapist. How does behavior modification work? The case study of two siblings, Anne-Marie and Michael and their treatment will help to illustrate.

Anne-Marie

Anne-Marie's development appeared normal for the first fifteen months of her life; her parents did not detect significant delays in motor milestones, social smile, or eye contact. She said "mama," "dada," and "bye" at twelve months and had a vocabulary of ten words at fifteen, also normal developmentally.



She interacted with family members and, as a toddler, excitedly greeted her father with, “Hi daddy,” and sought her mother for attention and hugs.

Anne-Marie’s parents had some concerns. Between six and ten months she would occasionally isolate herself and needed coaxing into play and later (ten to fifteen months), began to exhibit autistic symptoms: staring at toys while turning, or spinning, pushing food around her plate with the side of her pinky finger, or spending hours touching the animal pictures bordering the back cover of the Golden Classic Books with the beak of her “Big Bird” doll.

The deteriorating condition became noticeable by a substantial increase of irritability and crying. When her mother took a four-day trip, Anne-Marie clung to the babysitter and insisted on sitting in a specific position. In the following months, increased episodic crying and a general decline into an affect of extreme social detachment ensued. By eighteen months of age, she became attached to a red shovel and threw tantrums when someone removed it, stopped greeting her father and stopped speaking except echoing what she heard.

Her time was increasingly spent in meaningless, continuous staring into space or at her finger.

Diagnosed with Autistic Disorder (by DSM IV criteria)

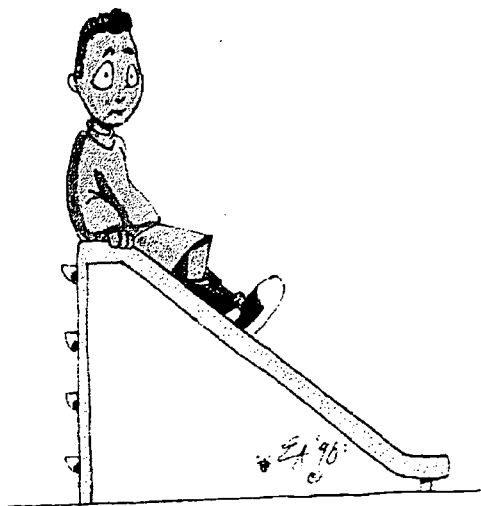


at twenty-one months her therapy began. Anne-Marie showed rapid improvement without the appearance of new symptoms for approximately sixteen months. She quickly found words and regained ground previously lost. The parents noted a brief period of self-injurious behavior and a refusal to walk on a tile floor. By the age of thirty months, Anne-Marie's echoing decreased. At this time she began to attend a normal nursery while receiving some special help but nine months later no longer met the criteria for Autistic Disorder.

Reevaluation at regular intervals showed slight signs of echoing, a tendency to withdraw and a sing/song quality to her voice, but otherwise normal for a child her age. She attended a day camp at the age of four and required prompting during the first weeks to engage in participation, enrolled in and completed regular kindergarten, first and second grades. School reports document advanced academic skills and good socialization. Anne-Marie could begin to lead a normal life again.

Michael

Michael, Anne-Marie's younger brother, early development was unremarkable. He smiled at two months, walked at nine and by the age of one year could say "mama" and "dada." He added approximately six to eight words within the next six months but only responded to specific phrases,



such as “come here,” “sit down,” and “bath time.” He began “toe walking” and showed diminished interest in people, other than family, by eighteen months of age.

His behavior, all too familiar to his parents, brought back nightmares. Could the family do it all over again? Upon examination the physician did not believe Michael had autism, but was concerned with his delay in communication and socialization. This alarmed the parents who then consulted Anne-Marie’s behavior and language therapists for their opinion: neither believed Michael was autistic.



Soon other signs appeared: he stopped learning words, became irritable and threw autistic tantrums, he was observed running up and down the hall while tracking the upper corner of the wall. At twenty-four months, while in a restaurant, he became frantic and was inconsolable for thirty minutes. He avoided people often, had tantrums when approached and twirled spontaneously to diminish his anxiety. Meeting the criteria for Autistic Disorder (DSM IV) therapy began.

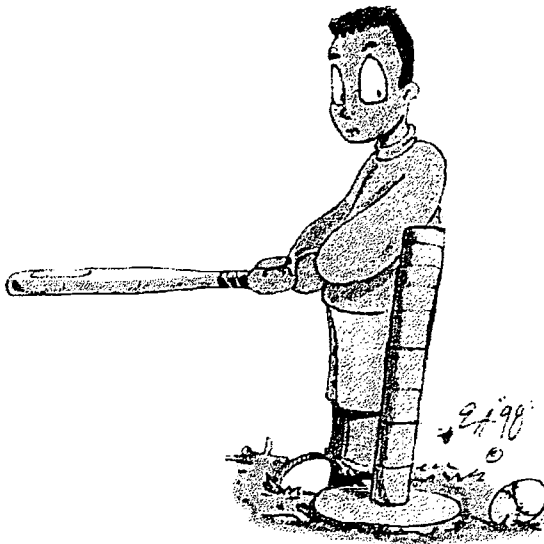
At twenty-six months he began hand flapping, clung to pieces of fabric and peered at objects out of the corner of his eyes. Withdrawal increased with time but, in therapy, Michael responded to simple requests and started to use new words ending his mute behavior. In the following months, he continued to add new words and began to develop sentence structure. At the beginning of a car trip, at thirty months of age, he spontaneously called out his brother’s name fearing he (Daniel) had been left behind the first indication of concern for the welfare of others.

Michael attended a nursery school (thirty-three months) with a mix of normal and disabled children. During the first few months tantrums erupted when his mother left but after several months he adjusted and could attend alone. Echoing diminished over time but there was pronominal reversal (reversing the noun and verb), poor articulation (crisp sounds) and a vocal quality which was monotone.

Attending mainstream nursery school at forty-seven months of age, teachers, unaware of his history, reported no problems. His speech improved but mild problems with articulation and intonation persisted as did hand flapping. These symptoms were not severe enough to warrant the diagnoses of autistic disorder.

At fifty-three months the staff reported Michael was sociable and progressing well academically, was administered a speech/language evaluation at sixty-two months that showed no sign of echoing, and a spontaneous, flexible, appropriate and precocious use of

language. When mainstreamed into pre-kindergarten, he was two years above grade level in reading and excelled in kindergarten. His teachers reported academic skills, and friendly, social behavior with continued improvement, some explosive emotions remained but hand flapping stopped.





Applied Behavior Analysis

Therapy for both children was, in these case studies, based on the work of Lovaas and Applied Behavioral Analysis (ABA). Lovaas' therapy stresses evaluation of each child requiring behavior modification to establish developmental level. Each stage of growth has its own learning abilities requiring re-evaluation of the methods applied at set intervals. The age and cognitive abilities of the child must be assessed before specific behavior modification therapy can be applied. The ability of gross and fine motor skills in most people develops generally in the same manner and, in children, gross motor ability develops early, i.e., holding a bottle or grasping a toy. Fine motor talents are more time consuming and require a certain developmental level before becoming apparent. These are mastered at different stages by different children. The primary element needed for Lovaas is **EARLY INTERVENTION**: the earlier a child starts training the better his/her chances.

Would Lovaas therapy work for Anne-Marie and Michael? Anne-Marie began at twenty-three months, Michael at twenty-five. Socialization, verbal and non-verbal communication were assessed. Play and cognition were incorporated into their behavior therapy. Each area divided into many discrete goals, with each small goal accomplished leading to a more complex one.

Once therapists discovered their effective reinforcements, they provided five (two hour) sessions weekly for Anne-Marie for twenty-three months duration but because of Michael's slower progression, he received on average twenty-five hours weekly until half day nursery school began at thirty-three months of age. For the next nine months received ten to twenty-nine hours of weekly therapy, followed by six to ten weekly sessions over the next year until it ceased at fifty-three months. Lovaas therapists trained the children's parents so that continuous help became possible and, because of this, both children had three times the weekly speech and language therapy.

ABA is an extensive, highly structured form of behavior modification. It is done on a one-to-one basis and uses reinforcement in the form of food, praise, smiles and tokens; it requires extensive data collection and paperwork to monitor progress and plan future goals. Trained therapists and teachers carry it out and require parents to become an extensive, integral part of the therapeutic regimen. It requires energy, time and a total commitment to the welfare of the child and when all concerned remained committed to this goal then it is well worth the effort.

After all, children deserve the best we can give them!



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BIOs

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ADOLESCENT DEPRESSION

Crisis in Our Schools



Cindy Gee

Rick Reed

Sharyn Chamberlain

Kathryn McFarland

Statistics indicate that 2-60% of teens may suffer from some form of depression.

Adolescence is a time of great emotional instability, searching for self, and physical and mental growth. Studies have shown depression affects many adolescents and statistics suggest 2-60% of teens may suffer from some form of depression (Mammond). This marks a 200% increase in the number of teenagers diagnosed with depression over the last decade (Blackman). The practice has been to attribute the emotional instability, common for teens, to the “developmental storm” of growing up. Parents and teachers view emotional turmoil of adolescents as natural “growing pains.” How, then, are we to help teenagers who truly need assistance dealing with the devastating effects of this malady?



Many people assume they know what depression is because they have had a touch of it in their lifetime. Feeling sad, when hit by one of life's inevitable losses, is natural. For adolescents, it is a loss when changing schools and leaving behind close friends or when breaking up with a boy or girlfriend. Grief can be very intense at first, usually subsides with time, but when it lasts longer than a few weeks, it may lead to major problems, even suicide. A major loss, such as a death, may take a long time to recover and lead to a protracted period of depression.

Many young people go undiagnosed or mis-diagnosed because the symptoms are attributed to normal “hormonal” changes of youth.

Signs Include:

- **appetite changes**
- **sleeping difficulty**
- **feeling helpless**
- **restlessness**
- **grouchiness**
- **aggression**
- **withdrawal**
- **physical complaints**
- **alcohol abuse**
- **drug abuse**
- **sexual activity**
- **suicidal feelings**

Diagnosis of adolescent depression is a daunting task and many factors have to be considered. Teens hide their feelings and professionals resist labeling them as depressive. Until recently, professionals evaluated them using totally inappropriate diagnostic criteria. The causes and symptoms for both (adolescent and adult) depression must be considered separately; they differ because the teenage years are defined by a state of rapid change. It is a serious concern that many young people go undiagnosed or misdiagnosed because their

symptoms are attributed to normal hormonal changes of youth. Without treatment, adolescent depression can continue into adult years: it is known to recur (61-90%) in adulthood, wreaking havoc on careers, families, finances. In other words, wreaking their lives. In the short term, noticing any signs is important because “depression itself can have devastating effects on a child’s emotional and intellectual growth and development” (Greist). Some signs of adolescent depression include: sleeping difficulties, diminished appetite and weight loss, overeating, or problems in school often resulting in dramatic drops in academic performance. Other signs include feeling helpless and seeing no hope for the future. Feelings of wanting to leave home or of not being understood and approved of, restlessness, grouchiness, and aggression are common. Sulkiness, a reluctance to cooperate in family ventures, inattention to personal appearance and a tendency to social isolation are common findings. Dr. Kathleen McCoy adds to the list of signs of teenage

depression: psychosomatic complex such as headaches, stomach aches, low back pain, fatigue, alcohol, drug use, sexual activity and suicidal feelings (McCoy).

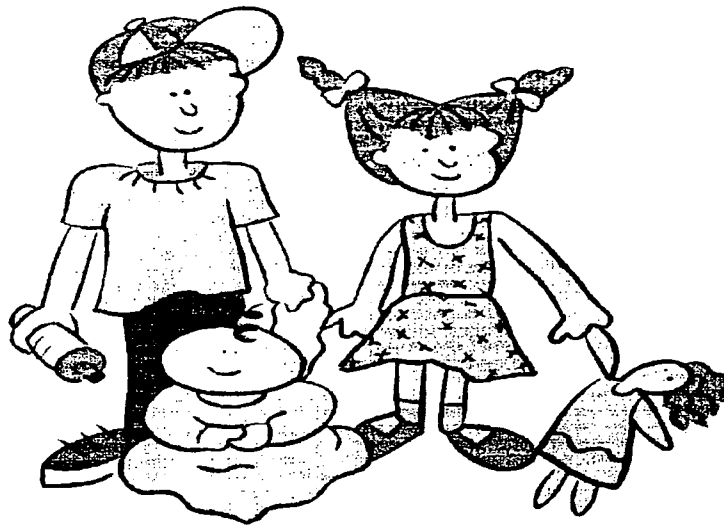
The physical and emotional effects of depression can be extremely serious and, at times, debilitating. People who have suffered both major depression and serious medical illness, such as a heart attack, usually say it was by far their worst experience. Depression has effects throughout the body and disrupts a person's feelings, thinking, behavior, and physical well-being. The most extreme behavioral abnormality is suicide, which suggests the deep and pervasive pain depressed people can feel. "Experts contend depression is a factor in 60% of suicides" (Resnick, 1997).

To many people, the thought that depression can produce so many devastating effects, seems over-dramatic. Continuing and recent studies have shown that about 5% of young people between 14-18 years of age suffer from depression but only about 20% of these are diagnosed and, even fewer, receive treatment. This should send a clear notice to parents and educators: depression needs understanding and must be addressed.

Depression is not something that just goes away by itself; or can be "snapped out

of" at will. What seems trivial to an adult could well be devastating to a young teen! Adolescents obsess with personal appearance, social acceptance, stress, family problems, and fear of the future. Many teens are self-critical and feel they can never measure up, leading to feelings of failure and inadequacy: ingredients for depression.





Of course, concerns about school can also play a major role. Adolescents may feel internal or external pressure to do well academically. A lower grade can send a teen into a depression tail-spin, and those

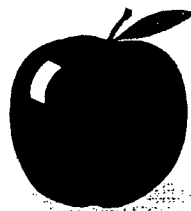
with depression symptoms caused from other areas in life may find success in school impossible. One student explains the effects of depression at a school setting: "When I was depressed my sophomore and junior years in high school, the academic world was the last place I wanted to be. Like anyone suffering from it, I was not deliberately trying to disrespect the teachers' efforts to conduct a class, but depression overwhelmed me so that I could only see things in the broad spectrum, as opposed to concentrating on one situation at a time, such as a single class."

Dealing with Depression Classroom Teacher Strategies

Because depression is a cause of extreme problems, it is imperative the classroom teacher learns steps to recognize depression in their students and provide help. Though schools cannot offer long-term therapy or medical diagnosis, they do have an obligation to help troubled children.

Thomas Barrett, School Psychologist and Initiator of the Cherry Creek Suicide Prevention Center (Cherry Creek, Colorado) offers some practical help to teachers and schools. He suggests the following:

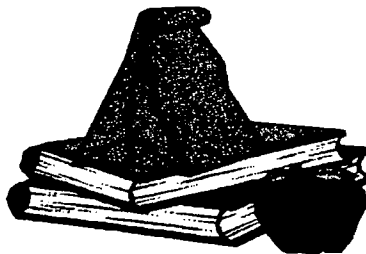
- Watch for signs of trouble in the adolescents you teach. If you suspect that someone is seriously depressed, remain calm and non-judgmental. Ask questions so that will make it clear to your student you do care.
- Rely on your own judgment to decide how urgent the state of depression is. Try to figure out how high the risk is and take action appropriately.
- If a number of students in your class may be going through a crisis causing depression, consider teaching a unit on teenage depression.
- Be reluctant to keep a student's confidence if it becomes apparent depression could be leading to suicide. Report immediately any talk of suicide ideation.
- Resist the urge to offer simple solutions. The pain of depression can lead to very complex problems that cannot be addressed with a shrug of the shoulders and an "oh, well" attitude.
- Resist taking sides with the adolescent against his family if the family is at the root of the depression. You may think you are doing him a favor, but think again. What he probably needs is to be an integral part of his family and peer group.
- Help your student identify the problems that have led up to the feelings of depression. It may surprise you to find out he really does not know or there is a handful of problems. Remember the problems may sound trivial to you, but they are all inclusive to your student. He cannot see beyond them; he cannot understand that they have solutions and will no longer torture him.



Show him his problems have answers. After you identify them, one by one, help your student work out some solutions. Let him/her do most of the thinking. He needs to know he can cope with the solution process.

Irving Berkovitzs, the senior psychiatric consultant for schools in the Los Angeles Department of Mental Health, prescribes six steps every school should take in preventing teenage suicide. These same steps could apply to helping the student suffering from depression:

- ☺ Offer remedial reading classes; researchers have shown a strong correlation between poor reading skills and emotional distress.
- ☺ Help prevent withdrawal and social isolation by encouraging all students to participate in extra curricular activities.
- ☺ Include in the curriculum a more positive study of society, stressing problem solving and the building of an interdependent world.
- ☺ Develop more positive and personalized teacher-student relationships. If classes are too large, lobby the principal and school district to get class sizes reduced. Become involved with each student. Make sure they know you care.
- ☺ Try to see that each student has at least one friend.
- ☺ See that the counselors in your school are allowed to council students and that their time is not monopolized by administrative tasks.



In essence, try to keep morale high between students and school personnel. Foster rich and rewarding relationships between teachers and students and between groups of students. Make sure that parents get the opportunity to participate. Build a strong curriculum that emphasizes community involvement and sense of self.

Finally, above all, keep the school neat, attractive and safe: a place where students want to be. In order for a teenager's problems to change, the family, friends, and teachers have to make some changes too. They may need to revise schedules, learn new communication skills or see the teenagers' behavior from a fresh point of view. None of this is easy, but being open with constructive ideas is important. Taking the risk of change, trying new ways, help the teenager get back in touch with self and others and eventually grow. There is expert and compassionate help available if those involved are willing to use it.

**It is the willingness to make the
effort that will help
save the teenagers.**

Guide to Resources

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Additional Information can be obtained by calling:

- ☺ National Youth Crisis Hotline (800) 442-4673
- ☺ National Mental Health Association (800) 969-6642

BIOs

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Cindy Gee is a teacher at Elk Grove Unified School. She is the single mother of three and loves working with children, especially those who are gifted, or depressed. Cindy has a Master's in Curriculum Development and her goal is to acquire a doctorate.

Kathryn McFarland

Rick Reed

**I had been married two months
when my husband had me
committed.**



**Christina Ball
Steve Berger
Stacey Losch
Jerry Roberson**

BEST COPY AVAILABLE

SUSAN'S STORY: A CASE STUDY

I had been married for two months when my husband committed me, his 27-year-old bride, to a locked psychiatric ward. Looking back, as a little young person, growing up in a loving and large extended Italian family in Chicago, I felt emptiness, and sadness, I could never explain. I always had mysterious physical problems, such as blinding migraine headaches, nosebleeds, and vomiting.

When I was fourteen years old, my doctors began to suspect I had a "female" problem, because I had stopped menstruating. There were not any noninvasive diagnostic tests like CAT scans then, so I had one exploratory surgery after another. During my teens, I saw every type of physician except a psychiatrist. I went to court-reporting school, specializing in aviation law. When I was twenty-three years old, I opened my own court-reporting business, which became very successful. What I did not realize was that I was becoming manic. I started spending money outrageously. I hardly slept but that suited me fine. On January 1, 1982, Dan and I decided to get married. The following week I saw a neurologist for my migraines. He gave me Methadone and Elavil, a mood-elevating drug no patient with mania should ever take. It pushed me over the edge. I became psychotic and started hallucinating. I called my parents and said, "I am in the shower, and there are bugs everywhere. They are crawling up and down the ceiling." When they arrived, I was nude, freezing cold, saying repeatedly, "Do not you see the cockroaches?" Over the next five months, the mania kept building and I started to lose touch with reality. Before I knew it, I was being escorted to the hospital's locked psychiatric unit.

WHAT IS BIPOLAR DISORDER (BPD)?

BPD is an affective, or mood disorder, meaning it relates to the way we feel rather than to outward actions or thought processes as measured by conventional means. Wide sweeping mood swings and mania characterize BPD. Mania is the unpredictable high during certain periods of the disease in which a person exhibits:

- Inflated sense of self
- Decreased need for sleep
- Flight of ideas or racing thoughts
- Increased activity or agitation
- Increased distractibility
- Reckless involvement in pleasurable activities
- More talkative than usual or pressured speech patterns

BPD affects 2%-4% of the population or two million Americans. It affects men and women in the early stages during their 20s and 30s. It is hereditary in 24% of the cases for men and 42% for women. BPD has not been linked directly to genetics but is correlated with neurotransmitters especially dopamine and tyramine. This was recently found during efforts to perfect a diagnostic predictive marker for BPD to differentiate it from unipolar endogenous depression. Tyramine conjugation, a diagnostic test, can be used to eliminate the possibility that a person has BPD since, in these patients, tyramine is broken down properly but not so in unipolar depression. Researchers hope to delineate the early onset of the disease further and provide correct diagnosis.

TREATMENT OPTIONS FOR PATIENTS WITH BPD?

Susan's case suggests mistreatment can cause severe repercussions in this disorder and manifestations of psychosis and even suicide. Researchers documented this in 1994 in a ten-year study on mortality among BPD patients which concluded the rate of suicide when untreated BPD would be 18%. However, it was found patients who complied with their drug regimen (Lithium) including bi-weekly follow up had a mortality rate of 0.6%, suggesting that monitored and continuous treatment with lithium was the same as in normal control groups. The 1994 issue of Neuropharmacology points out that compliance to lithium in a new form of eye drops was 87%, compared with the success rate of 64% when taken orally.

Valproate acid, an anti-epileptic drug, was studied in seventeen inpatients with BPD. It was effective at eliminating episodes of mania and hypo-mania in 71% of patients when used as the only anti-psychotic medication for up to three weeks. They believe Valproate acts as a suppressant of a mechanism in BPD called kindling, where nerve impulses within the temporal lobes of the brain start a neuro electrical response that continues even when the stimulus is no longer present. Non-controllable electrical activity, similar to psychomotor epilepsy, is found in the central nervous system, not in the peripheral nervous system, so there is no risk of seizures.

Depakote sodium is another medication now being used to diminish the kindling effects it, and a similar compound called Tegretol, both works desensitize neural end-plates to stimulation, thus suppressing the cycles of mania and hypomania.

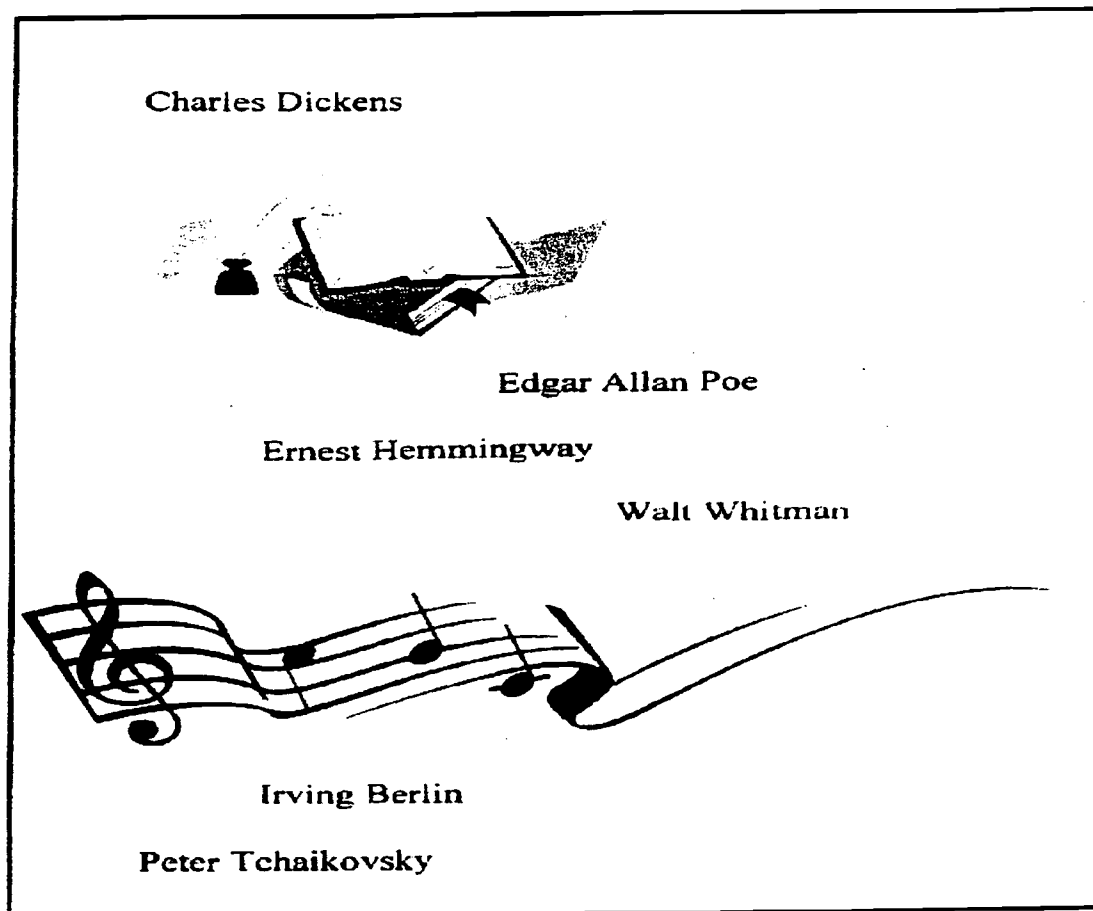
Some tricyclics have been shown to greatly increase manic episodes and psychotic breaks which researchers have related to increased risk of suicide in BPD patients; therefore researchers recommend other antidepressants, ie: Wellbutrin and Bupropion. Selective Serotonin Re-uptake Inhibitors (SSRI) as treatment for BPD: Prozac, Paxil, Zoloft, and Effexor are also being investigated in research hospital settings to see if their specificity will help in the depressive phase of BPD without unacceptable risk for mania.

Psychotherapy and genetic counseling are being used as adjunct therapies in treating BPD. The relapse rate is 42% - 50% even with initial remission of the symptomatology of mania evident in 75% of treated patients. There is a very high tendency for patients to become non-compliant with their program. The manic or up-phase of the disease is so strong that only some time later, when hypomania or depression sets in, does the patient seek help or re-exhibit signs of relapse. Unfortunately, statistics show each time they stop a previously successful drug combination, there is a 7 - 13% chance that restarting that regimen alone will not succeed a second or third time. So the relapse and death rate are correlative at all levels in the treatment of BPD.

Electro-shock Therapy (ECT) is the rapid depolarization of small selected areas of the cerebrum by electrical current. ECT is making a comeback as safer and more selective imaging systems can pinpoint the kindling effect in patients more effectively, it is the treatment of choice in those patients who:

- Relapse two or more times on effective drug regimens
- Are intolerant of the side effects of the drugs
- Are pregnant
- Do not respond to drug therapy

Just how far ECT will be taken as therapy remains to be seen. Having bi-polar depression does not have to be the end of your life. Remember, you are in very good company! Some of our greatest achievers; poets, writers, and musicians, have faced the of this this disorder. Their minds, often besot with manic depression, have produced some of the world's finest works of art.



RESOURCES

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BIOs

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Grab That Bully by The Horns

What makes a bully tick?



Gloria Jenness

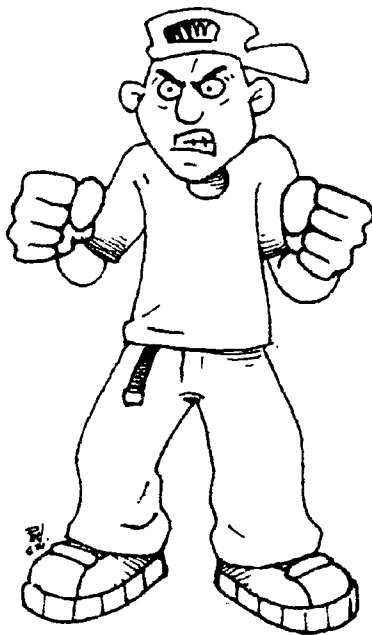
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As educators, we have explored the implications bullies (and their parents) exert toward their victims in our society. A brief background investigation helped us identify the characteristics of bullies, their parents, and their victims. We include a snapshot of intervention methods applicable for home and schools and present, assertiveness skills and ideas which parents and teachers can use to teach children so they can prevent becoming the bully's victim.



The evolution of the bully . . .

Daniel is a good kid. He rises one morning, hugs his sisters, kisses his mother on the cheek and leaves for school. Daniel used to smile more, today he smiles less. Waiting at the end of the block, Daniel sees his mother depart with his two younger sisters. Returning home, he opens the door to his parent's room and pulls the trigger. Daniel is dead! The dark stains of fear and pain spreads from him in the words of the note he left behind. Daniel was the victim of a bully.

Bullying is an attempt by a person to hurt or frighten others they perceive as being smaller or weaker. Most students report they have been victimized, in fact, seventy-five percent of high school students say they have been bullied in an extreme way (CDC).^{*} Unfortunately, police have found that victims who finally report had been picked-on for a year before a major attack, but never told anyone out of fear.

^{*} Centers for Disease Control, Atlanta, Georgia

What breeds a bully? Said another way, what leads a child to use physical or emotional force to get what he or she wants? Research suggests most explanations point to trouble in the child's social environment. For instance, kids who bully may have parents who are punitive and verbally or physically abusive. One who bullies may have been a victim of bullying, perhaps at the hands of another child or sibling. The child may be treating others in the way they were treated. Also, kids who view excessive amounts of television or movie violence are more likely to use violence.

In Charles Darwin's epic theory on evolution, The Origins of Species, environment plays a major factor in developing the characteristics and behaviors of a species. Dr. Zake Matthews, a child psychiatrist at Lucille Salter Packard Children's Hospital, Stanford, California, who also works with inmates at the California Youth Authority, reports: "...in an increasingly violent society, suburban kids are engaging in the type of violent behavior more commonly associated with inner-city children."

An enormous body of research shows aggression breeds aggression. Children subjected to physical punishment are more likely than others to be aggressive to siblings, to bully other children at school, to take part in aggressively antisocial behavior in adolescence, to be violent to their spouses and children and to commit violent crimes. National commissions in the United States, the Councils of Europe, Germany, and Australia have all recommended ending the physical punishment of children as the most effective single way of reducing all violence in society.

Yet, how do we prevent the selective breeding of bullies within our schools? First, let's take a hard look in the mirror. Are any of our behaviors similar to those of a bully?

More specifically, do we frequently criticize or demand unquestioning obedience at every turn? Do we commonly use spanking as a punishment, especially in anger? If so, we are sending a message that anger, violence, and intimidation are ways to get what we want.

All kids have the capacity to bully. It is likely your child will use bully tactics on peers especially if talking it through proves unsuccessful. Boys were found to engage in it three times as much bullying as girls. The popular belief that bullies have underlying insecurity and anxiety is *NOT* true. In fact, bullies have a low level of anxiety. The typical bully has “an aggressive personality pattern” combined, at least in boys, with strength. What factors are known to create an aggressive personality?

- negative emotional attitudes to the primary caretaker characterized by lack of warmth
- permissiveness by primary caretaker for the child’s aggressive behavior
- use of “power-assertive child rearing methods” such as physical punishment
- the child’s temperament. Some children are just mean!

The outlook for the bully is bleak. Dr. Dan Olweus, a psychologist who teaches at the University of Berger Norway, reported “bullies are likely to end in criminal residences. We found about sixty-percent of bullies have at least one conviction by the age of twenty-three.” However, there is hope! In Norway, bullying in schools has been cut by more than fifty-percent since 1983 following concerted efforts to reduce it; this after three bullied children committed suicide in 1982.

The Parents of Bullies

A child rarely becomes a bully without having a close relationship with an adult family member, friend or someone whom they think of as a big brother/sister. The child watches “that person” always: how they present themselves, how they form their sentences, what the underlying message is in their body language, and to whom they speak. In other words, adults who bully can become excellent role models for children to emulate.

Bully parents/adults have a vast inventory of practiced techniques from which to draw. They will pair one sibling against the other; they will show favoritism toward one child by verbally and, perhaps physically, bullying the other sibling(s). Or maybe the parent really wanted the child to be born of the opposite sex, and, of course, shared this information with the child. Does the parent:

- treat the child as a burden?
- leave the child alone, ignore the child?
- criticize and withhold praise?
- use the child as success to win status?
- attend school functions?
- support homework?
- hit the child?
- laugh at the child?
- tell the children how dumb or ugly they are?
- throw things in a fit of temper?
- ignore the good deeds but inflict punishment for the “bad?”
- stop speaking to the child?
- threaten God’s wrath or leave discipline to Dad?
- stand by while the other parent directs anger toward the child?
- demand the child meet his standards?
- use the child as a release for anger?
- make the child feel guilty if the child is sick?
- possess erroneous attitudes of the parents toward the opposite sex?
- possess erroneous attitudes toward marriage?
- belittle the other parent?
- pick the childrens friends, distrusting their judgment?
- display prejudice?
- withdraw, and mope leading the child to believe it is his fault?

The Bullies' Victims . . .

Bullies target children who are their exact opposites in personality. The loud aggressive bully usually picks upon a shy or withdrawn victim. Most victims lack the social skills needed to combat bullies: they are insecure, suffer from low self-esteem, and lack social cues. These youths are unable to stand up for their rights, lacking the ability to walk away or to tell a bully, "*No!*" They do not know how to respond to their physical, mental or verbal abuse.

Sometimes, a child will tease a bully, provoke his wrath and then have to defend himself not knowing how to respond without becoming upset, submissive or sometimes aggressive. He does not have the skills needed to deal with confrontation. This inadvertently rewards the bully, making him more likely to continue the undesirable behavior. Adults who intervene, without teaching the appropriate alternative conflict resolutions, only prolong and complicate the problems for victims.

Bully Intervention

Once a bully is targeted, how can parents and teachers intervene to quell this type of behavior? Until recently, educators overlooked bullying because of concerted efforts to prevent students from bringing guns and knives to school. Teachers should be empathetic to the torment of the bully's victims and can identify "bullying" when it is taking place in their classrooms. Educators may tend to dismiss or ignore bullying holding onto the opinion that "boys will be boys," unaware of the emotional suffering by the victim. Even more upsetting is the fact sixty-percent of the victims (60%) do not report bullying to their teachers but look to their peers, while fifty-percent (50%) look to their parents for support.

When a bullying incident has been observed by or reported to the instructor, the first thing to do is to take the problem seriously and investigate the incident by interviewing the bully, victim, and witnesses (if any) separately. The severity of the incident determines the appropriate action to be taken by the school. A simple apology may sometimes suffice, while in other cases, legal action may need be taken. The National Training Association, an organization that sponsors student health and safety programs across the country, recently began offering workshops to teachers on the subject of bullying. Today, many schools have incorporated a “whole school anti-bullying policy” into their curriculum which involve staff, pupils, and parents. This policy conveys a message to students and the whole community: ***bullying behavior is unacceptable and will not be tolerated!***

To help the students and staff understand the policy, schools offer class discussions, assemblies, and handouts so the guidelines will be familiar to every person involved the school. Elements of the program include:

- increasing students’ empathy toward victims
- improving victims’ social skills to reduce the probability of being bullied
- developing the bullies’ anger management, conflict resolution and problem solving skills
- recognizing unacceptable behavior and taking action promptly
- developing strong collaboration between staff, students, and parents

Instructors learn how to:

- inform the bullies’ and victims’ parents along with members of the staff about a bullying incident
- keep written documentation of the incident, interviews, and action taken

In some cases of bullying informing the parents will have a positive impact on the child’s future behavior at school. However, many bullies come from homes where there is

little parental involvement, and the parents are often “big bullies” themselves.

Nonetheless, the school should support instructors while they are upholding the established school protocol of the anti-bullying policy.

What can the parents of the victim do to help resolve a bullying situation?

- if your child is being bullied, get as much information as possible about the incident
- avoid blaming the bully
- discuss assertive alternatives when responding to the situation
- enact role-playing situations with your child.
- if the bullying problem is not resolved quickly, then contact the teacher, school and parents of the bully.

What can the parents of the bully do to help resolve a situation?

- remember not to overreact or blame your child
- discuss the situation with your child, how it feels to be bullied
- offer some alternate methods in dealing with frustrations
- convey that bullying is unacceptable behavior
- role play appropriate behavior addressing consequences of continued bullying
- teach them to “walk in the victim’s shoes.”

Find opportunities for the child to help others, perhaps by volunteering at a local charity or helping a teacher after school. Serving others fosters a child’s feelings of self worth and helps develop empathy.

Parents...Don’t be push overs. You may breed a bully by becoming permissive, by giving in when a child is obnoxious or demanding. Children feel more secure when they know parents set limits, which includes curtailing viewing of violent TV shows, movies or computer games. We all hold aggressive survival skills. As violence in society becomes more threatening, children and adults may tend to use these skills to survive.

Unfortunately, these skills, not properly applied, **can kill!**

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BIOs

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Kevin Kenworthy graduated from Purdue University with a BS in Marine Biology. He teaches Alternative Education for the Tracy Unified School District in Tracy, California helping At-Risk students exceed. Kevin resides in Manteca, California with his wife and their two children. He also works at the City Bio Tech Management Program. His hobbies include sailing and bike riding. Kevin's work was published in "*Our Educational Melting Pot: Have we reached the boiling point?*" ICA Publishing, 1998.

Angela Lawicki

Nick Pryschuk has been a resource teacher in Denair School District for two years, and was at Sylvan School District in Modesto for six years. He is married with 1.75 children. His hobbies include playing in a Baseball League for over 30-year-olds. Nick hopes to attain the job of District President for the Teachers Union. He believes it is necessary to take small steps to a big goal.

Catherine Wells

Appendix A: How To Teach Children Assertiveness Skills

- Demonstrate assertive behavior (e.g., saying “no” to another child’s unacceptable demands) and contrast aggressive or submissive responses through demonstrations. Let children role play with puppets or dolls
- Intervene when interactions seem headed for trouble and suggest ways for children to compromise, or to express their feelings in a productive way
- Teach children to seek help when confronted by the abuse of power (physical abuse, sexual abuse or other) by other children
- Remind children to ignore routine teasing by turning their heads and walking away. Not all provocative behavior must be acknowledged
- Teach children to ask for things directly, and respond directly, to each other. Friendly suggestions are taken more readily than bossy demands. Teach children to ask nicely, and to respond appropriately to polite requests.
- After a conflict between children, ask those involved to replay the scene. Show children how to resolve problems firmly and fairly.
- Show children how to tell bullies to stop hurtful acts and to stand up for themselves when they are being treated unfairly
- Encourage children not to give up objects or territory to bullies (e.g., say, “I’m using this toy now.”) Preventing bullies from getting what they want will discourage aggressive behavior.
- Identify acts of aggression, bossiness, or discrimination for children and teach them not to accept them (e.g., say, “Girls are allowed to play that too.”)
- Show children the rewards of personal achievement through standing up for themselves, rather than depending solely on the approval of others

Appendix B: Helping children cope with Bullying!

Here are things that parents/teachers can do:

- Pay attention to the child's reports of school or neighborhood violence
- Watch for signs the child is being victimized; such as torn clothing, unexplained bruises, moodiness, withdrawn behavior, a drop in grades, lack of friends, loss of appetite, coming home to use the bathroom, and/or low self-esteem
- Be suspicious if your child needs extra school supplies or lunch money; a bully may be using extortion
- Take an active role in the school to become aware of potential problems
- Report all incidents to school authorities and insist they ensure your child's safety
- Record bullying incidents
- Work on building the child's self-esteem and encourage assertive, not aggressive, responses
- Teach children how to respond to aggression. With bullies, they should be assertive and leave the scene with dignity, but without resorting to violence.

Do not tell children to strike back. This tells the child the only way to fight violence is with violence. It also makes the child feel that he or she needs to solve the problem alone and parents and teachers do not care enough to help.

- Eliminate violent toys, games, TV shows, and movies as much as possible.
Discuss and demonstrate cooperative, non-aggressive ways to solve problems.
- Avoid physical punishment because it legitimizes the use of force. Children disciplined by physical punishment may likely try to get their way with others by use of physical force.

Appendix C: What to do if your child is a bully.

- Teach the child to recognize and express emotions non-violently.
- Teach conflict-management and conflict resolution.
- Emphasize talking out the issue rather than hitting.
- Promote empathy by pointing out the consequences for others of the child's verbal and physical actions.
- Don't put down a bully. Bullies are intolerant of any insult to their self concept.
- Model toward the child the kind of behavior you want him/her to exhibit.
-

Teachers: Are you having a Bully Problem? We Recommend:

Bully-Proofing Your School: by Carla Garrity, Kathryn Jens, William Porter, Nancy Sager, and Cam Short-Camilli, 1996: \$29.95 Contact: Sopris West, 1140 Boston Ave., Longmont, CO 80501, (303) 65-2829.

Bullying at School: What We Know and What We Can Do. By Dan Olweus, 1993: \$19.95 Contact; Blackwell Publishers, P.O. Box 20, Williston, VT. 05495; (800) 26-2522.

The Bullying Prevention Handbook: A Guide for Principals, Teachers and Counselors. By. John Hoover and Ronald Oliver, 1996, \$21.95. Contact: National Education Service, 1252 Loesch Rd., Bloomington, IN. 47402. (812) 336-770, or (800) 733-6786.

Bully Proof: A Teacher's Guide on Teasing and Bullying for Use With Fourth and Fifth Grade Students. By nan Stein, Lisa Sjostrom, and Emily Gaberman. 1996. \$19.95, plus \$5.00 shipping and handling. Contact: Center for Women, Publication. Wellesley, MA 02181; (617) 283-2532.

Guide to Resources

Complete guide to bully proofing: -800-547-6747

Bully Hotline: 1-800-NO-BULLY (set up by Attorney General Charles Condon)

Anti-defamation League: A World of Difference Program

823 United Nations Plaza

(212) 885-7810

New York, NY 10017

(212) 490-0187 (Fax)

Children's Creative Response to Conflict:

P.O. Box 271

(914) 353-1796

Nyack, NY 10960

(914) 358-4924 (Fax)

Educators for Social Responsibility:

21 Garden Street

(617) 492-1764

Cambridge, Massachusetts

(617) 864-5164 (Fax)

International Center for Cooperation and Conflict Resolution:

Teachers College at Columbia University

525 West 120th Street, Box 53

(212) 466-6272

New York, NY 10027

(212) 296-1356 (Fax)

National Crime Prevention Council:

1700 K. Street, NW, Second Floor

(202) 466-6272

Washington, DC 20006-3817

(202) 296-1356 (FAX)

National Institute for Dispute Resolution-National Association for Mediation:

1726 M. Street, NW, Suite 500

(202) 466-4764

Washington, DC 20036-4502

(202) 466-4769 (FAX)

National School Safety Center:

4165 Thousand Oaks Blvd. Suite 290

(805) 373-9977

Westlake Village, CA 91362

(805) 373-9277 (FAX)

FLIPPING THE SCRIPT

CHILDREN'S VIEWS ON BULLYING BEHAVIOR



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Flipping the Script

The Chaotic Classroom

Too often schools lose some of their students to outside influences. Membership into a gang, peer-pressure or a dysfunctional home-life are factors that lead them away from the original goal of attending school to get an education. A strong family can help a child find his identity and his role in society, but, not everyone is that fortunate and many times the school provides the only secure base the student knows.

We compare two different situations: the first looks at an alternative education classroom and the second explores how a long term substitute teacher has changed a classroom atmosphere producing positive results for the school, the teacher and most important, the student. We asked a kindergarten through sixth grade alternative education class “How do you feel when someone bullies you” (picks on you)?

Kristen, six-year-old:

“Sometimes I feel sick when other kids pick on me or push me around. I know that they are having a bad day so I try to ignore it, but sometimes I tell the teacher.”

Ricky, ten-year-old:

“I do not get bullied around because I am tougher than the other kids. It is the only way I know how to settle an argument. Mostly because that is how we settle things with my family and homies.”

Eric, twelve-year-old:

“It is all about safety, how to protect yourself. You need to be the first one to call each other on the looks, comments, even if the other guy did not mean it you do not “want to be called weak.”

Charlie, twelve-year-old:

“Sometimes when you are at a new school, you need to test everyone. I try to MYOB but sometimes you do not want to get picked on by other students, so you have to show your stuff. Even if you really do not want to, especially when you are the new student.”

The teacher from the class stated “After talking with my students, I found

behaviors that stem from their peers. The students are looking to be 'popular' almost with physical control. Few are the "peace keeper". Students say it is a lot harder to follow the rules, in a way, because you want to stand out in a crowd. Be the leader and have everyone want to be your friend, so they can choose with whom they want to be friends. It all seems to go back to having the ultimate "CONTROL."

By Contrast:

A teacher is doing a pre-emptive strike regarding abusive bullying behavior. Richard Parker is a long term substitute, at Waterford Elementary school, a fifth through eighth grade school. Waterford is a small town outside rural Modesto, California. Mr. Parker began teaching a sixth grade class in November. Helen Bouman, a language arts specialist, observed this class first hand and found it chaotic.

"I began the year working in a sixth grade class and the first two weeks of school I thought what a wonderful class this is: quiet and attentive. Soon after I noticed a change come about in the class. The teacher fell ill, the structure the class needed was lacking, class boundaries were not clearly drawn. The class began to fall apart. They were not engaged in learning, they became rude and disrespectful, not only to the teacher but to each other. It was evident that the class desired a sense of family and community. So together they created a family and community with a central theme, and that theme was to be the worst class at Waterford Elementary School. They were coming close to achieving that goal. When Mr. Parker came into the classroom he implemented two techniques. The first, was to work with the children individually. What are the students' needs? What are the students' interests? What is the hook that 'I can use to get the students engaged in learning? At this point very few were engaged and those who were, were considered outsiders. The second technique he implemented was through games and group activities in collaborative learning. He developed a sense of family and community, allowing the students to participate together with and academic focus. He gave the room a theme: Parker's Pride. It was something the students could be proud of. By focusing on the individual's needs and, by planning activities that allowed the class to work as a team, he was able to turn this class around. Now when you walk into the room you see students engaged in learning, who work together and are respectful of the teacher and each other. It is an entirely different class than when I was visiting in October.

Bill Richards sixth grade teacher with twelve years experience responds to the question of a “Rookie” making such dramatic changes and the effect toward other classes.

“Responding to what Mr. Parker has been doing in his classroom, we as a sixth grade work very closely together. So anything he has done to benefit his class has reaped the benefits as well, throughout the grade levels. We have been very pleased with what he has done with his class.”

Some of Mr. Parker’s students responded to our questions:

Ashlee:

“We ran a (substitute) teacher out of the room twice, . . . you can start your own family by getting them in the circle and ask the students what the problems are then ask them for solutions.”

Meagan:

“We stopped calling each other names and are motivated to do our work, we stick together and are a family.”

Josh:

“We do not fight because we respect each other. We stop other classes from picking on our classmates, if they fight one of our classmates it is like fighting one of our brothers and sisters.”

An interview with Mr. Parker on his view of the “family atmosphere” within his classroom follows:

Richard, how did you introduce the concept of “family” values into your classroom?”

“On the first day of class. I explained that I would be treating them as if they were older, they would be treated like ninth graders. I told them of my expectations regarding conduct. I stated that it was OK to have biases and gave an example of my liking the Forty Niners compared to some of the students preference toward the Cowboys. We didn’t have to like the same things however, prejudices were unacceptable, period. If a student violated this rule the student they had offended then would receive an apology as would the rest of the class. This was my way to introduce the community.”

What inspired your idea to use family values? Did you have any idea of the family life situations of your students; grandparents, single mothers, fathers, aunts, uncles, foster parents, raising your students?

“At National University in Stockton, California, our clad 605 class introduced us to that exact idea. I was aware of each student’s background because I had spent three afternoons discussing the students with the outgoing teacher. We covered a wide range of topics, the information was very valuable but I took it under advisement and reserved judgement until I had personally observed each student and spent time interacting with the class. In addition, I am a local boy who lives in Waterford, so I was already aware of the gang involvement in the community. My idea of how to introduce the family was not to reinvent the wheel. With their knowledge of gangs they already had a sense of family, they were using gang influence as a surrogate family. I took that concept and eliminated the word gang and the negativity associated with it. I introduced the idea of the family and the positive things that came from it. You must realize all classes have a family, you can see the students migrating toward each other on the playground; it is up to the teacher to recognize that fact and make it work.”

Tell me how you implemented these concepts, across the board, in your classroom?

“The most important concept was that I was not the dictator. We were a family and we made decisions together. I let the students know that I had to invoke discipline and I had to be consistent about it. So we made decisions for consequences for discipline problems together. The students felt validated because they explored a part in the process. For minor infractions I created a wheel of misfortune. By spinning the wheel the students find out what the penalty is: missed breaks, loss of movie privilege on Friday, teacher’s choice, pas, or double consequences. All the students know that ‘If you play, you pay.’ In a way it makes it a little humorous, so they don’t see the negativity in punishment and I’m not the bad guy.”

Do you see any negativism in your class?

“No, we are very democratic. In fact the students have the right to appeal if I determine a violation has occurred. What some teachers don’t realize is, there are always two sides to the story and what you think you see or hear isn’t necessarily the case. Therefore to recognize the student’s rights I let them appeal, listen to their ‘case’ and make a decision. I have overturned decisions based on what evidence was presented. During parent conferences I had one parent tell me that her son thought ‘After God and Superman comes Mr. Parker.’”

Do you see any negativism from your peers?

“No, This class was labeled “The Class From Hell,” long before I took over and they were proud of that fact. They sent a substitute crying, leaving the class unattended twice. They were proud of that fact. Dave Johnson the assistant principal said of the turn around “You established self-worth in these students. They now know self-pride. The other grade level teachers realize that if my class is under control, they don’t have to deal with the residual side effects spilling over into their classes.”

BIOs

Hayley Agardy

Kevin Collins

Jennifer Miller has been a Kindergarten teacher in Stockton Unified School district for two years. She will pursue a graduate degree. Jennifer loves outdoor sports and travelling.

Richard Parker is a teacher in Waterford, California. He likes teaching children and seeing the spark in their eyes when a connection is made. He creates a family atmosphere which fills a need in children, especially those from dysfunctional families.

Stacy Saito-Graham has been employed by Magnolia School for three years. She began by teaching second grade for two years. Currently teaches a self-contained third grade class. She is married and enjoys reading, trap shooting and outside activities.

Brett Tolliver holds a BA in Liberal Studies from University of California, Riverside and a teaching credential from National University. Brett currently is pursuing a career as a Mortgage Investor.

Pat Witz

Children Raising Children



Sandy Gikas

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CHILDREN RAISING CHILDREN

Teenage pregnancy accounts for more than a half-million births per year in the United States. The state with one of the highest birthrates is California, with 143 pregnancies per thousand for fifteen to nineteen year olds and in Los Angeles County teens have more babies than in any other metropolitan area in the nation - 24,000 in 1990 alone. Most are black or Hispanic and come from backgrounds that are economically disadvantaged: this equates to \$34 billion a year in health and welfare benefits.



The central idea of children raising children is that teenage pregnancy is a direct result of diminished self-esteem. Middle class families are more apt to use birth control, and if should pregnancy occur they are more likely to obtain an abortion. Do young, economically-disadvantaged girls, in fact, want to become mothers in their mid-teen years? Yes, is invariably the answer, and it relates to the self-esteem issue.

The old adage holds: "You cannot love another until you love yourself." Are teens looking for someone to love them? If so, is a helpless and totally dependent baby the right solution? Peer pressure has always been a powerful driving force for adolescents: it manifests itself as cigarette smoking, drug use, sex and finally, purposeful pregnancy. No question about it: it preys with a much greater appetite on those who already have low self-esteem.



What about the young fathers of these children? Many reside in crime-infested neighborhoods and significant limitations on their longevity are real; for example, the average life expectancy for a young minority male living on the South side of Chicago is thirty-five years, less than one-half the national average - and this limitation is due to violence. These men, unlikely to make it into a normal adulthood feel they should have a child to remember them, especially since they tend to be alienated from their own parents and society.

Furthermore, they often lack exemplary male role models: their fathers are absent, in prison or dead. Finally, our culture is achievement and job-oriented and these young men with minimal education lack the potential for upward mobility. Again, this translates to the standard catch-all problem: **LOW SELF-ESTEEM.**

So, how best to prevent teenage pregnancy? The "I Have A Future" program in Tennessee focuses primarily on goal-setting that in turn builds confidence and self-esteem; this after-school program teaches teenagers to delay sex and child bearing, allowing them to complete their education first and build careers. Positive role models in the community work with the teens to create a supportive environment to which they may not have access in the home. For the teenagers who are already pregnant, or raising children, there are a variety of local and governmental programs available, including financial aid and the emotional support needed to help them improve their lives. Programs in the high schools offer flexible schedules and child care centers which enable the teenage mothers to attend

classes and eventually graduate from high school. Help for the fathers to become active role models in their children's lives is also provided.

The National Institute for Responsible Fatherhood and Family Development encourages fathers to complete their education and become supportive influences for their children. Results of the program indicate 70% of the men have earned diplomas and 97% are providing child support. An extremely successful program!

Teenage pregnancy is approaching epidemic proportions and, as a result, we are raising generations of people poorly equipped to succeed in life. Educators and families can foster a high self-esteem, from an early age, in their own children and in those with whom they come in contact. Society, as a whole, will be the ultimate beneficiary!!

**“Teenage pregnancy has been a
part of our history since the
colonies were founded. Pilgrims
kept rosters of marriages in their bibles
and those resulting from adolescent
pregnancies were marked
saliently with a star”**

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Teen Pregnancy

The Truths and The Consequences *

By Carlos A. Bonilla

Much has been written about pregnant teens over the past three decades but, just in case any of us may have forgotten, let's review and up-date our knowledge.

The Truths:

Teen's View (*circa* 1997)

No question about it: Teenage Pregnancy is a tangled mess; we all know that, but has anyone bothered to ask the teens themselves? Some have.

Consider:

When 95 West High School students in Denver, Colorado participated in a program designed to examine this problem, some of their salient queries were:

- Who are the mothers?
- Who are the fathers?
- Why are 60 of our classmates already worried about 3 a.m. feedings and diaper rash?

* An excellent paper, titled "Teenage Pregnancies, Where are the Dads? Has been published (Archer, Malnick et al, 1997)

Their findings, following half a school year of hard work conducting their own surveys, uncovered some sad, hard but little known truths:

- adult boyfriends combined with past sexual abuse are twin villains conducive to young girls taking sexual risks
- preaching of abstinence by parents is usually ignored
- poverty may be a more powerful factor in teen pregnancy than race or ethnicity
- teens living in poverty are less likely to use contraception and less likely to have an abortion
- authorities should crack down harder on adults who engage in sex with younger girls

In Colorado, it is a felony when an adult has sex with someone younger than fifteen years of age; if the adult is at least four years older than the victim, and this girls are truly victims, it is considered statutory rape. But in 1997 only 540 cases were prosecuted, a pittance considering the numbers of young girls impregnated by adult men. Some of the hard truths uncovered by the teens in surveying of their peers:

Sexually Active Teens

- half of sexually active 15 and 16-year old girls were involved with men four years, or more, older
- because the girls were over 14, the cases, generally could not be tried as statutory rapes
- 73% of the 15 year-old girls though it was fine to have a boyfriend four or more years older; 50% of 16-year-old girls though the same
- 60% of 14-year-old boys considered themselves sexually active
- 31% of 17-year-old girls considered themselves sexually active

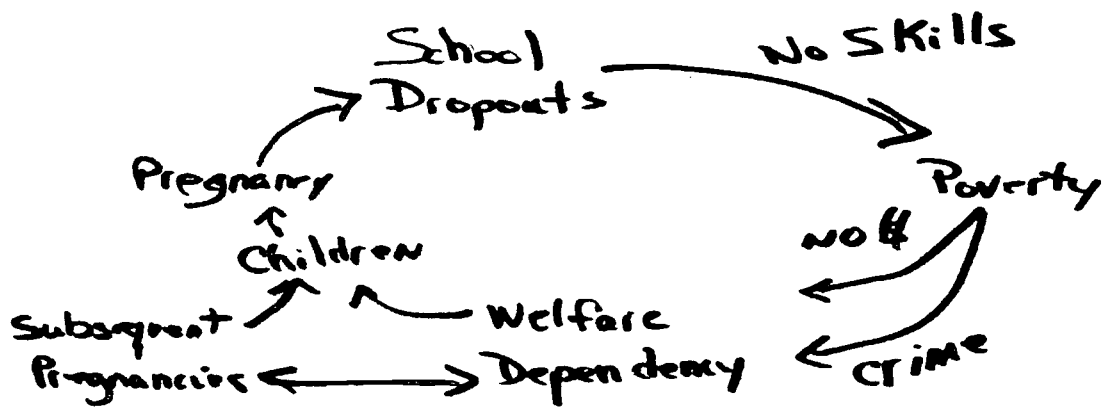
So much for Denver, Colorado; but, what about the rest of the nation? What about our own California? Intense efforts to reduce teenage sex and pregnancy are beginning to pay-off nationwide; earlier this year the National Center for Health Statistics reported a substantial decline in teen-age birth rates; the sharpest decline was observed among black teens who, until recently, had the highest level of births.

Decline? Why? Better use of contraceptive methods, fear of AIDS, education, self-imposed abstinence and The National Media Campaign to prevent teen pregnancy are some of the factors playing a part. In California, the rate of babies born to young mothers dropped more in 1996 than it had in 25 years; for comparative purposes, 1995 birth rates per 1,000 women ages 15-19 years were:

Highest	Mississippi	85.6
	Nevada	75
	Arizona	75
	California	66-75
	Colorado	56-65
	Utah	45-55
Lowest	Massachusetts	33

The Consequences

And the consequences? Dire to say the least. Pregnant teens tend to become mired in the proverbial CYCLE OF POVERTY which essentially goes like this, although a number of other variants exist:



California has one of the highest teen pregnancy rates in the nation (births/1000) but the highest number of pregnant teens because of its large population, despite the reported decline in birth rates in 1996. The state, on the verge of a teenage population boom, is likely to see its pregnancy rate soar in the near future since the increase in the adolescent population has been forecast at a whopping 34 percent. The financial and social costs could be overwhelming; the annual expenditure in state and federal funds is now over \$7 billion to cover public assistance-welfare, food stamps and Medi-Cal-to families arising from teenage pregnancies.

Let's add to this the problems and costs arising from criminal behavior associated with the problem; did you know this?

“Sons of teenage mothers are almost three times more likely to end up in prison as other men!”

Protracted costs to taxpayers? Staggering!!

Results of a recent study highlight further problems associated with teen pregnancies; it indicated the babies of young, unmarried, poorly educated women are far more likely than others to fall victim to homicide. The study, by Mary Overpeck, showed:

- babies of girls under age 17 constitute 7% of all infant homicide victims; this is significant since this age group is responsible for only 2% of all births
- the babies of female school dropouts (those not finishing high school) have 8 times higher risk than those from girls who graduated from college
- for females under the age of 19 who have multiple children the risk of infant homicide is 9 times higher than for those having children after age 25

It appears the only intervention shown to prevent abuse in the early years of life is home visits to single, poor, young mothers (Winslow, 1998).

Finally, what about the young girls' themselves, their responsibility? Debra J.

Saunders, a San Francisco Bay Area Columnist summarized it very well:

“These poor kids. Their decision is selfish and they will pay for it. Their ignorance is staggering, and their children will pay for it. And if they are wrong-headed what do you expect? They are, after all, children.”

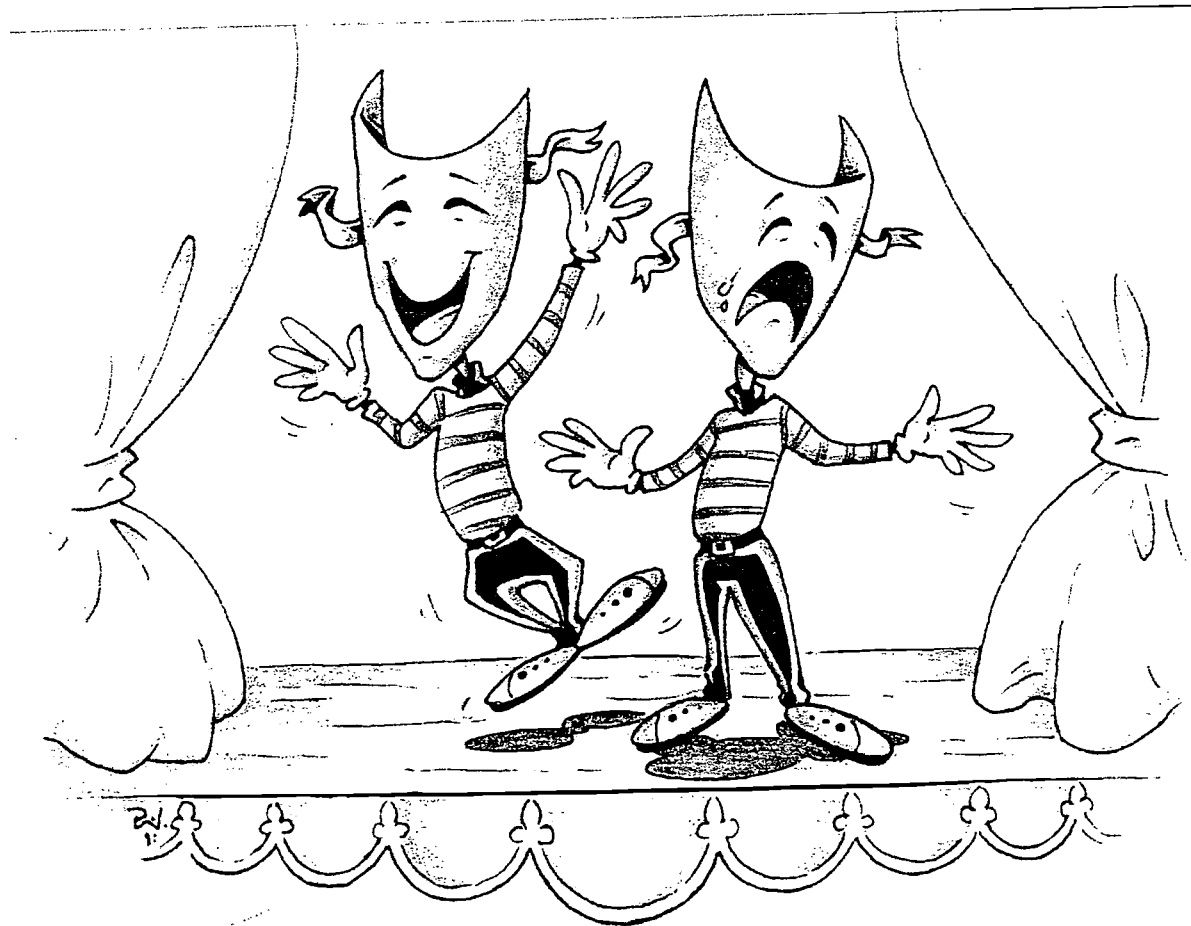
- D.J. Sanders
Sunday Examiner and Chronicle
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How Are We Happy?

Genetic vs. Environmental



**Cathy Gower
Bob Swanson
Joni Van Wieren**

John

John is ready to come out of his room. It is just 6:00 a.m. in Juvenile Hall and the long corridors in the unlit hallways are dark and still. He is usually the only one up at this early hour, always wanting to help staff. He asks if he can come out for "wing clean up," John is told he can come out in fifteen minutes. He smiles his infamous sweet smile and is satisfied with that answer. John is content with everything.

He grew up in a family of alcoholics, drug users and relatives in prison. His mother is dependent on welfare. He is in Juvenile Hall for being an accomplice to a robbery. Next week he will be going to a "boys' ranch" in Nevada. The judge gave him a sentence of one year.

**"Children need models rather than critics,"
-Joseph Joubert**

Temperament

Given the right type of environment, without the alcohol drugs and dysfunctional family, John has proven to himself and others that he is outgoing, dependable and a good-

natured 17-year-old. What about John's genetic history?

"The quality of life is determined by its activities."

Aristotle
4th Century BC

Although he did not have the nurturing and loving family one would expect with his temperament, why is he is so content and happy? Is it in his "genes?"

Is John predisposed toward having a sunny disposition?

If so, do we come pre-packaged with a certain blending of our parents' personalities and our own?

“Swiftly the brain becomes an enchanted loom, where millions of shuttles weave patterns—always a meaningful pattern—though never an abiding one.”

-Sir Charles
Sherrington, 1906

Two Greek physicians, Hippocrates and Galen, emphasized the importance of heredity and predisposition. They did not believe that mental illness, “demons” or other strange “deities” (the popular belief of their day) caused diseases but that they came from natural causes. They theorized mental disorders were due to brain pathology and

the brain was the central organ of intellectual activity. Galen and Hippocrates both believed that peoples' affect consists of the two temperaments: melancholic and sanguine. For melancholia, Hippocrates would prescribe rest, sobriety, abstinence from excess, a vegetable diet, and if need be, removal of the patient from his or her environment (Santrock).

How are we programmed?

We are genetically programmed to adapt behaviorally and physically toward our environment. “The nucleus of each human cell contains forty-six chromosomes which contain the genetic substance, deoxyribonucleic acid (DNA). Genes are the blueprints for cells to reproduce themselves and manufacture the proteins that maintain life” (Santrock).

We have approximately 100,00 genes, several of which scientists have now identified. Neuro scientists are discovering a new gene almost daily. One thing for sure: our DNA is as individualistic as it is complex.

Gene Research

Research shows some people are born with a gene that predisposes them to resilience; these individuals have higher levels of **DOPAMINE**, the neurotransmitter released when something pleasurable is experienced. They feel bad events are temporary. So, like John, they have the power to be happy almost anywhere, and probably never see life as serious, stressful or fearful; they are “the optimists.” They have an innate gift to rise above a bad situation and can often change it effectively.

Then there are those, around 25%, who are born with a neurochemistry which predisposes them to shyness, a trait that may be hardwired into the brain. How can those of us who were born “melancholy” (shy, anxious, timid) rather than “sanguine,” (happy, social, content) ever hope to be happy?

Modern research attempts to find genes that are responsible for disease and abnormal behavior. “With this research comes a fear that genetic determinism could be misused to prove that some races are genetically inferior, that male dominance over women is natural, and that social progress is impossible because of the relentless pull of the genes” (Wellborn). The Minnesota Center for Twin and Adoption Research has carried a great deal of investigative work on the role of genes and human behavior. The center tested 348 sets of twins, including forty-four sets of identical twins raised separately. The center concluded that “**how people think and the DNA in their cells determines how they act to a greater extent than society’s influences.**” The Human Genome Project is a 15-year study of genes in the human DNA that has become essentially, a human blueprint; it seeks to use this knowledge to reverse the natural course

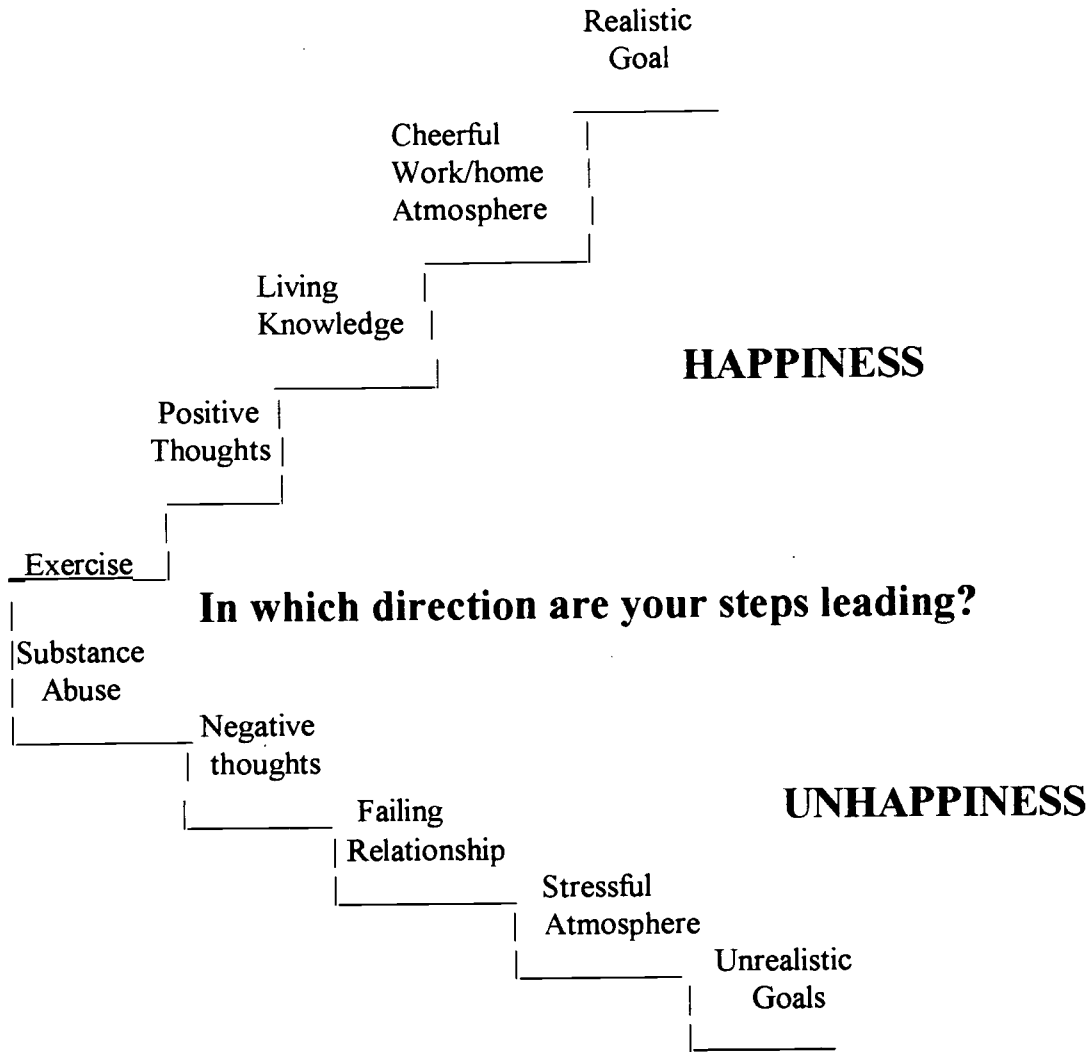
of disease. Dr. W. French Anderson at the University of Southern California, believes “someday, physicians will simply treat patients by injecting a snippet of DNA and send them home cured” (Wellborn).

Factors affecting the genetic blueprint

Many factors affect us between the time of conception and birth. Consequently, our existence depends greatly on heredity and the environment. Will it encourage, nurture and enable us to become well adjusted and happy, or will it present us with too many obstacles, so many that we cannot adjust or overcome them? Temperament influences the activities and playmates children prefer. Tender, non-conforming boys or girls may end up bisexual or gay but most non-conformities do not. Our height, which is genetically determined, influenced by environmental factors such as nutrition and health is one way to show the case of genetic versus environmental issues. Even intelligence and potential can change with the right type of nurturing environment (Santrock).



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Choices

“We were born capable of learning”
 -Jean Jacques Rouseau

From the moment a child enters this world there is an interaction with the environment. Initially, by no choice of his own, a child’s life unfolds, influenced by both genetic and

environmental circumstances. Although they are young, children still affect the environment in which they live, both by their temperament and presence.

**“I’m happy
because I love
you.”**

-Samantha

Healthy functional adults have the choice of being happy. Included in the Declaration of Independence is the right to the “Pursuit of Happiness.” The right to obtain happiness has no guidelines, no instructions, it simply is stated and left to self-definition. The author of “Happiness is a Choice” has amazing insight: “Each of us can, in a simple an easy way, reach an amazing attitudinal advantage within us, once we know that happiness (and love) is a choice. Misery is optional (evitable).” It is never too late to change. Each day we can take another step closer to happiness. For people predisposed to being happy (like John), the goal is easily obtainable. Optimists are rarely depressed and they normally have a strong immune system. For others, such as those born with a melancholic disposition, the tendency is to wallow in self pity and see challenges as constant struggles. The steps we take lead us either closer to, or farther, from our right to happiness.

**“We are under-exercised
as a nation . . . Our
existence deprives us of
the minimum of physical
activity essential for
healthy living.”**

-John F. Kennedy, 1961

Personal Habits

Our personal habits, ie: exercise and diet, can affect our level of happiness. Releasing endorphins into our blood stream has proven that exercise reduces stress and depression. Some people refer to this sensation as a “runner’s high.”

A balanced diet is essential for our body to function properly and alleviate mood swings. It is also important to know the detrimental effects of substance abuse, whether it be from drugs or alcohol. For every “high” there is an equal “low.” Alcohol, for example, causes the release of dopamine; the problem is, after extended use, your body relies on this outside source and cannot function without it. When smoking, drinking, overeating or abusing drugs becomes a means to happiness, we have lost the ability to control our emotions!

Studies have found people who are in loving relationships are happier than those who are not. Lynn Peters writes: “fewer than 25% of single Americans report being very happy, compared with 40% of married people.” It seems a happy marriage leads to happiness, a bad marriage may induce despair. Relationships do not stop a marriage. A

close friend, child or a co-worker may bring us joy.

Even pets can add happiness, from a child’s first puppy to a senior’s animal companion. In relationships, it matters not so much who it is that makes us feel good about ourselves; what is more important, is that we can trust and love.

“It is difficult to make people miserable when they feel worthy of themselves.

-Abraham Lincoln

The Right Atmosphere

A bright cheery room has an uplifting feeling over a dark dreary room. Taking control of the atmosphere helps control our moods. Letting light in and placing plants around us helps bring life and vitality. People with whom we associate affect us, for moods are contagious, and we encourage people around us to be cheerful by monitoring

our own behavior. Cheerful people are just as contagious as negative ones and leave us laughing, smiling and feeling positive about life.

Setting Goals

Everyone needs goals: realistic, attainable goals. It is important to be good to ourselves, even when obstacles get in the way. Whether we were born to scholars or thieves, kings or paupers, we all have the ability to learn how to change and rise above our genetic and environmental past. We can learn what makes us happy, become cheerful and productive, no matter our temperament. Happy people “roll with the punches.” This does not mean we cannot feel sad, angry or depressed. The key is not to let the negatives in life control us but to let the positives move us forward!

“Which came first, genes or behavior?” We do not know yet, but perhaps in the future we will.”

-Carlos A. Bonilla

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BIOs

Cathy Gower is married and has two children. She teaches in the foothills. Her hobby, from which she derives immense pleasure, is spending time with her family.

Robert Swanson has returned to school after being a stay-at-home parent to 2 children: son, Robb and daughter, Samantha. Bob chose teaching as the goal for his second career and plans to teach special education in the elementary grades.

Joni Van Wieren

School Stinks!
I Dare You To Motivate Me!



Nancy Manies
Charles Morris
Mary Pearson
Marilyn Prouty

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I hate School. School is boring. Why do I have to do this?
(5th grade student)

Motivation of students is a core function of teaching. Given the current problems in the educational system, and the ever ongoing debate, re-examining student motivation seems appropriate.

Definition: Motivate: to provide with a motive

(Funk & Wagnalls standard Encyclopedic Dictionary)

Applied to teaching those of us in the profession wonder: How do we provide a motive for our students to study and learn? How do we motivate our students to acquire a love of learning, for learning's sake alone? In asking these questions we chose to take a fresh look at "MOTIVATION" by comparing and contrasting information from three sources:

- teachers
- their students
- results of an in-depth interview with a student selected for having above average academic skills.

We devised a questionnaire to be used with both teachers and their students. The study group was composed of fifth and sixth grades from an urban school.

The Teachers' Responses

- Q What makes you want to learn more about a subject?
- A They believe a child is more willing to learn when they can share the information with someone else and if they have an activity.
- Q When you do your homework, why do you do it?
- A The teachers overwhelmingly believed children did their work because they knew the teacher would become angry if they did not. They also thought a few would be motivated to get good grades.
- Q Is there any special way you like to study?
- A Two thirds thought the children liked to study with music, unlike the children's answers that they wanted to study quietly and alone, with no distractions.
- Q What do teachers do that make you want to learn?
- A Of all the teachers surveyed only one listed what the children had shared; a teacher who is excited and animated about a subject can make it an environment that encourages learning. Many did however believe that activities or hand-on projects encouraged the children to learn.
- Q What do you like best about your classroom?
- A Agreeing with the students' answers in this area, the teachers were right on, they overwhelmingly listed the children being with friends as their top priority.

The Students' Responses

Interestingly enough but, perhaps, to be expected were the similarities between the teachers and the students responses. The differences likewise, really stand out; consider:

Q What makes you want to learn more about a subject?

A "Fun and interesting" scored highest with boys, in contrast to girls who declared their top motivation was whether the subject matter applied to their life. They thought if what they were learning could affect them now or in the future, they would be much more highly motivated.

Q When you do your homework, why do you do it?

A Although 53% of the children felt good "grades/getting smarter" would prompt them to do homework, the concern of being punished, ie; no class privileges, working during break time, etc., ran a close second. One fifth grader described her thoughts about punishment: "I do my homework because I want to be with my friends, you can do anything to me, just do not take my recess away."

Q Is there any special way you like to study?

A Interestingly, 64.5% of all students showed they studied most effectively when alone. Sitting next to someone who fidgeted at their desk was the largest classroom studying complaint.

Q What do teachers do that make you want to learn?

A The two top answers here were "project or activity" 37%, and "act funny or present in entertaining way" 32%. The teachers seemed to have very little awareness that their manner of presentation had so much effect.

Q What do you like best about your classroom?

A "Friends & classmates" @ 34.1%, and "environment" @ 28.6% were the clear winners here. Just like most adults, people affect children they are with and their environment. Teachers who changed their classroom environment often, different student settings, variety of bulletin boards, etc., had the largest percentage of students who selected environment as the best thing about their class. One sixth grade boy wrote he enjoyed this year more because last school year his classroom "smelled bad."

Obviously, despite similarities in the responses, sharp differences exist between teachers and their students. So, why do this study? McCombs, in her study on motivation said it well:

"This understanding of students' needs helps teachers realize that almost everything they do in the classroom has a motivational influence on students-either positive or negative"

-McCombs, 1997

What about the relationship between grades and motivation?

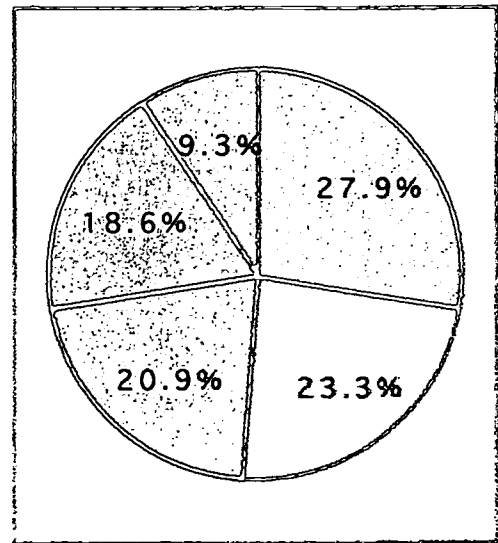
"Perhaps the previously lower achieving students would apparently have always been at higher level if their motivation had been higher to achieve those better grades. What I have come to realize, through my anecdotal experience, is that some students capable of better grades simply do not see getting higher grades as a priority . . . so they do not."

-Anderson

1. What Makes You Want to Learn?

138 5th & 6th Graders

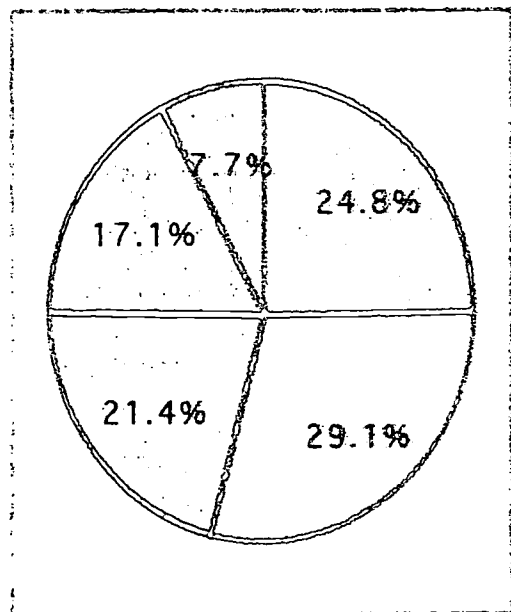
1. Fun or Interesting
2. Activity Involved
3. Applies to My Life
4. Become Smarter
5. Reward



2. Why Do You Homework?

5th & 6th Graders

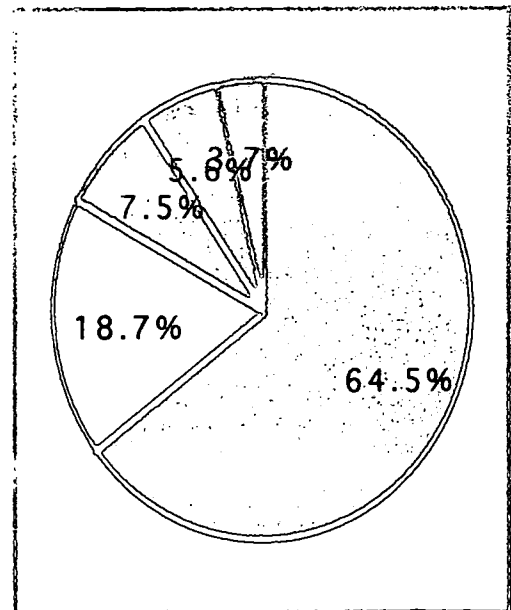
1. Good Grades
2. Learn-Get Smarter
3. Punishment
4. Rewards
5. Parents



3. Any Special Way You Study?

5th & 6th Graders

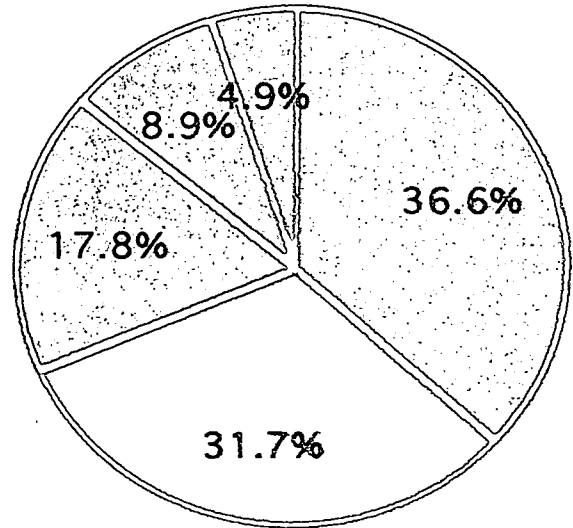
1. Alone
2. With Others
3. No Special Way
4. While Eating
5. Competition



4. How Teachers Motivate You?

5th & 6th Graders

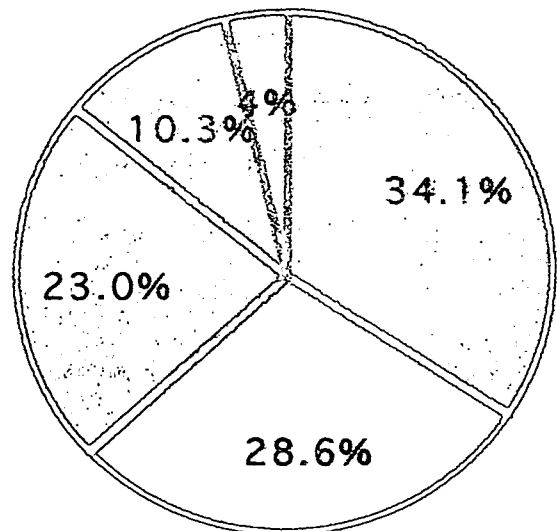
1. Project or Activity
2. Act Funny-Explain
3. Individual Help
4. Grades
5. Punishment



5. What's Best About the Room?

5th & 6th Graders

1. Friends/Classmates
2. Environment
3. Activities
4. Teacher
5. Nothing



Stephani: A Case in Point

The student selected for the in-depth interview was Stephani, granddaughter of one of the authors. She is thirteen years old, in the same age group as the other subjects. Her interview is presented here and follows the same general format.

Stephani wants to learn about a subject if it is something she thinks she will need in her life. She also wants the subject presented by the teacher in a fun way; interesting and action-filled. She said, "All kids want to learn, but it has to be fun."

She does her homework, not for a reward or to avoid getting in trouble with her parents, but because it is to her own benefit to learn. Such maturity! However, she said, "Sometimes I will put off doing my homework for any excuse." Studying at home cannot be done well if she is distracted by the television or others around. She likes to be alone in her room, "so I can think," and the radio is usually on.

Her teacher's "boosting" helps Stephanie" so I know that I can learn." The teacher's positive attitude about her abilities, and her concern about students' problems with school and home life, makes her want to learn. "It makes me mad if my teacher thought I did something wrong, and I did not. All of us friends stuck together if one of us was mad at the teacher."

Talking about her classroom, she said, "Our desks are old and dirty, but what I like best in my classroom is my teacher and my friends. We have a great set of encyclopedias in every classroom!"



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Epilogue

It is quite significant to learn from our study of motivation that the largest disagreement between teachers and students is the importance of **animation, excitement, and enthusiasm** when presenting classroom material. A second area of disagreement is the belief, held by teachers, that the students place great importance in not making their teachers angry. Interestingly, they place greater importance in learning to “get smarter” and in earning good grades than in placating the teacher. Direct from the mouths of the students, the most important thing a teacher can do for motivation, is to get them involved in their own learning. This can be done by:

1. Making students an active and integral part of the learning process.
2. Relating subject matter to the students’ needs
3. Presenting the material in a fun or interesting manner.

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BIOs

Nancy Manies is married and the mother of two. She has worked as a computer instructor for children in the first through sixth grade for the past eleven years. She is currently completing her BA at National University.*

Charles Morris is a drug and alcoholism counselor, and a retired U.S. Coast Guard officer. He is completing a BA degree in Behavioral Science at National University.*

Mary Pearson is an undergraduate student at National University. She has worked with children in various settings for seven years and is currently working with autistic children. Her goal is to receive a BA and a multi-subject teaching credential from National University.*

Marilyn Prouty is a “re-entry” student after 30 years as CEO of her family. She has an AA from San Joaquin Delta College, and is currently seeking a BA and a teacher’s credential from National University.*

* Stockton, California

MINEFIELDS IN THE WAY
ROWING UP IN AMERICA



Carlos A. Bonilla, PhD. And Katherine Lynn Lauderdale, BA, Editors
*An ICA Publication in Psychology
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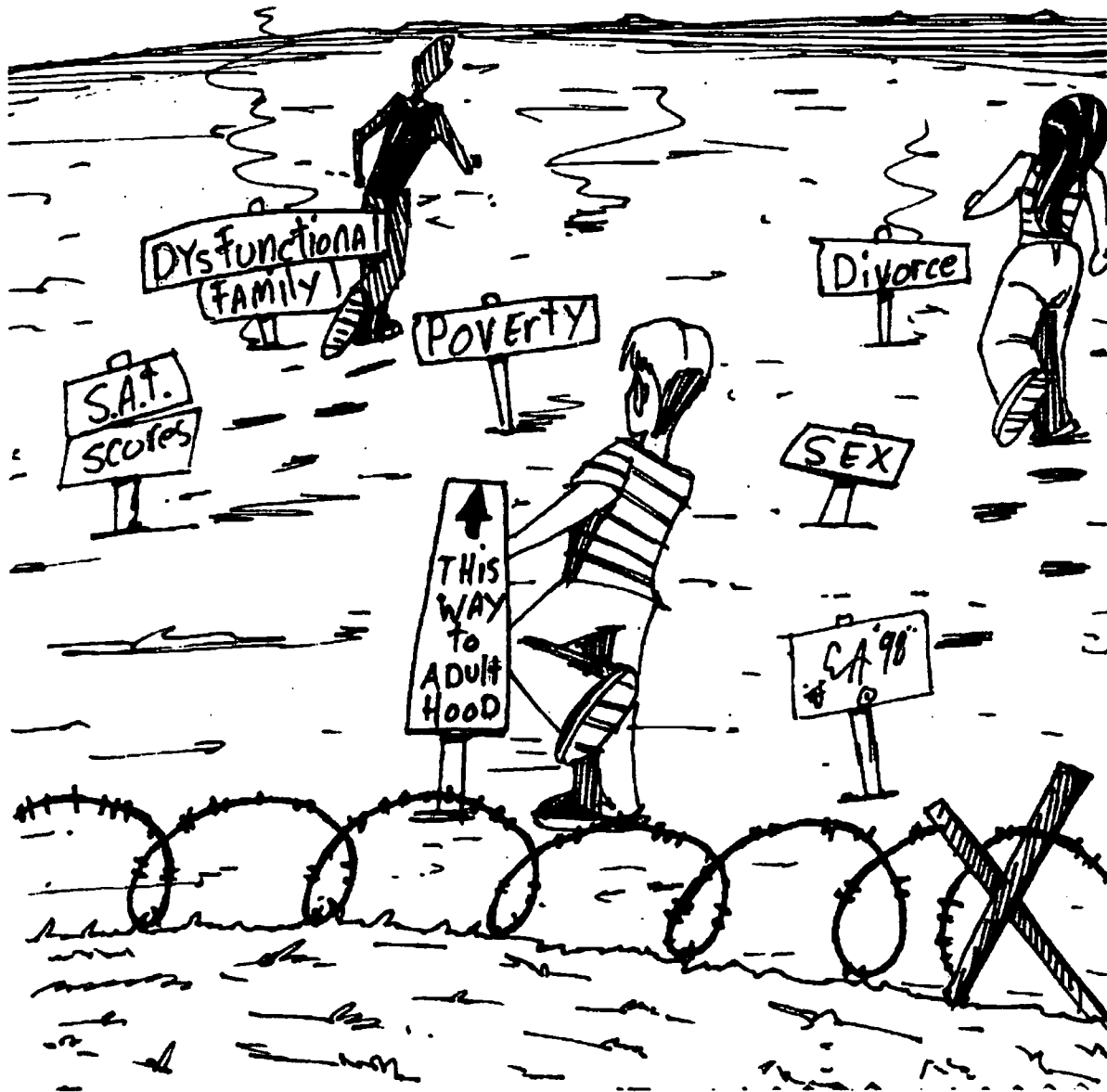
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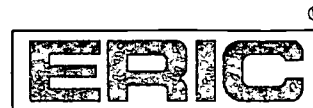
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