



YOUNG MEN AS FATHERS: **Positive Parenting for** **Incarcerated Fathers**



DEPARTMENT OF YOUTH AUTHORITY
DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL CLEARINGHOUSE ON CHILD
ABUSE AND NEGLECT INFORMATION

FORWARD

What do young fathers in Beverly Hills, East Los Angeles, Oakland, Little Saigon and the Youth Authority have in common? It's not a trick question. They have a lot in common. They all face tough challenges as they struggle to fulfill their parental role and few are prepared by formal training for the task. Most of what we know about being parents we learned from the people who raised us. Young fathers in the Youth Authority often are raised in families that lack strong role models. Their fathers are commonly absent for a significant part of their lives. Family violence, substance abuse, weak value and spiritual definition, physical punishment and poverty frequently characterize their day-to-day lives during the years they are learning to be fathers. With no other knowledge to draw upon, when they become parents themselves they will be the type of fathers their fathers were to them.

Being a father in custody in a correctional institution is both a curse and a blessing. The curse is that the way they live their lives has resulted in being confined for crimes committed against others. They have little contact with their children during the children's formative years. The best they can do is plan for the time they can fulfill their parental role. The blessing is that an opportune teaching moment is created when they plan for the future. It is our aim to make the best of that teaching moment and give young fathers in the Youth Authority a few tools to help them face the challenges of fatherhood.

The Youth Authority is a state youth correctional agency that has 8,300 young men (known as wards) ages 13-25 in custody in 11 institutions and 4 camps. Eighty five percent of the wards are minorities (34% African American, 43% Hispanic, 6.9% Asian and 1.1% other). We estimate that about 20% are fathers. Others are father figures to the children of their girlfriends or to younger children in their extended families. Programming in Youth Authority institutions helps wards become better prepared to confront the issues in their lives, but with a few exceptions parenting education has not been available to them. The Young Men and Fathers Program will be implemented in four Youth Authority institutions to demonstrate that effective parenting education can reduce child maltreatment suffered by the children of the wards. We hope the parenting education will reduce future delinquency among these children. Most of the funding for the program is provided by a grant from the U.S. Department of Health and Human Services, Administration for Children and Families.

90-CA-1502
YOUNG MEN AS
FATHERS -- CURRICULUM

The principle goal of this program is to enhance parenting skills. It is hoped that the participants can obtain open, objective and accurate information in an informal, relaxed setting. The actual format of the class depends very much on the style of the instructor. Each group that enters a classroom is unique and the teacher has no way of knowing ahead of time the level of sophistication will be in terms of either knowledge or experience. Therefore, much care will need to be taken to insure that all participants are invested in the program and will step beyond their perceived limitations through increased effort and dedication.

Cultural sensitivity is a principal of the Young Men as Fathers Program. This curriculum was developed with careful attention to making it culturally relevant. Participants on the Project Implementation Committee, Ward advisory Groups, Transfer of Knowledge Workshop and Curriculum Development Group were chosen based on their demonstrated ability and knowledge of culturally sensitive programming. The cultural sensitivity of the curriculum is not enough, however. The classes must be presented with constant awareness of the student's differences. The curriculum's direction statements and awareness goals serve as a teacher's guide to respecting and understanding cultural differences.

Without Their Help

Several people made special contributions to the curriculum development. Teachers Linda Nursement and Donna Gaddy at the Youth Authority's El Paso de Robles School worked tirelessly to lay the groundwork for the curriculum. Without their work the task could not have been completed. The contributions of 30-40 others also cannot be acknowledge by name. They are the Youth Authority wards in three institutions who served on the Ward Advisory Groups. They are fathers or father figures and they all expressed a sincere desire to "be there" for their kids. Their advice educated staff about their special needs. They gave the curriculum a dimension that no other parenting expert could have provided.

*"To those people with no children but who think they'd
like to have them some day to fulfill their lives.
Remember: With fulfillment comes responsibility*

*Bill Cosby
"Fatherhood"*

The Search For A Curriculum

The Youth Authority recognized that no parenting curriculum was likely to exist that would meet the unique needs of fathers in youth correctional institutions, so an extensive process was undertaken to develop one. Information was obtained from five primary sources:

- Existing parenting curricula were reviewed to identify common elements.
- A Project Implementation Committee comprised of experienced Youth Authority staff and parenting education experts identified other elements that needed to be addressed.
- Advisory groups of wards in three Youth Authority institutions were asked what they believe would help them be effective fathers.
- A three day Transfer of Knowledge Workshop with 70 Participants, half parenting experts and half Youth Authority staff, reviewed the information gathered to date and prepared a curriculum outline.
- The outline was presented to a Curriculum Development Group of Youth Authority educators and other staff. The Curriculum Development Group listed below wrote the curriculum from the workshop outline.

Curriculum Committee

Walt Jones, Community Services Consultant, Project Manager

Patricia Armstrong, Community Services Consultant

Barry Dowling, Reading Specialist

Susie Orlowski, Vocational Instructor

Heyman Matlock, Supervisor of Correctional Education Program

Charles Dennis, Parole Agent I

Geeta Rezvani, Associate Programmer Analyst

Carolina Luévanos-Garcia, Treatment Team Supervisor

Special thanks to John D, Word Processor Extraordinaire,
a student at N. A. Chaderjian School, who served tirelessly
as word processor for the committee.

The curriculum guide presented here has several basic components: 1) a two page guide outlining the program, 2) a set of directional statements for each topic area, 3) notes to the instructor as needed for clarification, 4) sample assignments, activities and handouts, 5) a list of resources and 6) a bibliography.

Young Men As Fathers

Program Format

**Young Men as Fathers
Program Format**

Section Title	Time Frames	Topics (Direction Statement)	Objectives (Teacher Develop)	Suggested Methods of Instruction
Introduction	.5 Hours	Class Guidelines and Purpose		THE FOLLOWING METHODS MAY BE USED FOR ANY OR ALL OF THE TOPIC AREAS.
I. <u>Family Issues</u>				
A) Who am I?	2 Hours	Self Identification		Group Discussion Video/Film Written Activity Journal Lecture Quiz/Test Guest Speakers Group Activity Role Play/Theater Individual Work Library Assignment Family Participation
B) Value ID	2 Hours	Personal Values		
C) What is Family?	1.5 Hours	Definition of...		
D) Roles/Responsibilities of Parenting	2 Hours	Modeling		
E) Generation Issues	2 Hours	Differences(+/-)		
F) Communication	2 Hours	Open Expression		
G) Domestic Violence	2 Hours	Power/Control Self Esteem		
II. <u>Human Development</u>				
A) Pregnancy	1 Hour	Physical/ Emotional		
B) Birth	1 Hour	Roles and Adjustment		
C) Infancy	1.5 Hours	Milestones and Bonding		
D) Toddlers	2 Hours	Milestones/Social Training		
E) Kinder/Early Years	2 Hours	Social Education		
F) Pre Adol/Adolescence	3 Hours	Group Influence		
G) Discipline	4 Hours	Approaches/ Methods		

**Young Men as Fathers
Program Formal**

Section Title	Time Frames	Topics (Direction Statement)	Objectives (Teacher Develop)	Suggested Methods of Instruction
III. <u>Health Issues</u>				SAME AS ABOVE
A) Perinatal Care	1 Hour	Health/Lifestyles		
B) First Aid	2 Hours	Training		
C) Drug Infants	3 Hours	Parental Drug Use		
D) Nutrition	1.5 Hours	Basic Nutrition Training		
E) Cleanliness	1 Hour	Proper Hygiene		
F) Exceptional Kids	1 Hour	Disabled or Gifted		
G) Supervision/Safety	3 Hours	Hazard Identification		
IV. <u>Incarcer & Beyond</u>				SAME AS ABOVE
A) Impact on Family	2 Hours	Social, Financial, Emotional		
B) Family Planning	3 Hours	Joint Commit/ Responsibility		
C) Sexuality	2 Hours	Human Sexual Development		
D) Child Care	1 hour	Safety/ Dependability Quality of...		
E) Legal Rights/Resp	3 Hours	Paternity/ Support/ Abuse Laws		
F) Parent & Family Goals	2.5 Hours	Realistic Goals		
G) Family Support Resources	3 Hours	Accessing Community		
H) Trans Father-DAD	2.5 Hours	Celebration of Transition		

Young Men as Fathers

Curriculum

Young Men as Fathers Curriculum

COURSE GOAL:

The **Young Men as Fathers** curriculum will provide 60 hours of culturally sensitive parenting education to wards in order to increase and enhance their child rearing activities, knowledge and skills. The curriculum shall respect each participant's shared cultural input, in order to bring into awareness the differences, similarities and uniqueness of each culture.

Introduction

This curriculum has been developed with input from Youth Authority wards and staff, parenting education experts, and community advisory groups. Instructors are urged to follow the course curriculum as designed, but are encouraged to modify and adapt other resources consistent with the course goal in order to meet the unique needs of each participant group. Particular attention was given to meeting the needs of the Youth Authority's culturally diverse population. Special care was taken to include a comment within each section reminding the instructor to use relevant, contemporary materials and guest speakers who can present the information with cultural sensitivity.

TOPIC AND DIRECTIONAL STATEMENTS:

I. Family Issues

A. Who am I?

We learn to be a parent through the experiences of our life and the role modeling of others. The intent of understanding "Who I am", is to explore the elements of our life experiences that prepare us to be parents. In addition, it will help us identify those learned behaviors that need to be reinforced or changed in order to help us become more effective parents. *The teacher shall help each participant identify his individual culture , its unique qualities, and its influence on his life.*

B. Value identification.

The concept behind addressing personal values is to allow a process through which participants will discover their values and beliefs in regard to individual worth, sense of being, family concept, and behavioral patterns and how this information is transmitted from parent to child. *Cultural variations in value patterns shall be addressed.*

C. What is a "family"?

This section will address the variety of definitions used to describe a "family." The idea is to teach participants that families are a group of individuals who form a cohesive relationship; a sense of belonging. Family members share a common bond that could be a direct blood relationship, a blended family relationship, or a surrogate family as in the case of foster or group home relationships. Families generally share common values, goals, feelings and there is usually some type of historical sense about the relationship. Families generally have some type of hierarchical structure that defines roles. *The teacher shall help the participants identify variations in family definitions according to culture.*

D. Roles and responsibilities of parents (modeling)

The purpose of this section is to help each participant understand that parental behavior imparts values whether intended or not, e.g., a child taken along on gang related outings will soon come to believe that the gang lifestyle is o.k. and acceptable. *The teacher shall help each participant explore the range of family roles particularly as they differ from one culture to another.*

E. Cross-generation issues (differences; positive and negative)

This section is important in that it will allow a teacher led discussion exploring the consequences of child rearing by grandparents which may be both positive and negative, e.g. grandparent's increased maturity, stability and experience in child care vs. diminished physical capability, lack of appropriate coping strategies and the inability to transmit contemporary values. *The teacher will identify cultural variations in how we relate to generational differences within participant's families and those cultures not represented in the classroom.*

F. Love Means Communicating

This section will focus on teaching the importance of positive communication in fostering a loving and caring environment for the child and its parents. The participants will learn to openly express thoughts and feelings on a variety of levels: parent to parent, parent to child, child to child. *Cultural variations in communication patterns shall be addressed.*

G. Domestic violence: modeling teaches violence.

This section will focus on physical, mental and emotional violence against significant others and children and how it breaks down a wholesome domestic environment. Participants will explore power and control, role modeling and low self esteem, and stress management, etc. as contributors to domestic violence. *The teacher shall encourage participants to explore culturally relevant variations on accepted moors and norms and then provide socially appropriate alternatives for discussion.*

II. Human Growth and Development (Physical, Social, and Emotional)

"Human growth and development" will cover the stages and elements of the physical, social and emotional development of children. Fathers need opportunities, information, and encouragement to establish an identity as a nurturing care taker of the child. The following sub-headings encompass stages of cognitive and affective development. It is encouraged that all three spheres of development (physical, social, and emotional) and their milestones be interwoven and include the inherent development of the care giver himself. It is also important that the concept of motor, adaptive, language, personal, and social milestones be explained as merely guidelines for measuring development. It is recommended that the following information be covered:

A. Pregnancy

- Prenatal care
- Prenatal communication
- Prenatal infant growth
- Danger signs
- Support for the mother
- Sibling adjustment
- Dad's feelings, etc.

B. Birth

- Child birth itself
- Dad's Role
- Mom's physical recovery
- Family bonding
- Sibling adjustment, etc.

C. Infancy (0-12 MOs)

- Physical needs
- Milestones
- Bonding and nurturing
- Siblings
- Circumcision, etc.

D. Toddlers /Preschool (1 to 5 years)

Physical needs
Sexual/physical self exploration
Siblings
Initiation of social training
Milestones
Bonding and nurturing, etc.

E. Kindergarten/early school years (5-11 years)

Physical needs
Milestones
Bonding and nurturing
Peer group influence
Dad's role in education
Sexual/physical curiosity with peers

F. Pre-adolescent through adolescence (11-17 years)

Physical needs
Milestones
Peer group influence
Separation and individuation
Puberty
Dating/sex education
Masturbation
Dad's role in education
Bonding and nurturing

G. Exploring discipline

Traditionally, discipline has been viewed as a way of addressing negative child behavior. However, to discipline means to teach. This section will teach participants a variety of socially acceptable, age appropriate behavior modification techniques, approaches and methods emphasizing child emotional and physical abuse prevention. The teacher shall address the issue of physical punishment as a perpetuator of violence in relation to child abuse laws.

While cultural and individual differences in discipline techniques will be explored and discussed, the teacher will help each participant in making a choice as to the disciplinary method they will use with their children.

III. Health Issues

A. Perinatal Care

This section will address the health issues surrounding lifestyle choices prior to, during and after pregnancy e.g., nutrition, well baby medical visits, substance usage, child birth preparation, circumcision, and breast feeding. *Each of these items is culturally sensitive and should be discussed within this context with the participants.*

B. Administering First Aid

This section will provide practical, hands on experience in basic American Red Cross first aid. *Traditional family remedies will be discussed in the context of cultural significance.*

C. Drug Exposed Infants

Infants exposed to harmful substances often display a variety of physical, social, and emotional defects. This section will explore the effects of parental substance use in fetal and infant development. Discussions in this section will include, but not be limited to developmental delays, lowered intelligence, Fetal Alcohol Syndrome, and other physical abnormalities.

D. Nutrition

The intent of this section is to provide basic nutrition training and a discussion of the effects of malnutrition on the unborn and young child. The focus on a two part presentation is preferred, i.e., nutrition and healthy food preparation. *A focus on cultural differences will be essential to facilitate the discussion of food selection preparation within the various ethnic groups.*

E. Family Cleanliness

Infant care is easy and fun. However, it is not automatic. This section will help participants become familiar with the importance of infant cleanliness and the products available to assist one in achieving this goal. In addition, the instructor shall stress the importance of parental modeling of proper hygiene.

F. Exceptional Children

Children identified as exceptional (disabled or gifted) have special needs and require additional attention to help them achieve to their fullest potential. This portion of the program exposes participants to the possibility of rearing children with special needs. *The teacher will address cultural differences in the treatment and acceptance of exceptional children.*

G. Supervision and Safety

The value of life becomes more obvious when you have children. The goal of this section is to identify for the potential caregiver those parts of everyday life which create hazardous situations for children. Discussions will cover, but are not limited to, home safety, playground safety, poison control, car seats, weapons, drugs and alcohol, and other potentially dangerous household items and situations. The teacher shall emphasize the necessity for visual supervision of children. *The teacher will lead discussions of culturally unique activities or household items that may pose a risk to a child.*

IV. Incarceration and Beyond

A. Impact of incarceration on the family.

The intent behind this topic is to generate discussion and identify those events (developmental or otherwise) that have been missed by the incarcerated father, the child or significant other and what impact his absence has had on himself and the family as a unit. For example, the added monetary burden of sending packages, traveling and making phone calls to and from institutions, missing significant childhood milestones, and lack of consistency in the child's life and the challenge of re-entering the family after release. *The teacher shall address the cultural systems that not only step in to help hold the family together but, ultimately raise the child, i.e., extended family, etc.*

B. Family Planning

This section will address the level of joint commitment and responsibility necessary for planning and maintaining a healthy family, i.e., sex education, contraception, safe sex, adoption and abortion information. *The teacher shall facilitate a discussion of the above issues in an unbiased and culturally sensitive manner incorporating facts with participant input.*

C. Sexuality

This section is intended to provide participants with information about human sexuality. The participants will learn to identify issues and share information with their children about human sexual development. *The teacher shall facilitate a discussion of the above issues in an unbiased and culturally sensitive manner incorporating facts with participant input.*

D. Child care/baby sitters

This section will identify qualities and guidelines for locating and enlisting child care. Issues such as safety, dependability, and quality of care will be addressed. *A discussion of cultural issues in choosing a child care provider should be lead by the teacher.*

E. Legal Rights and Responsibilities

Participants will be presented with information in regard to the legal rights of parents as well as the responsibilities of parenthood. Participants will be provided with information in regard to coping with other father figures in the child's life, child support, legally establishing paternity, and child and spousal abuse laws.

F. Long range life goals for parent(s) and family

One's goals in life are a product of our past experiences and current beliefs. This section is designed to help participants write realistic life goals for parenting and family living. The teacher shall direct a discussion on goal setting and writing. The participant's individual culture will influence his final exercise product.

G. Family support resources

This section is designed to provide a working list of community resources sensitive to the participant's community of origin, ethnic and cultural background. Emphasis will be placed on "working the system" with the goal of gaining access to the resources provided. The teacher shall conduct exercises that develop participant skills in letter writing, phone directory use, and personal presentation before agency personnel. *The instructor shall teach the above in an effort to identify and overcome any cultural distrust of community agencies.*

H. Transition from father to "DAD"

This section is meant to be a celebratory group discussion summarizing the "feel" of the program and reiterating that all the knowledge and parenting skills in the world are worthless without a conscious commitment to being a "DAD". *The teacher shall emphasize the difference between fathering a child and raising a child; being a DAD. He or she shall remind participants that we are all encased in culture and that we must be conscious of its impact in our everyday living.*

Family Issues

Who am I?

YOUNG MEN AS FATHERS FORMAT

I. Family Issues

A. Who Am I?

Topics to be covered:

Family History
Cultural Background
Birth Order
How others see us
How we see ourselves

The activities in this section will help the student develop abilities to:

Identify significant events that have made them who they are.
Identify behaviors to change/reinforce.
Identify cultural influences on his life.
Identify the role models in their life.

Awareness Goal

We are a product of our experience.

Resources Available (see following pages)

FAMILY ISSUES

Generalizations

1. Self-understanding is the basis of satisfying human interaction.
2. The rapid changes in society's morés place increased demands on the individual to be self-sufficient.
3. The degree of maturity and self-esteem of an individual affects the extent to which he or she assumes responsibility for personal behavior.
4. Unrealistic expectations of a person's capabilities can restrict an individual's growth.
5. Internal power is the ability to succeed when failure seems probable.
6. All people are unique in their drive and potential.
7. Love is learned through experience, modeling reinforcements, feelings about self, and cultural expectations.
8. Needs and desires vary among individuals and change throughout the life cycle.

*To do good things in the world you must first know
who you are and what gives meaning in your life.
Paula Brownlee*

FAMILY ISSUES

Why am I afraid to tell you who I am?

Who we are and who we become is determined by those who love us and by those who refuse to love us.

We need to love and be loved. But first we must know one another deeply. Instant love happens only in the imagination, not in real life. Lasting love requires self-revelation. Without openness, love is a charade.

Each person, at birth possesses enormous potential for the fullness of life. We come to realize this potential largely through our interpersonal relationships. We are like the bud of a flower, we will open only if we are provided warmth and caring.

Our personalities, molded in infancy and childhood, can be changed to make us more contributing human beings. We need to develop an openness, an authenticity, to experience more than just superficial communication. We need to show our real self to others.

When we communicate with one another, we share. That means you can tell me who you are and I can tell you who I am.

Why am I afraid to tell you who I am: Because if I do tell you who I really am, you may not like me and that's all I have. In today's society, we put a lot of stress on being authentic. We do a lot of talking about the roles and masks we use to disguise our real selves.

There is no fixed true person inside of you or me. Why? Because being a person means that we are constantly changing. What we are as persons is what we think, feel, value, esteem, love, hate, fear, hope, believe in and are committed to. These things are always changing for us. For example, one day we are fathers, the next we decide to be good dads through commitment and sacrifice for our children. Where we once had children, now we participate in their lives.

We are dynamic. What we are today may not be what we are tomorrow.

In life most people play games. But not all games are fun, especially when everybody's playing to win. Some games are patterned reactions to given situations. Society programs us to respond in certain ways. But if we make ourselves aware of these games, then we can choose to give them up.

Why am I afraid to tell you who I am? (Continued)

Page 2

Games are little shields we carry in front of us. We use them to avoid self realization. Games protect us from the hurt that can come from discovering the truth about ourselves and communicating it to others.

There are a lot of different games because there are a lot of different people. We are all unique an social relationships vary. But the one thing these games all have in common is that they are self defeating and destroy many possibilities for honesty communication of self to others.

The stakes of these games are high. Successful game playing can cost the players the invigorating experience of true interpersonal encounters. It can prevent you from true individual growth and eliminate many worth while learning experiences.

FAMILY ISSUES

Teacher lead classroom activity:

Where do we get our Self-esteem?

People value themselves to the same degree that they are valued by others. It is easier to feel good about yourself when you have good experiences. This activity demonstrates that idea. The following activity requires three student volunteers who have high self-esteem.

1. Ask for three student volunteers. Have the volunteers select one of the two cartoon strips accompanying this activity, and prepare a report to the class. They must agree to report on the same cartoon strip. Have the volunteers meet outside the classroom to plan their presentation and to wait until called.
2. Instruct the class to respond in three different ways to the presentations that will be made by the volunteer speakers. For the first presenter the class is to show total lack of interest. For the second presenter the class is to give reinforcement (e.g., head nodding, verbal agreement, or smiles). The third presenter is to be shown hostility, such as frowns and boos as he or she speaks. Each volunteer is to enter the classroom one at a time and make his or her report without the support of the other two volunteers.
3. On completion of the activity, do the following:
 - Have the volunteers tell how they felt about the response they received from the class.
 - Have the class members discuss any changes in the volunteers' behavior as they responded to the presentations.
 - Compare the relationship between behavior, response, and reinforcement.

Some of us do not like ourselves—or aspects of ourselves. It is possible to change. By targeting the things we want to change, we can adopt attitudes and behavior that will lead to change. By sticking with our resolve to change, the "real me" will step forward.

FAMILY ISSUES

Who Am I?

Assignment

1. Write a letter to a great-grandchild whom you will not live to meet. In this letter, write about the following ideas:
 - a. The five most important things in my life
 - b. Qualities I look for in a friend
 - c. If my friends were to describe me, what I think they would say
 - d. One thing I do very well
 - e. A quality about myself I would like to change
 - f. What I hope to achieve in life (examples: family, career, health, community, personal, and social goals)
2. List and explain two influences which may affect your self-image.
 - a. _____
 - b. _____
3. How would you respond to the situation presented below? What would you think? What would you say and do? Be brief; but write exactly how you would react.
 - a. While you are waiting in line to purchase theater tickets, a sour, unpleasant looking person with a cold, abrasive manner pushes in front of you. When you mention that this is indeed not the end of the line, the person responds rudely and aggressively to you.
 - b. Your sister or brother has borrowed your favorite T-shirt without asking permission. You are tired of this occurring. How would you communicate your feelings?

FAMILY ISSUES

Who Am I?

Self-evaluation Sheet

1. List the things that give you a feeling of satisfaction or accomplishment?
2. How do you feel when you think about the things you do well?
3. List three of the things you would really like to accomplish:
 - 3a. What would you have to do to accomplish these things?
4. How did you feel when you had to think of an accomplishment you would like to achieve or do?
5. List three of your favorite things to do:
6. What conclusions can you reach from your feelings about who you are?

FAMILY ISSUES

Who Am I?

Attitudes: Where Do They Come From?

Some ways that people acquire their attitudes are the following:

1. We learn attitudes by looking and listening. Some children learn to like spinach after watching Popeye eat spinach and hearing about the strength it gives him.
2. We learn attitudes through reward and punishment. A child may learn not to talk socially after being told to be quiet in the presence of adults.
3. We learn by identifying with someone else. A person may adopt the beliefs or manner of dress and speech of a public person they admire.
4. We develop attitudes from within ourselves. As a result of the experiences we have in life, we begin to develop attitudes that reflect those experiences.
5. Sometimes we must change our attitudes because they conflict. We seek order in our life as the information we receive changes.

*Write a one page essay on the ways that people acquire their attitudes.

FAMILY ISSUES

Assignment

Where Do Attitudes Come From?

1. An attitude I developed from looking and listening is:
2. An attitude I developed by being rewarded is:
3. An attitude I developed by being punished is:
4. An attitude I have tried to teach someone else by rewarding or punishing is:
5. Think of someone whom you admire and consider to be a model to follow. In what ways do you wish to be like this person?
6. List three attitudes that you had as a child but DON'T have today.
7. What attitudes do you express to the world by your choice of clothing, the way you walk and talk, and the way you spend your free time?
8. Describe someone five to ten years older than you whom you have known several years. Have this person's attitudes toward life and the world changed? How?

FAMILY ISSUES

Handout

CONSCIENCE

Conscience is that which sees that this act is or isn't consistent with my true self.

1. I must know:
myself,
my needs,
my limits,
what I have done,
what others think of me
what I value.
and why I know when things are right or wrong.
2. I must know:
Who can I be or choose to be,
I am not just my fears,
I am not my needs
I am not what others think of me
I am not my institutions - church, family, job
I am who I am.

To become an adult does not mean to become what you'd like to be.

Dissatisfaction = growth = conflict

Therefore, when I am dissatisfied with my life (myself), I am in emotional pain or turmoil, I grow emotionally or change. This brings on conflict with the others in my life. They must now treat me differently, for I have changed. They may now experience Dissatisfaction = growth = conflict. So life is always changing.

Family Issues

Who Am I?

Assignment

I SEE MYSELF AS...

Mark 5 ways of relating, that best describe you.

- | | |
|--|---|
| <input type="checkbox"/> ALWAYS RIGHT | This person rarely, if ever, loses an argument. They don't listen well and avoid other opinions like the plague. |
| <input type="checkbox"/> ALL HEART | This person could be compensating subconsciously for sadistic or cruel tendencies. |
| <input type="checkbox"/> BODY BEAUTIFUL | This person thrives on his physical vanity. |
| <input type="checkbox"/> BRAGGART | This person childishly attempts to assert his imagined superiority. |
| <input type="checkbox"/> COMPULSIVE CLOWN | This person often seeks out recognition and attention. |
| <input type="checkbox"/> COMPETITOR | This person carries this idea to its extreme. He not only likes to compete but he also loves to win. |
| <input type="checkbox"/> CONFORMIST | This person is seldom willing to risk rejection by others. |
| <input type="checkbox"/> CRANK | This person cannot tolerate frustration. |
| <input type="checkbox"/> CYNIC | This person sees the world through rose-colored glasses and believes the world should be tailored to his comfort. |
| <input type="checkbox"/> ILLUSIONS OF GRANDEUR | This person has a puffed-up sense of personal importance. His lack of self-esteem is revealed through his name dropping and I-centered conversations. |
| <input type="checkbox"/> DOMINATOR | This person likes to control. |
| <input type="checkbox"/> DREAMER | This person achieves success and recognition in his make-believe world. Very often fantasy compensates for a lack of achievement in life. |
| <input type="checkbox"/> PROBLEM DRINKER/
DRUG ADDICT | Tries to escape from reality. People most vulnerable to stress often seek out temporary refuge in drugs and alcohol. |

_____FLIRT	This person usually attempts to gain some kind of recognition for her ego.
_____FRAGILE PERSON	This person sends out warning signals to others that he delicate and must be handled with care.
_____GOSSIP	This person plays for high stakes and personal ones at that. It's easier for the gossip to tear down others by words than to lift himself up by achievement.
_____HEDONIST	This person seeks pleasure before all else. He is used to instant gratification and won't stand for any delays when he has an impulse to indulge himself.
_____I-I-I	This person craves attention. His egocentricity is proportionate to the amount of pain he believes he has to deal with.
_____INFERIOR & GUILTY	Both of these people have conflicts between what a person is and what he believes he should be. The inferior person recognizes his weaknesses and inadequacies. He provokes competition and is aggressive. The guilt-ridden person believes he should be punished for his failures and avoids competition.
_____INDECISIVE	This person does not want to put his self-esteem on the line by making the wrong decision.
_____INFLAMMABLE	This person has a short fuse and bad temper. They often let off steam for a grievance they can't openly discuss. Their anger rarely can be taken at face value.
_____INTELLECT	It is easier for this person to read about rather than to experience it first-hand.
_____LONER	He shuts himself off from the rest of the world and tries to convince himself that he likes it that way.
_____MARTYR	He feels abused. His persecution complex is characterized by numerous false and suspicious beliefs. He usually blames others for his unhappiness.
_____MESSIAH	Fancy themselves as the saviors of the human race. Messiahs think of themselves as helpers and others as people to be helped.
_____POOR-MOUTH	Talks himself down.

_____FOULTER	Can't sit down and openly discuss interpersonal problems because his position, or grievance usually is irrational and he secretly knows it.
_____PREJUDICE	These people need some kind of vent for their emotional hostilities.
_____PROCRASTINATOR	This person puts off the things that should be done immediately.
_____RESENTFULLY YOURS	These people very often blame others for their own failures.
_____SEX-BOMB	These people feel they have nothing else to offer but a provocative body.
_____PREDATORY MALE	Is usually an ego hunter looking for some new trophy.
_____SUFFERER	Have been so conditioned that they feel guilty for enjoying anything in life.
_____STRONG & SILENT	Prevents communication by saying very little. In this way, people think that he is profound.
_____WORDY	Talks so much that it is nearly impossible to sort out what he is saying.
_____WORRIER	Usually gets on a treadmill and goes over the same ground again and again, getting nowhere.

Family Issues

Value Identification

1. Family Issues

B. Value Identification

Topics to be covered:

Individual worth
Family Concept
Values displayed through Behavioral Patterns
How those values are developed
How those values made you who are (sense of being)

The activities in this section will help the student develop abilities to :

Define value
Identify individual, family and cultural values
Discuss how values impact their decision making
How values are transmitted to parent to child

Awareness Goal

Learned values influence our behavior.

Resources Available (see following pages)

FAMILY ISSUES

ATTITUDES AND VALUES

If you think it was difficult dealing with the facts, wait until you take a look at attitudes and values! Yet the truth is, unless we help explore our own attitudes and values, we will be unable to assimilate the facts we are learning into our own patterns of behavior.

Since one of the primary goals of the Young Men as Fathers program is to help students make responsible decisions, you must be aware of how you view yourself and the world around you.

An individual's values grow from his total environment. When the environment is stable and all of the experiences are congruent, there is little conflict. The family, the church, the school and the community all tend to reinforce the same set of values. This situation, which we often refer to with nostalgia as the "good old days," hardly exists for any one today. Instead, young people are literally bombarded by persistent messages from radio, television, motion pictures, magazines, newspapers, books and comic books that often run counter to what they have learned at home. In addition, the amount of time spent with the family is greatly reduced, since many of the functions performed primarily by the family in the past are being provided by outside agencies. And, of course, the family itself is changing as divorce makes second marriages more common—and multiple parenting a source of additional value conflicts.

Coupled with all these changes is the almost revolutionary phenomenon of the women's liberation movement, which is beginning to affect both males and females in the way they define their roles and raise their children.

In the face of all this confusion, one of our basic tasks as is to develop effective decision making skills that will enable you to cope with your rapidly changing environment.

Most of the decisions you make involve choices, which ultimately reflect your values, even when these values have never been clearly defined. Problems often arise when our decisions in one situation may be at cross purposes with our choices at other times. Your own values may be in conflict.

One of the greatest concerns we all have is whether what we do is "normal." This usually means that we not only do not know all of the facts about a given type of behavior, we also have been conditioned to believe that certain things are either all *right* or all *wrong*. The purpose of the activities in this section is two fold: to explore the *range* of behavior that is normal and to examine some of the reasons behind the personal choices that people make. The ultimate objective is to help each student make responsible decisions about what is right for him or her. It also implies deciding what is *not* appropriate personal behavior while accepting and understanding that same behavior in others.

There is a tendency in all of us to want ready-made answers for difficult questions; there is a corresponding temptation to comply with such requests. You will need to confront and challenge yourself in helping make your own decisions, rather than falling into the trap of agreeing or disagreeing with an adult viewpoint. The most helpful adult role is to keep the responsibility for decision making squarely where it belongs—on the shoulders of the individual.

FAMILY ISSUES

ATTITUDES AND VALUES

Sexual Identity

Questions for Discussion

1. How are male and female roles determined?
2. Does a woman have to have children to feel she's a real woman?
3. Do men have a stronger sex drive than women?
4. How does a man feel about a woman having an abortion when it's his baby?
5. If you could choose the sex of your baby, which would you choose and why?
6. How would it affect a child if the mother worked and the father took care of the house?
7. Would it be all right for a single person to adopt a child?
8. Would it be all right for a gay couple to raise a child?

FAMILY ISSUES

Values

Some of the values listed below are closely related and compatible with each other, while others are contradictory. Not all of these values are given the same degree of support by all people and groups. Some of the values are proclaimed in words only, never in practice.

Achievement and success. Some prize getting ahead in the world. Some people do not like to admit failure.

Activity and work. Some people like to be busy and fill their time with activities. Sometimes work is seen as having a moral as well as an economic value.

Democracy. Distribution of power and authority, people's rule and control are two dominant American values. (Some people carry these political ideas of democracy into their family and social relations and generally do not approve of supreme authority by any one person.)

Efficiency and practicality. Some people prize getting things done, being useful, and finding the easiest way to accomplish something without waste.

Equality and justice. Some peoples believe in equality of opportunity and the belief that "I am as good as anyone else".

External conformity. In some societies great emphasis is placed on being outwardly alike. What is bought and used (houses, cars, and clothing) as well as in the ways people act and speak and in the opinions they hold.

Freedom. Freedom to make one's own decisions and control one's destiny is a basic value for some.

"Values" Continued

Page 2

Humanitarian ways. Giving aid and comfort to the distressed and to the underdog are considered a basic value in some societies..

Individual personality. Integrity, independence, and the individual's right to respect is considered a basic value for some societies..

Material comfort. Some people want good food and clothing, high-quality housing and equipment, good transportation, and high standards of cleanliness. Many expect these as a matter of course and almost feel they have a moral claim to such things.

Moral orientation. Some cultures judge things in terms of right and wrong, good and bad, ethical or unethical.

Nationalism and Patriotism. Many people value devotion to national interests and they disapprove of actions and values that are considered to be unpatriotic (sometimes to the degree that they think their way of life is best and should be extended to all humankind).

Progress. Many societies want to be up-to-date and tend to equate newness with goodness, and to believe that things will, or at least should, get better.

Science and secular rationality. Some societies value scientific or technical ways of approaching problems and seeking knowledge through the application of disciplined reason and observation.

Some of these values shared by peoples of different cultures, while some are not. Can you add any values considered important to your particular culture or the culture of someone you know. Here are some examples: Some cultures greatly value "the land" or "Mother Earth"; some value tradition, truth, family, mobility, or settling down roots. What functions do you think that these values serve?

FAMILY ISSUES:

Value Clarification

The Alligator River Story

Abigail and Abner are very much in love with each other. They each live on a different side of a river filled with ferocious alligators; however, a beautiful little bridge over the river allows them to make frequent trips to visit each other. One day a storm washes the bridge away. The lovers are very upset since there is no way they can meet. Abigail stands on the bank of the river every day waiting for some miracle. One day, Sinbad, a sailor, comes sailing down the river. Abigail calls to him and asks him to take her across the river to see Abner. Sinbad is very happy with the idea and says, "Of course, I'll take you across the river, but under one condition. You'll have to sleep with me first."

Abigail breaks into tears. She has never been involved sexually with anyone. She decides to get some advice from a friend named Ivan. Ivan is so cool about it all. He folds his arms and says to her, "That's your decision. I don't want to get involved."

With Ivan's answer, which seems cold to her, Abigail thinks and thinks about her problem and finally decides to sleep with Sinbad. When Abigail finally sees Abner the next day, she tells him the whole story and how she hassled with the problem. Abner is so furious with what Abigail has done that he tells her to go away and never to come back again. She clings to him—crying and pleading, but Abner will have nothing to do with her.

So, Abigail visits another friend named Slug. After telling him the story, Slug decides to go see Abner. He really works Abner over....After all, why should a fellow like Abner mistreat a nice little Girl Like Abigail?

Assignment: After you have read the story:

1. Rank order the characters in the story. No. 1 would be the person you are most sympathetic with (that you like the best). No. 3 would be the person you are least sympathetic with (that you hate the most). No. 2 would be the person you have no great love or no great hate for, (you just don't care about at all).
2. After you have made your list, write the reasons for your choices. Example: "Who was the person you disliked the most?" "Why?"
3. Compare your list with that of someone in the classroom. Don't pick someone you tend to share values with. Instead, compare and discuss the list with someone you don't know very well. The purpose of this activity is to illustrate both the range of attitudes toward certain types of behavior and the fact that people often select the same person as the best or worst but for different reasons.

FAMILY ISSUES

Values Questionnaire

Explain the meaning of the word *values*.

1. List five (or more) values that are most important to you.
2. List the values that you feel are less important to you.
3. Give an example of a time when you had a conflict with someone (parent, friend, or other family member) because you held different values. Describe the opposing values. (Example: Mother nags daughter not to waste her time by reading. Mom wants her to keep "busy." Mom's value is activity or work. Daughter's value is her individual and intellectual development.)
4. What are some values of your cultural group?
5. What are some values of other cultural groups? (Ask someone in your class)

FAMILY ISSUES

Family Customs and Traditions: Their Importance

Assignment

One way to understand the similarities and differences in families is to examine the kinds of customs valued by the families and the importance placed on these actions or beliefs.

1. Using the chart on the next page, rate the following customs and traditions in accordance with their importance in your family. Rate them 1, 2, or 3. (1 = very important; 2 = somewhat important; 3 = not at all important.)
 - A. Christmas or Hanukkah dinner together
 - B. Thanksgiving dinner together
 - C. Independence Day fireworks and picnic
 - D. Gifts to family members on birthdays
 - E. Mother's Day/Father's Day gifts or cards
 - F. Celebrating birthdays with member(s) of family
 - G. Decorating Christmas tree
 - H. Labor Day picnic
 - I. Saying grace at meals
 - J. Going to church or temple together
 - K. Bedtime ritual for small children (stories, stuffed animals, kisses, and so forth)
 - L. Making Easter eggs or other decorations
 - M. Visiting with relatives
 - N. Family reunions
 - O. A special dish or refreshment served at certain meals
 - P. Other cultural or religious rituals (specify)
 - Q. New Year's get-together or party as a family
 - R. Memorial Day visit to cemetery (or other regular day for such a visit)
 - S. Eating breakfast together
 - T. Eating dinner together
 - U. Watching television together
 - V. Family vacations
 - W. Family picnic
 - X. Family games
 - Y. Martin Luther King Day holiday celebration
 - Z. Cinco de Mayo

Family Customs and Traditions (continued)

	1	2	3
A			
B			
C			
D			
E			
F			
G			
H			
I			
J			
K			
L			
M			
N			
O			
P			
Q			
R			
S			
T			
U			
V			
W			
X			
Y			
Z			

2. Take the customs and traditions list back to your living unit. Ask a G.S. or Y.C. or another adult to rate the list of customs and traditions on a scale from 1 to 3, depending on their importance in the family when that person was a child.
3. Compare the differences in your rating and the adult rating. How many customs and traditions rated number one were the same? How many were different? How many customs rated number three were the same? How many were different?

Family Issues

What is a "family"?

YOUNG MEN AS FATHERS FORMAT

I. Family Issues

C. What is a "family?"

Topics to be covered:

Need to belong
Various family structures
Bonding
Hierarchical structure of families
Families role in society

The activities in this section will help the student develop abilities to:

Define "family"
Identify their role in their family
Describe their goal for their family

Awareness Goal

We are all part of a family.

Resources Available (see following pages)

FAMILY ISSUES

The Family as a Unit

Why is a family relationship important to the individual? What are the dynamics of family participation? How does understanding family roles enrich an individual's development? This chapter includes the analysis of the interaction of family members with an introduction of topics such as the development of values, standards, and attitudes; bonding of members; family disagreement resolution; roles in the family network; recognition of parents' rights and children's rights; and birth order position in the family.

The family, which is society's most basic unit, will continue to exist because it meets vital human needs.

Family Composition and Life-style

The traditional nuclear family of a working father and a mother who remains at home with two children is no longer the situation in the majority of families in the United States. Social, economic, and cultural pressures have created a variety of new family groupings. Students should be encouraged to examine these groupings in order to maximize the life-style they may choose or in which they, their families, or their friends live.

In our society the nuclear family and the extended family have been joined by other forms of the family: the single-parent family and blended family. Regardless of the form, the purpose of the family remains the same. The family in American society provides an environment for protection, affection, socialization (education), economic security, procreation, and recreation. Just as an automobile functions to move people from one place to another, the family functions to meet individual needs through the group. Whether your transportation is a station wagon or a motorcycle, its purpose is to get you from one place to another. Whether the family is a single-parent family or blended family, its purpose is to meet individual needs through a group. The family will continue to exist because it meets vital human needs.

FAMILY ISSUES

Generalizations

1. The family is society's most basic unit.
2. Individual families reflect unique characteristics in addition to common traits found in other families.
3. Families go through a predictable sequence of development.
4. When young people have a clearer picture of their own family system, they are in a better position to make informed choices about the kind of family they hope to create.
5. Individuals are born into their first family units, but they may be involved in selecting or establishing their second family units.
6. Cross-cultural families may have problems with role expectations, conflicting values, and involvement with parenting responsibilities.
7. A study of family customs would be beneficial in understanding relationships between parents and their children.
8. A child observes and models the behavior of parenting individuals.
9. Time limitations can cause conflict between the demands made by one's employment and the responsibility of raising a family.
10. Parental responsibility for physical care and maintenance changes as the child grows toward independence.
11. The number, placement, and age of family members affect the unit's ability to provide for individual needs.
12. The addition of each new family member has impact on the family group.
13. The number of members in a family unit and the birth order of the individual affect the development of each member.
14. The traditional male role of provider has been changed by the female working outside the home. Some males are not comfortable assuming or sharing the role of managing a household.

FAMILY ISSUES

Family Structure

Teacher Notes

Introduce the following concepts:

The family is one of the most important units of the social order, and thus the building block of society.

Strong well-functioning families are important both to the future well-being of the younger generation and to secure the strength of society in general.

Families are different - some have two parents, others have just one parent, while still others benefit from the contribution of extended family members such as grandparents, aunts and uncles."

Go around the room and ask students to describe the structure of their family "triangle." This includes their own family of origin, their partner's family of origin as well as their present family.

• Examples might be:

- a. *single-parent family*
- b. *extended family*
- c. *two-parent family*
- d. *adoptive family*
- e. *intergenerational family*

It is important to remember that in these lessons the goal is to develop the students capacity to observe their behavior and that of their children, and to reflect on their past and present experiences.

Take the lead by using your own experience as the first example.

It is very important to explore the similarities and differences between the participants family of origin, their parents' families of origin, and their present

FAMILY ISSUES

The Family As A Unit of Cooperation

Assignment:

1. List three positive parental roles:
2. Explain how your future parenting role will be different from and similar to your own parents' roles.
 - a. Different:
 - b. Similar:
3. Explain why household responsibilities should not be labeled as masculine or feminine.
6. Give one example of sex stereotyping found in the media (newspapers, magazines, radio, television, or books).
7. List two examples of how sex stereotyping might limit a child's potential:
8. List two ways you can avoid sex stereotyping with children:

FAMILY ISSUES

Attitude and Belief Check

Since we are all raised in a family of one form or another, we all have attitudes and beliefs based on what we learned through our experiences. Sometimes our beliefs are so routine that we simply don't think about them every day.

Go through the list below and indicate whether you feel the statement is true or false. Put an "X" in the appropriate column under the "T" for True or under the "F" for False.

Compare the list with that of the students in your class. More importantly, compare the reasons for your answers. While often the answer is the same, the reasons will vary greatly.

T	F	
_____	_____	a. If children in a family have the same parents, the children will be alike.
_____	_____	b. An only child is lonely.
_____	_____	c. The youngest child is usually a leader.
_____	_____	d. The middle child is oftentimes a good negotiator.
_____	_____	e. Later-born children tend to be more friendly and less demanding than firstborn.
_____	_____	f. The youngest child is likely to learn to walk, talk, and read earlier than his or her older siblings.
_____	_____	g. The oldest child tends to be an underachiever.
_____	_____	h. Firstborn children are more likely to be better students than later-born children.
_____	_____	i. Children born second have a tendency to be nonconformists. (They do not do what society expects of them.)
_____	_____	j. No one birth order position is necessarily better than another.

FAMILY ISSUES

Four Stages of the Family Life Cycle

The first family stage is the beginning family. This is the time from marriage to the birth of the first child. During this time the couple learns to adjust to marriage or living together and to each other. The young couple may face conflicting loyalties between parents and spouse, or the husband or wife may feel guilty about spending little or no time with his or her parents.

The second family stage is the growing family. This is the period from the birth of the first child to the time when the last child starts school. This is a very busy time for parents; the addition of a baby and/or small children means more time is required for child-care, cooking, and laundry. Childhood illnesses and accidents are at a peak in these years. Income is often scarce, and saving money is difficult. Parents may want to take part in PTA, scouting, and church work and to continue personal interests of their own. Often the husband and wife find it difficult to have much time for each other. It is important at this stage that they do not neglect their own relationship.

The third family stage is the launching family. This period includes the time when the youngest child enters school until all of the children have moved out of the home. During these years the children are growing up and are old enough to share activities and discussions with the parents. As the children approach the teen years, the family faces new kinds of situations: dating, driving, and curfew and decisions about future education and jobs. The parents must be both understanding and firm.

The fourth family stage is the couple again. The children are gone from the home, and the husband and wife must adjust to this change. Their children's needs and wishes are not their primary focus. They can develop their own hobbies, interests, and social life. Their expenses are less since there are just two to support. The couple must look ahead and plan for their retirement.

Exceptions and/or Additions to the Family Life Cycle

Some families do not have children; so they do not follow this four-stage pattern. Some people may marry someone who has children from a previous marriage and thus skip the beginning stage. Some families may be in more than one stage at a time. For example, if the family is large, it might be in both the growing and launching stages at the same time. The couple again stage may be changed by launched children moving back home. Some couples assume the care of grandchildren while their children return to school or work. Some couples move into the home of their grown children for health, financial, or companionship reasons. Although these four stages do not fit every family, they do fit many.

FAMILY ISSUES

Beliefs about the Family

Assignment

Teacher Notes

Read each statement to the class and have them decide whether they agree or disagree. If they agree have them place an "X" under the letter "A" in the column to the left of the statement. If they disagree, have them place an "X" under the letter "D" in the column. If they are not sure, have them circle the statement.

This assignment may be completed again at the end of the class in order to measure the degree of change in student attitudes.

A | D

- | <u>A</u> | <u>D</u> |
|----------|---|
| _____ | a. The main purpose of a family is to raise children? |
| _____ | b. Disagreements in a family are unhealthy? |
| _____ | c. Family customs and rituals are important? |
| _____ | d. Your family has borrowed customs, ideas, food, or other tools from other cultures? |
| _____ | e. Your family is patriarchal? |
| _____ | f. Your family is matriarchal? |

*The following page is set up as a handout for this assignment.

FAMILY ISSUES

Beliefs About the Family

Assignment

If you agree with the statements below, put an "X" under the letter "A"; if you disagree put an "X" under the letter "D". If you are not sure, circle the statement.

A | D

- | | |
|-----------|---|
| <u> </u> | a. The main purpose of a family is to raise children? |
| <u> </u> | b. Disagreements in a family are unhealthy? |
| <u> </u> | c. Family customs and rituals are important? |
| <u> </u> | d. Your family has borrowed customs, ideas, food, or other tools from other cultures? |
| <u> </u> | e. Your family is patriarchal? |
| <u> </u> | f. Your family is matriarchal? |

FAMILY ISSUES

Functions of the Family

The family serves many basic needs of its members. The family provides the following six functions:

Care

Providing a physical (shelter and clothing) and emotional (guidance and reassurance) environment in which family members feel safe.

Education

Making family members knowledgeable regarding the laws and customs of the community.

Financial support

Providing an economic base to meet the needs of the family members.

Love

Feeling tenderness and emotional attachment for family members.

Recreation

Participating in leisure activities together as a family (shopping, entertainment, and sports).

Reproduction

Producing family members through birth or adoption.

FAMILY ISSUES

Functions of the Family

Assignment:

1. Match the behaviors below to the functions they meet. Write the function on the line in front of the behavior.

Choose from these six functions

Care
Education
Financial support
Reproduction
Recreation

Functions

Behaviors

- | | |
|-------|---|
| _____ | a. Jose earns \$8 an hour to support his family. |
| _____ | b. Paul showed his little brother how to brush his teeth. |
| _____ | c. Sandy locked the doors when she left for school. |
| _____ | d. Andy planned the food for a family Love picnic. |
| _____ | e. David and Janet's first child was a boy they named Alex. |
| _____ | f. Debbie patted her sister's back after she completed her competition. |

2. Describe things you did as a family member within the last months. Indicate which of the six functions each activity fulfilled.
3. Which two of the six family functions are most important to you in your family today?

FAMILY ISSUES

Family Structure and Atmosphere

The composition of a family, that is, who the members are and what roles are assigned to them, determines how the child is brought up. There are challenges to raising children, that only come up for certain families as a result of their structure.

The family atmosphere is the pattern of relationships that exists among members of a family. It is important for family members, especially parents, to make an effort to build positive family relationships. To a great extent, our family atmosphere is adapted from the atmosphere that existed in our original families when we were growing up. This in turn is incorporated into a new atmosphere when we marry and have our own children.

Take a memory trip back in time to when they were growing up. Share what the atmosphere in your family was like. For example,

Responses might be:

<i>Competitive</i>	<i>Permissive,</i>
<i>Cooperative</i>	<i>Chaotic</i>
<i>Frightfully</i>	<i>Supportive,</i>
<i>Hostile</i>	<i>Strict</i>

1. What are the special challenges confronted by the single parent of today?
2. How are those challenges different if the single parent is a man? A woman?
3. What role do grandparents play in your children's lives?
4. What unique conflicts can arise in intergenerational families?
5. What roles do other extended family members play in your children's lives?
6. If you had a problem, to which family member would you turn for advice or help?

FAMILY ISSUES

Family Atmosphere

Mutual Respect

It is acknowledged that some of this material challenges traditional parenting principle ways. We are not trying to condemn the old ways, but are pointing out that many of those ways no longer work.

- What is meant by mutual respect?
- Do you allow your children to make mistakes without ridiculing them?
- When you take a child on an errand, do you explain where you are going?
- When your child makes a suggestion, do you consider following it?
- Do you treat your children with the same courtesy that you use with friends or strangers?
- If a friend were to spill a drink on your sofa, how would you react? If your child did the same thing, how would you react?
- What words do you use when you are angry with your children?
- Do you knock on your children's bedroom door? Do you expect them to knock on your door?
- Do you do things for your children that they can do for themselves?

FAMILY ISSUES

Family Atmosphere

Working and Playing Together

- Parents should spend some time with each of their children each day doing something they both enjoy and have planned together.
- The important thing about your time with your children is not *how much* time you spend together but how you spend that time together.
- From sharing tasks and games with their parents and siblings, children will learn to cooperate, share, and to work in teams.
- Do you spend some time each day with each of your children doing something you both enjoy?
- Do you have fun as a family at least once a week?
- How are family fun times planned?
- Who plans the fun times?
- How many hours a day do your children spend watching television?
- How many hours a day do you spend talking to your children?
- Do you have family rules? How are they established?
- Does everyone in the family have household chores?

FAMILY ISSUES

Family Atmosphere

Encouraging and Building Self Esteem

- We must believe in our children if they are to believe in themselves. To feel adequate, children need frequent encouragement.
- We need to encourage the positive efforts made by our children and not focus on the end result, which may or may not be positive. This means that parents should recognize children's assets and strengths, while minimizing their weaknesses and mistakes.
- Do you give frequent encouragement to each child, recognizing his or her effort rather than the result?
- When your young child dresses by himself/herself and doesn't coordinate the colors correctly, how do you react?
- When your child helps you clean, but doesn't quite finish the job, how do you react?

FAMILY ISSUES

Family Atmosphere

Communicating Love

- To feel secure, children need at least one significant parent (or caregiver) to love and be love by.
- It is important for parents to tell their children that they love them through both
- Do you tell your children that you love them ,especially when they are not expecting it?
- How do you express love in non verbal ways?
- When was the last time that you expressed your love to each child?
- Do you sometimes express love to your children as a reward for something they did right?
- Do you sometimes withdraw expression of love as a punishment?

FAMILY ISSUES

Family Atmosphere

Assignment

Participate in a discussion with parents about their family atmosphere using the following questions:

1. Did you feel comfortable in the atmosphere of your original family?
2. How was your family atmosphere different from that of your partner/spouse?
3. What kind of family atmosphere have you created for your children?
4. How is the atmosphere that you created similar to or different from the atmosphere in which you grew up?

FAMILY ISSUES

Family Atmosphere

Assignment

Write down 20 ways to build a happy Family Atmosphere; in other words, ways to develop positive family relationships.

Now, prioritize your suggestions into the following subheadings:

Mutual Respect	Taking Time to Work and Play together
Encouraging & Building Self-Esteem	Communicating love

Family Issues

Roles and Responsibilities of Parents

YOUNG MEN AS FATHERS FORMAT

I. Family Issues

D. Roles and responsibilities of parents.(modeling)

Topics to be covered:

- Role definition
- Impact of parental behavior
- Positive/negative role modeling
- Unconscious role modeling
- Taking responsibility for the behavior you model

The activities in this section will help the student develop abilities to:

- Describe responsibility of being parent.
- Describe how their behavior influences their child.
- Describe resources needed to be a parent.
- List positive parenting traits.

Awareness Goal

With "parenthood" comes commitment and responsibility

Resources Available (see following pages)

FAMILY ISSUES

Parents Roles and Responsibilities

Generalizations

1. The decision to have children requires a lifelong commitment.
2. Assuming the responsibility for another person increases the demands on one's own resources.
3. Parenting requires an investment of time, energy, money, and emotions.
4. Economic support is the parents' legal responsibility until the child becomes eighteen years old.
5. Effective parenting is achieved when one is comfortable and confident about one's own self-worth.

The qualities of being a good parent are many. These qualities can be displayed at many different times and situations. These qualities are also found in many different roles that parents play. For example being "affectionate" can be displayed when you are in the role of nurturer or family coach. The most important quality a good parent can display is the ability to be flexible. Being flexible means being able to change roles, accept a child's concern or point of view or accept help from others. A parent is many things at many times; it is the hardest job in the world.

FAMILY ISSUES

Roles and Responsibilities

Handout

Responsibility: What does this mean?

The first thing it means is don't run out on your responsibilities. If you make a girl pregnancy, that child your child, too. You should stick around no matter what and do everything you possible can to make sure that your baby gets cared for.

You have to start taking care of a baby before it's born. There are a number of things a pregnancy woman should do and shouldn't do in order to have a healthy baby. You can't force the woman to take care of your unborn baby, but you can help and you can encourage.

A pregnant woman has to have enough good, well-balanced food. She should have plenty of green vegetables.

Smoking cigarettes is a bad idea. Babies born to women who smoke aren't as healthy as babies born to women who don't smoke.

Drinking is much worse. A pregnant woman should stay away from alcohol.

The same goes for other drugs. Anything a pregnant woman takes into her body, anything she eats, any drug she takes affects your baby, too. Did you know that if a mother is addicted to drugs, her baby can be born an addict? That baby will be very sick for a long time.

A pregnant woman has to be careful even about drugs the Doctor gives her. She shouldn't take anything unless the Doctor knows that she's pregnant.

Drugs can cause all kinds of problems for the baby. The baby might be born deformed.

What can you do? You can't force her but you can stay clean yourself. You can't tell somebody not to drink if you're sitting there with a beer in your hand. You can, for sure, not offer drugs or alcohol to a pregnant woman and not pressure her into partying. Don't take drugs or alcohol into her house. You can try to see that she's getting food and rest.

If you can, you should be there when the baby's born. These days a lot of men are right there in the delivery room helping. They attend classes with their partner before the child's birth to learn how to help.

Responsibility: What does this mean? (Continued)

You should hold your baby as soon as you are allowed to. A good father welcomes his child into the world. Scientists have proven that holding your baby is very important in how both of you will feel about each other for the rest of your life.

A good father takes care of his kids. He does what he can to make sure that they're fed and clothed and have a place to live.

When I say that you should do what you can to take care of your kids, I mean just that. You may be out of a job and not have any money, but you can still see your kids and still help in other ways. If you don't have any money, how can you help take care of your child?

Children are a 24-hour responsibility. It's hard to explain what that means. Young parents have usually never had a 24-hour responsibility until they bring their first baby home. It's a big shock.

Babies need care just about all the time. They can't do anything for themselves. It's up to the adults to feed them, bathe them, dress them, to do everything for them.

It's a lot of work and it's about 3 years before a child is able to begin to take care of himself at all.

The first few months with a new baby are rough. New babies don't sleep through the night. When the baby wakes up at 3 in the morning crying, you have to get up and feed and change him. You can't talk to him and tell him it isn't right to wake you up. You can't ignore him and hope he'll stop crying. He won't.

You can't get mad at him for taking so much of your time and your partner's time. A lot of men feel very jealous of the new baby. Before the baby, your partner took care of you - now she just doesn't have much time or energy left over for you. She's very tired from having the baby and needs your help and support.

Responsibility: What does this mean? (Continued)

Thing is, you're an adult and you can go to the refrigerator if you're hungry or take a shower if you want one. The baby is helpless. There's no way for him to understand how hard all this is on you. It's up to you to understand.

Remember:

1. If you get a woman pregnant, you're responsible - don't run out!
2. Encourage your partner not to smoke, drink or take drugs when she's pregnant. Be a good example by staying clean yourself.
3. Be there to welcome your baby into the world.
4. Do what you can to help your partner care for your baby.
5. If your partner has a baby, she'll have less time to take care of you.

FAMILY ISSUES

ROLE-PLAYING: Problems, situations

From the moment a child is born, he begins to learn a variety of ways to interact with the other individuals in his environment. These learned patterns of behavior (or roles) are dependent on a wide assortment of biological, cultural and social factors that influence both the way an individual defines his role and the way others perceive him.

All of us, of course, learn many roles and we switch back and forth with relative ease, depending on the situation. This ability to switch roles successfully is greatly dependent on our speed and skill in sizing up a new situation. It also requires years of practice!

Role-playing as a teaching/learning technique allows us to make use of our perceptions of self and others in a given situation to test out some of our hidden assumptions. It is, in effect, a great rehearsal.

Role-playing has great value in any situation which involves interpersonal relationships; its value in a family life education course goes almost without saying.

Role-playing is play-acting without a script. Or more exactly, without a *written script*. Individuals respond in a given situation according to what they have heard (or think they have heard) many times before. (How often have we, as parents, heard one of our children scolding a younger brother or sister using not only our words but our tone of voice and our gestures. (That's role-playing!)

In the classroom, role-playing is more than simply having two people "act out" a difficult or unfamiliar situation. It offers an opportunity to get feed-back from observers about how one's behavior or words affected them.

Role-playing also enables an individual to experience how another person feels by reversing their positions in an argument or discussion. Role-reversals of male and female points of view can often result in new insights and awareness for both individuals.

Role-playing can grow out of many classroom experiences: an argument over whether a woman should work after she's married, a discussion about how a couple might decide on which contraceptive to use, a complaint about how parents don't understand their kids, or a question about what to tell your own kids when they ask about sex. The question cards can be used to lead into role-playing situations as can a debate, a film or a set of photographs.

However, role-playing without guidance and direction is rarely more than a pastime; it is most often the discussion which follows that produces the learning.

Role Playing - Problems, situations (continued)

Prepare for role-playing by making a set of cards for each situation. One card would be for the person with the problem. Each of the other cards would identify a person he/she goes to for help.

In the first situation, the top card would read:

Female, Age 15 Living at home, going to school. You've been going with a guy for two months and you just found out you're pregnant. There would be 4 other cards in the set: 1) Mother 2) Girlfriend 3) Minister 4) Boyfriend.

Do the same for all of the situations listed on the attached page.

FAMILY ISSUES

Role-Playing Assignment

Situations

Role 1: Boy, age 19
Living at home
Going to school

Situation: You have just found out your girlfriend's pregnant. You've been going with a guy for two months.

People You Go To See For Help and Information:

1. Your mother
 2. Your girlfriend
 3. Your minister or priest
 4. Your parole agent
-

Role 2: Male, age 18
You are on parole
You are living with your girlfriend.

Situation: You have always used rubbers because your girlfriend doesn't want to use any kind of contraceptive. You don't like using rubbers, but you don't want to have any kids yet.

People You Go To See For Help and Information:

1. Your parole agent (female)
 2. Your father
 3. Your married brother, age 24
 4. Your girlfriend (talk to her last)
-

Role 3: Male, age 24
You are living with your girlfriend and child.
You are just hired into a great job.

Situation: Your child is turning 5 years old on Saturday, her party is at 1:00 p.m. You start your Saturday morning with the words, "Daddy I'm so glad you'll be at my party!!"

People you go to see for help and information:

1. Your girlfriend.
2. Your boss.
3. Your mother/father
4. Your co/worker.

FAMILY ISSUES

Parenting Style and Role Modeling

Assignment

1. List the members of your family and give a brief personality description of each.
2. What were your parents styles? Mom? Dad?
3. Was there another adult who influenced your childhood? Who? What effect did that person have?
4. Which siblings were treated differently from you? How?
5. Which siblings were treated the same as you? How are your siblings different from you now?
6. How are you different from your parents? How would you like to parent? The same way or differently from your own parents?

MONKEY SEE, MONKEY DO

Children mimic grown-ups.
They ape us to the letter.
No matter how much time
we take to try to make them better.

FAMILY ISSUES

Roles and Responsibilities

Teacher Note

Read the following to your students and discuss.

You and Juana fight a lot. You're not proud of it, but every now and again you actually hit her. You're trying not to do that. Last time it happened somebody called the police and you just don't need that.

Your son, Tommy, plays a lot with the little girl who lives across the hall. One day you walk in just in time to see him haul off and punch her. You pick him up and take him inside. "That's very bad", you say, "You don't hit girls. I want you to sit here quietly for five minutes and try to remember that".

Five minutes later you let him go back to playing.

Discussion questions

1. Is what you did right?
2. What could you have done better?
3. Why did Tommy hit the little girl?

The Teacher should point out that the disciplinary response is really pretty good and works well with kids - giving them a short time-out period. The problem is that the kid is only doing what he sees you doing. You have to change your own behavior.

FAMILY ISSUES

Parenting Styles

Most parents do not "fit" into one style, but are a combination of two or three. We need to strive to validate our children as well as the child inside ourselves. This will give you a feel for how parents can influence their children in different ways. Some parents use different styles with different children. Ask yourself; "What kind of parent did I have?"

The Demanding Parent (D)

The demanding, dictatorial parent gives the message, "I'm the boss and I own you". The child believes the parent is saying, "It doesn't matter what you think, it is going to be done my way". The demanding parents are parents that push. (If you were pushed as a child then you will probably continue to push yourself and your child.) These parents often use the word "lazy" and often fear their children won't "turn out." Children of demanding parents say, "He never listens to me" or "She treats me like a baby" or "He doesn't care how I feel." These demanding parents tend to raise two types of children, doormats and liars. Doormats are the children who can be walked all over, agree with everyone and never have a conflicting opinion. Liars are the children who look right at the parent, nod and agree with the parent and when the parent is out of sight, do as they please. Some liars become so good and begin to lie at such a young age that they believe their own lies and no longer deal with reality. Demanding parents do not teach their children to think, reason, set goals or make choices. Living in jail is like living with a demanding parent. You are told what to do, no one wants your opinion, you have no choices and you probably don't feel that the guards really love you.

The Critical Parent (C)

The critical parents are demanding parents only more so. They give the message, "You don't do anything right." Critical parents often had critical parents. They often put a lot of energy into keeping secrets. They are extremely self-critical. Critical parents raise critical, negative, judgmental children who need to put others down in order to feel good about themselves. Criticism is very seldom constructive. Criticism destroys self-esteem and makes children angry and resentful. Children of critical parents have so few positive examples; and to change behavior is to risk more criticism and to risk failure. The following sentences are examples of critical statements: "Sit up straight; stop biting your finger nails; you're just like your brother; why couldn't you have been thinner; you were supposed to be a boy".

The Inadequate (I)

Inadequate parents are ineffectual. They are often alcoholic, drug addicted and/or abusers. They are parents who abandon their children each time they use alcohol or drugs or act in an out of control manner. The fear level in these children is enormous. The message these parents give is, "I am not able to give you what you need. I am overwhelmed, I might explode." The children of these parents feel a need to take care of the parent and protect him/her. The child may feel caught in a trap as they feel that they should be protected, not be doing the care taking. Inadequate parents often ask their children to assume adult roles that they are not capable of assuming -- raising younger brothers and sisters, getting dad to bed after he has passed out, calling work and lying for the parent. They often ask children to make decisions which are matters far beyond their realm. "Should I divorce your father?" Regardless of what the child suggests, they become the possible scapegoat whatever the outcome.

The Disengaging Parent (Di)

The disengaging parents are unavailable or preoccupied. They may be too sick, too tired or too busy. They give the message, "You are not terribly important to me." These children often spend a lot of time denying what they see and feel. These parents are usually people who were not parented themselves, because of this, they were not adequately loved, so living is hard for them. They may even make some of the following statements: "I never wanted a child in the first place." "You were an accident." "I brought you into this world, I can take you out." "I can't cope." "You children will be the death of me." "You are driving me to my grave."

The Validating Parent (V)

Validating parents are honest with themselves and honest about what they can do. They spend enough quality time with their children that there is some recognizable quality time. They have good communication skills, enjoy being parents and their love takes action. These parents often come from validating parents. Few people were actually raised by validating parents and, therefore, their statements may sound unbelievable or unrealistic but they are not.

The Overprotective Parent (O)

The Overprotective parent (smothering parent) gives his child the following message, "You can't do it, at least not by yourself." The children of these parents often make the statement: "I don't know how, or I couldn't do that as a child." These parents often make the statement: "I don't want my child to do that, I wasn't permitted to do it!" Overprotective parents try to give the child all the things that they themselves did not have during their own childhood, which is impossible and insane. This parent wonders why the child is not appreciative enough and grateful enough for all the things that the parent is supplying and doing. This parent needs to parent themselves and know that they can enjoy a childhood at any age.

FAMILY ISSUES

Analysis of Your Parenting Style

Teacher Notes

1. On the board, list the characteristics the students suggest that they would like for their child when the children become adults.
2. Ask, "How do you get these characteristics" - discuss role modeling and its influences.
3. Read the assignment "What Type of Parents Did You Have" (next page) and have the students check the ones that remind them of home and growing up.

Have the students count the number of D's, C's, O's, etc.

4. Lead a discussion or ask for an essay on their parents, style as determined by the percentage of D's, C's, etc. You may want to repeat this for both parents. (1. mom - 2. dad - 3. Significant other.) Refer to answer key.

FAMILY ISSUES

WHAT TYPE OF PARENTS DID YOU HAVE?

Check the statements in the following list that you feel are most descriptive of the things your parents said to you. Check the statements off only if they were said often in your home as you were growing up. (Leave the ones that do not apply to your family blank.)

- _____ 1. Right now!
- _____ 2. I Really liked the way you did that.
- _____ 3. I don't know. Ask your dad (mom).
- _____ 4. What were you thinking of when you did that?
- _____ 5. Do it now!
- _____ 6. I'm too upset to talk.
- _____ 7. You'd better let me help you.
- _____ 8. It's none of your business.
- _____ 9. I hate you.
- _____ 10. That shows you put a lot of work into it.
- _____ 11. Clean up your room now!
- _____ 12. I'll make you pay for this.
- _____ 13. I'm too busy. Maybe later.
- _____ 14. I can't believe you did that.
- _____ 15. It's just for us to worry about.
- _____ 16. I know it must be disappointing, because I know you really tried
- _____ 17. Because I said so.
- _____ 18. I can't promise you.
- _____ 19. I can't take this.
- _____ 20. That's my rule, that's why.
- _____ 21. What do you think I should do?
- _____ 22. You look terrible. Go change.
- _____ 23. Do you think you are ready for that?
- _____ 24. I'm so proud of you.
- _____ 25. I can't talk to him. You do it.
- _____ 26. I can't tell your mom. It will upset her.
- _____ 27. You'd better not move ahead without asking me first.
- _____ 28. No, because I said so. You don't need a reason.
- _____ 29. You never do anything right. Let me do it
- _____ 30. Get over here and do what I tell you.
- _____ 31. You did that so well. Show me how to do it.
- _____ 32. Maybe tomorrow.
- _____ 33. Stop it! I can't believe you did that again when I told you not to.
- _____ 34. Just what do you think you are doing?
- _____ 35. I'll do that for you. I am afraid you are going to get hurt.
- _____ 36. Maybe tomorrow. I don't feel well.
- _____ 37. Do you mind leaving me alone right now?
- _____ 38. I said to do it, so do it!
- _____ 39. You really didn't want to do that, did you?
- _____ 40. Did I ever tell you how much I love you?

FAMILY ISSUES

Teacher Notes

Answer Sheet to "What types of parents did you have?"

1. (D)
2. (V)
3. (I)
4. (C)
5. (D)
6. (I)
7. (O)
8. (C)
9. (C)
10. (V)
11. (D)
12. (C)
13. (Di)
14. (C)
15. (O)
16. (V)
17. (D)
18. (Di)
19. (I)
20. (Di)
21. (I)
22. (C)
23. (C)
24. (V)
25. (I)
26. (I)
27. (O)
28. (D)
29. (C)
30. (D)
31. (V)
32. (Di)
33. (D)
34. (C)
35. (O)
36. (I)
37. (Di)
38. (D)
39. (V)
40. (V)

The Inadequate Parent (I)
The Disengaging Parent (Di)
The Validating Parent (V)
The Demanding Parent (D)
The Critical Parent (C)
The Overprotective Parent (O)

FAMILY ISSUES

ASSIGNMENT

Qualities of a good parent.

Affectionate
 Warm
 Independent
 Dominant
 Ambitious
 Self Reliant
 Nurturing
 Loyal
 Tender
 Competitive

Objective
 Assertive
 Gentle
 Sensitive
 Compassionate
 Sympathetic
 Athletic
 Forceful
 Adventurous
 Understanding

1. Put a check next to the five most important qualities of a good parent.
2. Ask the teacher for help if you don't understand any of the words.
3. Put an "M" next to any of the words that describe a mother.
4. Put an "F" next to any of the words that describe a father.
5. Were your five important qualities more mother's or father's roles.

Switch the labels on the words you marked as "mother" and "father" qualities . How do you feel about this new parent? What do you like? What do you not like?

6. Which of these parental qualities do you have right now?

FAMILY ISSUES

Parenting Roles

Assignment

1. Beginning with each of the letters shown below, write as many words as you can which describe parents and their roles. Place a + by each word that you consider to be a positive one; place a - by each one that you consider to be negative.

P _____

A _____

R _____

E _____

N _____

T _____

I _____

N _____

G _____

2. Share with other students the words you chose, and explain why you chose the descriptive words.
3. List ten desirable traits for people who raise children. From these, select the five most desirable traits you believe people who raise children must have.
4. Compare your five most desirable traits with those chosen by other class members. Discuss.

Parents

Parents teach in the toughest school in the world

'The School for Making People'.

*You are the Board of Education, the Principal,
the classroom teacher, and the janitor.*

*You are expected to be experts on all subjects
pertaining to life and living.*

*There are few schools to train you for your job
and there is no general agreement on the curriculum;
you have to make it up yourself.*

*Your school has no holidays, no vacations, no unions,
no automatic promotions, or pay raises.*

*You are on 'ON DUTY' or at least 'ON CALL' 24 hours a day,
365 days a year, for at least 18 years for every child you have.*

Within this context, you carry on your people-making.

*I regard this as the hardest, most complicated,
anxiety-ridden, blood and sweat producing job in the world.*

·Virginia Satir·

FAMILY ISSUES

Assignment

Resources Needed For Parenting: Time, Energy, Money, and Emotional Commitment

1. a. How many children do you hope to have?
- b. How much do you think the following items cost at the present time?

 Childbirth
 Child support through age eighteen
 Four years of college
- c. What benefits and pleasures do you think you would derive from raising children?
- d. What would you be willing to give up or change because of your role as a parent?
- e. What essential items do you believe a baby needs during the first year?
- f. Using your own resources, explain how you could improvise three of these essential items instead of buying them.
- g. Locate four sources in your community for inexpensive furniture, baby clothes, and toys.
- h. In general, do you think there are more advantages than disadvantages to having children? Circle one number on the scale below.

Only disadvantages

Only advantages

0 1 2 3 4 5 6 7 8 9 10

Tabulate and compare the students' responses to question 1 (parts a, b, and c). What are the three most frequently mentioned advantages and disadvantages? Compare the students' cost estimates with the latest statistics from the Population Reference Bureau. Discuss the results.

Obtain the latest statistics on the cost of raising a child from the Population Reference Bureau. Write to the following address:

Population Reference Bureau, Inc.,
1337 Connecticut Avenue, N.W.
Washington, DC 20035

Resources Needed For Parenting (Continued)

Direct Cost of Raising a Child in the United States, 1980

IN 1980 . . .

. . . Childbirth costs about \$2,485

. . . Raising a child to age eighteen cost \$72,894

. . . Four years of college cost \$12,640

The total cost for raising a child was \$88,019

For a child who was eighteen years old in 1980, the cost was \$72,894; for a child born in 1980 and who will be eighteen years old in 1998, the cost is projected to be \$144,892.

FAMILY ISSUES

Parenting Roles

Assignment

We have discussed a variety of roles a parent **must** assume in order to be effective. These roles vary from culture to culture. Some societies take financial responsibility for their children **only** until which time this child reaches age 18 years of age. Others help their children financially, all the child's life.

Some societies raise children as a community. Many people take an interest in the child and help mold him through advice, care, discipline, etc.

1. Can you find three particular customs or roles that are commonly displayed in your culture or that of someone you know?
2. What roles do family members take on raising a child in your culture?
3. What roles are assigned by custom and which roles are assigned by personal relationship?
4. Listed below are a variety of roles assumed when raising a child. Assign a family member title to each of the roles. Compare your answer to that of other students.

For example, "Nurturer": Mother/Grandmother

- | | |
|-----------------------|--|
| 1. Nurturer | 6. Coach |
| 2. Historian | 7. Taxi-driver |
| 3. Financial Provider | 8. Care-giver (baths, feeding, dressing) |
| 4. Teacher | 9. Cook |
| 5. Friend | 10. Spiritual Adviser |
5. Which of these roles are you prepared to take on?
 6. Prioritize or rewrite the list putting the most important role in the number one spot. Be prepared to discuss with other students why your list is prioritized in such a fashion.

FAMILY ISSUES

Qualities of a Good Parent

Assignment

Directions

1. Put a check next to the five most important qualities of a parent.
2. Put a question mark next to any word you do not understand. (Ask your teacher the word's meaning or use a dictionary.)
3. Put an "M" next to words that describe a mother.
4. Put an "F" next to words that describe a father.

Qualities of a Good Parent

Affectionate	Objective
Assertive	Warm
Gentle	Independent
Sensitive	Dominant
Compassionate	Ambitious
Sympathetic	Self-reliant
Athletic	Nurturing
Forceful	Loyal
Adventurous	Tender
Understanding	Competitive

5. After marking the list, answer the following questions:
 - a. Were your five important qualities more mother's roles or father's roles?
 - b. (Switch the mother and father labels on the words you marked.) How do you feel about this new parent? What do you like? What do you not like?
 - c. Which of these parental qualities do you have right now?

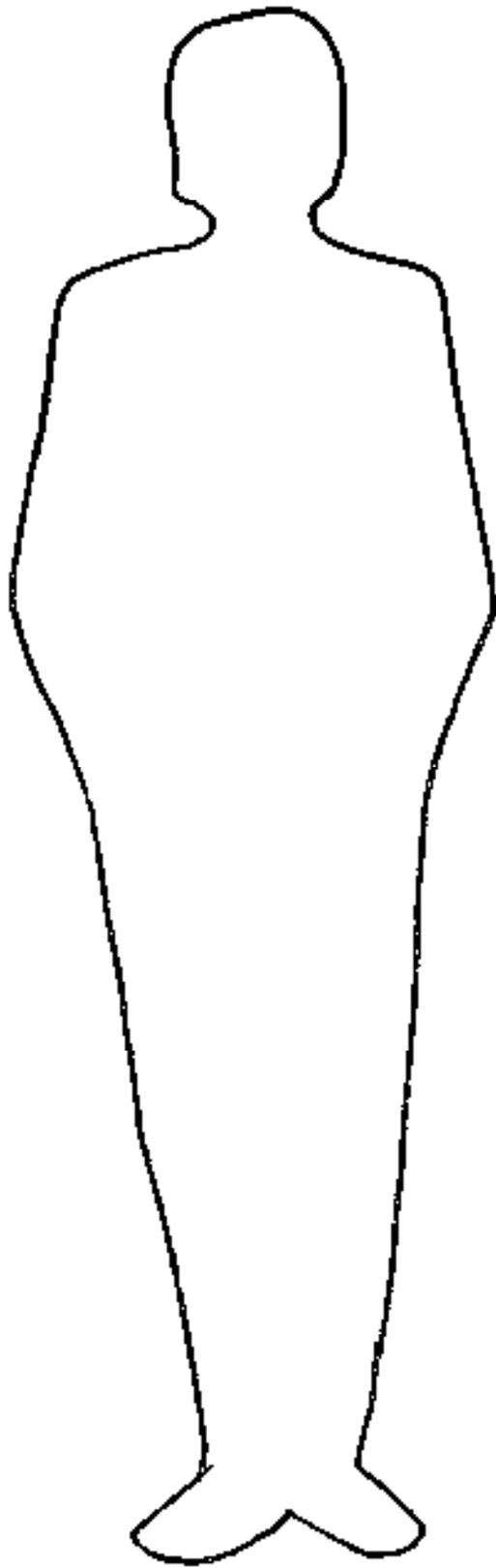
FAMILY ISSUES

Parent Roles: Positive and Negative

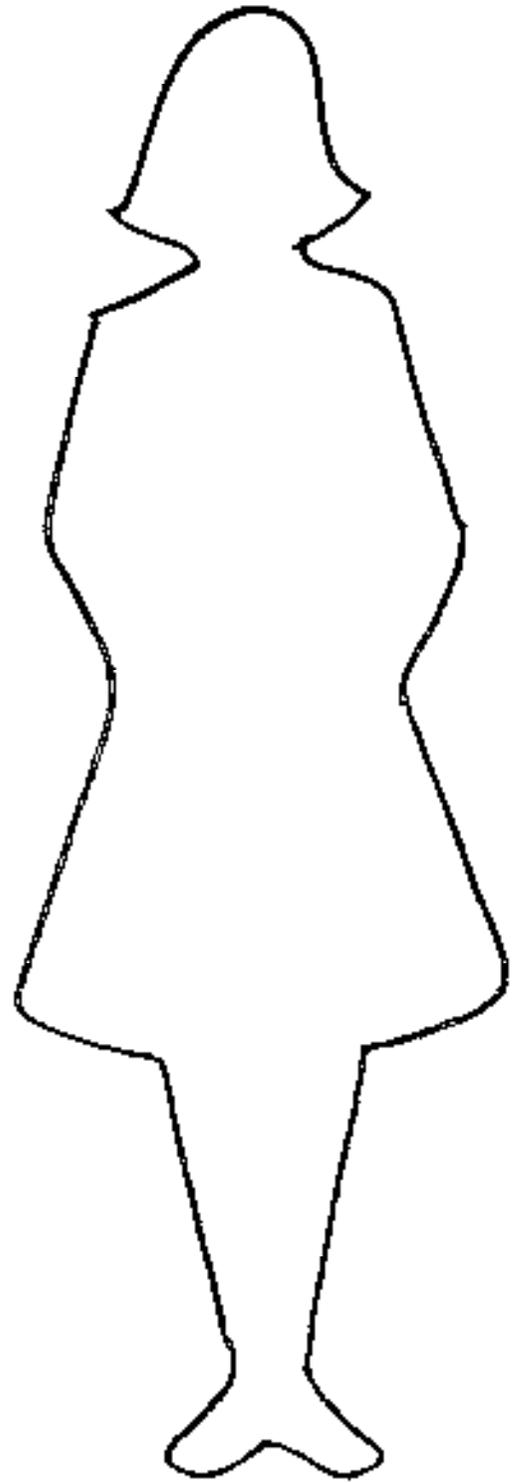
Assignment

Parents have different qualities and have different roles in a family. Understanding the expectations and responsibilities of parenthood can create a greater understanding of parenting roles.

1. Using the father figure and a mother figure attached, write in each figure such statements as "A father is...", "A mother is...", "A mother provides...", "A father provides...", "A mother is not...", "A father is not..."
2. Circle the positive statements and place an X before the negative statements.
3. In class you will:
 - a. Compare the similarities and differences of other participants statements on the figures.
 - b. Identify the statements as portraying either traditional roles or democratic roles by placing a T for traditional and a N for Non-traditional beside the statement.
 - c. Give an example of how the positive and negative statements affect child rearing.



ID



ZZA

FAMILY ISSUES

Role Modeling

Assignment

A Child Learns Through Living

Babies are born with the ability to do some things at birth; however, most developmental tasks are learned. They watch, listen, feel, and learn about everything around them. A baby can sense if the person holding him or her is comfortable. Babies know when the people around them are angry. What children see is what they learn. It is extremely important that the caretakers, or people around the child, be good models. They show a child by example how something is to be done, rather than just tell the child with words.

1. Fill in the blanks with what you think the child will learn: **CHILDREN LEARN WHAT THEY LIVE.** If a child lives with:

Criticism, the child learns to: _____

Hostility, the child learns to: _____

Ridicule, the child learns to be: _____

Jealousy, the child learns to feel: _____

Tolerance, the child learns to be: _____

Encouragement, the child learns: _____

Fairness, the child learns: _____

Security, the child learns: _____

Approval, the child learns to: _____

Friendship, the child learns to find love in the world. _____

2. Discuss your answers with other members of the class.
3. Compare your answers with the poem by Dorothy Law Nolte.

Children Learn What They Live

If a child lives with criticism, He learns to condemn.

If a child lives with hostility, He learns to fight.

If a child lives with ridicule, He learns to be shy.

If a child lives with jealousy, He learns to feel guilty.

If a child lives with tolerance, He learns to be patient.

If a child lives with encouragement, He learns confidence.

If a child lives with praise, He learns to appreciate.

If a child lives with fairness, He learns justice.

If a child lives with security, He learns to have faith.

If a child lives with approval, He learns to like himself.

*If a child lives with acceptance and friendship, He learns to find love
in the world.*

Dorothy Law Noltz

Family Issues

Cross-generation Issues

YOUNG MEN AS FATHERS FORMAT

1. Family Issues

E. Cross-generation issues (differences: positive and negative)

Topics to be covered:

Babies raising babies

Impacts of Grandparents raising grandchildren

Single parent families of today vs the families structure of yesteryear

Cultural values of past generation vs contemporary cultural values

Cultural variations in the value of the older generation

The activities in this section will help the student develop abilities to:

Able to describe the impact of generation differences in a family.

Able to discuss the impact of teen pregnancy on the family and society.

Identify how they view or value "elderly" in their own families

Discuss the responsibility of being a single parent

How being raised by a single parent will affect your approach to parenting your child

Awareness Goal

Generation based values affects parenthood.

Resources Available (see following pages)

FAMILY ISSUES

THE BLACK FAMILY: ROOTS ARE ROUTES TO SURVIVAL

Families. They come in all shapes and sizes among Black folks. Check it out. There are:

- **SINGLE PARENTS** who work hard to give their children a good start and provide their families with hard-working examples.
- **EXTENDED FAMILIES** who break the traditional mold— like grandmas who raise their grand babies and sisters who take in nephews and nieces when they're down and out.
- **NUCLEAR FAMILIES** in which a man and woman work together to keep house, home and kids together.
- and more.

No matter what families look like, it's how they feel that counts. And when you add it all up, the Black Family and Blacks' sense of family has made the difference in survival and in health. Black families, in all their variety, are a source of strength for Black people and the Black community. Families help us make it through.

But the idea that "We Are Family" among Blacks didn't just happen overnight. From Africa to America, in slavery and in freedom, Black people have protected, comforted and cared for each other.

Historians point out that family was and is one of the strongest cohesive forces in traditional African life. The ancestors, the living and those still-to-be born are thought of as one boundless unit. In the New World, Blacks kept alive the family flame. In slave quarters, for example, the extended family was just an everyday routine as both elders and friends looked after children they all loved in common. Slave masters knew family was a strong feeling among Blacks and held out the threat of separation as the ultimate punishment. And studies show that next to flight from harsh treatment, trying to reunite their families was the main reason slaves ran away.

So it is significant when Blacks say "my people" and mean "my family." In the Black community, now as in the past, my family and your family are our family. And family feels good.

FAMILY ISSUES

Cross Generation Issues

Assignment: The Present

1. Describe the members of your family.
2. Describe the members of your child's family.
3. Are there any similarities?
4. What are the positive/strengths of both families?
5. What would you describe as their weaknesses?

FAMILY ISSUES

Cross Generation Issues

Assignment: The Past

1. Describe the members of your mother or fathers family.
2. Compare them to your family. Are there any similarities?
3. What are some of the differences? How is the composition of each family effected by. "The times"
4. How is your generation different from that of your parents?

Family Issues

Communication

YOUNG MEN AS FATHERS FORMAT

I. Family Issues

F. Love means communicating

Topics to be covered:

Relating to the other parent
Relating to your child
Teaching kids to relate to each other
Non-verbal communication: Listening to relate behavior
Communication differences across culture

The activities in this section will help the student develop abilities to:

Identify communication patterns in their culture.
Discuss non-verbal communication in their culture.
Understand the importance of communicating feelings.
Demonstrate communication skills to age of the child.

Awareness Goal

Communication influences the quality of family relationships

Resources Available (see following pages)

FAMILY ISSUES

Communication

Communication with each other can sometimes be a very difficult process. The information we try to give to one another is often not received as it was sent. Sometimes the listener hears a meaning within the message that the sender didn't intend. For example, the statement "I can't believe you didn't get that job!" can be taken as;

- a. He believes I should have been able to get the job, I didn't so I'm dumb. or
- b. He believes I was good for the job and can't believe they didn't hire me.

How a message is taken depends on many things.

1. How it was given: Was the senders voice angry? Loud? Excited? Disappointed? Was the message in writing? The message changes greatly when any of these methods are used.
2. The relationship between the sender and the receiver: Dad to Child, Teacher to Student, Child to Child, Black to White etc. The relationship between people can change a message just because it was said by that person.
3. In addition, who the person receiving the message is important to how the message is received. If the receiver is sad, or angry the message may be received negatively. If the receiver has poor self esteem he might even take a message that was meant to be positive as a deliberate attack on his self worth.

Communication with children is even trickier and more important to get it right. You see, as adults we carry a lot of authority over kids. Because of this "authority" kid automatically believe everything we say.

FAMILY ISSUES

Communication Skills

Knowing how to talk to a child is very important. Many parents just yell at kids. They come into the house and they see that the child has left his toys all over the living room, though he/she has been told to put them away, they start yelling.

"How many times have I told you to put your toys away, don't you listen to me!! I could talk to you until I'm blue in the face, and you still don't do as you're told. You're so lazy! If you don't put your toys away, I'm going to take them away from you and give them to the neighbors. Can't you ever listen? Look at me when I'm talking to you or I'll smack you one."

When you act like that you are just setting you and your child up for a bad day. Your yelling and threats confuse the child and make it harder for him to respond. Your telling him that he's a bad kid who doesn't do what he is told. Your his father and he's going to believe you. A little kid isn't going to understand you if you talk so much, little kids have just learned the language. If you talk too fast or tell them too many things at once, you lose them.

In talking to kids, keep it simple, you might say for example, "I don't like it when you leave your toys out, pick them up please."

Clear, simple messages work much better, speak slowly and distinctly. Don't use words the child doesn't know. Look the child in the eye to make sure that he's listening.

The most important quality of a good father is patience. It sometimes takes quite awhile to get through to a child.

Let's take the example of the toys lying around all over the living room, what if you tell your child to pick them up and he doesn't? What should you do? The leader get responses from the group?

It's a good rule to give a child at least three chances to what he/she was told before you use discipline. Do you think that you have that you have that much patience?

FAMILY ISSUES

Communication: "I" Messages

When trying to tell someone, especially a child, that what they are doing is not viewed as good, it is important to avoid making them feel bad about themselves.

It is very important that a child recognize the difference between what they do and who they are. If a child is made to feel stupid, he will believe he is, and that he deserves to be treated as such.

Keeping this in mind, it is especially important that parents learn how to talk to children. Children (like anyone else) do things that upset people. Sometimes children get upset for things they can't understand. It is vital that parents learn to teach their children the difference. Parents also must understand that some problems are problems they must handle, while others problems are problems their children must handle.

Let's go over an example;

1. A child's room is a mess. Whose problem is it?

Well it is probably not the child's problem, because that is probably how he like his room. But, parents usually want neatness and order, and a messy room may bother them.

So what do you do? Tell your child how you feel and what impact his behavior has on you.

How do you do this?

Use "I" messages: An I message is a statement that contains three components.

- a. your feelings
- b. about the behavior
- c. and its potential impact on the child

For example, "I feel awful when I see your clothes on the floor, I feel like not buying you nice, new things."

Nowhere in this statement is there room for name calling, or accusations.

Never tell a child, "I'm angry because you are a pig/lazy/stupid.
(name calling)

Or you're just doing this because you are lazy/hate me/ are stupid, etc.
(accusations)

Remember, you are trying to teach a child that his behavior is bad, but he is good.

FAMILY ISSUES

Communication

Recognizing Roadblocks

Teacher Notes

The object is to teach students that how we speak to people either opens up communication or puts up roadblocks.

When we speak to people we send behind our messages. If we ask a question or make a statement that sends a negative message, chances are we won't get a positive response.

The following are categories used to distinguish the meaning behind the message. Have students learn these categories then do the corresponding assignment.

1. Judging: to decide the worth of, or place a value on something; something is better than another.
2. Ordering: to demand; not giving the person a choice to behave. People who have the opportunity to choose usually choose the right way.
3. Moralizing: trying to point out what is wrong by attaching guilt feeling to the behavior; trying to make someone do something by making them feel guilty if they don't do it. For example, "eat all your food because there are people starving in the world."
4. Ridiculing: making fun of; making a person feel foolish.
5. Knowing-it-All. "Solving the problem": Solving the problem with a quick fix, regardless of what the other feels, thinks, or believes.

KEY TO THE CORRESPONDING ASSIGNMENT

Category	Question Numbers
Judging	1, 3, 4
Ordering	2, 6, 10
Moralizing	9
Ridiculing	7, 8, 13
Know-it-All	5, 11, 12

FAMILY ISSUES

Communication

Recognizing Roadblocks

Assignment

Listed below are perfect ways to stop all communication. These are ways to shut kids up, open them up and they are things we all do! What is wrong with these Fifteen statements? How could they have been better stated? How do they stop communication?

Label each statement as: J=Judging, O=Ordering, M=Moralizing, R=Ridiculing, K=The Know-It-All (Solving the Problem)

- _____ 1. Why can't you be like Billy? He never talks back to me.
- _____ 2. Go to your room right now and don't come back until you can act your age.
- _____ 3. You probably don't like school because you're always getting in trouble.
- _____ 4. Look what a good boy you are picking up all the toys.
- _____ 5. You only feel that way because your friends say it is the thing to do.
- _____ 6. It is your duty to tell the truth - I can't help it if you are afraid.
- _____ 7. Who do you think you are?
- _____ 8. Have you thought about talking it over with your counselor? Perhaps she will understand.
- _____ 9. When I was your age I never had the opportunities you have.
- _____ 10. The next time I see you hitting your brother you'll get sent to your room.
- _____ 11. You're just acting this way because you want attention.
- _____ 12. Poor little baby . . . you bump your finger . . . come let me kiss it for you.
- _____ 13. Don't be silly Jimmy, of course I like you.

FAMILY ISSUES

Communication

HANDOUT

The two basic parts of effective communication are (1) sending clear messages; and (2) listening listening and LISTENING!

Communication makes or breaks relationships.

Parent: "You look a mess. Why don't you change before you leave?"

Son or daughter: "Because I don't want to. You don't look so good yourself."

Trust occurs when verbal and nonverbal communication are the same.

Classmate: "What's bugging you?"

Second classmate (very depressed): "Everything is peachy."

Use I-messages to convey your feelings.

Girl: "You should drive slower." *Boy:* "I like to drive fast."

Be an active listener.

Parent is reading a newspaper.

Son or daughter: "My friend got kicked out of school for fighting, and it wasn't his fault."

Parent: "Your friend shouldn't fight at school."

Avoid hasty judgments and pre-thinking another person's thoughts.

Boyfriend: "I'm going bowling with the boys tonight."

Girlfriend: "You don't love me any more. You always want to be with the boys."

Listen to the speaker's message and accept his or her feelings.

(This does not mean you approve or agree, only that you heard.)

Parent: "You should stop running around with those kids."

Son or daughter: "You never like any of my friends."

COMMUNICATION (Continued)

Avoid hasty judgments and pre-thinking another person's thoughts.

Friend: "You want to go to the show with us tonight?"

Second friend: "No, I can't."

Friend: "You never want to do anything with us anymore."

Listen for feeling and emotion.

Friend: "I see we're doing it *your*

Know what he or she is talking about.

Boy: "This is the way to change the tire."

Friend: "How do you know?"

Warmth and friendliness help the listener concentrate on the message.

Parent: "You're sloppy. This room again looks like a mess."

Second friend: "What do you mean? We never do it my way."

Son or daughter: "It's my room, and I like it."

Pitch, tone, volume, and speed of words give messages.

Girl: (Talking fast in excited voice.) "Bill asked me out."

Friend: "Big deal. Who would want to go with him?"

Students may make additional communication cards.

FAMILY ISSUES

Door Openers and Door Slammers: Relating to Others

Teacher's Notes

What people say to us and how they say it can influence the way we feel about ourselves. Also what we say to others affects how they feel. Interactions that are positive are door openers and can give a sense of well-being. Interactions that are negative are door slammers and can give a sense of insecurity and anxiety.

1. Have students discuss the lists of Door Openers and Door Slammers depicted below. Write the lists on the board or use an overhead projector.
2. Form the class into groups of four or five students each and ask each group to write an example for each opener and slammer. Example: Sister to younger sister Thank you for loaning me your necklace. It is on your dresser. You may borrow one of mine sometime."
3. Have each student keep a Door Openers/Slammers Record Sheet (see following page) listing the Door Openers and Door Slammers given and received in one week.
4. Have the students discuss what changes they would like to make in their relationships with others.

FAMILY ISSUES

Communications

HANDOUT

Definitions of:

I. Door Openers

- a. Praising - expressing approval.
- b. Sympathizing - sharing and/or understanding what the other person feels.
- c. Supporting - to give help, comfort, courage, approval, faith or confidence.
- d. Empathizing - feeling the other persons emotions, thoughts and feelings.
- e. Reassuring - restoring the persons confidence; helping the person feel more safe or secure.
- f. Consoling - to make feel less sad or disappointed.
- g. Being sincere - being truthful, straightforward, genuine.
- h. Being attentive - paying attention, being considerate and courteous.
- i. Encouraging - to give courage, hope or confidence.

FAMILY ISSUES

COMMUNICATION

HANDOUT

Definitions of:

II. Door Slammers

- a. Ridicule - to make fun of.
- b. Ignoring - to pay no attention to.
- c. Blaming - to place responsibility or fault on the person.
- d. Discouraging - to take away hope, confidence; to prevent communication by disapproval.
- e. Doubting - not trusting; to disbelieve; to be uncertain about what is being said.
- f. Being insincere - to be sarcastic, not to be trusted, being not genuine or real.
- g. Being distracted - not paying full attention to what is being said; not listening well.
- h. Dismissing feelings - ignoring the feelings of another, not taking the persons feeling seriously.

FAMILY ISSUES

Communications

EMOTIONS LIST

Some people have a hard time saying what emotions they have. They can only say that they feel "Good", "Bad", or "Upset". Here is a list of many different emotions to help you talk about yours.

ABANDON	DIFFERENT	INFURIATED	RELIEVED
ADEQUATE	DISCONTENT	INTIMIDATED	REMORSEFUL
AFFECTIONATE	DISTURBED	ISOLATED	RESTLESS
ANGRY	DIVIDED	JEALOUS	RIGHTEOUS
ANNOYED	DOUBTFUL	JUMPY	SATISFIED
ANXIOUS	ECSTATIC	KIND	SCARED
APATHETIC	EMPTY	LAZY	SHOCKED
ARROGANT	ENCHANTED	LEFT OUT	SKEPTICAL
ASHAMED	ENERGETIC	LONELY	SMUG
ASTOUNDED	ENVIIOUS	LONGING	SNEAKY
AWED	EVIL	LOST	SORROWFUL
BEAUTIFUL	EXCITED	LOVED	STARTLED
BETRAYED	EXHAUSTED	LOVING	STINGY
BEWILDERED	FEARFUL	MEAN	STUNNED
BITTER	FLUSTERED	MELANCHOLY	SUFFERING
BOLD	FOOLISH	MISERABLE	TEMPTED
BORED	FRANTIC	MYSTIFIED	TENSE
BRAVE	FREE	NAUGHTY	THREATENED
BURDENED	FRIENDLY	NEGLECTED	TIRED
CALM	FRIGHTENED	NERVOUS	TRAPPED
CAPABLE	FRUSTRATED	NICE	TROUBLED
CHALLENGED	FULL	OBNOXIOUS	UGLY
CHEATED	FURIOUS	OBSESSED	UNEASY
CHEERFUL	GLAD	ODD	UNSETTLED
CHILDISH	GRATIFIED	OUTRAGED	WEEPY
CLEVER	GREEDY	OVERWHELMED	WICKED
COMBATIVE	GUILTY	PAINED	WONDERFUL
COMPETITIVE	HAPPY	PANICKED	WORRIED
CONFUSED	HATEFUL	PARANOID	
CONTENTED	HELPFUL	PEACEFUL	
CONTRITE	HELPLESS	PLEASED	
CRUEL	HIGH	PRESSURED	
CRUSHED	HOMESICK	PROUD	
DEFEATED	HORRIFIED	QUARRELSOME	
DELIGHTED	HURT	RAGING	
DESTRUCTIVE	HYSTERICAL	REJECTED	
DETERMINED	IMPRESSED	RELAXED	

Family Issues

Domestic Violence

YOUNG MEN AS FATHERS FORMAT

1. Family Issues

G. Domestic violence modeling teaches violence.

Topics to be covered:

- Types of violence (physical, emotional, mental)
- Victims of violence (spouse, child and elders)
- Impact of violence on families and society
- Low self esteem
- Power and control
- Anger and stress management

The activities in this section will help the student develop abilities to:

- Identify the role of self esteem levels in domestic violence
- Identify victims of domestic violence
- Discuss impact of violence on family and society
- Discuss the need for power and control

Awareness Goal

Violence is a learned behavior.

Resources Available (see following pages)

FAMILY ISSUES

Domestic Violence

Teacher Notes

In this section, participants will look at:

1. The destructive effect of violence on the family.
2. Violence as a family pattern passed from generation from generation.
3. Violence as a choice and parents can stop the cycle.
4. Violence as an unhealthy pattern.
5. How children learn to be adults by watching adults, they often handle their negative emotions (fear, anger, frustration, etc.) the same way the adults in their lives deal with these emotions.
6. How societies are often violent - i.e., war. Our society entertains itself by viewing T.V. violence for pleasure and relaxation.

FAMILY ISSUES

Domestic Violence

Handout

Let's think back to early human history. For thousands of years it was the man's job to hunt for this tribe and to protect the women and children. Loyalty to the family and tribe was the most important thing.

Our world is a lot different, but family loyalty is still important.

The world can be a very tough place. It's hard to find and keep a job. It can be hard to get along with other people. It's hard to keep food on the table, to keep your family clothed and with a decent place to live. The street can be a mean place, too, full of people who will take what you've got or want to sell you something you don't need. In some ways, our world may be just as tough as the world of the hunter and warrior.

You may have to be tough to get along, to keep your job, to stay alive on the street.

You do not have to be tough with your family. Your family is where you can build up the strength to be tough when you need to be.

A family home has to be safe for everyone who lives there. You, your partner and your kids all have to know that you are not going to be hurt at home. Everyone needs a safe place to live.

It is your responsibility to make sure that your home is a safe place to live.

Some people seem to think that growing up afraid and unsafe makes you tough. They think that if you make children feel safe, secure and loved, they will be sissies. That's wrong.

Growing up safe, secure and loved makes you stronger and better able to deal with the world. It makes it easier for you to make it on your own, as an independent person.

Growing up scared just makes you scared. A scared child becomes a scared adult. He may hide his fear behind pretending to be a tough guy, but he isn't.

Holding and loving a child doesn't make him weak any more than being mean to him makes him strong.

Handout (Continued)

Let's talk about how you build a safe place for people to live. Depending on where you live, you may have to provide some active protection against the crime, drugs and other harmful things on the street. You may have to have locks and even bars on the windows and doors. You may have to be prepared to personally protect your family.

The most important thing, though, has to do with how family members behave toward each other. You can talk, criticize or even yell at each other, but there has to be a rule - no one in the family will physically hurt another member of the family.

No one respects a man who beats up women and children. A man is supposed to protect his family, not hurt them. A man who hurts his family will tend to get very lonely. Other men, although they may not say anything to his face, will not want to be his friends.

Eventually, of course, the man may find himself in trouble with the law. As far as the courts go, beating up your wife or child is an assault. You have no special right to hit other family members. It's against the law and the consequences are serious.

Some men abuse children without beating them up. I don't mean yelling at them - I mean something much more serious. Some men have sex with children - young children, even their own sons and daughters.

Sexual abuse of children is very wrong. Sexual abuse can include toughing children in a sexual way as well as having sex with them. You might be surprised to know how much sexual abuse goes on.

Sexual abuse is against the law too. Actually, of course, sexual abusers are people with mental problems who need to get help before they hurt somebody.

Men sometimes seem to think of women as their property. It's like they "own" their wife or girlfriend. They think that this gives them the right to hit the woman. This is wrong. Women are people. They have the same rights that you have. You do not "own" a person.

Children are people, too. You do - and should - have a lot of control over them, but you have no right to hit them.

Handout (Continued)

Threatening to hit your family members is almost as bad as hitting them. If any member of your family is afraid of you or of being at home, it makes your home less safe for everyone. Your family is not supposed to be afraid of you. When you say that you "respect" someone, does that mean you are afraid of them? What is the difference between fear and respect. (The teacher gets responses from the group.)

Respect is something you earn by being a fair and trustworthy person. You win respect by treating people honestly and fairly. You can get people to fear you by threatening them. People don't like people who make them afraid. Fear is not respect.

Family members should be able to respect each other, but they shouldn't have to fear each other. If you want to be respected, though, you have to earn it. You earn it by being fair and doing what you say that you will do. You earn respect by listening to what others have to say and trying to understand where they're come from. Can you think of other ways to earn respect? (The teacher gets responses from the group.)

Remember:

1. Don't hit on your family!
2. It's your responsibility to make your home safe for everyone who live there.
3. Women and children have rights, too.
4. Threatening to hurt your family is wrong.
5. It's easy to make a child fear you. You have to earn respect.

FAMILY ISSUES

Domestic Violence

Teacher Notes

There are many styles of discussion, argument and fighting within families. Many of these styles are based by what ethnic, cultural, religious, or other world views we hold. More importantly, all of these things can become second nature; that is, we don't think about them. They are subconscious. Very little of what is important from our past is lost from our memory.

But it can be avoided. Explain that we naturally avoid pain and that unpleasant memories are painful! Explain, furthermore, that just because we avoid remembering things does not mean things unrecalled do not have an effect on our present life. They do!

To illustrate the meaning of subconscious;

1. Define the work.
2. Give examples of beliefs, routine behaviors, etc. performed by rote.
3. Ask students to pay particular attention to their left elbow. Until the teacher asked them to do this, their left elbow (and what it might be feeling) was not consciously thought of. Once this is brought to the persons attention, it can be actively dealt with. Relate the "elbow" example to how our past history is also put away, and not thought of until someone or something brings it into consciousness.
4. Have students complete corresponding assignment.

To solicit examples of subconsciously stored learning, and generate understanding of this topic ask students to describe, in detail, how they wash a car. Do they start at the front bumper, top of hood, side doors? Who taught them this. Did they actually get instructions or did they learn from example.

FAMILY ISSUES

Domestic Violence

THE FIRST BLOW

Teacher Note

The Teacher should stress that never hit on your family means never. Walk before you lose it and deal with it later. You don't own your girlfriend. Dancing with someone else isn't that big of a deal. She shouldn't hit you, but people do things they wouldn't do otherwise when they're drinking. You do have a right to be angry at her and should tell her so when you're both sober. She has no more right to hit you than you have to hit her.

Note: You may find yourself all alone on this issue. Kids sometimes respond to this story in an extreme way.

FAMILY ISSUES

Domestic Violence

Handout: THE FIRST BLOW

You and your girlfriend don't get to go out very often. Since the kid came, you've been stuck at the house most of the time. It's gotten to where you argue all the time, usually over nothing.

One night you get your mother to babysit so you can go out. You have a good time, though both of you have a little too much to drink.

Late in the evening you're sitting at a table in this bar. This other guy asks her if she wants to dance. She says okay and dances with him.

You're really mad. You feel that she's with you and shouldn't dance with somebody else. When she comes back, you tell her that you're going home right now.

Outside you get into an argument about what happened. Maybe because you're a little high, you say a few things you shouldn't. When you call her a whore, she just loses it and slaps you right across the face.

Discussion Questions

1. What do you think would happen now?
2. Would you hit her?
3. What should you do?

FAMILY ISSUES

Domestic Violence

Assignment

1. Who wins (won) the fights in your house?
2. After a disagreement, what happens?
3. What were your worst memories of a fight in your family?
4. Was it okay to hit in your family? Who was allowed to hit whom?
5. Is it okay to swear? Who can? Who cannot?
6. Is it okay to call people names? Who can? Who cannot?
7. Is it okay to frighten other people? Who can? Who cannot?
8. Is it okay to threaten harm to others or their property? Who threatens?

FAMILY ISSUES

Domestic Violence

Visit from Domestic Violence Speaker

Teacher Notes

Teacher opens session by recapping the goal for parole: to stay out of jail. "This is a difficult time. Our girlfriend or wife is pregnant or just had a baby. She can't go out drinking and partying. She may be making a lot of demands on us for attention, for presents. We have to resist pressure to get involved with people and things that will bring us down, get us locked up, or kill us. And we are going to have a real tough time. Having a tough time can make you angry, and anger can get you into serious trouble."

Teacher introduces guest speaker on domestic violence. (If this is someone from a court program or public defenders' office, facilitator should be prepared for some anger and hostility from participants with court system experience.) Tell participants that what they hear may be upsetting. "The system isn't always fair. But (this person) is here to tell you how the system works and how you can stay out of it. This is your chance to ask some serious questions."

Speaker describes domestic violence in terms of participants' own experience. "A lot of us have been at a home where the mother and father are fighting and the police come and take them away. A lot of times this is linked to stress—like the stress we have been talking about—and it's linked to drugs and alcohol. If you are loaded, you can't control the impulse to respond with violence when someone makes you angry."

DISCUSSION. Speaker describes a typical domestic violence situation: "Someone does something really stupid to you—takes your money, calls you a liar—and you get angry. You know that if you hit this person, someone is going to call the cops and you'll both get taken in." Ask: "What can you do in this situation instead of hitting them?"

These questions should be posed to several participants. Possible answers include "walk away," "ignore it," and "you shouldn't have been hanging out there in the first place." Also "hit her anyway."

Speaker summarizes answers into options of 1) treat others with respect 2) remove yourself from the situation. "There are ways to leave. You don't have to wait until someone gets violent. If your partner starts drinking, and you know she's going to get upset, leave before she gets violent."

Speaker moves on to outline what happens after violence occurs. "Once someone—a neighbor, you, even the assailant—calls the police, it starts a process that can't be stopped. If someone reports domestic violence to 911, then calls back to cancel the complaint, the police may come anyway to investigate." This description may elicit from participants stories of the police coming and arresting the victim instead

FAMILY ISSUES

DOMESTIC VIOLENCE

Resisting Street Pressure: Recognizing Stress

Teacher Notes

Teacher opens session by stressing that participants will be apart once they parole. "You will have to make decisions without someone talking with you. Our goal is: not to lose anyone to violence or jail. Our goal is to remain near our children and participate in their lives.

Teacher may want to reference current events in the community concerning layoffs and the economic climate. Point out that there are many people with children in the community who are having a difficult time.

Teacher should refer to the negative impact that witnessing violence has on children. "Do you wonder why you get angry so easily? It may be because it's what you saw while you were growing up. Now, if you are a father, your children are watching you. That child will be what you model. You can stop that cycle right here— and that would be a good gift for any child."

Teacher ties this material to the "Me and My Girlfriend" theme: "This girl is pregnant or has recently had a baby. You don't have a job yet, so you don't have any money. You want to buy things the family needs. What are your options?"

DISCUSSION. Teacher asks participants to list their options for obtaining material goods. Answers may include stealing, dealing drugs, borrowing money, various scams. Participants may also, half-jokingly, suggest not taking responsibility for their children.

Facilitator recaps options: "You can sell drugs. You can steal. Both of those give you the opportunity for being locked up. Keep in mind the goal; "To Stay out of jail and near our children!!

Human Growth and Development

CHARTS

II. Human Growth and Development (Physical, Social and Emotional)

CHARTS

Most Common Age for Behavior to Appear

<i>Birth to Six Months</i>	<i>Birth to Twelve Months</i>	<i>Twelve to Eighteen Months</i>
Smile	Sits up	Grabs toys
Grasps spoon	Picks up small objects	Starts to talk
Laughs	Shies away from strangers	Holds cup steady
Rolls over	Pulls self to a standing position	Feeds self
Recognizes mother's and fathers voices	Walks holding furniture	Walks
Turns toward sound	Finger feeds self	Picks up small objects with thumb and forefinger
Sleeps through the night usually	Realizes things still exist when out of sight	Climbs on low chairs and tables
Makes eye-to-eye contact	Says first word	Creeps upstairs

Most Common Age for Behavior to Appear

<i>Eighteen to Thirty Months</i>	<i>Two and One-Half to Three and One-Half Years</i>	<i>Three and One-Half to Five Years</i>
Negativity increases	Has a good imagination	Plays cooperatively with other children
Scribbles	Becomes toilet trained	Cuts with scissors
Puts two or more words together when speaking; starts to talk in short sentences	Climbs	Becomes very social
Remembers favorite books	Puts together puzzles of 10 to 25 pieces	Catches large ball
Slaps, fights, kicks, resists	Scribbles and starts to draw shapes	Puts together puzzles of 15 to 30 pieces
Plays beside other children-parallel play	Begins to dress self	Prints and recognizes some letters
Remembers and can follow two requests	Talks in short sentences	Starts to count
Eats with a spoon	Asks questions	Watches parents and role plays

Action and Response Chart

<i>Age</i>	<i>Child action</i>	<i>Cause</i>	<i>Inappropriate adult response</i>	<i>Appropriate adult response</i>
0 to 2 months	Be awake during night.	Want to eat.	Become fatigued and angry.	Rest when opportunity arises, and share responsibility of infant care. Expect baby to awaken.
6 to 9 months	Pick up and drop object.	Drop spoon or other object repeatedly. Think everything is a game.	Become angry.	Stop playing game.
6 months to 2 years	Be aware of other children and infants.	Cry when other children cry.	Become angry.	Remove crying child.
8 to 18 months	Creep, crawl, and walk.	Get into things and explore.	Become angry and spank.	Remove dangerous and valuable objects and lock cupboards.
1 to 3 years	Learn to use a cup.	Spill milk.	Become angry, punish.	Do not fill glass. Use spill-proof glass.
1 1/2 to 2 1/2 years	Learn to assert own will.	Say no, no.	Become angry. Parents believe child is stubborn and willful.	Avoid yes and no questions. Say, "It's time to ..."
2 to 3 years	Learn to use bathroom.	Have wet and dirty pants.	Become annoyed at having to clean child and diapers. Expect child to have control before physically able.	Wait until child is ready, and have facilities appropriate for child and model behavior.

2 to 8 years	Learn to sleeping the dark.	Need night light.	Belittle, turn off light, shut door.	Use night light. Have hall light on and door open.
3 to 5 years	Learn to do things for self.	Dress, walk, eat, clean up slowly.	Become angry and rush child.	Schedule time for child to be independent.
3 to 6 years	Learn language.	Want you to repeat stories and games over and over.	Become bored or impatient.	Have children help with the story. Understand that children love repetition.
5 to 7 years	Test adult responses and get attention.	Say "bathroom" words.	Become angry and upset; punish the child.	Ignore or calmly explain appropriate words and proper tones.

THE STAGES AND CHANGES OF PREGNANCY

Month	Physically	Emotionally	Baby	What Dad Can Do
First	<ul style="list-style-type: none"> • Tired and sleepy • Frequent urination • Nausea or excessive salivation (morning sickness) • Heartburn, indigestion, bloating, flatulence • Food cravings or aversions • Breast changes 	<ul style="list-style-type: none"> • Instability of mood, weepiness, irrational, irritable • Misgivings, fear, joy, worry, doubt. • Anxiety about her health & baby's health • Doesn't feel "pregnant" yet 	<p>By the end of month 1, the baby is still smaller than a grain of rice. In two weeks more, the vital organs begin to grow and arms and legs will begin to form.</p>	<p>Recognize symptoms as part of pregnancy and not a personal attack. Reassure her that you are there for her. Help out with physical work around the house. Let her rest.</p>
Second	<p>(See above) including:</p> <ul style="list-style-type: none"> • Constipation • Occasional headaches • Occasional dizziness • Clothes may be tight around waist and bust • Skin may "break out" 	<p>(See above)</p>	<p>By the end of month 2, the embryo is more human-looking. It is 1.25 inches long from head to butt and weighs half an ounce. It's heart beats, arms and legs start to show fingers & toes. Bone starts to replace cartilage.</p>	<p>Watch for dizzy spells, feed her crackers in bed before getting up to reduce Nausea. Make her environment a healthy one. Take walks together.</p>

THE STAGES AND CHANGES OF PREGNANCY

Month	Physically	Emotionally	Baby	What Dad Can Do
Third	<p>(See above) including:</p> <ul style="list-style-type: none"> • Veins appear on abdomen and legs with increased blood supply • Increasing appetite 	<ul style="list-style-type: none"> • Instability of mood continues • Misgivings, joy, doubt, fear, etc. • A new sense of calmness 	<p>By the end of month 3, the fetus is 2.5 to 3 inches long & weighs about half an ounce. More organs are developing; circulatory and urinary systems operate. Reproductive organs are developed, but gender is difficult to distinguish externally. You may soon get to hear the heartbeat of your child!</p>	<p>Eat healthy and exercise. Go through the pregnancy together.</p>

THE STAGES AND CHANGES OF PREGNANCY

Month	Physically	Emotionally	Baby	What Dad Can Do
Fourth	<p>(See above) including:</p> <ul style="list-style-type: none"> • Decreased frequency of urination • Decreased or end of nausea • Breast enlargement; less tenderness • Faintness, dizziness, especially w/sudden change of position • Nasal congestion, nosebleeds, ear stuffiness • Bleeding gums • Mild swelling of ankles and feet, sometimes hands and face • Varicose veins of legs • Hemorrhoids • Slight whitish vaginal discharge • Fetal movement felt near end of month if she is very slender 	<ul style="list-style-type: none"> • Instability of mood continues • May finally start to "feel pregnant" - may be joyful or scared • May feel frustrated if still doesn't "feel pregnant" • May feel scatterbrained, forgetful, have trouble concentrating • May be clumsy or drop things 	<p>By the end of month 4, the baby is 4 inches long, and is nourished by the placenta. It is developing reflexes like sucking and swallowing. Tooth buds appear, fingers and toes are well shaped. Baby still cannot survive outside the uterus.</p>	<p>Help her remember things; remind but don't ridicule. Continue to watch for dizziness and swelling of ankles etc. Keep her from doing too much. Rejoice with her when you are able to feel your baby move.</p>

THE STAGES AND CHANGES OF PREGNANCY

Month	Physically	Emotionally	Baby	What Dad Can Do
Fifth	<p>(See above) including:</p> <ul style="list-style-type: none"> •Fetal movement increases •Increasing whitish discharge •Lower abdomen aches from stretching ligaments •Bleeding gums •Hearty appetite •Leg cramps •Increased heart rate •Backache •Skin pigmentation changes on face 	<ul style="list-style-type: none"> •Acceptance that she is <u>really pregnant!</u> •Fewer mood swings •Irritability continues •Continued absentmindedness 	<p>By the end of month 5, the 8-10 inch long baby is very active. A soft "fur" covers its body and it has hair on its head; brows and eyelashes appear. A protective coating covers the fetus.</p>	<p>Be aware of what both of you eat! Weight gain happens to dad too. Massage her legs and back. Recognize her discomfort and just be considerate.</p>
Sixth	<p>(See above) including:</p> <ul style="list-style-type: none"> •More definite fetal activity 	<ul style="list-style-type: none"> •Fewer mood swings •Start feeling bored with being pregnant •Some anxiety about future 	<p>By the end of month 6, the baby is 13 inches long and weighs 1.75 pounds. Its skin is thin & shiny and you can see finger and toe prints. Eyelids begin to part and eyes open. If born, the fetus may survive with intensive care.</p>	<p>Remind her of how far she's gone. Talk to your baby. Pay attention to her and her needs.</p>

THE STAGES AND CHANGES OF PREGNANCY

Month	Physically	Emotionally	Baby	What Dad Can Do
Seventh	<p>(See above) including:</p> <ul style="list-style-type: none"> • Stronger, more frequent baby movements • Heavier vaginal discharge • Leg cramps and backache • Itchy abdomen • Shortness of breath • Difficulty sleeping • Scattered Braxton Hicks contractions • Clumsiness, increased risk of falling • Colostrum, leaking from breasts 	<ul style="list-style-type: none"> • Increased worry about labor & delivery, baby's health & being a mom • Increased dreaming about baby • Start to feel - "lets get this over with" 	<p>By the end of month 7, the baby may suck its thumb, hiccup, cry, taste sweet or sour, respond to stimuli, (light, pain, & sound). The baby now weighs about three pounds and has a good chance of surviving if born.</p>	<p>Help her settle in bed at night. Use pillows, massage and help create a relaxed atmosphere at home. Be aware her shape is changing. Don't say fat, say baby? Watch for slips or falls.</p>
Eighth	<ul style="list-style-type: none"> • Regular baby movements • Increased shortness of breath and Braxton Hicks • Difficulty sleeping. 	<ul style="list-style-type: none"> • Increasing desire to have pregnancy over with • Increased absentmindedness • Excitement that its almost over 	<p>By the end of month 8, the baby is 5 pounds and 18 inches long. Baby can see and hear. Brain grows alot during this period. Baby has excellent chance of survival if born now.</p>	<p>Do the more stressful daily duties, pay bills, deal with other kids or adults. She may want to cut back at work. Release her stress by attending child birth classes.</p>

THE STAGES AND CHANGES OF PREGNANCY

Month	Physically	Emotionally	Baby	What Dad Can Do
Ninth	<ul style="list-style-type: none"> • Less movement from baby (too crowded) • Vaginal discharge heavier • Increased backache • Buttock and pelvic discomfort • Easier breathing after the baby drops • More frequent urination after the baby drops • Braxton Hicks contractions are more intense, perhaps even painful • Hard to get around • Tired or energetic (periods of each) • Increase or loss of appetite 	<ul style="list-style-type: none"> • More excitement • Relief its almost over • Dreams about baby • Impatient • Irritable or overly sensitive, especially with peoples comments about the pregnancy 	Lungs are mature. Average baby will weigh 7 and a half pounds and be 20 inches long.	<p>Help her visit hospitals. Solidify plans for method of delivery. Make arrangements for child care of other kids. Talk to her about her fears about labor. Talk about your role in the delivery room. Make a soothing tape to play during labor. Practic "focused" concentration. Help her decide on a "focal" point of concentration.</p>

Human Growth and Development

Pregnancy

YOUNG MEN AS FATHERS FORMAT

II. Human Growth and Development (Physical, Social and Emotional)

A. Pregnancy

Topics to be covered:

Prenatal care, prenatal communication
Prenatal infant growth, danger signs
Support for the mother, sibling adjustment
Dad's feeling, etc.

The activities in this section will help the student develop abilities to:

Develop an awareness of the stages of fetal development.
Understand the importance of prenatal care.
Emotional impact of pregnancy on mom/dad (siblings)

Awareness Goal

A fathers contribution to a healthy pregnancy has importance

Resources Available (see following pages)

HUMAN GROWTH AND DEVELOPMENT

Prenatal Development and Child Birth

Generalizations

Teacher Note

1. Prospective parents who understand fetal development and the birth process can provide greater support to each other.
2. Early physical development is rapid, with greater changes in the first few years of life than at any subsequent stage.
3. Understanding developmental growth stages assists parents in providing an environment for maximizing a child's development.
4. Bonding is facilitated by allowing new parents to have immediate access to their newborn child.
5. Touching and holding of the newborn encourage family closeness and benefit the newborn.
6. For the infant, bonding is the first step in socialization.
7. Fathers need opportunities and, in some cases, encouragement to establish identity as a nurturing caretaker of the infant.

HUMAN GROWTH AND DEVELOPMENT

(Pre-class Assessment)

1. Do you hope to have children some day?
a. Yes_____ b. No_____ c. Undecided_____
2. Where would you want to have your baby born?
a. Hospital
b. Alternative birthing center
c. Home
d. With the assistance of a nurse/midwife rather than a doctor
3. Which method of childbirth do you find appropriate?
a. As natural as possible
b. Cesarean
c. Medicated but conscious during labor and delivery
d. Medicated and unconscious during labor and delivery
e. Do not know
4. Who should be present in addition to medical personnel at the birth of a child?
a. Child's father
b. Child's grandparents
c. Child's siblings
d. Parents' close friends
e. Other relatives
f. No one
5. What role can the father have in childbirth?
a. Labor coach
b. Help deliver baby
c. Present, but not participating.
d. Not present during labor or delivery
6. What attitude do you have about the child birthing experience?
a. A beautiful, natural experience
b. A simple surgical operation
c. Full of shots, medication, unconsciousness
d. Hard work but worth it,
e. Vague and unclear about the process. f. Other

HUMAN GROWTH AND DEVELOPMENT

Pre-class Assessment (Continued)

7. What aspects of childbirth make you uneasy?
 - a. Medication or drugs going into the baby's system
 - b. The sight of blood
 - c. Possible pain
 - d. The thought of a cesarean
 - e. The unknown.
 - f. How I might react
 - g. Other

8. Pain during childbirth would probably be lessened by:
 - a. Using inner strength
 - b. Requesting a cesarean
 - c. Requesting pills, a shot, or gas to relieve the pain
 - d. Giving in to panic
 - e. Relying on the labor coach
 - f. Other

9. If my partner experienced pain during childbirth, I would:
 - a. Suggest that she be given a medication (with her approval)
 - b. Let her make up her own mind about medication
 - c. Ask the doctor to give her medication (without her knowing)
 - d. Encourage her not to use drugs.
 - e. Other.

10. What myths have you heard regarding childbirth?

HUMAN GROWTH AND DEVELOPMENT

Pregnancy

Teacher Notes

1. Have the students make a list of the rights they feel expectant parents have regarding the birthing process.
2. Compare the students' list of rights with those listed as follows:
 - a. The right to be informed about procedures and treatment
 - b. The right to childbirth education
 - c. The right to a support person (husband, mother, sister, friend) present during the birth
 - d. The right to choose the type of delivery
 - e. The right to help decide what medications (including anesthetic) will be used
 - f. The right to choose the birth attendant
 - g. The right to choose the site of birth (hospital or home)
 - h. The right to childbirth with dignity
3. Develop a list of rights on which the class agrees
4. Make students aware that most rights have responsibilities attached to them. Have the students list a responsibility required for each right.
5. Compare the students' list of responsibilities with those given as follows:
 - a. Responsibility to ask questions regarding hospital policies and regulations
 - b. Responsibility to learn about prenatal care and childbirth
 - c. Responsibility to arrange for a support person to share plans and to accompany the mother at birth
 - d. Responsibility to obtain information in advance about the kinds of delivery methods available and the regulations regarding these methods
 - e. Responsibility to become informed about the advantages and disadvantages of medications available for use
 - f. Responsibility to select a care attendant who shares a similar philosophy
 - g. Responsibility to investigate the alternative sites available and to accept the limitations of the one you select
 - h. Responsibility to treat care givers with the respect and consideration you expect for yourself

HUMAN GROWTH AND DEVELOPMENT

Pregnancy

Teacher Notes

Read the two birth case histories on pages 7 and 8.

Follow up the reading with a class discussion and/or role-play the case histories. Using Couple Two as an example, explain how Couple One could have improved the birth experience. Consider both prenatal planning and personal goals for this event.

Important Points to Consider About Couple One

- (1) The parents were uninformed about childbirth procedures and hospital policies and options.
- (2) The couple was separated during labor and birth.
- (3) The IV and fetal monitor machine were frightening, rather than reassuring, to the mother.
- (4) The mother was unaware that she had a choice of anesthesia or of no anesthesia.
- (5) The mother felt disappointed that she was uninformed about birth options that might have been available to her.
- (6) The father may have been unable or unwilling to be present at birth.
- (7) The mother will face a period of recuperation following the anesthesia; the baby will recover from the effects of anesthesia; the father will not have participated. All three factors may interfere with the onset of the family attachment to the baby.

Teacher Note: Case Histories (Continued)

Important Points to Consider About Couple Two

- (1) The parents were well informed about the birthing process and the options they had.
- (2) The parents made choices concerning where the birth would take place, which anesthetic would be used, and whether the father would be present.
- (3) The mother felt comfortable asking her doctor questions, and the doctor was willing to spend time talking to her.
- (4) The couple never separated.
- (5) There was no initial separation of the infant and parents, a policy which promotes attachment among the three.
- (6) Both parents and the staff felt good about the birth. The couple experienced the satisfaction of making decisions concerning the birth of their child.

HUMAN GROWTH AND DEVELOPMENT

Pregnancy

Handout

The case histories in this section show two couples' different approaches to becoming parents.

Couple One

When our first child was born, neither my husband nor I had done any reading or taken any classes to prepare us for the actual birth. I think Ted and I felt that having a baby was very natural—that no preparation was necessary. We thought that the baby would be born when it was ready and that our doctor would make all the right decisions for us. The doctor would know which hospital would be best, what kind of anesthetic I would need, and what procedures and treatments would be necessary. I really did not know what to expect. I did not realize that a pregnant woman could be a part of the decision making. I did not know that different hospitals have different birthing choices and procedures. Some hospitals today have a delivery room which is decorated like a bedroom. This approach allows the mother and baby to experience a home-like setting and, at the same time, to have the safety and emergency care that only a hospital and staff can provide.

I wish now I had known more about childbirth and had asked my doctor to explain what procedures, anesthetic, and medications I could have expected. I should have borrowed some books or magazines from the doctor or the local library so that I could have been better prepared. I did not know that my husband could be in the labor room with me. Instead, the doctor suggested that he stay in the waiting room. I thought it was a hospital rule and did not ask that he stay with me.

When the hospital staff set up an intravenous device (IV) and a fetal monitor, I thought there was an emergency and that my baby was in danger. Had I been better prepared and known more, I would not have been frightened for my baby. I also could have expressed my own preferences when there was a choice. If I have another child, I am going to know more about the process to help me make better decisions.

Case Histories (Continued)

Couple Two

When I found out that I was pregnant, I read everything I could find on prenatal care and the birthing process. My doctor had a number of booklets at the office. Michael and I read those and then went to the library to get more information. I read about Lamaze and Bradley natural childbirth methods; I decided I would go to a meeting to find out more about natural childbirth.

We decided that Michael should be present at the baby's birth, so we asked the doctor if that was permitted. The doctor told us one hospital discouraged having fathers present, but the hospital which was farther from our home supported a father's being present at his child's birth. We chose to go to the second hospital, which was thirty minutes farther away. My doctor spent a lot of time telling me about different kinds of anesthetics and their effect on me and our unborn child.

The night we drove to the hospital I felt very excited and at the same time calm because I had a good understanding of what to expect. The hospital staff approved of Michael's presence, and having him with me was a comfort to both of us. He and I were able to hold our baby shortly after its birth. We felt as though we were part of a miracle.

HUMAN GROWTH AND DEVELOPMENT

Generalizations

Handout

1. Congratulations! So, you're going to have a baby. Practice up on your lullabies. And here's to a happy, *healthy*, pregnancy.
2. Foods mothers-to-be should to eat. Eat lots of fresh fruits, fish, vegetables and dairy products. Drink lots of juices, milk and water.
3. Smoking is unhealthy - especially to an unborn baby. Try to avoid second hand smoke, too! Remember, drinks with alcohol or caffeine also harm your baby.
4. No drugs or medications (even aspirin). Try to stay away from people who are sick.
5. Be sure to keep all your clinic or doctor's appointments. And feel free to ask your doctor *anything* - no matter how silly you think your question might be.
6. Have you figured out how you're going to *pay* for this baby? Start getting insurance paperwork in order. If you know you'll need financial help, contact your local social services office as soon as possible.
7. Share your thoughts about having a baby with friends and relatives. Sharing stories helps relieve tension and allows you to see that everyone goes through this when expecting a baby. Besides, you'll get some great hints and ideas.
8. Make a list of questions for your doctor. Doctor visits are often short and you may forget questions if they are not written.
9. The third trimester is the time to: Enroll in a class to learn more about your baby's birth and care. Your local health clinic can help you with classes on prepared ("natural") childbirth, breast-feeding, etc.

HUMAN GROWTH AND DEVELOPMENT

Generalizations

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1. Congratulations! So, you're going to have a baby. Practice up on your lullabies. And here's to a happy, *healthy*, pregnancy.
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HUMAN GROWTH AND DEVELOPMENT

Generalizations Handout (continued)

10. Practice the route to the hospital. Keep important phone numbers handy (doctor, dad's work number, good neighbor, rescue squad). Ask your doctor if dad can watch the birth of his baby.
11. Start getting baby's things together. Most hospitals supply diapers and an undershirt, but you'll want to bring a nightgown, hat, booties, blanket. Check on a car seat to bring baby home. Hospitals will not release a baby to a car without a safety seat. Some even rent them for the ride home!
12. At home you'll need diapers, cotton shifts, nightgowns, sweater, hat, bootie socks, bassinet or basket, blankets, sheets, thermometer, bath basin or large dishpan, towels and soap. If you're going to bottle-feed, have the equipment ready.
13. Start wearing a watch with a second-hand. When labor pains begin, time them and follow your doctor's instructions for going to the hospital.
14. Have you picked out a name yet? Baby's due any minute now. Good luck!!

HUMAN GROWTH AND DEVELOPMENT

Prenatal Infant Growth

Teacher Notes:

Directions

1. Use one or more of the suggested resources listed below (or use a film or print resource that visually depicts prenatal development throughout pregnancy) to stimulate the students' discussion about prenatal growth.

- *Beginning of Life*. This film was produced by Benchmark Films in 1968.
- *Birth Atlas* (Sixth edition). New York: Maternity Center Association, 1978. This publication, which shows prenatal development and the labor process, is available from the Maternity Center Association, 48 E. 92nd St., New York, NY 10028.
- *The Body Human: The Miracle Months*. This television videotape production is available in film libraries of some counties and districts.
- *The First Days of Human Life*. This film depicts prenatal development. It is available from Birthright of Marin, 803 1/2 D Street, San Rafael, CA 94901. A small rental fee is required.
- *Life Before Birth*. This filmstrip is available as a kit or pictorial reprint (Educational Reprint #27). It is available from Time/Life Education, P.O. Box 834, Radio City Post Office, New York, NY 10010.
- Nilsson, Lennart. *A Child Is Born* (Revised edition). New York: Delacorte Press, 1977.

2. Many of the participants, while fathers, may not have attended to the mother of the child prior, during or after the birth. It would be immensely useful to have a panel of about three mothers to be available for a question and answer. Panel participants should be aware that the questions they may be asked to answer could be personal.

It would be helpful to have a mother representing a specific culture and an older generation, (see attached for more instructions)

HUMAN GROWTH AND DEVELOPMENT

Pregnancy

Handout: For Expectant Mothers

Note: Dad may want to mail this home.

Nine Basic Principles for Nine Months of Healthy Eating

Every Bite Counts. You've got only nine months of meals and snacks with which to give your baby the best possible start in life. Make every one of them count. Before you close your mouth on a forkfull of food, consider, "Is this the best bite I can give my baby?" If it will benefit your baby, chew away. If it'll only benefit your sweet tooth or appease your appetite, put your fork down.

All Calories Are Not Created Equal. For example, the 150 calories in a doughnut are not equal to the 150 calories in a whole-grain, juice-sweetened bran muffin. Nor are the 100 calories in ten potato chips equal to the 100 in a baked potato served in its skin.

Starve Yourself, Starve Your Baby. Just as you wouldn't consider starving your baby after it's born, you shouldn't consider starving it in utero. The fetus can't thrive living off your flesh, no matter how ample. It needs regular nourishment as regular intervals. Never, never skip a meal. Even if you're not hungry, the baby is. If persistent heartburn or a constant bloated feeling is spoiling your appetite, spread your daily meals instead of three large ones.

Efficiency Is Effective. Fill your daily nutritional requirements in the most efficient way possible within your caloric needs. Eating 6 tablespoons of peanut butter (if you can get it down) at 600 calories, or about 25% of your daily allotment, is a considerably less efficient way of getting 25 grams of protein than eating 3 1/2 ounces of water-packed tuna at 125 calories. And eating a cup and a half of ice cream (about 450 calories) is a far less efficient way of getting 300 milligrams of calcium than drinking a glass of skim milk (90 calories) or eating a cup of nonfat yogurt (100 calories). Fat, because it has more than twice as many calories per gram as either proteins or carbohydrates, is a particularly inefficient source of calories. Choose lean meats over fatty ones, low-fat milk and dairy products over full-fat, broiled foods over fried; spread butter lightly; sauté in a teaspoon of fat, not a quarter of a cup.

Healthful Eating Should Be a Family Affair. If there are subversive elements at home, urging you to bake chocolate chip cookies or to add potato chips to your shopping list, it's a sure bet that the you won't stand a chance. So make other family members your allies by putting the whole household on the diet with you. Bake naturally sweet Fruity Oatmeal Cookies instead of chocolate chip; bring home whole-wheat pretzels or toasted sunflower seeds instead of potato chips.

HEALTH ISSUES

Pregnancy

Calories. The old adage that a pregnant woman is eating for two is true. But it's important to remember that one of the two is a tiny developing fetus whose caloric needs are significantly lower than yours—a mere 300 a day, more or less.

Protein; four servings daily. Protein is composed of substances called amino acids, which are the building blocks of human cells; they are particularly important in building the cells of a new baby.

Vitamin C Foods: two servings daily. You and baby both need vitamin C for tissue repair, wound healing, and various other metabolic (nutrient-utilizing) processes. Your baby also needs it for proper growth and for the development of strong bones and teeth. Vitamin C is a nutrient the body can't store, so a fresh supply is needed every day. Vitamin C-rich foods are best eaten fresh and uncooked, as exposure to light, heat, and air destroys the vitamin over time.

Calcium Foods: four servings daily. Calcium is also vital for muscle, heart, and nerve development, blood clotting, and enzyme activity. But it's not only your baby who stands to lose when you don't get enough calcium. If incoming supplies are inadequate, your baby making factory will draw upon the calcium in your own bones to help meet its quota, setting you up for osteoporosis later in life. Still another reason to drink your milk (or take your calcium in other forms) is the recent research indicating that a high calcium intake may help prevent pregnancy-induced hypertension (pre-eclampsia).

Green Leafy and Yellow Vegetables and Yellow Fruits: three servings daily, or more. These bunny-set favorites supply the vitamin A, in the form of beta-carotene, that is vital for cell growth (your baby's cells are multiplying at a fantastic rate), healthy skin, bones, and eyes, and may even reduce the risk of some types of cancer.

Other Fruits and Vegetables: two servings daily, or more. In addition to produce rich in beta-carotene-vitamin A and vitamin C, you need at least two other types of fruit or vegetable daily—for extra fiber, vitamins and minerals.

Whole Grains and Legumes: five servings daily, or more. Whole grains (whole wheat, oats, rye, barley, corn, rice, millet, triticale, soy, and so on) and legumes (dried peas and beans) are packed with nutrients.

THE BEST-ODDS DAILY DOZEN (Continued)

Iron-Rich Foods: some daily. Since large amounts of iron are essential for the developing blood supply of the fetus and for your own expanding blood supply, you'll need more during these nine months than any any other time in you life. Get as much of your iron as you can from your diet.

High-Fat Foods: four full or eight half servings, or an equivalent combination daily. According to generally accepted nutritional guidelines, no more than 30% of an adult's calories should come from fat. The same guidelines apply to pregnant adults.

Salty Foods: in moderation. At one time, the medical establishment prescribed limiting salt (sodium chloride) during pregnancy because it contributed to water retention and bloating. Now it is believed that some increase in body fluids in pregnancy is necessary and normal and that a moderate amount of sodium is needed to maintain adequate fluid levels.

Fluids: at least eight 8-ounce glasses daily. You're not only eating for two, you're drinking for two. If you've always been one of those people who goes through the day with barely a sip of anything, now's the time to change that habit. As body fluids increase during pregnancy, so does your need for fluid intake. Your fetus, too, needs fluids. Most of the body, like yours, is composed of water. Extra fluids also help keep your skin soft, lessen the likelihood of constipation, rid your body of toxins and waste products, and reduce excessive swelling and the risk of urinary tract infections. Be sure to get at least 8 cup (2 quarts) a day-more if your retaining a lot of fluid.

Nutritional Supplements: a pregnancy formula taken daily. Vitamin supplements have always generated controversy in the scientific community. The controversy surrounding prenatal vitamin supplements has now intensified with a statement from the National Academy of Sciences, which concluded that there is currently insufficient evidence to encourage routine use of supplements.

HUMAN GROWTH AND DEVELOPMENT

Parent Interviews

Teacher Notes:

1. Solicit volunteer women who are pregnant or are already mothers to participate in a panel question and answer session during one of your class periods. This will provide an opportunity for participants to ask questions specific to pregnancy and childbirth. Advise prospective panel members that questions may be sensitive in nature.
2. After question and answer session lead a class discussion on the participants individual impressions. Compile a list of the following:
 - a. What were the most common findings?
 - b. What were some of the unusual findings?
 - c. What myths were disproved? Confirmed?
3. Discuss any generational issues identified.
 - a. What myths were there about pregnancy or the birth process?
 - b. Where was the baby born? (e.g., hospital, home, and so forth)
 - c. What were the attitudes toward being pregnant and having a baby?
 - d. What were the father's and grandparents' roles during the pregnancy and birth?
4. Compare the similarities and differences of childbirth that the grandparents and parents experienced.

HUMAN GROWTH AND DEVELOPMENT

Parent Interviews

Student Directions (Handout)

(Students should discretion when they are interviewing people.)

1. Interview at least five mothers (one may be your own mother), using the following questions:
 - a. What made you think that you were pregnant before you had a pregnancy test? What physical changes did you first notice?
 - b. If you have had more than one child, were there any differences between the early symptoms of each pregnancy?
 - c. What emotional or physical changes did you experience throughout pregnancy?
 - d. Was pregnancy the same as or different from your expectations? How?
 - e. What myths had you heard about being pregnant? From whom?
 - f. What do you wish you had known about being pregnant before you became pregnant?
2. What can you learn about a baby before its birth? Use the following questions:
 - a. Do you feel you "know" your baby in any way right now? How?
 - b. Did you feel that you knew your baby in any special way while you were pregnant? How?
 - c. How active or quiet was your baby?
 - d. Do you notice any special times when your baby was awake or asleep? Describe them.
 - e. What woke up your baby? What quiets your baby? (Examples: singing, eating, exercise, shower, rocking)
 - f. Do you talk to your baby? Do you think your baby hears you?

HUMAN GROWTH AND DEVELOPMENT

Prenatal Infant Communication

Teacher Notes

Discuss the following in class:

- a. What are the needs of the unborn child before birth? Ask students what the baby needs from the mother to feel content. (Examples are food, touch, stimulation, movement, warmth, and security.)
- b. How does a mother provide these things for the baby during pregnancy? (Example: The baby is used to getting food from the mother's body.)
- c. How does a family continue to provide for the infant's needs in the first month after birth? (Example: Families must adjust the temperature of the home or dress the baby so that he or she is warm and comfortable outside the womb.)

HUMAN GROWTH AND DEVELOPMENT

THINGS TO THINK ABOUT WHEN THE NEW BABY IS ADDED TO THE FAMILY

Children are very self-centered. The real questions are: "How will this baby affect me?" "How will this baby affect my relationship with my mom/dad?" "How will I have to change when the new baby comes?" (Change is never easy and always frightening - especially for kids.)

A child's birth order is very important to the child, and many psychologists feel it is a major factor in the development of personalities. The birth of a baby changes the birth order of the children in the family. (The baby becomes the big sister or brother, a child may no longer be the "only" girl or boy, or a child will be the middle of three - the change in family position takes adjustment.)

Babies can't and don't play. It is a mistake a child "someone to play with" as they will expect the baby to play as soon as you come in the door. (Waiting 18 months is too long!)

It is very common for children to express negative feelings toward the baby. If you tell a child they cannot or should not feel something (angry, left out, scared, lonely), it does not change the feeling. You just add guilt to that feeling. Encourage your child to talk about their feelings, respond with statements like "sometimes we all feel _____, in this family we talk about our feelings even if it might hurt someone or sound negative. It is okay if you _____ (whatever is okay with you, the parent - cry, hit a pillow, throw nerf balls, slam doors, etc.).

Try to set a little time aside for your other children, even if it's 10 minutes. Make everyone (even the baby) wait while you and your child visit, read, play a game or something. Older children enjoy hearing dad tell the baby, "Yes, I hear you but it's not your turn it's _____'s turn."

Let the other children "help" by bringing diapers, etc.

"Change" is difficult and it takes time to adjust. It's not easy for children when the new baby comes, but they try to cover that up with laughter and smiles. Just because kids don't say something doesn't mean they aren't thinking!

Sleep when possible! A well-rested dad can think better.

The new baby and her/his effect on the family could be a lesson of its own. Books to Read: Nobody Asked Me If I Wanted A Baby Sitter - Martha Alexander; Peter's Chair - Eza Jack Keats; Me and My Baby Sitter Mercer Mayer.

HUMAN GROWTH AND DEVELOPMENT

PREGNANCY BIBLIOGRAPHY

How Babies Are Made - Audrey Andrew

How Your Body Works - Hayes

Where Did I Come From - Peter Mayle

Miracle of Life - Nova

Journey to Birth - March of Dimes

Childbirth With Love - Neils H. Louersen, MD.

Pregnancy, Birth and Family Planning - Alan F. Guttmacher, MD.

What to Expect When You're Expecting - Arlene Eisenberg

Parents Book of Pregnancy and Birth - Leah Yarrow

The Maternity Source Book - Wendy and Matthew Lesko

A Child Is Born - Lennart Nilsson

Pregnancy and Work - Jean Grasso Fitzpatrick

Having a Baby After 30 - Elisabeth Bing and Libby Colman

The Birthing Book - Catherine Keith, RN and Debra Sperling, RN

Birth, Reborn - Michael Odent

The Rights of the Pregnant Parent - Valmai Howe Elkins

*Your local March of Dimes and Johnson & Johnson Baby Products (Skillman, New Jersey 08558) offer many free charts, pamphlets and videos. Write or call and request their material. Childbirth Graphics Ltd. offers "Childbearing, the Classic Series."

Human Growth and Development

Birth

YOUNG MEN AS FATHERS FORMAT

II. Human Growth and Development (Physical, Social and Emotional)

B. Birth

Topics to be covered:

Childbirth itself, dad's role, mom's physical recovery
Family bonding, sibling adjustment, etc.

The activities in this section will help the student develop abilities to:

Understand the birth process
To list ways a father can contribute during birth
Discuss the importance and evolution of family bonding
Understand mom's physical recovery

Awareness Goal

Dad's can be active participants in the birth process.

Resources Available (see following pages)

HUMAN GROWTH AND DEVELOPMENT

Chart

<u>Stages of Childbirth</u>	
<u>Stage</u>	<u>Phase</u>
Labor	<ol style="list-style-type: none"><u>1. Early or latent labor.</u><ul style="list-style-type: none">• Longest and easiest phase can last days without notice, or can be 6-24 hours of mild contractions.• Cervix opens to 3 centimeters.• Contractions from 5-20 minutes apart.• Contractions last 30 to 45 seconds.• Contractions are mild to moderate.<u>2. Active Labor</u><ul style="list-style-type: none">• Lasts 2 to 3 1/2 hours• Cervix opens to 7 centimeters• Contractions from 3 to 4 minutes apart• Contractions are stronger for a longer period of time<u>3. Transitional Labor</u><ul style="list-style-type: none">• Most exhausting phase• Contractions from 2 to 3 minutes apart• Contractions are 60 to 90 seconds long and very intense• Takes 15 minutes to 1 hour to finish dilation to 10 centimeters
Pushing and Delivery	<ul style="list-style-type: none">• Can be as short as 10 minutes or as long as 2, 3 or more hours• Contractions regular and 60 to 90 seconds long• Get urge to push
Delivery of Placenta	<ul style="list-style-type: none">• Lasts 5 minutes to 1/2 hour• Mild contractions lasting one minute• Placenta expelled• Repairs of episiotomy or tears

HUMAN GROWTH AND DEVELOPMENT

Bonding

Handout

The definition of *bonding* is the forming of close specialized human relationships such as those that link parent and child, husband and wife, or friend and friend.

Bonding begins between the mother and baby during pregnancy because the mother is the source of food, protection, warmth, stimulation, and affection. Bonding is a relationship that continues with the baby's birth as the parents and baby exchange messages with all of their senses: the meeting of their eyes, skin-to-skin contact, body warmth and movements, smell, and sound. The first minutes and hours of an infant's life being spent with the parents may be critical in initiating the nurturing responses that continue throughout the parent-child relationship.

Activities that promote bonding are as follows:

- Healthy, positive pregnancy
- Birth without anesthesia
- Father actively involved in the birth
- Breast feeding
- Rooming-in
- Sensory message exchanges such as stroking, touching, eye contact, smell, sound, and skin contact

HUMAN GROWTH AND DEVELOPMENT

Bonding

Handout

Help Develop a Good Self-Concept Through Early Bonding Techniques

1. Smile often at your baby.
2. Imitate your baby's facial expressions and attempts at language.
3. Touch, hold, and rock your baby often.
4. Hold your baby during feeding.
5. Answer your baby's cry quickly; respond to his or her needs.
6. Talk to your baby in soothing, pleasant tones.
7. Use music to relax your baby.
8. Include your baby in everyday family activities.
9. Allow for a flexible routine so that your baby will develop a feeling of security.
10. Make routine experiences such as diapering, bathing, and feeding pleasant experiences for your baby.
11. Make an attempt to use positive language with your child.
12. Remember that answering a child's cry promptly will not spoil your child but will instead develop a feeling of security for the child. If an infant's needs are not met over a period of time, the infant will stop crying because he or she has given up hope in the parent.

HUMAN GROWTH AND DEVELOPMENT

Bonding

Assignment

Teacher Notes

1. Divide the class into two groups. Instruct one group to talk to the other group when a signal is given to start. Members of this first group should smile and try to carry on a pleasant conversation. The second group is instructed to talk first but never to smile or gesture. Let the students talk to each other for five minutes.
2. Have the entire class discuss how each group felt in the situation. How is this situation similar to parent-child bonding?
3. Have the students discuss what family members can do to encourage bonding within their own families.

HUMAN GROWTH AND DEVELOPMENT

Handout

Bonding Word Search

Choose from these words:

Caress	Hold hands	Love	Pat	Rub noses	Talk
Cuddle	Hold	Make faces	Respond	Smile	Touch
Embrace	Hug	Massage	Rock	Snuggle	Warmth
Gentle	Kiss	Nuzzle	Rub	Squeeze	

M	H	R	N	E	T	O	O	T	R	L	K	C	B	R	R	E	H	T
L	N	U	I	U	C	S	T	E	M	B	R	A	C	E	L	R	O	S
W	W	B	G	L	D	M	E	G	T	L	G	A	U	S	H	H	L	U
S	A	R	T	H	K	I	S	S	K	H	O	L	D	H	A	N	D	S
L	N	R	I	P	S	L	F	M	Y	E	S	O	D	Y	N	U	N	Y
R	O	C	M	A	K	E	F	A	C	E	S	E	L	I	S	N	E	A
E	I	Y	B	T	O	E	B	Y	I	E	N	H	E	S	W	M	F	L
S	S	Z	E	M	H	W	C	T	D	I	U	P	N	L	E	R	E	N
P	Q	D	Y	O	W	M	A	S	S	A	G	E	W	N	R	I	L	D
O	R	U	H	N	N	R	R	M	A	E	G	S	N	T	T	O	N	O
N	I	D	E	S	U	T	E	O	T	A	L	K	C	J	V	R	C	R
D	L	S	T	E	Z	S	S	D	O	L	E	R	N	E	D	T	A	K
Y	G	D	T	Y	Z	T	S	A	U	O	O	M	W	W	N	Y	Z	I
H	G	E	N	T	L	E	H	E	C	D	R	U	B	N	O	S	E	S
W	C	D	O	I	E	C	E	T	H	O	I	S	E	P	F	W	M	R

HUMAN GROWTH AND DEVELOPMENT

Answers

Bonding Word Search

Choose from these words:

Caress	Hold hands	Love	Pat	Rub noses	Talk
Cuddle	Hold	Make faces	Respond	Smile	Touch
Embrace	Hug	Massage	Rock	Snuggle	Warmth
Gentle	Kiss	Nuzzle	Rub	Squeeze	

M	H	R	N	E	T	O	O	T	R	L	K	C	B	R	R	E	H	T
L	N	U	I	U	C	S	T	E	M	B	R	A	C	E	L	R	O	S
W	W	B	G	L	D	M	E	G	T	L	G	A	U	S	H	H	L	U
S	A	R	T	H	K	I	S	S	K	H	O	L	D	H	A	N	D	S
L	N	R	I	P	S	L	F	M	Y	E	S	O	D	Y	N	U	N	Y
R	O	C	M	A	K	E	F	A	C	E	S	E	L	I	S	N	E	A
E	I	Y	B	T	O	E	B	Y	I	E	N	H	E	S	W	M	F	L
S	S	Z	E	M	H	W	C	T	D	I	U	P	N	L	E	R	E	N
P	Q	D	Y	O	W	M	A	S	S	A	G	E	W	N	R	I	L	D
O	R	U	H	N	N	R	R	M	A	E	G	S	N	T	T	O	N	O
N	I	D	E	S	U	T	E	O	T	A	L	K	C	J	V	R	C	R
D	L	S	T	E	Z	S	S	D	O	L	E	R	N	E	D	T	A	K
Y	G	D	T	Y	Z	T	S	A	U	O	O	M	W	W	N	Y	Z	I
H	G	E	N	T	L	E	H	E	C	D	R	U	B	N	O	S	E	S
W	C	D	O	I	E	C	E	T	H	O	I	S	E	P	F	W	M	R

HUMAN GROWTH AND DEVELOPMENT

Birth

HANDLING YOUR BABY

Teacher Note

This skill is to be presented as a demonstration. The teacher should cover the points presented below and demonstrate techniques whenever possible.

Suggested Materials:

A baby - or a realistic doll

Points to Cover:

(Have the students participate by practicing the techniques being taught)

1. Holding your baby is one of the most important fathering skills there is. It makes a "bond" between you and your child. Many hospitals encourage fathers to hold their babies almost as soon as they're born. It is important for the baby to be physically close to you as soon as possible. He needs to be held gently and lovingly. It makes him feel safe and secure in this strange new world. It is also important to you to hold your baby. The first time you hold him you understand a lot of things. He is part of you. He is totally helpless. He needs you. All these feelings will help to make you a good parent.
2. Some fathers are afraid to hold their newborn babies, because the babies are so little. If you handle your baby gently and firmly, you won't hurt him.
3. A baby can feel a lot of things by the way you hold him. He can "feel" it if you're uptight or angry. This makes him very fussy. Relax when you hold your baby. Enjoy it.
4. The "soft spot" on top of your baby's head is where the skull bones have not yet grown together. There is a reason for this. It allows the head to change a little in size and shape during birth. This can stop the baby and the mother from being injured while the baby is being born. A tough, soft covering over this opening protects the brain until the bones grow together. It won't hurt your baby if you touch his head gently when bathing or dressing him or holding him.

Handling Your Baby (Continued)

5. Babies can be frightened by sudden movements. Handle him slowly and gently when picking him up or putting him to bed. Talk softly to him.
6. Your newborn baby cannot hold up his head at first. He is "floppy" and needs a lot of support. Hold his back and head whenever you are handling him.
7. Hold your baby gently but firmly. He likes to feel secure. He likes to feel that you aren't going to drop him.
8. Your baby must be burped each time he eats. He swallows air when he drinks his bottle. If he doesn't "burp" up this air, it gives him stomach pains. To burp your baby, put him up to your shoulder so his head can rest on you. Rub or pat his back gently. Some people "pound" on baby's back as if it's a drum. That's not necessary. Gently rubbing will bring up a burp just as well. Or, you can sit the baby on your lap with him leaning forward over your hand and rub his back.
9. After eating, your baby is likely to fall asleep. Sometimes he sleeps while eating. When he is finished eating, burp him and lay him down. Put him on his stomach to sleep with his head turned to one side. This way, if he should spit up in his sleep, it can run out of his mouth and won't choke him.
10. Holding and rocking your baby is a time to relax and enjoy him. You get to know each other during this time. This is important.

HUMAN GROWTH AND DEVELOPMENT

Birth

BOTTLE-FEEDING

Teacher Note

This skill is to be presented as a demonstration. The teacher should cover the points presented below and demonstrate the materials and methods whenever possible.

Suggested Materials:

- Baby bottles with nipples and caps
- Can of liquid or powder formula
- Punch can opener
- Bottle and nipple brushes
- Jar with lid for storing nipples
- Tongs

Points to cover:

1. Breast-feeding is an excellent way for your baby to be fed. In some ways, it is easier than bottle-feeding, and it is very healthy for the baby. The baby's mother must decide whether to breast-feed or bottle-feed the baby. Encourage her to talk to her doctor about both methods before the baby is born, so she can decide what she wants to do. If she decides to breast-feed the baby, she has most of the responsibility. If she decides to bottle-feed the baby, you can share in the responsibility of preparing the bottles and feeding the baby.
2. Newborn babies eat about 6 times a day - usually about 2 ounces at a feeding. They may eat a little more or less at some feedings. Some babies eat more than others. As they grow, they eat more, but not so often.
3. Always hold your baby when feeding him. Don not "prop" the bottle for a baby. (Leader explains "prop") This can cause hi to choke and is dangerous.
4. Hold the bottle so that the nipple is always filled with milk and not air. If the baby sucks in air, he will have stomach pains.
5. If the baby does not finish a bottle at one feeding, do not save it for the next feeding. Give him a fresh bottle at each feeding. Germs grow rapidly in milk and can make a baby sick.

Bottle Feeding (Continued)

6. There are several ways to make a formula. Your doctor will tell you what kind of formula to get before the baby comes home the hospital.
7. Some formulas are "concentrated." This means that you must add a certain amount of water to it. Always follow the doctor's instructions exactly.
8. Some formulas can be used right from the can and are "ready-to-feed."

Preparing the Formula

1. There are several ways to prepare the formula. The nurse in the hospital will explain how to make the formula. If you have any questions, ask. If you have any questions after your baby leaves the hospital, call your doctor.
2. Always wash off tops of the formula cans before opening them. Store opened cans in the refrigerator covered with aluminum foil.
3. If your baby is on a "ready-to-feed" (do not need anything mixed with it) formula: Wash bottles, nipples and caps in warm, soapy water. Rinse thoroughly. Put bottles, nipples and caps in a pan, cover with clean water, bring water to a boil, boil for 5 minutes.

Use tongs to remove bottles and nipples from the pan. Store bottles with nipples and caps on them.

When you need a bottle, pour the "ready-to-feed" formula right from the can into a clean bottle.

4. If you are using a "concentrated" formula (needs water added), you can wash and boil the bottles and nipples the same way. However, the water that you add to the formula should also be boiled or sterilized for 5 minutes. You can boil a quart of water at a time and keep it in a sterilized quart bottle. (To "sterilize" any bottles, jars, etc., wash them in warm, soapy water, rinse well, cover them with water in a pan, bring the water to a boil and boil for 5 minutes.)
5. There are other ways to make a formula. One way is to wash and rinse the bottles and nipples, pour in the right amount of formula (and water if using a concentrated formula), put on the nipples and caps, put everything in a large pot with about 3" of water in it. Bring the water to a boil. Cover the pot, lower the heat and let boil for 25 minutes. Let the bottles cool and then refrigerate.

Bottle Feeding (Continue)

It is important to keep the bottles and nipples clean and the formula or milk refrigerated. Your baby can get very sick if he drinks from dirty bottles or the formula or milk has been left out too long.

Feeding your baby should be an enjoyable time for both of you. It's a time to touch and hold each other. It's a time for loving and caring.

HUMAN GROWTH AND DEVELOPMENT

Birth

Helpless and Hungry

Handout

Age: 0-3 months

Your baby is just home from the hospital. He is little and helpless. He will probably weigh around 7 pounds. Of course, some babies are even smaller and some babies are larger.

The normal newborn - with no physical problems, can breathe on his own, suck to get milk, wiggle around and cry to show that he is hungry or something hurts him. Other than that he is helpless. He cannot turn over, sit up or even hold his head up for any length of time. He cannot get his food when he's hungry, change his diaper when it's soiled and uncomfortable, or sit up to burp when he has pain because he swallowed air while eating. He can't even tell someone what's wrong with him, because he can't talk. His only means of communicating discomfort is to cry and that's not too satisfactory. Besides all this, he is very little. To help him grow, someone must take care of him and protect him from harm, from rolling off a sofa or falling off a table. He also needs lots of love. As little as he is, he "feels" love. Holding him with love can make him feel better while his body is adjusting to living outside his mother's. Entering this new environment has been a shock to him, and he needs a lot of help.

The baby now does many things that he didn't have to do before he was born, (e.g., eat, breathe, wear clothes, sleep on a mattress, etc). The first three months of his life are very difficult. The smaller he is, the more often he needs food. It doesn't matter if it is night or day. His body needs lots of food to grow. He will be growing and gaining weight steadily and rapidly during this first year. In fact, he will probably triple his weight. That takes a lot of food.

How does he let the world out there know he needs food? He cries. How often does he need to be fed? It varies - maybe 6-8 times a day including the middle of the night. Sometimes after eating he is fussy because he has a stomach ache. His digestive system has a lot to learn about digesting milk and getting nourishment from it. It takes time for his body to operate smoothly and without some discomfort. His bowels may also give him trouble on occasion.

Helpless and Hungry (Continued)

What do you do for a baby when he is crying? When he cries; feed him, burp him, change his diaper, keep warm (or cool). If he still cries, walk him; rock him; sing to him - he doesn't care if you can't sing or don't know the words. Babies love a gentle rocking rhythm. They "remember" the sensation of being rocked inside their mother. It soothes and comforts them. Rock and cuddle him even when he isn't crying. Don't worry about spoiling him. Babies can't be spoiled during their first six months. If his needs are always taken care of, he learns to trust those around him. he will usually develop into a much more pleasant child than one who was always left to cry as a baby.

The smaller he is the less body fat he has, so he may be cold when you're not. He may need a light blanket around him when you feel comfortable.

By the time he is three months old, he has changed a great deal from the time bundle first brought home. He is aware of his surroundings. he is aware of you and other people he sees a lot. By now he is not so "floppy" and can sit up for a little while if propped. He smiles and coos and sucks his fingers. He's fun to watch.

What has not changed is his total dependency on you for all his needs - and they take up a lot of time and are very tiring.

All babies are different. Some are active; some are quiet; some sleep a lot; some sleep less; some are usually content; some have difficulty adjusting to this new world and fuss a lot. They all have needs - food and a comfortable place to sleep and play. They also need love, tenderness, care and attention. You and who ever else takes care of him must provide all of these things. it's a tough job. It's a tiring job. it is not ways to take care of a baby.

No one can take good care of a baby if they are tired. Everyone needs sleep. A baby may only sleep a few hours at a time. This means your partner has to take care of the baby every few hours - all day and all night. Help her out.

You can:

1. Take over the middle-of-the-night feeding.
2. Take care of your baby in the morning or afternoon.
3. Encourage your partner to get some sleep while you are taking care of your baby.

HUMAN GROWTH AND DEVELOPMENT

Birth

Searching, Sitting and Socializing

Approximate age: 3-9 Months

Your baby, 3 to 9 months, is discovering this world she has come into. There is a lot to see and feel and taste.

She gets stronger every day. At 3 months, she can sit up for a little while with help. By 9 months, she sits unaided and may be crawling or trying to stand up. At sometime during this period, she learns to roll over. If she isn't crawling well, she can usually "slither" around to reach a toy. She is busy.

At 4 months, she flings her arms and kicks her legs for periods of time that make anyone watching tired. She exercises every day. This exercise may seem like she is playing. She is probably enjoying herself, but she is also developing muscles and coordination which she will need before she can pick things up or walk. A baby develops strength from her head down. First, she can pick up her head. Then, when on her stomach, she can pick her head and shoulders up with her arms. Then, she will have enough strength in her legs to crawl. As her legs get stronger, she will be able to stand up if holding onto something. Finally, she will have enough strength and coordination to stand and walk alone.

It will be several years before she has the coordination to kick a soccer ball in the right direction or play softball. But she starts at birth to develop the muscles, strength and coordination necessary.

During this time, she also discovers people. She loves people. This may not be true, however, by the time she is around 8 months old. She may then become very shy and scared of strangers. But, for the third through sixth months, she is usually friendly and happy with people. She will giggle, coo, squeal and really talk to people. She laughs when people talk to her. That is easy to understand. Some people are really funny when they talk to a baby. That's okay. She loves the attention and tries to tell them so by "gabbing back." She tries hard to communicate. She tries to imitate the different sound she hears. She is trying to talk. Some babies may say Ma-Ma or Da-Da by 8 months. However, many babies do not talk until after their first birthday. All babies learn things at different times.

Baby will try to put everything in her mouth. One reason is that she is teething. It is not unusual for a baby to begin teething at 3 months. Teeth hurt when they are pushing their way through gums. Chewing on something - anything - sometimes makes it feel better.

Searching, Sitting and Socializing (Continued)

Sometimes it hurts so badly she just cries. A cold teething toy may help. When your baby is cutting teeth, she may be up all night - and all day - crying. Once the teeth cut through the gums, the pain may ease off until she starts to cut another tooth.

Another reason she puts things into her mouth is to explore. The mouth is very sensitive. It can tell if something is smooth or rough, hot or cold, hard or soft. It can also tell what it "tastes" like - sweet, bitter, sour. She learns a lot about things by putting them in her mouth.

Your baby has come a long way in 9 months. But, she is still totally dependent on you and your partner. She still must be fed, changed, dressed and taken about. Besides all these things, she must now be protected so that she doesn't hurt herself. She could roll over and fall off a soft or put something dangerous in her mouth. She sleeps nights, but the days are busy. Your partner is the most important person in your baby's life - she takes care of her. You are just as important if you help take care of her, too.

Your partner has probably spend a good part of the past 9 months in the house. When she has gone out, she may have had to take the baby with. As much as she loves and care for your baby, she needs some time away from the baby. She needs some time for herself away from the house.

You can:

1. Take your partner to a movie.
2. Take care of your baby while your partner goes to a movie, shopping or visiting friends.
3. Make sure that your baby is well taken care of if you and your partner are both out.
4. What else can you do to help during this stage of baby's life?

Human Growth and Development

Infancy

II. Human Growth and Development (Physical, Social and Emotional)

C. Infancy

Topics to be covered:

Physical needs
Milestones
Bonding and nurturing siblings, etc.

The activities in this section will help the student develop abilities to:

Discuss the continuing evolution of bonding and nurturing in relation to age
Identify significant milestones
Identify physical needs

Awareness Goal

Bonding is being there for your child

Resources Available (see following pages)

HUMAN GROWTH AND DEVELOPMENT

Infant/Toddler

NUTRITION FOR THE FIRST YEAR OF LIFE

Newborns, prepared only to suck from a nipple at birth, will be their first birthday, be sitting at the family table trying to finger-feed themselves with modified adult food. During this time, the foundations for life-long food habits and appetite control are established. To nurture this transition successfully, food and feeding styles must match both developmental and nutritional needs.

Current recommendations urge milk as the sole source of nourishment in the first four to six months and the primary source in the first year. There is no advantage or need to feed solid food before four to six months. The infant's digestive, renal, and immune systems need this time to mature. Delaying the introduction of solid foods also reduces the risk of allergic responses and rejection of basic foods. Contrary to popular belief, solid foods do not encourage an infant to sleep through the night.

Depending on growth rate and maturation, at about four to six months of age, the infant's nutrient needs exceed the nutrients provided by his daily quota of coordination necessary to start eating solid foods. He sits up, his eyes follow the spoon, he opens his mouth in response, and his salivation and swallowing abilities increase.

Iron-fortified cereals are the ideal food at this time. They add calories for the growing baby along with all-important iron and vitamins that are low in milk.

A pleasant feeding experience with cereals depends greatly on dilution. Mix the cereal with milk to consistency that can be swallowed but not suckled from the spoon; progress to a consistency thick enough for some chewing practice. Rice cereal is usually started first since it is the least allergenic. Gradually introduce your baby to a variety of grains, wheat and barley.

At first, cereal will run out of baby's mouth; this reflects inexperience rather than rejection. He needs practice to develop coordination of tongue, so he can keep it in his mouth.

Having mastered the spoon challenge now focus on helping your infant appreciate and enjoy a variety of foods that provide the foundation of a good diet. Other basic foods groups - vegetables, fruits, and meats - are generally introduced about a month apart. Many parents start with vegetables since they may be more easily accepted if given before fruit. Vegetables are an adventure in color, flavor, and texture for the infant while adding vitamins and food fiber to the diet. Carrots are a popular starting food; follow with a variety of green, yellow, and white vegetables. Variety now may avoid later "vegetable battles."

Fruits are added next and quickly become favorites. Apples, peaches, bananas, pears, and apricots offer a good variety and add vitamins, minerals, food fiber, and natural sugars to the diet.

Meats, fish, and poultry are added last to the diet after fruits and vegetables are fed regularly. Nutrients are more concentrated in these foods and are better tolerated after six months of age. They provide important sources of protein, iron and vitamins. Fish and the white meat of chicken and turkey are good starters. Cottage cheese, tofu, and cooked, pureed legumes can also be introduced and egg yolks, used in moderation. Since egg whites cause more allergies than yolks, whole eggs are not usually given until after the first year.

As your infant gains experience, chopped and well-cooked table foods can be added. At about six to eight months he will reach for food and bring it to his mouth. With his "fisted" approach he can finger-feed appropriate, soft pieces of table food along with crackers, hard bread, and teething biscuits. Toward the end of the first year, he begins to grasp foods with his fingers and thumb; give him smaller pieces for practice. Along with these new skills, he will begin to drink from a cup with your help.

By now, that tiny bundle of joy of twelve months ago is a well-nourished individual ready to refine his eating skills and food habits. Bring on the birthday cake! Dad!

HUMAN GROWTH AND DEVELOPMENT

Typical Behavior

INFANCY

HANDOUT

BIRTH TO 1 MONTH

Likes to: Suckle
Listen to repeated soft sounds
Stare at movement and light
Be held and rocked

1 MONTH

Likes to: Listen to your voice
Look up and to the side
Hold things placed in their hands

Toys: A lullaby record
Mobile
Pictures on the walls

2 MONTHS

Likes to: Listen to musical sounds
Focus, especially on their hands
Reach and bat nearby objects
Smile

Toys: Music box or soft musical toys
Cuddle toys
Smiles

3 MONTHS

Likes to: Reach and feel with open hands
Grasp with two hands
Wave fists

Toys: Musical records
Rattle
Dangling toys

Typical Behavior (Continued)

4 MONTHS

Likes to: Grasp things and let go
Kick
Laugh
Make consonant sounds

Toys: Bells
Crib gym

5 MONTHS

Likes to: Shake, feel and bang things
Sit with support
Play Peek - a - Boo
Roll over

Toys: High chair with rubber suction toy
Play pen

6 MONTHS

Likes to: Shake, bang and throw things down
Gum objects
Recognize familiar faces

Toys: Household objects (plastic cups, spoons, pans)
Cloth ball
Squeaky toys
Teethers

7 MONTHS

Likes to: Sit alone
Use fingers and thumb
Notice cause and effect
Bite on their first tooth

Typical Behavior (Continued)

8 MONTHS

Likes to: Pivot on their stomachs
Throw toys/objects
Look for toys they have dropped
Make vowel sounds

Toys: Space to pivot on their stomachs
Soft blocks
Jack-in-the-Box
Nested plastic cups

9 MONTHS

Likes to: Pull themselves up
Creep and place things where they want them
Say "da-da"
Play Pat-a-Cake

10 MONTHS

Likes to: Poke and prod with fingers
Put things into other things
Imitate sounds

Toys: Peg board
Cloth blocks
Motion toys

11 MONTHS

Likes to: Use their fingers
Lower themselves from standing
Drink from a cup
Mark on a paper

Toys: Pyramid discs
Large crayons
Clothes pins
Own drinking cup

Typical Behavior (Continued)

1 YEAR to 13 MONTHS

Likes to: Creep and cruise
 Use 1 or 2 words
 Use fingers
 Likes to be hugged

Toys: Cuddling toys
 Stacking tower

HUMAN GROWTH AND DEVELOPMENT

Basic Developmental Stages

Assignment

Teacher Notes

1. Reproduce the material "Most Common Age for Behavior to Appear" in this activity so that each student in class will receive a complete set of cards for sorting. The class may be divided into groups.
2. Cut cards on the broken lines and put them into separate envelopes for individual student use or into several envelopes for groups to use.
3. Distribute an envelope to each student or group of students.
4. Have the students sort the cards and place them under the appropriate age; e.g., birth to six months, six to twelve months, and so forth. The placement of cards by appropriate age can be recorded on butcher paper, ditto master, or chalkboard so that all students can see what others have done.
5. Have the students discuss the following:
 - a. Developmental stages that students agree belong to a particular age group
 - b. Developmental stages that students place in different age groups (Emphasize that individuals develop at various rates, causing the wide age variation within developmental stages.)

These cards to be cut and sorted according to age most common for behaviors to occur.

Smile	Sits up	Grabs toys
Grasps spoon	Picks up small objects	Starts to talk
Laughs	Shies away from strangers	Holds cup steady
Rolls over	Pulls self to a standing position	Feeds self
Recognizes mother's and fathers voices	Walks holding furniture	Walks
Turns toward sound	Finger feeds self	Picks up small objects with thumb and forefinger
Sleeps through the night usually	Realizes things still exist when out of sight	Climbs on low chairs and tables
Makes eye-to-eye contact	Says first word	Creeps upstairs

These cards to be cut and sorted according to age most common for behaviors to occur.

Negativity increases	Has a good imagination	Plays cooperatively with other children
Scribbles	Becomes toilet trained	Cuts with scissors
Puts two or more words together when speaking; starts to talk in short sentences	Climbs	Becomes very social
Remembers favorite books	Puts together puzzles of 10 to 25 pieces	Catches large ball
Slaps, fights, kicks, resists	Scribbles and starts to draw shapes	Puts together puzzles of 15 to 30 pieces
Plays beside other children-parallel play	Begins to dress self	Prints and recognizes some letters
Remembers and can follow two requests	Talks in short sentences	Starts to count
Eats with a spoon	Asks questions	Watches parents and role plays

HUMAN GROWTH AND DEVELOPMENT

Family Bonding

Teacher Notes

An infant's contact with the external environment is through the body. If the infant's physical needs are quickly met—if he or she is touched, talked to, played with, and given affection as needed, the infant then will come to sense the world and its people as safe and dependable. Bonding techniques can be learned through an awareness of their importance and through practice.

1. Give students two objects to touch, hold, and pass around the class. One object should be a soft, stuffed animal. The other should be an animal-like object made of wire mesh or sandpaper.
2. Ask the students to be aware of and to relate their feelings about each object.
 - a. Which animal would you want to hold again? b. What emotions did you feel when holding the soft animal? The hard animal?
3. Show the film *Rockabye Baby*, a Time-Life film made in 1970 which presents experiments on the importance of touch.
4. Have each student write a definition of bonding.
5. Invite a new father to speak to the class as soon as possible after having shared the birth experience. Some new fathers will speak freely about the experience and their reactions and emotions as they saw and held their child (bonding) for the first time. If the father hesitates, be prepared with questions to help him teach the class about the advantages and disadvantages of the shared birth experience and the importance of bonding to a family.

Family Bonding (Continued)

Questions to ask the father:

- How did you feel about participating in the birth of your child?
 - Would you recommend this experience to other fathers?
 - How did you help your wife during the birth? Before the birth?
 - How did you feel when you first saw the baby?
 - How did you feel when you first held the baby?
 - When did you first feel like a family?
6. After the speaker leaves, have the students describe the bonding experience.
 7. Give the students the work sheet "Guidelines for Parents and Family: Help Develop a Good Self-Concept Through Early Bonding Techniques." Have the students ask their parents whether they remember doing the activities listed.

HUMAN GROWTH AND DEVELOPMENT

Toys

TOYLAND

His little dog is covered with dust
and so are his little toy blocks
I bought them and paid an extravagant price.
So what does he play with? the box!

SUGGESTIONS TO HELP IN THE PURCHASE OF TOYS

1. Match the toy to the child.
2. Toys should encourage, not discourage creativity and imagination.
3. Consider your own interests only if you intend to use the toy with the child.
4. Compare prices.
5. Be sure the toy is safe. Look for sharp edges, points, exposed nails, straight pins or parts that can pinch.
6. Check assembly requirements. Is everything included? Batteries usually are not included. Do you have the necessary tools for assembly?
7. Is the toy workable and durable?
8. Will the toy grow with the child?
9. If the box is strapped shut, open it as soon as possible. Check for and count all the pieces and be sure that you have everything.

TOYS FOR BUILDING MUSCLES AND SKILLS

Blocks, small and large and hollow
Climbing apparatus - swings
Tricycles, wagons, cars - push and pull toys
Hammering toys and tools - large balls and bean bags

TOYS FOR STRETCHING THE MIND

Puzzles designed for age - beads to string
Put-together trains, trucks - nest blocks
Picture books
Appropriate games for each age can teach colors, counting, strategies, etc. as well as teaching children how to lose.

TOYS FOR PRETENDING

Table and chairs - housekeeping stuff and dishes
Washable dolls - furniture, etc.
Cuddle toys - dress-up clothes
Doll buggy - transportation toys
Play tents and houses

Toys (Continued)

TOYS FOR RELEASING FEELINGS

Sand and sand toys - punching toys
Pounding board - clay - Playdoh
Rocking chair, horse or boat - puppets
Musical instruments - drums, cymbals, bells - record player

ADDITIONAL TOYS FOR THE FOUR AND FIVE YEAR OLD

TOYS FOR CREATIVITY

Fingerpaints - easel and paints and paper
Chalk and blackboard - crayons and plain paper
Collage materials - paste and scissors - glue

EYE-HAND COORDINATION ITEMS

Scissors - sewing cards - puzzles and more puzzles
Peg boards - Lite Brite

CONSTRUCTION TOYS

Leggo - Crystal Climbers
Lincoln Logs - Construction Straws
Table Blocks - Tinker Toys (more for the 5 year old child with experience)

QUIET TOYS

Books - Magazines and book club items
Tape recorder - records with record player

GAMES TO PLAY WITH THE CHILD

Hi Ho Cheery-O - Shutes and Ladders
Memory - Candyland
Ants in the Pants - Dominos
Card Games - Fish, War, Old Maid, etc.
Cootie - Louie

Games need an adult to help at first. Reading the rules, sharing, taking turns and losing are all learned, and children learn best by watching.

Toys (Continued)

TOYS FOR THE IMAGINATION

Puppets - purchased and homemade
Have old clothes, capes, etc. to play with.
Doll House Equipment, old lunch boxes

A BOX MARKED:

Christmas with old ribbon, wrapping paper, plastic ornaments, etc.

Post Office with magazine offer stamps, envelopes, a pencil, crayons, paper, junk mail, mail bag, etc.

Beauty Shop with curlers, cape, hair brush, etc.

Restaurant with children's menus, pad to take order's on, pencil, paper plates, cups, favor cups, fake food, old MacDonalds food boxes, etc.

Doctor with gauze, bandaides, sling (made out of and old sheet), toy thermometer, pad for prescriptions, etc.

Can you think of some box kits that can be added to the list?

It is important to have a place designated to store the child's toys. Label with pictures and words as they grow. This will encourage the child to help pick up. It is best for children to have a few toys from each category rather than all the toys from one category - balance is important.

Children can have too many toys. If the room is always a mess, try limiting the number of toys. Label some toys (with pictures) and put them up high where children can see them, but not reach them. Then when the child wants a toy taken down you can trade and ask the child to pick which toy goes up. Many children need a room with less stuff and more space. Children often have so much that they can't see individual toys (Lack of ability to visually discriminate).

Human Growth and Development

Toddlers/Preschool

II. Human Growth and Development (Physical, Social and Emotional)

D. Toddlers/preschool (1 to 5 years)

Topics to be covered:

Physical needs,
Sexual/physical self exploration
Siblings
Initiation of social training
Milestones
Bonding and nurturing

The activities in this section will help the student develop abilities to:

Show awareness and understanding of sexual/physical self exploration
Discuss positive behavioral modeling
List age appropriate social training goals
Discuss the continuing evolution of bonding/nurturing according to age

Awareness Goal

Social development is central to the toddler/preschool age

Resources Available (see following pages)

HUMAN GROWTH AND DEVELOPMENT

Handout: Typical Behaviors

Toddler/Kindergarten

15 MONTHS

- Likes to: Walk alone
Fling objects
Fill and empty
Respond to key words
Practice hand skills
- Toys: Outdoor toys
Manipulative toys

16 MONTHS

- Likes to: Squat down
Carry things
Use sand
Rough house

17 MONTHS

- Likes to: Lug, tug, and drag things
Wave bye-bye
Use water
- Toys: Water, pouring toys
Pull toys
Hammering toys

18 MONTHS

- Likes to: Oppose you with "No!"
Get what they want now
Use words with gestures
Climb stairs
- Toys: Toy telephone
Picture books

Typical Behaviors (Continued)

19 MONTHS

Likes to: Climb up onto things
Move to music
Identify body parts
Sort objects and shapes

Toys: Shape sorting box
Musical toys

20 MONTHS

Likes to: Fetch and carry
Dig and make a mess
Take things apart
Use 15 to 20 words

Toys: Carrying case
Things to take apart

21 MONTHS

Likes to: Say, "Mine!"
Mark on paper
Point to objects
Turn pages
Fit things together

Toys: Big crayons and paper
Picture books
Constructing set

22 MONTHS

Likes to: Fit shapes
Watch gown-ups
Come when called

Toys: Simple puzzles
Plastic lids with jars
Shelves for his own toys

Typical Behaviors (Continued)

23 MONTHS TO 2 YEARS

Likes to: Use 3 work sentences
 Run
 Help around the house
 Hear rhymes
 Work with fingers

Toys: Doll
 Teddy
 Riding toys
 Pull toys

HUMAN GROWTH AND DEVELOPMENT

Characteristics of the Pre-school Child

Handout

All the above characteristic, of course, vary with the individual child, dependent upon his/her physical, intellectual and social development. Lack of experience in particular area may result in a child displaying characteristics more common to a younger child.

AGE 2

1. Very curious, full of exploration.
2. Easily frustrated - inclined toward temper tantrums.
3. Says "no" to many things to see effect and find out limits. This his/her way of testing reality.
4. Few if any goals - flirts easily from one activity to another.
5. Extremely self-centered.
6. Inclined toward mimicry.
7. Speech usually not in complete sentences but vocabulary is effective.
8. Plays alone or beside other children. With older 2's the number of friends increase.
9. Attention span - one to five minutes.
10. Generally poor control of small muscles unable to string very small beads, etc.
11. Tends to cling to familiar objects: toys, dolls, blankets.
12. Active but slow to adapt to change.
13. Tries to assert independence beyond capabilities; "me do".
14. Very dependent on routines.
15. Trying to establish identity: needs his/her name used often.
16. Loves to climb into things.
17. Time concept: NOW
18. Dislikes interruptions in play.
19. Feeling shift readily.
20. Seldom completely toilet-trained.

Characteristics of the Pre-school Child (Continued)

AGE 3

1. Like to help and please adults.
2. Highly talkative and friendly.
3. Since he has some independence, not as easily frustrated as a 2 year old.
4. Loves simple cooking and musical activities.
5. May be jealous and competitive but doesn't like competitive games.
6. Beginning of cooperative play but "three is a crowd".
7. Uses trial and error method in new situations and in problem solving.
8. Attention span: 4 - 8 minutes.
9. Able to make choice and abide by limits set by adults.
10. Able to set goals and pursue them.
11. Socially: stays with one group only a few minutes, then moves to a new group. Older 3's closeness of friends becomes main change rather than number of friends

AGE 4

1. Very verbal, likes nonsense talk and rhyming.
2. Can be aggressive and demanding - "why?"
3. Has difficulty defining own limits - full of energy but may exhaust self.
4. May tease and be domineering "I'm the best, first, biggest, fastest..."
5. Likes to use small muscles - scissors, manipulative toys, crayons, etc.
6. Dislikes competition even in games.
7. Coming out of self into world - wonder "who am I?"
8. Very imaginative - lots of make believe, imaginary playmates.
9. Enjoys cooperative play, but may be quick to exclude others and sensitive to being excluded.
10. Independent - not necessarily particularly loving./
11. may argue frequently.
12. Can do two thing at the same time - work and sing, etc.
13. Ideas begun but not always finished.
14. Attention span: 8 - 13 minutes.

Characteristics of the Pre-school Child (Continued)

15. Will swear or use "bathroom words" to see reaction of adults or "what will happen?"
16. Feels strong drive to accomplish things.
17. Can adapt to materials being used (art, music, etc.)
18. Enjoys experiencing sensory pleasure - sounds, feels, smells, tastes.
19. Girls make-believe play tends toward domestic: boys toward war and building. Both enjoy long-term projects.
20. Displays assurance with materials and words. In art, can relate a project to ideas ahead in the future.
21. Can follow difficult verbal instruction.
22. In general, elaborates activities of 2's and 3's.

AGE 5

1. Uses purposeful language. Asks many questions, needs detailed answers.
2. Increased sense of boy/girl identity. Curious of body organs.
3. Independent and responsible.
4. Loves to visit friends and relatives. Home and possessions important.
5. Has more interest in other - less self-centered in 4 year.
6. Thrives on praise.
7. Much interest in dramatic play - will mimic adults in detail.
8. Needs to be "right" and have the last word.
9. Can and does enjoy planning ahead in a group.
10. Can manipulate materials being used - art, etc.
11. Has good large muscle control.
12. Can be aggressive and demanding.
13. Can take responsibility for care of materials and tools.
14. Welcomes form and directions.
15. Seeks facts and wonders. Especially stimulated by stories and can conduct group discussions.
16. Enjoys use of symbols, numbers and letters.
17. Entering into the world of older children in which the world is more formalized.

HUMAN GROWTH AND DEVELOPMENT

FATHER-CHILD RELATIONSHIPS

1.6 year old	May enjoy moderate rough housing with father. May refuse toilet training or other routine administered by father.
2 year old	Father often a great favorite but child may demand mother if in trouble or if tired. Father likely to step in with rigid requirements. "Time my son stayed dry", etc. when child is not quite ready for them.
2.6 year old	Very definite ideas of which person he wants to have do things for him. Domineering, and goes to extremes, may say to father, "I don't like you". Father usually surprised and hurt by this.
3 year old	Mother commonly the favored parent at this age. But, father can take over in many situations
3.6 year old	Girls propose to father, and say "I love you".
4 year old	Child boasts about father outside of home. Excursions and times alone with father greatly prized, though father may need patience.
5 year old	Some for first time accept father when mother is ill. Relations with father smooth, pleasant, undisturbed. Takes punishment better from mother, may obey father better

HUMAN GROWTH AND DEVELOPMENT

MOTHER-CHILD RELATIONSHIPS

2 year old	Child finds it easy and pleasant to obey mother.
2.6 year old	No matter what mother wants him to do, he wants to do the opposite, or "me do". Remember, he is at his best with you, and also his worst. Most loving but also most demanding. (may want to continue boyhood.)
3 year old	For most children this is a "We" stage, and Mother is the especially favored companion. Children want to help mother with her daily tasks.
3.6 year old	Child briefly goes through a state in which they are uncertain and insecure in their emotions as well as motor ways. Are excessively demanding of their parent's love and attention. They demand reassurance.
4 year old	Out of bounds resistance to Mother, but to others, "My mommy said so" is law.
5 year old	Docile, friendly, helpful. Mother is center of child's world. Children curious about pregnancy.

Human Growth and Development

Kindergarten

YOUNG MEN AS FATHERS FORMAT

II. Human Growth and Development (Physical, Social and Emotional)

E. Kindergarten early school years (5-11) years

Topics to be covered:

Physical needs

Milestones

Bonding/nurturing

Peer group influence

Dad's role in education

Sexual/physical curiosity with peers

The activities in this section will help the student develop abilities to:

Identify significant milestones

Discuss continuing evolution of bonding/nurturing

Identify his role in child's education

Discuss the influence of the peer group

Awareness Goal

Peer group and education will be two great influences in your child's development.

Resources Available (see following pages)

HUMAN GROWTH AND DEVELOPMENT

Kinder/Early Years

Finding good times for chit chat time

Talking to our children is one of the most important things we will ever do for them. Children need to learn how to understand, be understood, listen, use proper grammar, express feelings, feel for others, etc. Finding and making time to talk to our children is something that we neglect constantly. **Don't**. Focus on your family early and the returns will make you proud!!

When you are looking for a good time to talk to your children ask yourself the following questions:

1. What are your high and low energy times?
2. What are your child's high and low energy times?
3. What are the times when everyone is home?
4. What are the times when only one or two of the family are there?
5. Are there times when things are quiet or slow paced?

Once you've decided the answers to these questions ask yourself the best approach to be with your child. Consider the following:

Good Times- dinner time; bath time; bed time; driving in the car.

Good Activities - taking a walk together; washing dishes together; looking at magazines or books together; playing a game or working a puzzle; sitting together and looking out the window.

Good Topics - what you did today; who you saw today; what you like and dislike; what you currently see and hear.

Bad times for chit-chat time

1. When either the parent or child is cranky.
2. When you are thinking about other things.
3. When you are rushed for time.
4. When watching television (unless you use the experience of mutual television watching to stimulate chit-chat times or topics for chit-chats)
5. When you need to correct your child.
6. When you feel the need to complain about money problems and you can't control yourself.

HUMAN GROWTH AND DEVELOPMENT

Kinder/Early Years

Common Questions About Chit-Chat Time

1. **Won't my child think it is strange if I just start having chit-chat time one day? How do I get started?**

Tell your child that you want to make sure that you set aside a little time each day so that you can spend time really getting to know each other.

Explain that it may seem funny at first, but because you love each other it's bound to work.

2. **What should I talk about? Are there things that should not be discussed?**

Talk about what you are doing. Find out what she is doing. How things are at school. What does she think of her teacher this year? What does she think her favorite subject is going to be?

Talk about what you see on television or read in the newspaper. Let your child know how you react to what's going on in the world.

Encourage your child to express his or her opinions.

Talk about money - or the lack of it. Share your concerns but, as Dr. Harrison-Ross puts it, try not to burden your child. That's not the point of these sessions.

3. **My child is too young to really carry on a conversation. Does that mean I must put off chit-chat time until the child is older?**

A young child may not be much of a conversationalist, but the child still needs your time.

Use the fifteen minutes to play with her. Cuddle her. Sing to her. Read her a story. Recite nursery rhymes with her.

This establishes the tradition of the child's private time with mother and father.

4. **Chit-chat time sounds fine if you only have one child. What about families with several children?**

It's hard, but each of your children need some of your concentrated attention. Do your best.

If mother and father (or grandmother) both devote themselves to finding the time, it may be possible for each parent to give ten minutes a day instead of fifteen.

Older children may need your concentrated attention less regularly than once a day. Perhaps every three days will do. As long as it is a regular time and a priority for both of you, you can still meet the goals of chit-chat time.

Also, chit-chat time does not always have to be with only one child at a time. As long as each child receives some individual attention, it's fine to have group chats or activities once in a while.

HUMAN GROWTH AND DEVELOPMENT

Typical Behavior

Kinder Early/Years

SECOND YEAR

Runs well, no falling
Walks up and down stairs along
Turns pages of book singly
Builds tower of 6-7 cubes
2-3 words sentences; jargon discarded
Names 3 objects; identifies 5 objects
Verbalizes toilet needs "consistently"
Pulls on simple garment

THIRD YEAR

Alternates feet going upstairs
Rides tricycle, using pedals
Imitates 3 cube bridge
Copies circle and imitates cross
Uses plurals
Gives sex and full name
Puts on shoes and unbuttons buttons

FOURTH YEAR

Walks downstairs alternating feet
Throws ball overhand
Draws man with 2 parts
Copies cross
Counts 3 objects with correct pointing
Names 1 or more colors correctly
Obeys 5 prepositional commands (on, under, in back, in front, beside)
Washes and dries face and hands; brushes teeth
Goes on errands outside home

HUMAN GROWTH AND DEVELOPMENT

Social Education

Handout

"ALL I EVER REALLY NEEDED TO KNOW I LEARNED IN KINDERGARTEN"

Most of what I really need to know about how to live, and what to do, and how to be, I learned in Kindergarten. Wisdom was not at the top of the graduate school mountain, but there in the sandbox at nursery school.

These are the thing I learned: Share everything. Play fair. Don't hit people. Put things back where you found them. Clean up your own mess. Don't take things that aren't yours. Say you're sorry when you hurt somebody. Wash your hands before you eat. Flush. Warm cookies and cold milk are good for you. Live a balanced life. Learn some and think some and draw and paint and sing and dance and play and work every day.

Take a nap every afternoon. When you go out into the world, watch for traffic, hold hands and stick together. Be aware of wonder. Remember the little seed in the plastic cup. The roots go down and the plant goes up and nobody really knows how or why, but we are all like that.

Goldfish and hamsters and white mice and even the little seed in the plastic cup, they all die. So do we.

And then remember the book about Dick and Jane and the first word you learned, the biggest word of all: LOOK. Everything you need to know is in there somewhere. The Golden Rule and Love and basic sanitation. Ecology and politics and sane living.

Think of what a better world it would be if we all the whole world had cookies and milk about 3 o'clock every afternoon and then lay down with our blankets for a nap. Or if we had a basic policy in our nation and other nations to always put things back where we found them and clean up our own messes. And I still argue, no matter how old you are, when you go out into the world, it is - hold hands and stick together.

HUMAN GROWTH AND DEVELOPMENT

Kinder/Early Years

Assignment: Do You Mind Sharing My Love?

Suppose that tomorrow your "steady" tells you the following: "You are a very special person to me, and I want to keep our relationship. However, I've just met someone else who is also special. I want to share my time and love with both of you, so that means I can spend time with you on Mondays, Wednesdays, and Fridays and see my new friend on Tuesdays, Thursdays, and Saturdays. We can spend Sundays together, all three of us. Of course, I don't want you to spend time with anyone else. You can use your extra time for schoolwork and your job. Just remember, I don't love you any less now."

- How would you feel about sharing your "steady" with someone else?
- How would you feel about the three of you spending time together?
- What would you do if you were in this situation?

HUMAN GROWTH AND DEVELOPMENT

Kinder/Early Years

What to Do About Sibling Rivalry—Some Helpful Hints for Parents

The first thing to remember is that sibling rivalry usually cannot be eliminated; it can only be minimized. Other suggestions to help your child adjust during or shortly after the birth of a new baby are as follows:

- Tell your preschooler ahead of time if a new baby is coming into the family. A month is sufficient; nine months is too long for a child to wait.
- Help your preschooler to play out his or her feelings about a new baby, using a sturdy, rubber baby doll, along with a bottle, some diapers, a crib, and a bassinette. Allow the child to express his or her feelings in whatever way he or she wants.
- Help the preschooler not to feel abandoned by the mother when she goes away to the hospital to have a new baby. Have the children come to the hospital with the father to bring the new family member home.
- Try to give your preschooler special love and attention.
- Understand that children may regress to infant behaviors (for example, crawling, bottle feeding, and so forth) for a while. They will get over these behaviors more quickly if they are allowed to act out their jealousy.
- Allow your children to express anger and jealousy toward the baby. Do not try to talk them out of these feelings. Allowing them to verbalize these feelings now may help them to work at the new feelings they are trying to accommodate.

These other hints may help while the children are growing up:

- Remember that sibling rivalry goes both ways from older to younger and younger to older.
- Each child has moments when she or he wishes that all of the other children in the family would disappear and that she or he would not have to share the attention of the mother and father.
- Try to spend some individual time with each child each day.
- Arrange to take along a friend for one or more of your children to help lessen rivalry and jealousy on trips, outings, or even vacations.
- Do not compare the children. Do not use one as a good or bad example for the other.
- Allow older children to help care for younger siblings, but do not give them too much responsibility.

Human Growth and Development

Pre-adolescent Through Adolescence

YOUNG MEN AS FATHERS FORMAT

II. Human Growth and Development (Physical, Social, and Emotional)

F. Pre-adolescent through adolescence (11-17 years)

Topics to be covered:

- Physical needs
- Milestones
- Peer group influence,
- Separation and individuation
- Puberty
- Dating/sex education
- Masturbation
- Dad's role in education
- Bonding and nurturing

The activities in this section will help the student develop abilities to:

- Identify significant milestones
- Bonding and nurturing statement according to age
- Be able to discuss dating and sex education
- Discuss dad's role of this stage of child's formal education

Awareness Goal

Independence, physical development, sexual changes and identity make this a confusing stage.

Resources Available (see following pages)

HUMAN GROWTH AND DEVELOPMENT

The Early Years

Characteristics of the Elementary Child

Handout

The following are generalizations about how the elementary aged child behaves:

AGE 6

1. High activity level.
2. Boisterous play and verbally aggressiveness continues.
3. Much more ready to tease than to be teased, name calling, etc
4. Enjoy putting things together, making things, and cooking.
5. Tend to be clumsy and to dawdle.
6. Easily upset if adult does not drop everything and come to help him/her when requested.
7. Almost always eating, particularly after school.
8. May have to fight to get up and dress for school.
9. Needs to be the center of things, first, to win.
10. Assertive, bossy, extremely sensitive to real or imagined slights.
11. Very free with his/her opinions and advice.
12. Often at opposition with mother. "I hate you. You are mean. You are stupid."
13. Father is often the preferred parent at this time.
14. Relates to other children in the family often with competition.
15. Movement toward like-sexed friends.

AGE 7

1. Relative quiet time.
2. Reflective and serious.
3. Consolidation of reasoning ability.
4. Will show moods of brooding, pensiveness, sadness, and negativeness.
5. Increased sense of self with a heightened sensitivity to the reactions of others.
6. Shame is a common emotion.
7. Reluctant to expose his ego to failure and criticism.
8. Worries about people liking him/her.
9. Politeness and consideration toward adults.
10. May relate better to siblings.
11. But, the closer the siblings are to same age, larger chances of fights and quarrels.
12. Wants to know immediately how well he/she has performed.
13. Less talkative, less impulsive, less self-centered, less confident, more sensitive.
14. Friends are extremely important.

Characteristics of the Elementary Child (Continued)

AGE 8

1. Has developed a judgmental attitude. Judges and appraises what is happening to him/her. Often asks "why."
2. Wants money to buy things to own. Is willing to barter and bargain.
3. Very interested in adult conversations.
4. Shows interest in children of other lands.
5. More self-confident.
6. Constantly trying himself/herself out on others.
7. Increased maturity.
8. Understanding differences between real and fantasy.
9. Particularly concerned in what his/her mother thinks about him/her and how and how she feels about him/her.
10. Dramatic play reflects stories he/she has read or heard.
11. Usually friendly and cooperative.
12. But, cooperation is associated with being "in the mood."

AGE 9

1. There is no sharp separation between 8 and 9 years old. Rather there is an increase in maturity and refinement of behavior.
2. Greater self-control.
3. May become so engrossed in his/her own activities that the child will forget time and meals.
4. Gives impression of calm, steadfastness and responsibility.
5. Accepts his/her own failures and mistakes with greater equanimity.
6. Better able to accept blame and responsibility for actions
7. Increased awareness of sex and appropriate sexual behaviors.
8. Girls become very aware of how they look. May even throw temper tantrums saying, "I hate the way I look." "I hate this dress."
9. Girls begin to give parents hard time about clothes.
10. Boys must be constantly urged to bathe and wash. Don't seem to care if clothes are messy or not.
11. Less demanding of parent attention.
12. Best friends are important and of the same sex.
13. School is generally easier at this age.
14. The mechanics of reading and math have been mastered.
15. Writing is somewhat sloppy.
16. Inter-directed and self-motivated.

HUMAN GROWTH AND DEVELOPMENT

The Early Years

TOYS FOR THE ELEMENTARY CHILD

FOR THE 6 TO 9 YEAR OLD:

This child wants things that are true to life and is interested in more vigorous play. Mixers that really mix. Iron that really irons. Small sewing machine. Doll house and furniture. Workbench with good tools and wood. Electric train. Metal construction sets. Toy typewriter. Printing set. Word and number games. More difficult puzzles. Computer. Gym apparatus. Athletic equipment. Roller and ice skates. Sled, skis. Bicycle.

AGE 10

1. A high point of balance and adapting that will not be achieved again for a long time.
2. Does on occasion get extremely angry, depressed or sad.
3. Mood seems quickly forgotten.
4. Much better about not losing their belongings.
5. Fears and anxiety are at an all time low.
6. Relations with parents, teachers, and with peers are at an all time high.
7. Girls are slightly more advanced sexually.
8. Girl's bodies are already beginning to manifest roundness and softening of the contours.
9. Looks forward to growing up, marrying, having a career.
10. Growing up still a very romantic idea. This is a romantic age.
11. Likes his/her family. Likes family outings.
12. Goes out of their way to be helpful.
13. Spontaneous in show of affection and concern.
14. Girls usually moving in smaller groups than boys. Boys with boys; girls with girls.
15. Girls more often have hurt feelings with friends.
16. Good time for organizing group activities.
17. Mostly likes school and is a good student.
18. Enjoys the teacher reading to them. Likes books like Robinson Crusoe, Nancy Drew, Hardy Boys, mystery and adventure.
19. Lacks some of the stick-to-itiveness of the 9 year old.

AGE 11

1. Activity level shows a marked increase, has trouble keeping still.
2. Appetite seems to have increased several fold, "bottomless pit" time.
3. Manners are loud, boorish and rude.
4. Takes chances in traffic.
5. Wants to deal with adult world one last time and be a child.
6. Body growth increases. Becomes aware the child days are ending.
7. Often sensitivity, emotionally, and argumentativeness is more evident at home than outside.
8. Needs to be handled with understanding but firmness.
9. Rather emotional and subject to outbursts of rage, peevishness and moodiness.
10. Responds with phrases, "Everything I do is wrong" and "You are always picking on me."
11. Needs to be noticed and cannot take indifference.
12. Will admit to faults only in a general way.
13. Dreams of becoming famous.
14. Critical of mother's judgment and father's temper.
15. Will attack if he/she feels another sibling is being favored.
16. Both boys and girls now admit to being interested in the opposite sex.
17. Many may find that school has become a problem. Specific in what they do not want to learn.

Characteristics of the Elementary Child (Continued)

Age 10 - 12

1. Outgoing, enthusiastic and generous.
2. Endowed with a sense of humor and can laugh at self. Can give and take humorous insults and practical jokes.
3. Beginning to assert that he or she is no longer a child.
4. Looks at self and family objectively.
5. Relates to peers and adults successfully.
6. Will respond to a strong teacher.
7. Aware of parents criticism toward and in turn begin to humorously criticize parents.
8. Many girls are romantically interested in boys. Boys are becoming interested in girls, too.
9. Usually friends with someone most of the time.
10. Boys are more sports minded.
11. Claims to either love school or hate it.
12. Gradual turning inwards and preoccupation with self and self evaluation.
13. "Touchy". Goes to room when angry and upset. Worries and fears increase.
14. Sensitive to real and imagined slights. Agonizes over being too fat, too short, too weak.
15. Attempts by parents or adults and siblings is seen as prying.
16. Friends are usually the people who can keep secrets.
17. Some girls may begin dating. Boys are less interested in dating than girls.
18. Boys like to scare girls, push, grab books and run.
19. Movies are more frequent and telephoning too.
20. Favorite books are read and re-read.
21. Better organized.
22. Still wants and need parents direction.

For the 9 to 12 year old.

This child is interested in hobbies and crafts. They enjoy mental challenges. They enjoy magnets, telegraph sets, sound effects kits and stamp collecting. In addition, they enjoy games based on history, geography, science, and art. Checkers, chess cribbage ,more intricate construction sets and train equipment are also favorite games. Dart games, archery, target shooting, table tennis, basketball, handball, and softball are all games of skill that are greatly enjoyed by this age group.

HUMAN GROWTH AND DEVELOPMENT

Kinder/Early Years

Teacher Note

Allowing a child to express his or her true feelings toward a new baby is important; yet protecting the infant from harm is also necessary. Anytime a new baby brother or sister comes into a family, the preschool child already present is going to have a reaction which may not be entirely favorable. Sibling rivalry cannot be eliminated; it can only be minimized.

1. Have the class read "Do You Mind Sharing My Love?" in this activity. Ask students to react to the story verbally or in writing. Compare the reaction to how a child might feel when a new baby comes home.
2. Have the students brainstorm and list on the chalkboard ways to decrease sibling rivalry. Compare the student-generated list to "What to Do About Sibling Rivalry: Some Helpful Hints for Parents" in this activity.
3. Have each student write a letter—as a parent—to a child already present in the home about the new baby that is joining the family.
4. After completing the previous activity, have each student prepare a Family Communication Sociogram or a family interaction map.

Give these instructions:

- a. In a circle on a piece of paper, place a symbol for each brother or sister with whom you communicate regularly. Place yourself in the center of this circle.

If you are an only child, use members of your family or friends with whom you communicate regularly.

- b. Draw a dark line (—) to those with whom you communicate well.
- c. Draw a zigzag line (VV) to those with whom you have a rivalry or conflict.
- d. If you can, put an X next to the person who seems to be causing the problems most often.
- e. On the other side of the page, list the people with whom you have rivalries or conflicts. Next to the name of each person, list the topics that cause the problems.
- f. List two positive steps you can take to improve the situation.

Human Growth and Development

Exploring Discipline

YOUNG MEN AS FATHERS FORMAT

II. Human Growth and Development (Physical, Social and Emotional)

G. Exploring discipline

Topics to be covered:

- Age appropriate disciplinary techniques
- Discipline vs. abuse
- Cultural variations in discipline
- Child abuse laws
- The significant of socially acceptable behavior modification techniques

The activities in this section will help the student develop abilities to:

- Discuss a variety of socially acceptable behavior modification techniques.
- Discuss techniques for handling his loss of control
- Understanding the difference between disciplining a child and venting ones frustration on the child

Awareness Statement

To discipline is to teach

Resources Available (see following pages)

HUMAN GROWTH AND DEVELOPMENT

DISCIPLINE

SETTING LIMITS

Handout

The goal for discipline is to lead the child to self control.

Most of us were taught as children to feel guilty when we got angry. So as parents we try to be patient. The trouble is we often hold our anger in for too long and then let it out on the child in a way that makes him feel like a worm. The following are some helpful principles.

1. We need to accept the fact that children often make us angry.
2. We need not feel guilty when we express our anger. But we cannot allow our anger to become violent.
3. We can express our anger but in a way that does not make the child feel he is an awful person. We can say, "When you do_____, I get furious." Or, "I am getting mad, and what you are doing is pushing me to the limit of what I will put up with." These kinds of statements do not make the child feel like a bad person because you are saying that the anger is in me, the adult, and you, the child, did not cause it because of being a bad person.

Handling feelings and handling acts

Most discipline problems have two parts - angry feelings and angry acts. We need to handle these two things differently.

Feelings - emotions

Acts - behaviors

It will help a child to know that we will respect and accept any feelings he has. It is all right to feel angry, afraid, jealous, curious, etc. It is all right for a child to tell us he hates his sister, that he is mad at us, that he is scared of the dark. We need to know and understand his feelings so we can deal with them.

It is not all right for a child to act out these feelings in any way he pleases. He may not throw a rock at his sister because he hates her; he may not kick us because he has to stay inside. We must set limits on some actions.

Setting Limits (Continued)

Discipline must be such that (1) it deals with the feeling and (2) it limits acts in a way that preserves the child's self respect. For this the child needs to know what is expected. Limits must be:

- (1) clear
- (2) consistent
- (3) appropriate to his age
- (4) only the ones that are essential

Haim Ginott in Between Parent and Child suggests three zones of behavior:

1. Green zone - desirable behavior.
2. Yellow zone - includes some behavior that is not sanctioned, but is tolerated (because the child is learning, is sick, or is under unusual stress at home).
3. Red zone - behavior that cannot be tolerated.

How to set limits

Tell the child:

- (1) what he may not do
- (2) what he may do instead
- (3) that you respect the feelings he had and can understand them
- (4) offer him a more harmless way of expressing these feelings

HUMAN GROWTH AND DEVELOPMENT

DISCIPLINE

Techniques for Setting Limits

HANDOUT

1. Use Positive statements - say "puzzle pieces stay on the table" not "stop dropping the pieces" or "the shovel is for digging" not "don't swing your shovel that way."
2. If you think something is about to happen between two children, walk over and stand close by. This only helps if you are aware early enough and if excitement is not too high.
3. Re-direct an undesirable activity. To a child coloring on the table instead of on the paper say, "you may not color the table. If you want to color on wood, I'll get you a piece." To a child kicking down another child's blocks, "you may not kick his blocks because he is working with them. If you want to kick, let's get the ball and play kickball." Re-direction is only effective if it is consistent with the child's motives and interests. It won't help if you are merely trying to distract him. The purpose is to find an acceptable substitute activity that will serve the child's purpose.
4. Only give choices when you mean it - don't say "it's story time, would you like to come in and hear a story?" Instead say, "it's story time now. Let's go in." Remember: a choice can have a "yes" or a "no" answer. *Only ask if you are willing to accept either yes or no.*
5. Verbal appeal can be used sometime. "I'm tired today," or "We're friends, you don't have to do that." This will work if you have a good relationship and if a child already has developed some controls.
6. Limit use of an object or activity - "if you throw sand again, you may not stay in the sandbox." If he throws sand again, remove him bodily.
7. Physical restraint or removal from situations - use in a situation where there is danger or when the child cannot stop himself. Tell the child what he may not do. Calm him down while continuing to hold him. "Think of something else to do and we'll go do it." Go with him to get him started. At home he may be isolated until he can think of something else to do. Let him know that your purpose is to stop his behavior, not to punish him.

HUMAN GROWTH AND DEVELOPMENT

DISCIPLINE

Handout

Techniques that do not help children develop self control

1. Threats and promises - often serve as a challenge to children to show themselves that they are not your puppets. The result is often very damaging to a child's self-respect because he feels he is a disappointment to you.
2. Rewards - lead to blackmail by the child. Use of rewards may make the child feel you doubt his ability to change and so his self respect is damaged.
3. Punishment - this is not a main element in discipline because discipline teaches a child to handle his behavior in a way that promotes his getting along with people.

We may punish as an expression of our frustration and not because we are teaching discipline.

The best test of punishment is whether it accomplishes what we are after without any other serious effects. If it makes a child more hostile, then we will have more trouble with discipline, not less.

Punishment often makes a child feel he is a bad person. Maintaining limits that stop undesirable actions do let a child feel that you think he is okay - it is the things he is doing that are not okay.

HUMAN GROWTH AND DEVELOPMENT

Discipline

Assignment

Donald is a five year old. He really wants to be grown up the trouble is that it gets him in trouble. One night at dinner you're setting the table. Donald wants to help, so you let him. He picks up the plates to bring them to the table. They're too heavy for him and he drops them. They break all over the floor. Donald has often been in trouble for breaking things. He thinks that he's going to be punished, so he starts crying. You remember that you told him that the next time he broke something, you were going to spank him.

Discussion Questions

- 1 Should you spank Donald? Should you punish him in another way? What should you do?

Donald shouldn't be punished at all. It's your fault for letting him do something that he couldn't handle. And, you shouldn't have threatened to spank him. Threats don't work. Donald should be praised for his helpfulness. You should, however, make sure that he doesn't try to do things he can't do.

HUMAN GROWTH AND DEVELOPMENT

Discipline

PUT THE TECHNIQUES ALL TOGETHER AND YOU SPELL

"DISCIPLINE"

- D* is for distraction - the best device a parent can use to divert a child's attention away from undesirable actions to more acceptable behavior.
- I* is for independence, a trait most children possess and one that should be directed, not destroyed.
- S* is for security, something all children need and want.
- C* is for consistency, a quality parents should strive for in guiding children in order to help them achieve security.
- I* is for insist, something all parents must do at times. Parents who have firm convictions on what they regard as acceptable behavior and who refuse to give way to outside pressures are likely to have better adjusted children.
- P* is for praise, which should be given freely when a child deserves it.
- L* is for love, the key word to the whole problem of behavior. Each child needs to love and to be loved.
- I* is for individual, and each child is one in his own right. Each child has certain inborn personality traits and should be loved and accepted for himself.
- N* is for negatives; the "no, stop, don't" words which are often overworked in handling children. Negative words should be used only when necessary in order to maintain their effectiveness.
- E* is for example, and each parent should set a good one. The child is more likely to do what he sees done rather than what he is told to do.

HUMAN GROWTH AND DEVELOPMENT

Discipline

MEANING COMPONENTS FOR DISCIPLINING CHILDREN and TYPICAL WORD ASSOCIATIONS FOR EACH COMPONENT

PUNISHMENT - Punishing, restrict, restricted, no privileges, isolate, time out, room

SPANK, WHIP - Spanking, whipping, beat, bating, belt, corporal punishment, hit, slap, swat

EXPLAIN, TEACH - Explanations, teaching, right from wrong, guide, guidance, learn, learning, modeling, example, correct, correcting, school, manners

OBEDIENCE, RESPECT - Obey, obeying, disobey, order, orders, cooperate, cooperation

LOVE, UNDERSTANDING - Loving, help, helping, caring, reward, rewards, kindness, concern, protect

TALKING - Talks, reason, reasoning, communicate, communication, verbal, vocal, discuss, listen

CONSISTENCY, FIRMNESS - Consistent, firm, limits, limitations, strict, strictness, sternness, rules, ruling, inconsistent, guidelines, clarity, control, careful

PATIENCE, NON-VIOLENCE - No beatings, fair, fairness, honest, honesty, selective, calmly, careful, responsible, gentle, balance

DIFFICULT, HARD - Difficulty, hardships, confusing, confused, yell, shout, time, time-consuming, frustrating, dislike, angry, challenge, stubborn, scream, fight

NECESSARY, IMPORTANT - Necessity, needed, appropriate, yes, essential

Comparison of Three Common Types of Discipline

Questions Regarding Discipline	Authoritarian	Permissive	Democratic
What is the purpose of the type of discipline?	Unquestioned obedience of the child is required.	Complete freedom of the child is allowed.	Control from within the child is the outcome desired.
By who is the discipline furnished?	A parent or other adult disciplines from "without".	The child provides the discipline; no control or authority is given.	The parent, other adult or child provides the discipline from "within".
What education takes place?	Little emphasis or explanation is given. The child is expected to accept rules unquestioningly.	Few rules and little guidance or explanations are given.	The major emphasis is on explaining the meaning of rules and repeating them until the child learns them.
How are rewards used?	Rewards are avoided for fear of spoiling the child.	The child is expected to derive satisfaction from the social approval that good behavior brings.	Praise is used lavishly for right behavior or attempts on the child's part to do what he knows is expected.
How is punishment used?	Emphasis is on corporal punishment for misbehavior. No attempts are made to find the reason for the misbehavior or if it was intentional.	The child learns from the consequences of the act that he has done the wrong thing.	Reserved for intentional misbehavior. The child is given an opportunity to explain why he misbehaved before being punished. Corporal punishment is used infrequently. Emphasis is on punishment as it relates to misbehavior.
What learning on the part of the child does the discipline foster?	It develops expectations of complete protection and decision making by adults. Obedience occurs through fear and habit, not understanding of the situation.	The child may think only of himself and disregard others. He may become aggressive.	The child learns to work with others; to respect the ideas, rights, and feelings of others; and to think for himself.
What kind of person may result from this type of discipline?	One who may be: •Rebellious •Dependent on others •Submissive to others	One who may be: •Confused •Lawless •Independent	One who : •Comes to wise decisions for himself •Keeps in mind the rights of others

HUMAN GROWTH AND DEVELOPMENT

Discipline

Teacher Notes

1. Have the students list methods of controlling children which they have used or they have observed being used.
2. Discuss the methods students listed for controlling children. Put a + beside each method that is a positive form of discipline and a— beside a negative form of discipline.
3. Select a book on child development, child psychology, or a dictionary to find definitions of the three types of disciplines listed below:
 - a. Authoritarian discipline
 - b. Permissive discipline
 - c. Democratic or developmental discipline
4. Fill in the following chart to show how parents would get their teenager to do the three activities listed below using authoritarian, permissive, and democratic or developmental disciplines:

HUMAN GROWTH AND DEVELOPMENT

Discipline

Assignment

How would the parents get their teenager to:

- A. Clean his or her room.
- B. Eat well-balanced meals.
- C. Do his or her homework

Authoritarian	Permissive	Democratic
A)		
B)		
C)		

HUMAN GROWTH AND DEVELOPMENT

Discipline

Assignment

Students Directions

1. List five things that young children do that annoy or irritate you the most.
2. Read "Alternatives to Discipline" below. Select an appropriate alternative for each of the five problems you listed above.

Alternatives to Discipline

1. Use the time-out. Have the child sit in a chair in a neutral location. Set the kitchen timer. The parent does not make comments or nag about the child's behavior. The child has a quiet time to consider his or her behavior that caused the time-out.
2. Intervene in situations only when the child loses his or her self-control or abuses another child. Redirect the child to another activity to use up his or her excess anger and energy.
3. Redirect children who are noisy to quieter activities. The parent has the right to determine acceptable noise levels.
4. Determine children's turns using a toy by picking a number from one to ten; limit the time each child uses a toy.
5. Have one child divide a treat or a toy and give the other first choice when a treat or toy (like blocks) needs to be divided.
6. Isolate yourself if you are being an irrational adult because you are upset.
7. Take away a privilege when a rule is broken.
8. Try role-playing; take opposite roles in a dispute so that a child has a chance to see how an adult feels.
9. Teach children to use words to work out agreements and compromises.

HUMAN GROWTH AND DEVELOPMENT

Discipline

How to Gain the Cooperation of Children

Teacher Notes

Gaining Positive Responses from Children

- a. Use a quiet, consistent tone of voice when you speak to a child. If you speak quietly, a child will respond better to you than if you raise your voice and speak in a commanding tone.
- b. Give specific directions: use as few words as possible. A demonstration may be more effective than words. When limits are necessary, they should be clearly defined and consistently maintained. Too much talking results in the child's not paying attention to what you are saying.
- c. Give children plenty of time. Children often resist, if hurried. Perhaps there has not been time to park a truck where the child wants to leave it. We can respect this purpose without encouraging children to "stall." If the child thinks of one thing after another to delay, explain that he or she will need to come inside. Then quietly take the child's hand and go inside.
- d. You must honor any choices you give a child. Avoid: "Do you want to come in now? Do you want to put your sweater on?" Instead, try this: "Do you want to come in now, or would you rather throw the ball one more time?" Or this: "Do you want to put on your sweater to go outside, or stay in to play a while?"
- e. Make your suggestions positive. State what you want done rather than what you do not want done. Avoid using the word *don't*. You will get better results if you say "Ride around the table," instead of, "Don't bump into the table." Reinforce your suggestions to follow through, if necessary.
- f. Interest the child in desirable behavior. Help children by making desirable behavior seem more interesting and fun. Example: "Let's pretend we're delivery agents when we put the blocks away in the wagon." You may help by giving a child something to look forward to, after completing a task, by saying, "As soon as you have washed your hands, we can have a snack."
- g. Encourage the child to be independent. Allow enough time for the child to dress for the outdoors without assistance. Help a child only when needed to put on clothes that are hard to put on. Let a child wipe up spilled juice or water, even though you may have to go over the spot afterwards.

How to Gain the Cooperation of Children (Continued)

- h. Encourage children who are playing together to cooperate with and enjoy other people. Children will more likely become considerate if their experiences with others have been pleasant. They will not have fun if they are scolded for mistakes. Do not make comments such as, "It's naughty to hit," or, "You must not be selfish with the toys." A child will want to play alone to avoid trouble if these directions are repeated often. They will not learn to like others, either, if we say to them, for example, "See if you can get dressed faster than John." Competition can create conflict and cause hurt feelings.
- i. Be sure that the child understands clearly why discipline is being administered, if it becomes necessary to discipline him or her. Be calm, consistent in your requirements, and appreciative of efforts and progress the child makes in the right direction. When an incident has been dealt with, it is over. Receive the child affectionately, and do not refer to past misdeeds unless absolutely necessary. Avoid trying to change behavior by methods which may lead to loss of self-respect, such as shaming or labeling behavior as "naughty" or "bad" or "selfish."
- j. Spotlight behavioral consequences. In spotlighting consequences, try to discuss the child's behavior in a non-judgmental way, and encourage the child to think about his or her impact on people, objects, and events. Focus on developing the child's consideration of cause/effect relationships. For example, if a child continually damages toys, take him or her aside and discuss what will happen if all the toys get broken.
- k. Give a breather. Occasionally it is necessary to remove a child from a provoking situation. The removal, or "breather," is a neutralizing, temporary event that is ended when a child indicates that she or he has the desire and control needed to reenter the group.
- l. Restrain behavior. When children are angry and their actions are potentially dangerous to themselves or others, restraint may be the only workable approach. For example, two children are fighting. Part them, but hold the one who will not stop until she or he calms down.
- m. Interact at the child's height level, if possible. Stoop or sit on a low chair, so that the child can see your face. Then speak directly to the child. (Do not try to communicate with the child across the room.) Be an attentive listener. Ask questions to show interest in what the child is saying.
- n. Forestall unacceptable behavior. Learn to foresee and prevent rather than "mop-up" after a difficulty. Be alert to the total situation. Sit or stand, so that you can see what the child is doing. For example, put milk into a small pitcher for the child to use, rather than in a large milk carton.
- o. Find ways to revise plans when all else fails. Laugh a bit, and just say, "This is not my child's day!"

HUMAN GROWTH AND DEVELOPMENT

Discipline

Assignment: Gaining Positive Respect From Children

Rewrite the following situations in a positive way using "Gaining Positive Responses from Children" in this activity. (The alphabetical listing of "Gaining Positive Responses from Children" corresponds to listings in the following situations):

- a. Yelling across the room, "Johnny, come here!"
- b. "Will you get that thing in the kitchen for me? It's on the upper shelf."
- c. "Let's clean up your food before we turn on the television."
- d. "Billy, would you like to wash your hands before dinner?"
- e. "Don't touch that! That's a no-no!"
- f. Nancy is running around the room interrupting other children's play.
- g. Mother dresses her four-year-old child.
- h. "Johnny drew a beautiful picture. See if you can do one that nice."
- i. "Bad girl! Go to your room right now!"
- j. Betty has torn pages out of three story books.
- k. "I don't want to have to tell you to stop picking on your brother one more time, or else!"
- l. A child is running around hitting other children. You have asked him to stop, but he continues to do it.
- m. Mother is standing up and telling Sue that she cannot hit people.
- n. Two children are trying to get on the tricycle at the same time.
- o. Jimmy stayed up late the night before when Grandma came to visit. Mother demands, "Stop crying," as she puts him in the car with her to run errands.

HUMAN GROWTH AND DEVELOPMENT

DISCIPLINE

Behavioral Problems in Children and Possible Responses

Handout

Behavioral problems may be the result of inappropriate direction or requests by the parent or teacher. Appropriate responses foster positive feelings in both the adult and child.

1. Read "Situations and Responses" on the following pages. Write what you think might be the results of each approach.
2. Circle the most appropriate positive response, after completing the form.

Situations and Responses

Situation A: It is music time for the children.

1. The teacher decides which songs the class will sing.

The resulting child behavior is: _____

2. One vocal child makes repeated suggestions; others are silent. This child makes the choices.

The resulting child behavior is: _____

3. How would the child feel? The teacher encourages each child to express an opinion while others listen. Majority chooses.

The resulting child behavior is: _____

Behavioral Problems in Children and Possible Responses (Continued)

Situation B: It is time for snacks. The children have been playing hard, and many playthings are scattered about the area.

1. The teacher says, "You may not have your snack until you put away all your toys."

The resulting child behavior is: The children go to wash and then to the snack table. The teacher picks up the toys. _____

2. The teacher sings "Pick Up" song and encourages children to join in singing and picking up toys.

The resulting child behavior is: _____

Situation C: Tom and Harry, both aged four-and-one-half, are fighting over a ball.

1. The teacher decides that since Tom has not played with the ball that day, he will have it.

The resulting child behavior is: _____

2. The teacher allows Tom and Harry to fight, knowing Harry will win, because he is larger and stronger, and Tom will give up.

The resulting child behavior is: _____

3. The teacher talks with Tom and Harry, telling them that she understands how upset they are. She encourages them to decide how to settle the dispute so that each feels the solution is fair.

The resulting child behavior is: _____

How would each child feel? _____

HUMAN GROWTH AND DEVELOPMENT

DISCIPLINE

How Today's Discipline Becomes Tomorrow's Behavior

Handout

1. Brainstorm a list of characteristics that parents might find desirable in their small child (independence, honesty, obedience, and so forth).

2. How does the way you are treated as a child affect the adult you become? Example: If you are never allowed to make a decision as a child, how can you make decisions as an adult?

3. Describe, in your own words, the effect the parents' behavior may have on the child's future adult behavior and attitudes.

4. Give an example of behavior that parents discourage in children but admire in adults.

HUMAN GROWTH AND DEVELOPMENT

DISCIPLINE

Handout

What is discipline? Discipline is teaching your children what to do and what not to do. It's very important. Think what your child would be like if you never tried to teach him how to behave. How do you think he would behave?

Can anybody remember being punished for something that you did when you were very young. What was it? Did you know it was wrong?

It isn't fair to get angry at a child for breaking rules he doesn't know or understand. It's not only unfair, it doesn't work very well.

You and your partner have to decide in advance what the rules of your family are and what you will do if the rules are broken. You have to make sure, as your children grow older, that they understand what you want, and that you and your partner aren't giving different messages about what you want.

You will find that children will usually do what you tell them if you are clear, you make sure that they understand, and you really mean it.

The important thing is that you really mean what you say and that the rules don't change from day to day. The worst thing that you can do is to confuse your child by changing the rules all the time.

REMEMBER: Children often don't understand what adults tell them. You will have to be very patient and repeat what you want many times. Think about what rules you want to teach your kids.

The best way to get your kids to follow your rules is to praise them when they do. Encouragement is a lot better than punishment. If your kids know what you want and you praise them when they give it to you, it will not be necessary for you to use discipline very often.

A good father thinks very carefully before using punishment of any sort, even just making the child sit quietly. Does the child understand? Is there a better way to teach the child?

Handout (Continued)

REMEMBER: Always discipline a child immediately. Fifteen minutes later the child has forgotten what happened. It does no good to discipline if the child doesn't really know what he's done.

Before you discipline a child, you should think about whether you really are trying to teach - Are you just mad?

REMEMBER: Never punish a baby. It does absolutely no good at all to try to discipline a baby. Babies do not understand what you want and cannot help being babies.

For children under two, discipline is very simple. When the child does something wrong, put your hand on the child's shoulder. Don't shake the child or exert any pressure. Look the child in the eye. Say firmly, but not loudly, "No." Put the child down and find a toy or something else to distract him.

This method takes time and patience, but it is an effective way to teach your child the basics.

For older children, we simply add a couple of things to the above technique. First of all, the older child is beginning to understand more. We make an effort to tell the child what we don't like about what he has done. Second, we add a simple and reasonable consequence.

Here are the steps.

1. Put a hand on the child's shoulder. Don't hurt him!
2. Establish eye contact. Look him in the eye.
3. Say firmly, but not loudly, "I don't like it when you hit your sister (run in the street, etc.)"
4. Take the child to a chair. Sit him on it and say, "I want you to sit quietly for a little while and think about what I am telling you. I don't want you to hit your sister (run into the street, etc.)."
5. Let the child sit quietly for 2-5 minutes. If he gets up, return him to the chair gently but firmly. Let him return to play. Do not make him sit still for longer than 5 minutes.

Handout (Continued)

This takes a lot of patience, but it works. You do not need to hit your child to make him behave. Here are some "don't."

1. Don't hurt your child.
2. Don't yell, call names or threaten.
3. Don't try to scare your child.
4. Don't use punishment unless you have no other choice. Praise works better.

When children are school age, you can discipline effectively by taking away a privilege. It's best if discipline always makes some kind of sense. A child who forgets to put away his bicycle might have the bike taken away for a day. A child who doesn't come home on time might have to come in early on the next day. Can you think of other examples?

HUMAN GROWTH AND DEVELOPMENT

DISCIPLINE

Handout: Stages

TERRIBLE TWO'S (2-3 years)

Your baby does not understand why he is always being told he is bad. What is bad? He only wanted the toy in the bottom of the box - so he dumped all the cereal on the floor. Why was it bad to eat the frosting off the cake? It tasted good.

At around 2 1/2 years old, your baby is mostly aware of what he wants and what he wants to do. He doesn't care what other people want. Many times his desires are not the same as yours. His actions may not be acceptable to you. He needs to have limits and controls set for him when necessary, but he must be told that his action or behavior is bad - not him. If your baby is always told that "he is a bad boy," he will believe it. If he believes he is bad, he may spend many years or even a lifetime trying to prove just how bad he is. Babies should never be labeled or called bad names. He believes what you tell him.

Your baby doesn't mean to always be getting into the wrong things. It just happens. He doesn't mean to drive you crazy. He's just trying to do things himself and be a big boy. There's an awful lot to learn out there. He is always testing to see how far he can go. This is a time for his independence to begin. Some days he is really good. Then, along comes a terrible day with him. He doesn't like limits set for him and he doesn't like to be told "no". He just loves to be boss. It is important that you try not get into an argument with him. It's almost impossible to win an argument with a two year old. Their arguments don't make any sense. Instead, try to interest him in something else.

This is also a time for routines or rituals. One example of this is bedtime. The toddler feels he must do the exact same thing each night before bed - drink, get into bed, story time, toilet, back to bed. Or, he will only go to sleep with three stuffed toys in exact places on his bed. If one toy is missing, no bed. This can really get to you. All these things give a sense of security to the toddler. They are familiar. They happen every day. They are things he is sure of, eventually, this need will pass too.

Handout: Stages (Continued)

A toddler's world is made up of a lot of make-believe and pretend. Sometime around three years old, the toddler may invent a "friend." This imaginary person or animal is very real to him. In fact, "friend" is the one who spilled the milk or broke the glass. "Friend" does a lot of naughty things. "Friend" will also disappear when the toddler no longer needs him. Have you ever had an imaginary friend or know a child who had one?

Rituals and make-believe friends help the child through a period when he is not sure of himself. He doesn't always know how he should behave. His imaginary friend can also do things which the child knows he shouldn't do. This friend can do the bad things that the child would like to do. That's okay. It help the child deal with his emotions.

The terrible two's is a time of great stress and great joy. A two year old can be lots of fun, you must keep your sense of humor. This stage in your child's life can be and should be a lot of fun.

HUMAN GROWTH AND DEVELOPMENT

DISCIPLINE

Handout: TYPES OF BEHAVIOR CONSEQUENCES

There are three types of behavior consequences that help children learn behaviors and which can also be used to help them change or unlearn behaviors:

1. Positive consequences - these increase the behaviors they follow. Increase means making the behaviors more likely to happen in the future or making the behaviors stronger. (e.g.: praising Robert for taking out the trash is likely to make Robert want to take out the trash next time).
2. Corrective consequences - these decrease the behaviors they follow. Decrease means making the behaviors less likely to happen in the future or making the behaviors weaker. (e.g.: A firm, no nonsense "Stop that!" to Robert for approaching a hot stove is likely to cause Robert to think twice about approaching the stove in the future).
3. Withdrawal of positive consequences - this also decreases the behaviors it follows. By withdrawing or withholding the positive consequences that the child has learned to expect or simply expects, the behavior that the child engages in will decrease. (e.g.: If Robert is used to getting his mother's attention when he makes baby noises, and if mother's attention is a positive consequence, mother can stop paying attention when Robert makes baby noises. Eventually this withdrawal of positive consequences will result in a decrease in Robert's baby noises).

It is important to remember that consequences are either positive or corrective depending upon whether they actually increase or decrease the future use of the behaviors. Thus, the exact same consequence may be positive for one child and corrective for another, depending upon whether it increases the behavior that it follows.

HUMAN GROWTH AND DEVELOPMENT

DISCIPLINE

Handout: The Thinking Parents Approach to Disrespectful Child Behaviors

1. Think about the causes of the behaviors. Ask yourself whether the behaviors are caused by
 - a. The child's characteristics.
 - b. The child's developmental stage.
 - c. Parental modeling.
 - d. Other modeling.
 - e. What's happening at the moment.
 - f. The physical environment.
2. Think about the rule. Ask yourself whether
 - a. The rule is specific enough in regard to the behaviors what are involved, and whether
 - b. the rule is fair.
3. Think about how you have been using the rule. Ask yourself
 - a. Have you been praising the child for doing the "do" side of the rule?
 - b. Have you given the child reasons for the rule?
 - c. Have you used reminders about the rule?
4. Think about the most effective corrective consequences.
 - a. Discussion
 - b. Mild social disapproval
 - c. Ignoring
 - d. Time out
 - e. Spanking

HUMAN GROWTH AND DEVELOPMENT

DISCIPLINE

Handout

1. Reasons for not using corporal punishment:

- a. There are other good ways to gain cooperation.
- b. It is a holdover from slavery.
- c. Child abuse and child abuse laws

2. Mild Social Disapproval

- a. Look at child
- b. Move close physically
- c. Disapproving face or look
- d. Brief statement about the behavior
- e. Calm and serious voice
- f. Disapproving gesture
- g. Early use of mild social disapproval

3. Ignoring: Basic Considerations

- a. Be consistent
- b. When old annoying behaviors are first ignored. They will get worse before they get better.
- c. When new annoying behaviors are ignored. They rarely get worse.
- d. Other people in the house need to ignore the behaviors.
- e. Behaviors that lead to personal or property damage should not be ignored.
- f. Only ignore if you can stay calm and follow through.
- g. Ignoring is important for the effective use of other methods.

Handout (Continued)

4. Ignoring Works Best:

- a. With annoying and persistent behaviors
- b. With bad habits
- c. With first time rule violations
- e. When use with a lot of praise

5. How To Ignore:

- a. Look away from child.
- b. Move away from child.
- c. Neutral facial expression.
- d. Ignore child's verbalizations.
- e. Ignore immediately.

HUMAN GROWTH AND DEVELOPMENT

DISCIPLINE

Handout: WHAT TO SAY WHEN YOU DISAPPROVE

Chill out
Cool out
Put it in neutral
That ain't gonna get it
You're trippin'
You're getting beside yourself
It isn't going to be like that
Get real
You're out of pocket
Come Again?
Put it in gear
Straighten it up
Get serious
Let's get serious
You aren't serious
This is a joke, right?
You know that ain't cool
You better check yourself
Check out your mind
Put it in check
Are you losing your mind/

Stop it
Quit it
Hold up
All right now
That's it
That's out
None of that
Not here
That's a "No No"
You know better than that
What are you doing?
Don't try it
Alright, that's enough
Now you know
I told you to do it
Wait your turn
I'm warning you. Now go to bed
Wait a minute
Not now
Have you lost your mind?

HUMAN GROWTH AND DEVELOPMENT

DISCIPLINE

AN ACCIDENT

Teacher Note

Read the following scenario and discuss with your students.

Juanita is three years old. She hasn't wet her bed at night for nearly a year. You're surprised and angry when you find that she 's wet her bed One morning .you yell at her and call her a baby. " She seems really ashamed.

She wets her bed the next three nights straight. You keep yelling at her. She gets to the point that she becomes nervous about wetting her bed that she cries at bedtime.

You don 't know what to do.

Discussion Questions

1. Is what you did right?
2. What else could you have done?

Accidents will happen at this age. If you take it calmly, it probably won't happen again. Making the kid scared and ashamed about something she can't help is the wrong move. You're causing the problem.

HUMAN GROWTH AND DEVELOPMENT

DISCIPLINE

Who owns the problem?

Assignment:

As parents we often get upset about things our children do. Sometimes the "problems" that our child presents to us are not our problem; it's the child's problem. It is very important that the child and especially the parent learn to distinguish to whom the problem belongs

Determine to whom the problem belong requires knowing who should be concerned about the results of the problem behavior. For example: A child spills milk at the table. This is a parent's problem because parents are usually the ones who can't live the mess.

Read each statement below and determine who the problem belongs to, the parent or the child? Then explain why you believe this to be true.

P	C	
		1. Misbehavior in public when the parents are present... Why? _____ _____ _____
		2. Fighting with brothers and sisters... Why? _____ _____ _____
		3. Leaving belongings around the house... Why? _____ _____ _____
		4. Misbehavior at school... Why? _____ _____ _____

Who owns the problem? (Continued)

<u>P</u>	<u>C</u>
5.	Homework not done... Why? _____ _____ _____
6.	Not going to be on time... Why? _____ _____ _____
7.	Uncooperative in morning routine... Why? _____ _____ _____
8.	Messing up the kitchen... Why? _____ _____ _____
9.	Misbehavior at the dinner table... Why? _____ _____ _____
10.	Not getting along with peers .. Why? _____ _____ _____ _____

HUMAN GROWTH AND DEVELOPMENT

DISCIPLINE

Who owns the problem?

Teacher Note

Answers to problem list

1. P - Parents. Children often are unconcerned what others think about their behavior.
2. C - Brothers and sisters need to get along without mom always solving the problem. Once mom is "out of the picture", they are forced to deal with their relationships.
3. P - Parents find the "mess" hard to live with.
4. C - When possible children need to learn to deal with adults other than parents. Concerning "everyday" school problems, parents need to encourage the child to deal with "their lives".
5. C - Children need to have a quiet, well lighted place and to be reminded to go there and do their work. Parents can help and encourage, but the sooner the child understands homework is his responsibility, the sooner he becomes responsible. Sometimes a child has to stay after school to understand.
6. P - Kids don't and won't set a limit on this one.
7. P & C - A good place to talk and assign jobs.
8. C - Cleaning belongs to those who "mess".
9. P - Your rules "set the mood".
10. C - Children need to get along and learn to cooperate. Socialization is one of the jobs of childhood. The parent who "solves all fights" robs the child of social learning.

HUMAN GROWTH AND DEVELOPMENT

DISCIPLINE

Handout: TAMING TEMPER TANTRUMS

When my two-year-old son wanted the grapes I had just put into our grocery cart, I obligingly gave him one, then another. "No more," I told him. "We have to play for them first." This bit of logic was met with whimpers, wails, then full-blown screaming and kicking as my normally cheerful toddler strained for the forbidden fruit. I picked him up and walked out of the store, leaving my cart behind, grapes and all.

I remember feeling embarrassed. "What are people saying about me?" I wondered. "Do they think I'm an awful mother because I can't control my child?"

Though mortified at the time, I know now—years later—that I need not have hung my head in shame just because my youngster lost his cool. "A tantrum especially in public, can be embarrassing," says Clair B. Kopp, PhD, a developmental psychologist in the psychology department at the University of California in Los Angeles. "But it's not necessarily your fault." Other experts agree. Parents are not usually responsible for their children's tantrums: Such outbursts reflect the child's inner struggle between dependence and independence, says T. Berry Brazelton, MD, Clinical Professor of Pediatrics Emeritus at Harvard Medical School and the Author of *Touchpoints: Your Child's Emotional and Behavioral Development* (Addison-Wesley). These are issues your child must begin to grapple with by himself. So don't beat yourself up when you feel you've mishandled a public meltdown. "You learn from each one," says Dr. Brazelton. "The next time, you'll handle it better."

AN OUNCE OF PREVENTION . . .

Often the best strategy is to try to head off an outburst before it happens. In retrospect, I realize that my son's great grape caper at the supermarket could probably have been avoided. It was lunch time and there's no more stimulating place for a toddler than a grocery store. The combination of his hunger and the chaos of the market was a recipe for disaster. I should have taken him shopping earlier in the day or waited until after he'd eaten his lunch.

Temper tantrums are, in fact, often triggered by fatigue, hunger, over stimulation or all three. Also, transitions in your child's day, like arriving or leaving day care or being reunited with you when you come home from work, can be especially stressful. Recognizing situations that naturally tax a young child's patience and treating these with forbearance and humor can ward off many and impending explosion.

Handout: TAMING TEMPER TANTRUMS (Continued)

Experts also warn that kids whose parents are too lenient-or too strict, for that matter-tend to have more frequent and severe tantrums than children whose parents take a moderate approach.

... AND A POUND OF CURE

Anticipating situations that may prompt temper tantrums is one step toward getting a handle on this common problem. But let's face it-frustration is an unavoidable part of life, and toddler tempers are bound to flare. How can you best deal with the situation when your child's temper does get out of hand? That depends on a number of things: the youngster's age, the reason for the tantrum and where you happen to be when her fuse burns down. The technique that works on Monday's tantrum may have no discernible effect on Thursday's crisis.

- **Help your child express herself.**
Saying "I know you are angry" to an older preschooler after the tantrum is over helps her label her feelings. Eventually, she will learn to use these words herself instead of crying frustration.
- **Use the distraction ploy.**
This is sometimes effective with a very young child, especially if the tantrum was triggered by his desire for something he simply cannot have. Offering him something different, or distracting his attention elsewhere, may create a calming diversion.
- **Put your foot down.**
Don't give in to your child's demands when she is in the throes of a tantrum. If you frequently back down after saying no, she will soon learn that this is an effective way to get what she wants. If you find her watching you during tantrums to gauge your reaction (especially in public!) you're probably being manipulated.
- **When in public, retreat.**

Tantrums in public places are embarrassing, so it's difficult for the parent to make the child's feelings a priority. The solution, say most experts, is to remove the child to a private place, and then stay with her for support. For example, the next time your preschooler lets loose her fury in the grocery store, follow this strategy from Dr. Brazelton: "Gather the child up, abandon the shopping, and calmly let her know that you can't stay in the store. Go back to the care and let her have it out there."

Nancy Hall is a consultant with Yale University's Bush Center in Child Development and Social Policy. This article was gleaned from the magazine Working Mother, July 1993 issue.

HUMAN GROWTH AND DEVELOPMENT

DISCIPLINE

Handout: THE SIBLING GAP

Can kids be close when they're spaced so far apart?

Advantages of the Age Gap

The good news, says Rodgers, is that spacing your kids far apart gives you some advantages as a parent: You're older when the second child arrives and presumably more settled, mature and financially secure; you're accustomed to having a child; plus you've had time to reflect on what you've done right and what you'd like to do differently. He adds that "a large age gap makes it easier for parents to enjoy each child as an individual."

Children can benefit from wide spacing, too. "The younger child has more opportunity to learn by example. A five-year old with a twelve-year old sibling will see all the things the older child does, and that will help the younger one mature faster," Rodgers says. "For the older child, there's the chance to be a tutor and a nurturer, which can be great for his self-esteem."

Families also find they can largely sidestep issues of sibling rivalry. "Children spaced five or more years apart are on such different levels of development that direct sibling conflict over different levels of development that direct sibling conflict over toys or who gets to sleep in which bed or sit on which chair is less likely to occur," says child-development expert Linda Dunlap, PhD, an associate psychology professor at Marist College in Poughkeepsie, New York.

Wider spacing can make it feasible to do things you couldn't do otherwise, she adds. If both parents work, they can rely on older siblings to take the younger child to activities. "A 12-year-old can walk a seven-year-old to Cub Scouts or be there after school occasionally, which can ease the child care burden."

Pitfalls of a Widely Spaced Family

But raising two only children has its disadvantages, too. Siblings a few years apart are often interested in the same games and activities, while kids like my widely spaced children barely inhabit the same planet. And each year, it seems, the gap between my children widens: If right now the older child is entering puberty as the younger one is starting nursery school, in a few years she'll be going to high school while he begins first grade. "Two closely spaced siblings will entertain each other," says Rodgers, "but siblings who are far apart are not likely to share friends and neighborhood events or be interested in all of the same family activities."

Health Issues

Perinatal Care

YOUNG MEN AS FATHERS FORMAT

III. Health Issues

A. Perinatal Care

Topics to be covered:

Nutrition during pregnancy
Well baby care
Child birth preparation
Circumcision
Breast feeding
Infant mortality

The activities in this section will help the student develop abilities to:

Discuss the impact of mom's nutrition on baby
Purpose of well baby care
Discuss his role in increasing the likelihood a healthy child.

Awareness Statement

Lifestyle choices prior, during and after pregnancy are vital.

Resources Available (see following pages)

HEALTH ISSUES

Perinatal Care

Pre-Class Assessment

1. Why is an immunization record necessary?
2. Why is a record of family illnesses necessary?
3. What is a poison?
4. How many servings of each food group are appropriate for a child of two or three years of age?

Meat Group _____

Milk Group _____

Fruit and Vegetable Group _____

Bread and Cereal Group _____

5. How do you stop a nosebleed?
6. How do you control bleeding from a deep cut?
7. If a child swallows poison, what is the first thing you should do?
8. When would artificial resuscitation or CPR be necessary?

HEALTH ISSUES

Perinatal Care

Pre Class Assessment

Key

Teacher Notes

1. An immunization record will help you and your doctor keep track of your current health. It is needed for entrance into school.
2. A record of family illnesses will help you and your doctor keep track of your current health.
3. A poison is any substance that you eat, breathe, or touch that can make you sick or cause death.
4. Meat Group: two; Milk Group: three; Fruit and Vegetable Group: four; Bread and Cereal Group: four
5. If the nose continues to bleed, make a wick of gauze or cloth (do not use cotton balls) and insert into the nostril. Pinch the nose to apply pressure. Keep the head elevated or tipped slightly forward. If the nose continues to bleed for longer than 20 minutes, the individual may need medical attention.
6. Wash the cut with soap and use a bandage.
7. Find the container. Call the poison center or doctor and take the container with you. Speed is important. Do not spend too long a time looking for the container.
8. Artificial resuscitation or CPR should be administered when a person cannot breathe for himself or herself due to electric shock, gas asphyxiation, drowning, or other causes.

HEALTH ISSUES

Perinatal Care

Handout

HAEMOPHILUS INFLUENZAE TYPE B

The increase in preventable childhood diseases shows that our children need better health care. Regular medical care includes vaccinations, which are an important part of your child's total health care.

This handout explains why it's important to make sure your child is vaccinated on time. Without protection provided by the Hib conjugates (Haemophilus influenza type B conjugate vaccines), your child could suffer from serious illnesses that could have been prevented.

What is this disease?

Haemophilus influenzae type b is a germ (or bacterium) that can cause several dangerous infections in children. It is very different from the "flu" (influenza virus).

Why are the H influenzae vaccines so important for infants?

These vaccines provide protection during the first years of life, when it is easiest for your child to get H influenzae type b infection. The vaccines protect more than 90 percent of children against all the infections caused by the H influenzae type b germ.

Without timely immunizations, your child faces the risk of becoming very sick with serious diseases such as:

- Meningitis, a serious infection of the covering of the brain and spinal cord. In the United States, H influenzae type b causes about 12,000 cases of meningitis each year in children younger than 5 years of age - especially in babies 6 to 12 months old. Of those children infected one in 20 die from this disease, and one in four develop permanent brain damage.
- Epiglottitis, a dangerous throat infection that can cause a child to choke to death if not treated immediately.
- Pneumonia and serious infections in the blood, bones, joints, skin and the covering of the heart.

HEALTH ISSUES

Perinatal Care

Vaccines (Continued)

When should my child get the Hib conjugate vaccines?

Several Hib conjugate vaccines are available to protect your child against H influenzae type b. However, only two vaccines-HbOC and PRP-OMP-are approved for children under 15 months of age. Because this could change during the next few years, your child's pediatrician will be continually updated on new, approved vaccine recommendations.

The immunization schedule will vary depending on which vaccine your child receives. The American Academy of Pediatrics (AAP) recommends that your child receive either:

- the HbOC vaccine at 2, 4, and 6 months, with a final dose at 15 months, or
- the PRP-OMP vaccine at 2 and 4 months, with a final dose at 12 to 15 months of age.

If your child is late getting the first Hib conjugate dose, the total number of doses received may differ from this AAP schedule. Ask you pediatrician about the recommended schedule and which Hib vaccine is best for your child.

Vaccines (Continued)

HEPATITIS B

The increase in preventable childhood diseases shows that our children need better health care. Regular medical care includes vaccinations, which are an important part of your child's total health care.

This brochure explains why it's important to make sure your child is vaccinated on time. Without protection provided by the hepatitis B vaccine, your child could suffer from a serious illness that could have been prevented.

What is This Disease?

Hepatitis B virus (HBV), or serum hepatitis virus, can cause infection at any age. It may lead to chronic infection of the liver and serious disease, especially if it is acquired during infancy or childhood. However, a child may not show signs of infection until years later when he or she develops liver failure and/or liver cancer.

HBV is transmitted in several ways, including being passed from mother to infant at the time of birth. Children living in the same household with an HBV carrier are at risk, especially during the first five years of life.

Finally, HBV can spread through sexual intercourse or through contact with infected blood, such as when drug users share needles.

It is important that your child be protected by the hepatitis B vaccine, because infection acquired during early life is most likely to cause chronic liver disease. More than 95 percent of the children who receive all the recommended doses of the hepatitis B vaccine are protected against the illnesses caused by the hepatitis B virus.

When Should My Child Get the Hepatitis B Vaccine?

According to the American Academy of Pediatrics, your child needs three doses of hepatitis B vaccine to be fully protected against hepatitis B infection. Ordinarily, the first vaccination will be given at birth, the second dose at 1 to 2 months and a third dose at 6 to 18 months of age.

The first dose of the vaccine can be delayed for premature babies (and those with other illnesses during the first days of life). Newborns who have not received a vaccine dose at birth should receive three hepatitis B vaccine doses by 18 months of age.

Vaccines (Continued)

However, if the mother tests positive for hepatitis B, the child must receive the first vaccine dose as well as hepatitis B immune globulin (HBIG) at or shortly after birth. The child also requires a second dose at 1 month and the final vaccine dose by 6 months of age.

Older children, adolescents, and others living with infected household members also should receive the three-dose series to protect against hepatitis B.

Talk to your child's pediatrician if you have questions about this vaccination or about other circumstances when this vaccine is used. He or she can answer any questions you may have about when your child should receive the hepatitis B vaccine.

Are There Side Effects to Hepatitis B Vaccine?

No serious reactions have been linked to this vaccine, and most children have no associated side effect. Those side effects that sometimes occur- fussiness and soreness, swelling, or redness where the shot was given - are usually mild and temporary. These symptoms may begin within 24 hours after the shot is given and usually go away within 48 to 72 hours.

Immunizations have provided protection for children for years - but the vaccines only work if you make sure your child gets immunized.

Remember... your child's health depends on it!

Immunization is just one important part of preventive health care for children. The American Academy of Pediatrics, representing the nation's pediatricians, is dedicated to working toward a better future for our children. Join us by making sure your children receive the best possible health care.

American Academy of Family Physicians Recommended Schedule for Immunizations of Normal Infants and Children.

Acceptance of the recommendations in this schedule may vary from physician to physician and community to community, depending on local needs and situations. It is also subject to later revision and additions, depending on medical knowledge at that time.

Vaccine	Birth	2mo	4mo	6mo	12mo	15mo	18 mo	4-6 yr	14-16 yr
1. DTP		X	X	X		X** or X**		X	
2. TD									X
3. OPV		X	X			X or X		X	
4. MMR						X		X	
5. HBV	X	X		Anytime between 6 and 18 month visit					
6. HbCV HbOC or PRP-OMP		X	X	X		X			
		X	X		X				

1. DTP
** Diphtheria and Tetanus and Pertussis (Whooping Cough)
Acellular pertussis vaccine significantly reduces local reactions, fever and other common systemic events. If readily available, it may be used for the fourth and fifth doses.
2. Td Tetanus and Diphtheria Toxoids (for use in persons aged > 7 years) Repeat every 10 years throughout life.
3. OPV Poliovirus Vaccine (Oral)
4. MMR Measles, Mumps, and Rubella Virus Vaccine
5. HBV Hepatitis B Vaccine. A series of three doses to be administered in the thigh muscle of infants. The recommended administration is birth (before discharge from hospital), 1-2 months, 6-18 months.
6. HbCV
(Hib)
HbOC One of the two *Haemophilus b* conjugate vaccines licensed for infant use should be used starting at age 2 months.
(Lederle-Praxis) is given at 2, 4, and 6 months with a booster at 15 months.
PRP-OMP (Merk-Sharp and Dohme) is given at 2 and 4 months with a booster at 12 months.

HEALTH ISSUES

Perinatal Care

EAR INFECTION

1. Middle Ear Infection (Otitis Media)

These are infections behind the ear drum, within the "middle ear" area. They are very common in young children. The cause is usually bacterial. Middle ear infections usually follow or occur in conjunction with colds, sore throat, or allergies. This is because the cold often affects the drainage and defenses of the normal ear.

- a. Signs of middle ear infection include fever, irritability and ear pain. The younger child may tug, scratch or put fingers in ear canal indicating discomfort. However, there may also be other cold symptoms such as nasal congestion and cough or decrease in appetite, mild vomiting or diarrhea. Antibiotics are prescribed to cure the middle ear infection (they will not help any cold symptoms which are caused by a virus) A fever may continue for a few days. Be sure to take the antibiotic as prescribed until finished even though symptoms may resolve in a couple of days.
- b. Use Tylenol for fever and pain and have the ears checked in 10-14 days.
- c. Runny nose and congestion can be improved with decongestants like Dimetapp, Triaminic, Actifed, or Naldecon, etc. A vaporizer can also loosen congestion.
- d. Providing the child with extra clear liquids are also important to decrease congestion and replace fluids lost because of fever.

2. External Otitis (Swimmer's Ear)

External otitis is caused by a bacterial infection in the external ear canal. The canal becomes swollen, inflamed and very painful. Touching the ear or movement such as chewing often causes pain. This is usually treated with drops containing antibiotics and/or anti-inflammatory medicine. Your doctor may wish to also prescribe oral antibiotics. Other general measures include:

EAR INFECTION (Continued)

- a. Don't get water in the ear until it is well. To shower, put a cotton plug in the ear, then cover the cotton with Vaseline (or use ear plugs).
- b. In the future, consider using ear plugs when swimming. Check the chlorine level in the swimming pool to make sure it is adequate.
- c. Use Tylenol or prescription medicine for pain relief as needed.

HEALTH ISSUES

Perinatal Care

VOMITING AND DIARRHEA

Dietary control generally is the best approach for control of vomiting and diarrhea. The following steps should be taken in order to bring the G.I. tract back into order. If further problems occur, or your child does not seem to be responding as well as expected, you should contact your doctor.

The most serious situation is the infant with both vomiting and diarrhea at the same time. In older children and children with either vomiting or diarrhea alone, the chance of severe dehydration is lower.

Vomiting

Emetrol is a medicine that is both safe and effective. Follow the directions exactly and do not give other liquids until the vomiting is under control. When the vomiting is controlled, advance to Step #1.

Step #1

For both vomiting and diarrhea, a clear liquid diet is recommended for the first 24 hours. This includes Gatorade (the best for diarrhea), diluted juice (grape), flat 7-up or ginger ale, clear broth or bouillon. Jello or popsicles may also be tolerated. Start with one tablespoon every 15 minutes. If this is well tolerated for an hour or more, advance to two tablespoons every 15 minutes. You can advance the quantity slowly as long as it is tolerated, but do not push ahead too quickly.

The plan is to provide liquid in a manner that does not distend or irritate the stomach. Very small and frequent feedings are the key. Parents often have problems with further vomiting because their children are very thirsty so they let the child drink 4 to 8 ounces of more at once.

Step #2

After the clear liquids are tolerated. Well for 24 hours or so, you may advance to a bland diet. This includes clear soups, soda crackers, mashed potatoes, dry toast and the like. It may help to remember BRAT, bananas, rice, applesauce, and toast. Everything to Step #1 is also allowed. Again, slow advances rather than large quantities, are recommended.

VOMITING AND DIARRHEA (Continued)

Step #3

Advance the diet further. If Step #2 is tolerated for 24 hours or so, you may add cooked vegetables, cereals, bananas, eggs, tapioca and similar foods as tolerated.

Foods to Avoid

Dairy products of all kinds should be avoided for about five days after the problem is under control. Also avoid meats, raw fruits (except bananas), and vegetables, spicy or greasy foods, and any foods which seems to be especially upsetting to your child. No drinks containing caffeine such as soda or tea should be given. Caffeine increases the loss of body fluids, it acts as a diuretic.

HEALTH ISSUES

Perinatal Care

COMMON FOOD ALLERGIES

1. Many children react to sugar and products high in refined sugar by becoming more active. Chocolate will often have the same effect as well honey. Children who are normally quite active may need to have their sugar intake regulated.

2. Common Food Allergies	Reations
Milk	Stomach aches
Chocolate	Stomach aches
Nuts	Breaking out in rash/hives
Eggs	Irritability
Sugar	Drowziness/excess activity
	Breathing difficulties

*Consult your doctor immediately with breathing difficulties. Check with your doctor about what to do for allergy reactions.

HEALTH ISSUES

Perinatal Care

DOSAGE CHART FOR COMMON INFANT-FEVER MEDICATION		
Tempra	Drops	Syrup
Under 3 Months 13 pounds**	1/2 dropper	1/4 teaspoon
3 to 9 months 13 to 20 pounds**	1 dropper	1/2 teaspoon
10 to 24 months 21 to 26 pounds	1 1/2 droppers	3/4 teaspoon
2 to 3 years 27 to 35 pounds	2 droppers	1 teaspoon
Tylenol or Panadol	Drops	Syrup
Under 3 Months 6 to 11 pounds**	1/2 dropper	1/2 teaspoon
4 to 11 months 12 to 17 pounds**	1 dropper	3/4 teaspoon
12 to 23 months 16 to 23 pounds	1 1/2 droppers	1 teaspoon
2 to 3 years 23 to 35 pounds	2 droppers	1 1/2 teaspoons
<p>* These are acetaminophen preparations; aspirin should not be given without a doctor's recommendation.</p> <p>** Do not give medication to babies under six months old without the doctor's recommendation. Give medication every 4 hours as needed, but no more than 5 times daily. If weight range and age don't correlate, use the dosage appropriate for baby's weight.</p>		

Health Issues

Administering First Aid

YOUNG MEN AS FATHERS FORMAT

III. Health Issues

B. Administering First Aid

Topics to be covered

Basic American Red Cross, first aid
Traditional family remedies

The activities in this section will help the student develop abilities to:

Show competency in basic Red Cross technique
Discuss the traditional home remedies

Awareness Goal

Basic first aid provides comfort and peace of mind.

Resources Available (see following pages)

HEALTH ISSUES

First Aid

CHILDHOOD ASPHYXIATION BY FOOD

A nationwide study indicates that every 5 days a child dies of asphyxiation (inability to breathe) by food in the United States. Data on food-related asphyxiation of infants and children age 0 to 9 years in 41 states from 1979-1981 showed that more than 40 percent of 109 deaths reported were caused by 4 foods - **HOT DOGS, CANDY, NUTS and GRAPES**. The types of foods causing asphyxiation varied with age.

In the age group less than 12 months, hot dogs, apple pieces, and cookies or biscuits caused half the deaths. By age 1, other meat products and carrots were added to the list.

At 2 years of age, peanuts and grapes were identified as important foods contributing to asphyxiation. Hot dog related deaths increased (7 of 10 cases) by 3 years of age.

After 4 years, the number of deaths from asphyxiation by food decreased from earlier years.

Prevention of food asphyxiation in children might be accomplished by:

1. Matching the child's ability to chew and competence at feeding themselves with the foods offered and amount of parental supervision required.
2. Familiarity and use of correct rescue attempts.
3. Limiting distractions during eating.
4. Consideration of food characteristics that increase risk (especially in children less than 4 years): round or cylinder.
5. Voluntary product modifications by industry, i.e., changes in lollipop design or if product modification is impossible, warning labels added to the package.

The important thing to remember, is that no matter the age, choking on food can happen to anyone.

HEALTH ISSUES

First-Aid Health and Safety Assessment

Complete the answers as to what you should do in the following situations before any outside help arrives:

1. The best treatment for a minor burn is:

2. Avoid using greasy salves on fresh burns because:

3. If a child's clothes catch fire, you should:

4. If the house is on fire, the first thing you should do is:

5. If you are calling to report a fire, you should not hang up until:

6. If a child gets a minor nosebleed, you should:

7. If a heavy nosebleed continues, you can help by:

8. The best treatment for a minor cut is:

9. You can help to control bleeding from a deep cut by:

10. The best thing to do during an earthquake is:

First-Aid Health and Safety Assessment (Continued)

11. If a child falls and gets a hard blow on his or her head while you are responsible for the child, the accident must be reported to the teacher and/or the parents because:

12. If a child falls and is lying on the ground, you should:

13. If a child swallows poison, the first thing you should do is:

14. You can help dilute the poison by:

15. The victim should not vomit if he or she has swallowed something containing: _____, 16 _____ and 17 _____.

18. You can help a child vomit by _____ or 19 _____.

20. An effective new method for helping a choking victim is the Heimlich Maneuver. Explain this procedure:

Administering artificial resuscitation (breathing) may be necessary for victims of electric shock or drowning.

21. Immediate action is necessary to avoid brain damage or:

22. What do you do to the victim's chin?

23. What do you do to his or her nose?

24. What do you do concerning his or her stomach?

First-Aid Health and Safety Assessment (Continued)

25. An infant (under two years old) requires how many breaths per minute?

26. How many breaths per minute is required by an adult?

27. What is a fairly accurate method of counting seconds without a watch?

28. How long should you keep up your breathing if a child does not respond?

Bee stings require special care.

29. Why are bee stings dangerous for some people?

30. When removing a stinger, remember to avoid:

31. You can soothe the site of the sting by:

32. Observe the child for signs of trouble (an emergency situation needing immediate attention), such as _____, 33 _____

34 _____

Never leave a child alone in the bathtub. Three main dangers are:

35. _____

36. _____

37. _____

First-Aid Health and Safety Assessment (Continued)

The kitchen can be a dangerous place for small children. Accidents can be avoided by:

- | | |
|--------------------|--------------------|
| 38. _____
_____ | 39. _____
_____ |
| 40. _____
_____ | 41. _____
_____ |
| 42. _____
_____ | 43. _____
_____ |

Automobile accidents are the most frequent cause of accidental death in children. Four ways you can help lower the toll are:

- | | |
|--------------------|--------------------|
| 44. _____
_____ | 45. _____
_____ |
| 46. _____
_____ | 47. _____
_____ |

Preventing or anticipating trouble is the most important safety rule when you are responsible for caring for children. Name three ways this rule can be carried out in the play yard at the nursery school.

48. _____

49. _____

50. _____

51. Where can you find the most convenient and readily available first-aid information?

HEALTH ISSUES

First-Aid Health and Safety Assessment

Teacher Notes

1. Use cold water.
2. Salves may have to be cleaned off. Salves hold in the heat.
3. Roll the child on ground with coat, rug, or blanket to cut off the oxygen.
4. Get everyone out of house or school; then call the fire department.
5. Do not hang up until the fire department operator hangs up.
6. Keep the child calm. Have the child sit down, and pinch the nose for up to 15 minutes while keeping the head elevated.
7. If the nose continues to bleed, make a wick of gauze or cloth (do not use cotton balls) and insert into the nostril. Pinch the nose to apply pressure. Keep the head elevated or tipped slightly forward. If the nose continues to bleed for longer than 20 minutes, the individual may need medical attention.
8. Wash the cut with soap, and use a bandage.
9. Press with the heel of the hand over the cut. If clean bandages or cloth are available immediately, you may press with them. With serious bleeding, speed is important.
10. Read the directions for your school. The general rule is to duck under cover and then leave the building.
11. Concussions sometimes show up later.
12. Do not pick the child up. Step back a few steps and say, "Come over and let me help you." If he or she cannot, leave the child there and get help.
13. Find the container. Call the poison center or doctor and take the container with you. Speed is important. Do not spend too long a time looking for the container.
14. Use milk or water.

First-Aid Health and Safety Assessment Key (Continued)

15. Acid. It burns on the way down and up.
16. Alkali. It burns on the way down and up.
17. Petroleum products. They get in the lungs on the way up.
18. Ipecac syrup.
19. Put your finger down the child's throat (touch the palate to make the child gag); use raw egg or salt water.
20. While standing behind or to the side of the conscious victim, support the victim with one hand on the victim's chest, with the victim's head lowered. With your free hand, give four sharp blows between the shoulder blades. If unsuccessful, use the Heimlich maneuver. Stand behind the victim and circle your arms around the victim's middle just above the navel. Clasp your hands together in a doubled fist and quickly thrust it in and up several times. Repeat this action several times to dislodge the trapped object. If this technique is still unsuccessful, repeat it, giving four blows to the back and then four quick thrusts.
21. Death
22. Lift up and back.
23. Cover or hold.
24. Watch as it rises and press air out only if air does not escape freely.
25. Twenty—little puffy breaths (one breath every three seconds). Children over two years require one breath every four seconds or 15 per minute.
26. Twelve—one breath every five seconds or 12 breaths per minute.
27. One—1000 and two—1000.
28. Until you cannot do it anymore, until help comes, or until the child starts breathing.
29. Allergic reactions. More people die of bee stings than snake bites.
30. A stinger is like a turkey baster. If you squeeze it, it injects the remainder of the poison. Brush off the stinger with the thumbnail. Do not remove the stinger with tweezers or the thumb and finger.

First-Aid Health and Safety Assessment Key (Continued)

31. You can soothe the site of the sting best by using ice or cold water. Alcohol or a baking soda solution also is soothing.
- 32, 33, 34. Difficult breathing; dizzy spells; vomiting; pupils of eyes different; sleepy and difficult to wake up (If these signs are present, seek immediate medical attention. Usually the signs of a bee sting are generalized itching and redness.)
- 35, 36, 37. Drowning. Burns. Falls—A child may slip and injure its head.
- 38-43 Many possible answers: turning handles on stove inward; supervising children; storing poisonous substances, matches, sharp equipment, small objects, and electrical equipment out of a child's reach or in a locked cupboard (Children's clothes should fit properly so that children do not trip over them or catch them on objects.)
- 44-47 Supervise children. Do not allow children in cars alone. Do not drive with a child in your lap. Use seat belts. Use good quality children's seat belts and car seats.
- 48—50. Providing constant supervision; getting children down from high places; picking up hazardous substances; standing near dangerous activities.
51. In the front pages of a telephone book.

Health Issues

Drug Exposed Infants

YOUNG MEN AS FATHERS FORMAT

III. Health Issues

C. Drug exposed infants

Topics to be covered:

Fetal Alcohol Syndrome
Cocaine, PCP, Heroin, other drugs
Parents substance use and its influence in the child's
development
and physical health (fathers contribution also)
Possible resulting developmental delays
Social and monetary impact on family and society

The activities in this section will help the student develop abilities to:

Discuss the effects of drugs on a child
Create a list of substances used by father (past history) and how
these substances could effect a developing fetus.
Describe possible developmental delays.
Discuss the social and monetary impact on drug babies on the
family and society

Awareness Goal:

Substance use equals child abuse.

Resources Available (see following pages)

HEALTH ISSUES

Drug Exposed Issues

What Mothers Can Do to Prevent Birth Defects

Don't use the following:

- Tranquilizers, antibiotics, antihistamines, sleeping pills.
- Over-the-counter drugs, unless you check with your doctor first (Examples: aspirin, diet pills, nose drops, cough syrup, tranquilizers).
- Marijuana or other street drugs (Examples: LSD and other psychedelic drugs, cocaine, amphetamines, PCP, heroin)
- Alcohol
- Caffeine (Examples: coffee, tea, chocolate, cola drinks)
- Tobacco

Avoid the following:

- X-rays
- Exposure to contagious diseases and infections
- Overdoses of vitamins A and D
- Exposure to or use of pesticides or any cleaning, painting, or aerosol products

Reason: When a mother takes any medicine, she medicates her unborn baby as well as herself; but the baby may not react to the chemicals in the same way as the mother. Some tranquilizers are known to increase a mother's risk of having a baby born with cleft palate. Antibiotics cross the placenta quickly and, if used carelessly, may damage the unborn baby. Some sulfa drugs taken late in pregnancy disturb the baby's liver function

Drug Exposed Infants (Continued)

Most birth defects are caused in the first 12 weeks of pregnancy when a baby's body, internal organs, and brain are being formed. The wrong drug taken at this time could damage the baby's development. In early pregnancy occasional use of aspirin may not be harmful. In late pregnancy frequent use may disrupt a baby's blood-clotting mechanism or delay the start of labor.

Scientists do not know the full effects of each of these drugs on the unborn. Drugs that cause physical addiction or that lead to psychological dependence do have a potential danger to the unborn baby. A pregnant heroin user can addict the baby and cause it to have withdrawal symptoms after birth. Pregnant women who are heavy drug users neglect their own health, and this increases the risks of their having a sick low birth weight baby.

The alcohol you drink flows quickly to your baby and may cause serious problems in the baby's development.

Caffeine is a biologically active substance found in coffee, tea, chocolate, and cola drinks. Some experiments using animals indicate that high doses may increase the frequency of birth defects.

Mothers who smoke heavily tend to have low-birth-weight babies. Newborns who weigh 5 1/2 pounds (2.5 kg) or less at birth are more likely to develop health problems in early infancy than those who weigh closer to 7 1/2 pounds (3.4 kg). Maternal smoking also increases the fetal heart rate.

Reason: Massive doses of X-rays can produce a miscarriage or birth defect.

The illness of a pregnant mother can affect the development of the unborn child. During the first three months of pregnancy, German Measles can produce cataracts, deafness, and other defects in the fetus. Smallpox, chickenpox, measles, and mumps also can be harmful to the fetus.

Vitamins A and D are stored in the body. If the amount stored gets very high, it can be harmful.

Potentially toxic substances need to be used carefully and according to directions to avoid unnecessary health risks to both mother and child.

HEALTH ISSUES

Drug Exposed Infants

PREGNANCY

Teacher Notes

1. Have a speaker from a local hospital or childbirth teacher discuss labor and delivery.
2. Use the book, A Child Is Born, by Lennart Nilsson to discuss fetal growth and development.
3. Read handout "Stages of Pregnancy" to discuss each trimester and what is happening to the mother during pregnancy.

HEALTH ISSUES

Drug Exposed Infants

Fetal Alcohol Syndrome (FAS)

In June, 1977, Ernest Noble, Director of the National Institute on Alcohol Abuse and Alcoholism, stated that Fetal Alcohol Syndrome (FAS) is the number one problem in terms of preventable birth defects. Mental retardation, learning disabilities, heart defects, retarded physical growth, small heads, crossed eyes, small eye openings, and hyperactivity are symptoms of an FAS baby. It is estimated that 1,500 babies born each year are either retarded or physically deformed because their mothers drank too much alcohol.

Alcohol is a powerful central nervous system depressant which affects almost every organ in the body. Each time an expectant mother has an alcoholic drink, the developing baby drinks, too. Like everything else the expectant mother eats and drinks, the alcohol passes through the placenta to the baby and circulates in the baby's blood. While it may take the mother only three or four hours to get over the effect of a few drinks, it may take the baby twice as long. A baby's immature body is not as efficient as an adult's body in burning up the alcohol.

Recent evidence also suggests that fathers who drink may be responsible for fetal defects also. A study of families in which the father was a heavy drinker and the mother did not drink revealed more birth defects than in families where neither parent drank alcohol.

Heavy drinking by the mother during the first three months of pregnancy is most likely to cause fetal abnormalities, since organs and body systems are being formed at this time. Heavy drinking at the end of pregnancy causes less damage to the baby, but still can result in problems. Severe abnormalities are found in babies of chronic alcoholics. There is new evidence that even moderate alcoholic consumption during early pregnancy may cause abnormalities in the fetus. Any of the following categories is considered to be moderate consumption of alcohol:

Fetal Alcohol Syndrome (FAS) (Continued)

2 ounces (60 ml) of bourbon, scotch, gin, vodka, or rum

2 twelve-ounce (360 ml) cans of beer

2 five-ounce (150 ml) glasses of wine

Sometimes expectant mothers limit their use of alcohol to special occasions. However, some researchers believe that drinking on the weekend or on a holiday during a critical fetal development stage may be just as harmful as chronic drinking throughout pregnancy.

Because of the risks to unborn children, the Food and Drug Administration (FDA) wants producers of alcoholic beverages to put labels on wine, beer, and liquor alerting mothers-to-be of the dangers of drinking during pregnancy. If the FDA's advice is not followed, the U.S. Congress may pass a bill requiring health warning labels which emphasize the danger of alcohol to an unborn child.

HEALTH ISSUES

Drug Exposed Infants

Teacher Notes

Letter to a Senator (FAS)

1. Divide the class into groups of four to six students. Each group is to consider itself as staff to a U.S. Senator who is considering legislation which would require warning labels regarding Fetal Alcohol Syndrome on all alcoholic beverages. Each group will develop replies with which the Senator can respond to the people who have written about the legislation. Have each student prepare a reply to two of the following four letters concerning the bill attached. Each group will select the best replies for submission to the Senator.
2. Have each group select the best letters. Each group will choose a spokesperson to read the letters to the rest of the class.
3. Discuss each letter. Would the senator be likely to sign the bill? How would the senator who received the letter feel?
4. Poll the class members as to whether they are for or against a bill which would require warning labels about Fetal Alcohol Syndrome on all alcoholic beverage containers.
5. Write individual letters, or a class letter, to U.S. senators regarding such a bill which is under consideration in the U.S. Congress.

Invite speakers from Alcoholics Anonymous, another alcoholism treatment program, or a well baby clinic to discuss alcoholism, alcohol as a substance abuse, or alcohol's effect on the unborn fetus. Present the program during an assembly or lunchtime to the other students at your school.

HEALTH ISSUES

Letter to a Senator (FAS)

Letter number one

Dear Senator:

I strongly urge you to support and work for the passage of the bill which will require that all alcoholic beverages contain a health warning. As a doctor who has practiced for the last 15 years in California, I am deeply concerned about the effect alcohol abuse is having on newborn babies. Many new mothers are unaware of the Fetal Alcohol Syndrome (FAS) and possible mental and/or physical defects in a baby whose mother has drunk excessively during pregnancy. I believe that if warning labels were placed on all wine, beer, and liquor bottles, the general public would become aware of the FAS problem and that many birth defects could be prevented. The general public is unaware of the relationship between alcohol consumption and possible birth defects. Alcohol abuse is increasing, and future parents must be alerted to the risk to their unborn children.

Sincerely,
John Dupont, M.D.

Letter number two

Dear Senator:

I am writing about a very important personal problem. My daughter is expecting her second child, and I am afraid she is drinking too much. I read that there is a bill before the Senate which would require producers to put a label on alcohol to warn against birth defects. Please do everything you can to get this law passed. My daughter will not listen to me. She thinks that her drinking will not affect her baby. She quit smoking because of the warning on cigarette packages. If alcohol were labeled dangerous, I think she would limit her drinking. I am so worried about my daughter and her new baby. Please help us by passing the bill to label alcohol as dangerous to pregnant women.

Sincerely yours,
(Mrs.) Mabel Moore

HEALTH ISSUES

Letter to a Senator (FAS)

Letter number three

Dear Senator:

I am writing about a ridiculous bill that Congress is considering. I refer to the bill which requires alcohol to be labeled as harmful to the health of unborn children. As a liquor store owner, I want to say that no unborn children will be able to read the label! Seriously, I do not think that such a label will do any good. People who want to drink will drink—label or no label. I am sure that anyone expecting a baby will cut down on alcohol, sweets, and junk food automatically. No one wants an unhealthy baby. This bill would cost the liquor industry money, and it would cost the government money to enforce it. Future parents are old enough and responsible enough to decide about drinking without interference from the government. Please do everything you can to defeat this bill.

Thank You,
George Beardley

Letter number four

Dear Senator:

I am a senior in high school, and I am writing as part of a Consumer and Homemaking Education class assignment. The teacher told us that there might be a new law stating that cans and bottles containing alcohol have to be labeled as being unhealthful for pregnant mothers. I do not think that this legislation is a good idea. I think there are too many laws already—especially for teenagers. If this bill is passed, it will scare people. I do not think drinking can affect an unborn baby, anyway. Warning labels do not do any good either. I smoke cigarettes and most of my friends do, too. None of us pays any attention to the cigarette warning labels. Do not pass another unnecessary law!

Yours truly,
John Blakely

HEALTH ISSUES

Drug Exposed Infants

Children of Alcoholics

Teacher Notes

National averages and estimates indicate that one out of every four people in school may have an alcoholic parent. Children of alcoholics are four times more likely to become alcoholics than children of nonalcoholic parents. It is estimated that half of all known alcoholics come from families with at least one alcoholic parent.

Alcoholics Anonymous (AA) is an organization whose members are working to overcome alcoholism. The only requirement for a person to join this group is a desire to stop drinking. Al-Anon, a branch of Alcoholics Anonymous, was organized for the husbands and wives of alcoholics. Alateen, an outgrowth of Al-Anon, helps teenage sons and daughters cope with their home situation. This organization gives them the opportunity to meet and talk to others with similar problems.

1. Write the phone numbers and addresses of local chapters of Alcoholics Anonymous (AA), Al-Anon, and Alateen on the chalkboard.
2. Have students offer advice to the following two letter writers: In the response to the first letter, have students include the local address and phone number of Al-Anon. In the response to the second letter, have students include the local address and phone number of Alateen. Have students share their letters of advice with the class. You write the letters on the class bulletin board.
3. Invite a speaker to class from Alcoholics Anonymous, Al-Anon, or Alateen. (First poll the students to learn from which group they would prefer to have a speaker.) Have the students prepare questions beforehand to ask the speaker.

HEALTH ISSUES

Drug Exposed Infants

Assignment: Children of Alcoholics

Letter number one

I am twenty-five years old and have a twenty-two-year-old wife. I think she has a drinking problem, but she says she does not. I know her parents both drank a lot, and I know she and her friends used to drink a lot before she and I got married. When I get home after work, she smells like alcohol; and, instead of fixing dinner, she wants to pour me a drink. We want to start a family soon, but I am afraid the baby will not be healthy if my wife is drinking. She says I am suspicious and do not trust her. We are beginning to argue a lot. I wish she would just admit that she has a drinking problem, and then maybe I could help her. What should I do?

Ron

Letter number two

I am 14 years old and I have a real problem. My mother and father drink a lot, and lately their drinking has been getting worse. Sometimes they come home from work late, and they have been drinking. They yell at me and my younger brother and sometimes hit us. I am afraid and embarrassed to have friends over to my house, and I am worried about my brother. We both try to do our best in school, and we do all our chores at home, but nothing seems to please our parents. I am afraid my brother is starting to drink beer with his seventh grade friends. I do not know what to do.

I do not know whether to talk to my parents about my brother or to tell them how much I worry about them when they come home late after drinking. What do you think I should do?

Lynne

Health Issues

Nutrition

YOUNG MEN AS FATHERS FORMAT

III. Health Issues

D. Nutrition

Topics to be covered:

Well balanced meals (fresh fruits and veggies vs. processed food)
Child development nutritional needs
Healthy food preparation
Cultural diets

The activities in this section will help the student develop abilities to:

Describe the preparation of a healthy meal
Create a list of foods eaten in their homes and discuss the nutritional merit of same.
Name the basic food groups.
Discuss the effects of malnutrition on child development

Awareness Goal

Healthy eating is a learned behavior taught by parents.

Resources Available (see following pages)

HEALTH ISSUES

Nutrition

NUTRITION AND FEEDING THE PRESCHOOL CHILD

Nutrition and feeding the preschool child can be fun and exciting if we know what to expect of preschool children, what foods they should have and how to bring children and foods together happily.

1. What to expect of preschool children

a. No two children are exactly alike

1. Children differ in body build - this is genes, stuffing won't change him, lack of food can.
2. Children grow at different rates - inner clock
3. Muscle control develops at different rates.
4. Children react differently according to temperament some like variety, others have strong opinions and are not flexible.

b. Similar stages of development of children in relationship to food.

1. Great activity - need for practice in muscle development.
2. Contrariness - has learned the word "no" and wants to try it.
3. Imitation - copies you but sometimes too much praise of food makes the child wonder why?
4. Need for routine - secure in regularity, 3 years old especially.
5. Dawdling - a way of life, food designs, he's got no where else to go, takes edge off appetite.
6. Food jags - Bread and Jam for Frances - Hoban
7. Security of few rules - no lectures.

HEALTH ISSUES

Nutrition

- c. Preschool child needs to do for himself what he can do
 - 1. Allow him to feed himself.
 - 2. provide opportunities for him to be helpful - food preparation.
 - 3. Encourage him to brush his own teeth after eating.

2. What food should preschool child have?

- a. From the Four Basic Food Groups
 - 1. Milk and dairy products
 - 2. Eggs, meat, poultry, fish
 - 3. Fruits and vegetables
 - 4. Breads and cereals

3. Foods between meals - Most preschoolers need snacks, for their energy needs are great. Between meals is too long and snacks help get all the necessary nutrients for children as they have small stomachs. It is best to snack at the same time each day and not constantly. Protein stays with you longer. Consider that if they are asking for food all the time, is it boredom or attention getting?

HEALTH ISSUES

Nutrition

Assignment: FOOD ATTITUDES

We are indeed much more than we eat,
but what we eat can nevertheless
help us to be much more than we are.
Addie Davis

Food attitudes are learned when we are young. It is often a powerful lesson filled with emotions (positive or negative) and actions that speak much louder than words.

1. When you were a child were meals a happy time?
2. How important are good manners:
3. Do you need to clean your plate?
4. Is dessert a reward?
5. What foods do you like?
6. What didn't your mom fix?
7. Do dads cook? When? Where?
8. Will you "try anything"?
9. When you go out do you try something you've never had?
10. Is food only for physical growth and energy?
11. How does your child respond you say, "Oh! I hate _____ (lima beans, etc).?"
12. Who get served first? Last?
13. Did your family watch television while you ate?

HEALTH ISSUES

Nutrition

GOOD FOOD HABITS FOR YOUNG CHILDREN

Pre-schoolers are this way about food:

1. Since they aren't growing as fast as they did during their first years of life, pre-schoolers will eat less in proportion to their size. When they have had enough foods, they will stop eating. Don't insist on a clean plate.
2. They like small servings. A plate piled high with foods, or a cup filled to the top may discourage them from finishing. Fill cups only half full, cut sandwiches into 4 parts, and fill plates only part full. Let pre-schoolers ask for more, if they want more.
3. They enjoy "finger foods." So serve them foods they can pick up such as: carrot and celery sticks, strips of green pepper, cauliflower pieces, wedges of lettuce or cabbage or tomato, turnip cubes, apples, etc.
4. Pre-schoolers are trying to be independent. Let them feed themselves when possible. Have straight-handled spoons and short-handled forks small enough for them to manage. Let them use a bowl-like dish to make it easier to pick up the food.
5. However, pre-schoolers get tired by the end of a meal. A certain amount of dawdling is not unusual. A little help with the last few spoonful will help him finish.
6. Pre-schoolers find some foods hard to chew. Remove bones and tough parts, and cut big pieces into bite-sized pieces. (they usually enjoy ground meats.)
7. They prefer variety in shapes . . . not all square-shaped, not all round ones.
8. They like color and respond well to different colors of food on their plates. See that all the foods on the plate are not the same color.
9. They enjoy the feel or texture of foods. Serve some crisp, chewy foods (like apples, celery, lettuce, etc.) and some soft foods (like potatoes, bread, soups, etc.) at each meal.

HEALTH ISSUES

Nutrition

Pre-schoolers Are This Way About Food (Continued)

10. Pre-schoolers have sensitive taste buds. Strong or highly-flavored foods can actually taste too strong to them. As they grow older they'll enjoy the stronger flavors (like spinach, hot spices, etc.) Until then, serve mostly mild-flavored foods. (You can make the strong-flavored vegetables more mild by cooking them in an extra amount of water.)
11. They like moderately warm foods. So let milk warm up to room temperature after removing it from the refrigerator, and let hot foods cool a bit before children begin eating. Do not insist that pre-schoolers eat or drink food right out of the refrigerator or "hot from the stove."
12. Pre-schoolers are not eager to try new foods. Introduce new foods gradually, only one served at a time when you are serving a meal that contains old favorites. Don't insist that all the new food be eaten. If the child doesn't like it, respect his opinion and try serving the new food a different way another day.
13. Pre-schoolers prefer simple foods to elaborate mixtures. Rich sweet foods, heavy gravies, and strong flavors have little appeal to him. Serve simple foods.
14. Pre-schoolers love surprises. Occasionally serve a favorite food with a surprise in it. (for example, try putting a bit of fruit in the bottom of a custard.)
15. Even a good eater might need a between-meal snack. But see that snacks are not served too close to meal times. . . . serve them at mid day. (fruit juice in mid-morning, and milk after nap time are recommended.)
16. The pre-school child's interest in food may vary from day to day and from week to week. He may eat like a lion one day and eat practically nothing the next day. Similarly, he may go on food jags (eating large amounts of only one food for several days a time.) These phases are only temporary. Let him enjoy them without criticism. They will soon disappear.
17. A pre-schooler will eat better with mealtime hours and a definite place for him to eat. Serve meals at predictable times, and if possible, provide him with a child-sized table and chair to eat on.

HEALTH ISSUES

Nutrition

Pre-schoolers Are This Way About Food (Continued)

18. Pre-schoolers are likely to be messy at eating. Remember, they are still learning! Give them a good bib and protect the table and floor. At this age, the most important thing is that they learn to ENJOY EATING.
19. Children begin loosing teeth around age 6. The front four are usually the first to come out. When your teeth or gums hurt it can be hard to chew.

HEALTH ISSUES

Nutrition

Child-Size Servings of Common Foods

Meat Group: Two servings needed per day	2 to 3 years	4 to 5 years
Meat, poultry, or fish Eggs Cheese Peanut Butter	1 1/2 ounces 1/2 1 ounce 1 tablespoon	2 to 3 ounces 1/2 to 1 2 ounces 2 to 3 tbls.
Milk Group Three serving needed per day		
Milk Cheese Ice Cream	1/2 cup 1 ounce 1/4 cup	3/4 cup 2 ounces 1/2 cup
Fruit and Vegetable Group Four servings needed for today		
Raw vegetable (carrot) Cooked vegetable or fruit Fruit juice Fresh fruit (Apple or Orange)	1/4 medium 3 Tablespoons 1/4 to 1/3 cup 1/4 medium	1/4 medium 1/4 to 1/3 cup 1/2 to 3/4 cup 1/2 medium
Bread and Cereal Group Four servings needed for today		
Bread Cereal	1/2 slice 1/4 cup	1/2 to 1 slice 1/3 to 1/2 cup

HEALTH ISSUES

Nutrition

FOUR FOOD GROUPS

This sheet shows the amount of a nutritional serving for each of a variety of common foods. Each food is listed under the food group to which it belongs.

<u>Group</u>	<u>Food Item</u>	<u>Apprx. Serving Size</u>
Milk	Milk (all types)	8-ounce glass
	Yogurt	8-ounce carton
	Pudding or custard	1 cup
	Cheese	1-1/3 ounces
	Cottage Cheese	1-1/2 cups*
	Ice cream	2 cups*
	Milkshake	8-ounce glass
Meat	Cooked lean meat, Poultry or fish	2 ounces (edible food)
	Hot dogs	2 hot dogs
	Lunch meats	2 ounces (2 slices)
	Tuna fish	2 ounces (1/4 cup)
	Eggs	2 eggs
	Dried beans or peas	1 cup (cooked)
	Nuts	1/2 cup
	Peanut Butter	4 tablespoons

HEALTH ISSUES

Nutrition

FOUR FOOD GROUPS

(Continued)

<u>Group</u>	<u>Food Item</u>	<u>Apprx. Serving Size</u>	
Vegetable-Fruit	Most vegetables & fruits	1/2 cup	
	Vegetables & fruit juices	1/2 cup	
	Canned vegetables and fruits	1/2 cup	
	Vegetable-base soups	1 cup	
	Orange, apple, tomato banana, potato, etc.	1 medium	
	Corn	1 medium	
	Grapefruit	1/2 medium	
	Cantaloupe	1/4 medium	
	Lettuce of salad greens	1 cup	
	Bread - Cereals	Bread	1 slice
		Bun (hamburger or hot dog)	1/2 bun
Biscuit		1 (2-inch)	
English muffin		1/2 muffin	
Dinner roll		1 roll	
Pancake		1 (4-inch)	
Tortilla		1 (7 - 8 inch)	
Rice, oatmeal, grits		1/2 cup cooked	
Macaroni, spaghetti, noodles		1/2 cup (cooked)	
Dry cereal		1 ounce (1 cup)	
Saltine crackers		5 crackers	
Graham crackers	4 crackers		

*Note that for cottage cheese and ice cream the amount of serving is much larger than a normal helping

HEALTH ISSUES

Nutrition

FOODS INCLUDED IN A GOOD DAILY DIET: Average amounts for each age

Food	3-5 years	5-9 years	10-12 years	13-15 years
Milk	1 cup	2-3 cups	3 cups or more	3-4 cups or more
Eggs	1 whole egg	1 whole egg	1 whole egg	1 or more whole eggs
Meat, poultry, fish	2 oz. (1/4 cup) 1 small serving	2-3 oz. (1 small serving)	3-4 oz. (1 small serving)	4 oz. or more (1 small serving)
Dried beans, peas	3-4 tbs.	4-5 tbs.	5-6 tbs.	1/2 cup or more
Potatoes (May be replaced by equal amount of macaroni, or spaghetti, rice)	3-4 tbs.	4-5 tbs.	1/2 cup or more	3/4 cup or more
Other cooked vegetables (often a green leafy or deep yellow vegetable)	3-4 tbs. at one or more meals	4-5 tbs. at one or more meals	1/3 cup or more at one or more meals	1/2 cup or more at one or more meals
Raw vegetables (lettuce, carrots, celery, etc.)	2 or more small pieces	1/4 cup	1/3 cup	1/2 cup or more
Other Fruits	1/3-1/2 cup	1/2 cup or more at one or more meals	1/2 cup or more at one or more meals	2 servings
Vitamin C Food (Citrus, fruits, tomatoes, etc.)	1 med. size orange or equivalent	1 med. size orange or equivalent	1 med. size orange or equivalent	1 large size orange or equivalent
Other fruits	1/3-1/2 cup	1/2 cup or more at one or more meals	1/2 cup or more at one or more meals	2 servings
Cereal	1/3-1/2 cup	3/4 cup or more	1 cup or more	1 cup or more
Bread	1 slice	2 or more slices	2 or more slices	2 or more slices
Butter or fortified margarine	1 tbs.	1 tbs.	1 tbs. or more	1 tbs. or more
Sweets	1/3 cup simple dessert at 1 or 2 meals	1/2 cup simple dessert at 1 or 2 meals	1/2 cup simple dessert at 1 or 2 meals	1/2 cup simple dessert at 1 or 2 meals

HEALTH ISSUES

Nutrition

Recommended Allowances

Preschool 3-5 years	1600 Calories, 40 grams protein
Early Elementary 5-9 years	2100 Calories, 52 grams protein
Later Elementary 10-12 years	Girls: 2200 Calories, 55 grams protein Boys: 2400 Calories, 60 grams protein
Early Teens 13-15 years	Girls: 2500 Calories, 62 grams protein Boys: 3000 Calories, 75 Grams protein

HEALTH ISSUES

Nutrition

Handout: FINGER FOODS

Remember that finger foods promote the use of the thumb and index fingers together and this is an important skill for holding the pencil and scissors well in school

finger sandwiches
hard boiled egg wedges
cheese cubes
small ham rolls
peanuts
almonds
walnuts
apple wedges - red, green
pear wedges
stuffed celery
celery pieces
carrot rounds
orange wedges
banana slices

pineapple chunks
melon pieces
crackers
cookies
space balls
olives
pickles - wedges, chips
finger jello
grapes
cucumber slices
mushrooms
meat balls
chicken wingettes
chicken nuggets

SPACE BALLS

1 cup peanut butter
1 cup dry milk
1 cup honey or fruit baby food
1 cup rice crispies

Mix all together, form into balls and roll in extra rice crispies. Eat! Yummy snack. High in protein. May use all four food groups.

Health Issues

Family Cleanliness

YOUNG MEN AS FATHERS FORMAT

III. Health Issues

E. Family cleanliness

Topics to be covered:

Bathing practices for infants and children. (Hands on experience suggested)
Infants and child care products
Parental hygiene practices and modeling

The activities in this section will help the student develop abilities to:

Discuss the importance of proper of hygiene and modeling
Evaluate baby care products
Discuss proper bathing techniques for infants and small children.

Awareness Goal

A child that looks good, feels good.

Resources Available (see following pages)

HEALTH ISSUES

Family Cleanliness

Bathing and Diapering a Newborn or Infant

Teacher Note

This skill is to be presented as a demonstration. The leader should cover the points presented below and demonstrate the techniques whenever possible.

Suggested Materials:

- Baby - realistic doll
- Baby bathtub or basin
- Gentle soap
- Baby shampoo
- Baby powder
- Washcloth and towel
- Diaper
- Baby Clothes

Points to Cover

1. Never leave your baby alone in the bathtub. A baby can drown in a very small amount of water.
2. Never leave your baby alone on a table, sofa, etc. Even a newborn can manage to get to an edge and fall off. Many babies are injured each year by falling off a table, etc.
3. If you start to change the baby or give him a bath and the phone rings or some comes to the door, wrap him in a towel blanket and take him with you to answer it - or put him in his crib. Make sure he is safe before you do anything else.
4. To bathe your baby, fill the baby's tub with about 3" of warm water. Check the temperature of the water to make sure that it is safe for the baby.
5. If the bottom of the baby's tub is slippery, place a washcloth on the bottom. This will help stop baby from sliding.
6. On the table, cleanse baby's face, nose, outside of ears - never put anything inside baby's ears - pat dry. Wash his head with baby shampoo and rinse well, lightly rub dry.

Bathing and Diapering a Newborn or Infant (Continued)

7. Lower baby into the tub. Hold him firmly around his back and under his arm. He can be very slippery.
8. Soap baby's body. Cleanse inside all creases and folds and rinse thoroughly.
9. Remove baby from tub, lay on table, cover with a towel and pat dry. Dry all the creases.
10. If desired, powder baby. never shake powder on to your baby. First shake it on to your hand away from baby's face. It is not good for your baby to breathe in the powder. Put it on your baby with your hands.
11. Diaper your baby. If you are using cloth diapers, put your hand between the diaper and your baby before you try to pin the diaper. You can handle getting stuck with the pin better than your baby.
12. Dress your baby. When you put your baby's arms into sleeves, put your hand into the sleeve first and grasp your baby's hand - with all his fingers in your hand - and pull his hand through. You baby's fingers seem to have a mind of their own and sometimes it's difficult to get their fingers where you want them. Be careful.
13. Dress your baby in loose, comfortable clothing.

Health Issues

Exceptional Children

YOUNG MEN AS FATHERS FORMAT

III. Health Issues

F. Exceptional Children

Topics to be covered:

How would I feel...
What would I do if...
Where would I go for help?

The activities in this section will help the student develop abilities to:

Discuss parenting disabled and mentally gifted children.
Identify community resources in this field

Awareness Goal

It takes every kind of people to make a world.

Resources Available (see following pages)

HEALTH ISSUES

Exceptional Children

Why? An Exceptional Child in the Family

Teacher Notes:

1. Write the word *exceptional* on the board as a trigger word. Ask students to respond with all the words and concepts that come to mind when they hear the word. Make a list of these words and phrases on the board. For more responses refer to specific handicaps: blindness, mental retardation, and so forth. Compare the lists. Which handicaps seem to evoke the most negative responses, which the most positive? Which seem to make students most fearful? Using the article "After the Shock—Coping with Autism," discuss the reasons behind fearful, guilty, or resentful attitudes toward the exceptional.
2. Ask the students to respond, in a discussion or in writing, to the following:

How would your life change if:

- Your mother were confined to a wheelchair?
 - You were confined to a wheelchair?
 - Your father were hard of hearing?
 - Your live-in grandmother were losing her sight?
 - There were no money for your college education because your sister's medical care was so expensive?
 - You had to take your retarded brother to school football games?
 - Your sister lost her arm in an automobile accident?
3. Have the students imagine they have a friend or acquaintance with a brother or sister who is exceptional. How would they give support to the sibling who is not handicapped? Would they be able to recognize which stage of adjustment their friend was going through. Review the stages: shock, denial, mourning, defense systems, acceptance.
 4. Arrange for students, in groups of five, to borrow wheelchairs. Have them attempt one of the following, taking turns being the person in the wheelchair:
 - Seeing a movie
 - Shopping at the nearest shopping center
 - Using the local library
 - Washing clothes at a Laundromat
 - Going to the post office

Why? An Exceptional Child in the Family (Continued)

5. Have the students discuss their findings after they have completed the activity.

To promote personal development, to provide a leadership opportunity for chapter members, and to raise the consciousness of the people in your school or community, sponsor a "Exceptional Empathy Day." Have members "live an exceptional" for a day. Follow up with an FHA-HERO-sponsored school assembly featuring community members living successfully with physical handicaps, plus reactions of students who participated in Empathy Day.

HEALTH ISSUES

Exceptional Children

Walk in Another Person's Shoes: Learning and Communicative Handicaps

Teacher Notes:

Perceptual difficulties do not indicate intellectual deficiency. Most of us have some educational or perceptual disability, but it is so minor that we adapt to it and are unaware of its existence. The series of activities that follow will demonstrate the frustration felt by persons who have not been able to adapt to their perceptual difficulties. Early intervention in treating learning and communicative difficulties is desirable.

1. Have the class do the motor disability activity.
 - a. Have the students stand on their right foot. Have them rotate their left foot in a clockwise direction and their left hand in a counterclockwise direction.

They will probably find this activity very difficult.

- b. Have the students try rotating the left hand and the right foot clockwise. This activity will be easier because they are using one side of the brain for their hand and one side for their foot.

NOTE: Some students will experience frustration with an even simpler coordination activity.

2. Have the class do the visual perception activity.
 - a. Hand out a blank piece of paper, mirror, and pencil to each student.
 - b. Have each student draw a large five-pointed star on the paper.

HEALTH ISSUES

Walk in Another Person's Shoes

Teacher Notes:

(Continued)

- c. Have the students hold the mirror next to their star. As the students are looking in the mirror, have them redraw the star on the same lines.

NOTE: Most students will find this activity difficult. It will help them understand the frustration of those persons whose perception and ability prevent them from translating an object or word they see onto paper. They can see what they should do but, for some reason, cannot do.

3. Have the class do the hearing perception activity:

Have students try to tape-record a specific sound in a noisy room. (For example, tape a person's voice in the cafeteria during lunch or in the school hall between classes.)

NOTE: Students probably will have a difficult time because tape recorders are not selective about sounds. Your brain can select the sounds you want to hear. Some people are not able to isolate sounds; consequently, they find it difficult to concentrate and learn through hearing.

4. Invite a guest speaker to your classroom to discuss the kinds of learning disabilities and the sources of help in your community. Possible speakers may be the resource teacher at your school, a counselor, or a representative from the California Association of Neurologically Handicapped Children (CANHC). An alternative activity is to have students interview the resource person, counselors, and a person from CANHC. Make a chart of learning disabilities and sources of help.

HEALTH ISSUES

Exceptional Children

Handout

After the Shock—Coping with Autism

By Ruth Harris Swaner *Mrs. Swaner lives in Smithfield, Utah.*

Finding out your child is exceptional is one thing. Accepting it is another.

When I was told my six-month-old son had a "neurological problem," I reacted like most would, with shock.

A physician had noticed the way my child flailed his hands and suggested there might be problems. That was the shocker, to even think there was something wrong. That set me on a path leading from denial to acceptance—a path I still retrace occasionally in coping with the problems of my son.

Looking back on the ups and downs, I realize that it really was not the problems posed by my son that I had to learn to cope with, but with myself. The problem was with me and my feelings about myself. That was the turning point: a realization that I had to explore my own feelings and that I could ask for help.

But there were some crushing moments to endure before I reached that point.

The worst day of my life was when my husband and I took six-month-old Michael to the Primary Children's Hospital in Salt Lake City for testing.

All I can remember is going from one room to the next for tests. A nurse would come in and take the baby out of my arms and into another room for the test. Then she'd bring him back, tired and crying. I kept hearing little kids crying in other rooms, and it started to unnerve me.

By the end of the day when doctors asked my husband and me to hold the baby's arms while they did a blood test, I'd had enough. I went out to the car and fell apart.

We returned to the hospital a second time to meet with doctors. At that meeting the doctors advised us, "Your child has brain damage." They told us that they didn't know how or why the damage had occurred.

After the Shock—Coping with Autism (Continued)

I remember the doctors telling us that our child "may possibly be dependent on us the rest of our lives . . . may never attend public schools . . . and will probably lack good judgment."

The doctors then encouraged us to take Michael to the Exceptional Child Center at Utah State University, praising it as one of the best facilities available.

As we rode home, Roger and I were completely silent. It was as though we were in a state of shock. I think disbelief was in there, too, and a feeling of hope that the doctors were wrong.

It was at least a month before I called the Exceptional Child Center. I didn't look for any help because I didn't believe it. I just couldn't. I knew if I picked up the phone and asked for help, I would be saying I believed my child wasn't normal.

Michael looked no different than any of his three older brothers. I think that was one reason we didn't believe he was abnormal.

As a family we had to accept many changes in our day-to-day living. A great deal of time had to be spent routinely teaching Michael basic things like crawling, walking, feeding himself. The other children sensed that I was spending a lot of extra time with him. My husband also felt neglected in the beginning. We both talked about our feelings and knew that we would both have to sacrifice in order to help Michael progress.

Now, at age three-and-one-half, Michael shows other developmental signs. He doesn't talk and therefore he can't tell us what he needs or how he feels—a great frustration for mother. Then there is the uncontrollable flailing of the hands when he gets excited.

Looking back, I can identify about ten different emotional stages I went through—some more than once. One was anger.

An early test at the Child Center convinced even me that Michael was severely deaf, along with his other problems.

The anger came out on the way home. He was giggling and having a good time on the seat, but his mother was going through hell. All I wanted to do was scream. I looked up to the sky and said, "What more is going to happen to my child?"

Later a sophisticated test administered at the Primary Children's Hospital showed that Michael was not deaf after all. That made me very mad. He was just not responding to sounds! I boiled over with the anger of frustration.

After the Shock—Coping with Autism (Continued)

Part of my frustration was being a parent living in a world of unknowns. Doctors gave me a lot of maybes and ifs, a lot of big words but no certainties. "What do these words mean?" I remember asking myself.

Early in the testing, I began to suspect that Michael was autistic—a condition doctors have since agreed the child exhibits symptoms of having.

One of the symptoms is withdrawal into himself. He was totally in another world at times, completely unaware of what was happening around him.

I was frustrated because personnel at the child center wouldn't confirm my own diagnosis but instead kept an open mind. Today, I understand why doctors resist labeling a child into a specific category. By so doing, they could perhaps deny him treatment and care associated with other problems.

Guilt was also a big problem for me. One of my first questions was whether smelling glue could cause brain damage. When I was eight months pregnant, I purchased a load of carpet squares and glued them to the floor of a room in my home. My doctor eliminated my concern.

At the center I found help for myself as well. Friends could only go so far. I realized I needed professional help. I began meeting and counseling with Phyllis Cole, coordinator of clinical services, whom I had met when Michael was first evaluated.

She took me full-circle. I showed up initially to discuss my problems concerning Michael, but the counseling soon centered on me more than Michael. Once I had solved my own problems, I was able to deal with my son's problems.

Because I enjoy writing, I kept a daily log of the feelings and guilt trips I went through. I listed them as they happened, with one or two words which conveyed the feeling plus a quote to characterize it.

They were:

- (1) First Shock—"A nightmare"
- (2) Disbelief—"Doctors are wrong"
- (3) Anger—"Why my child?" "Why us?"
- (4) Rejection—"I can't accept the child as he is"

After the Shock—Coping with Autism (Continued)

5) Lack of understanding—"What do these medical words mean?" They are so ambiguous

(6) Ignoring—"If I ignore the problem, maybe it will go away"

(7) Ashamed—"I can't take what others may say; I'll keep my child at home"

(8) Turning point—"A self-exploration. What do I really feel . . . I can ask for help"

(9) First Acceptance—"I can say . . . I gave birth to an exceptional child and feel it and believe it"

(10) Adjustment period—"Ready for work—" This is a slow lifelong process

(11) Total dedication does not mean "over" dedication, which would strain relationships with the other children or my husband.

After the Shock—Coping with Autism (Continued)

I also submitted the list to other mothers with exceptional children. To my surprise they recognized some of the same feelings they had experienced.

Looking back, I realize that this list helped me to understand myself better, and it will, in the future, help me deal with other trials which may occur.

On reflection I feel my husband and I are closer because we finally relied on each other. We communicated, eventually, in a time of trial, and this, in turn, helped us to stay communicative in all areas of our married life.

Health Issues

Supervision and Safety

YOUNG MEN AS FATHERS FORMAT

III. Health Issues

G. Supervision and Safety

Topics to be covered:

- Parental supervision
- Home safety
- Playground safety
- Poison control
- Vehicle safety
- Weapons
- Drugs and alcohol in home and community

The activities in this section will help the student develop abilities to:

- Identify potential safety hazards in the home and community.
- Identify potential vehicle hazards.
- Call for assistance (911 and poison control center)
- Discuss the responsibility of parental supervision

Awareness Goal

Injuries to your children are preventable; there are no accidents.

Resources Available (see following pages)

HEALTH ISSUES

Supervision and Safety

Handout: "Child Proofing" your home

Children bring joy to their parents - they also bring a few new challenges. Making your home a safe place for your child's normal curiosity and exploration is easy if you follow some relatively simple guidelines.

IN LIVING AREAS AND AROUND THE HOUSE

- Never allows children to play with electrical outlets or appliances. When not in use, cover with plastic outlet covers.
- Keep matches and lighters in a secure place. A child's curiosity about fire can be destructive.
- Alcohol can cause a fatal drop in a child's blood sugar. Be sure to clean up any bottles, glasses, or other containers of alcoholic beverages.
- Firearms, if kept in the home at all, must be locked away somewhere inaccessible to children. Be sure children do not know where keys are (or combination to locks). Even it is locked away, never store a loaded gun.
- A toddler on a chair can pull top-heavy furniture over. Be sure to place heavier items in the bottom drawers or shelves.
- Pole lamps are also easy targets. Block them with heavy furniture or eliminate them from your home.
- Heating grates can cause burns. Surround them with child gates.
- Be sure all doors to the outside lock securely and are out of your child's reach. A safety chain placed high on the door works well.
- If you have a pool, be sure it has a six foot fence surrounding it. Do not use cyclone fencing for a pool enclosure - it is easily climbed. Be sure children are supervised when swimming.

"Child Proofing" your home (Continued)

TOYS

- Check your children's toys. Those designed for smaller children have fewer, larger pieces and pose less of a choking danger.
- Balloons, whether filled with air, helium or water are lots of fun. they can also be deadly. Never allow children to play with balloons unsupervised.

IN THE KITCHEN

- Keep all cleaning materials and medicines locked securely away from children.
- Be sure to affix current poison control center stickers to all telephones and keep ipecac on hand to use when directed to do so by the poison control center.

IN THE BEDROOM

- Tie bumper pads tightly to crib and trim ties to prevent choking.
- Limit the number of stuffed toys in your child's crib. Toddlers in particular will stick them and climb out of their cribs.

IN THE BATHROOM

- Remove razors, shampoo and other bath items from the tub area to avoid injury.
- Setting the water heater no higher than 120⁰ F will minimize the risk of burns.
- Always check the water temperature before placing a child in the tub.
- Be sure to keep any medicine, vitamins or cleaning agents in a securely locked cupboard that is not accessible to children.

HEALTH ISSUES

Supervision and Safety

Fill in and cut out the following card. Place it near your phone in case of emergency.

EMERGENCY NUMBERS	
Doctor's Name _____	Fire _____
Doctor's Telephone _____	Ambulance _____
Poison Control Center _____	Police _____

HEALTH ISSUES

Supervision and Safety

Ways to Prevent Poisonings

Teacher Notes

1. Have the students discuss personal experiences with poisons or answer the following questions:
 - Have you ever known anyone who has been poisoned or who has been taken to the doctor for a possible poisoning?
 - What was the poisonous substance?
 - How did it happen?
 - How old was the person?
 - What was done for the person?
 - How could the poisoning have been prevented?
2. Have the students complete the "Poisonous Substance Home Survey" in this activity. (A poison is any substance that you eat, breathe, or touch that can make you sick or cause death.)
3. Discuss the survey results with students. As a class do the following:
 - a. Compile a list of the ten most common locations for hazardous substances.
 - b. Compile a list of at least five ways people can protect children from hazardous substances.
4. Have each student use a telephone book to determine whom to call in case of a poisoning. Have each student explain what he or she would do. In California, the emergency section of the telephone book lists the telephone numbers of the local poison center or fire rescue squad to call in case of an emergency. For more information, contact your local poison control center. What do you do in your community?

HEALTH ISSUES

Supervision and Safety

Poisonous Plants

Apricot—Seed pit, stems, bark	Laurels—All parts
Azaleas—All parts	Lily of the valley—Leaves and flowers
Calla lily—Bulbs	Mistletoe—Berries
Castor beans*—Mature seeds	Morning glory—Seeds
Crocus—Leaves	Narcissus—Bulbs
Daffodil—Bulbs	Nightshade—Berries
Dieffenbachia—All parts	Oleander*—All parts, including dried leaves**
English ivy—Berries and leaves	Philodendron—All parts
Foxglove—Leaves Iris—Leaves and rhizomes	Potato sprouts—Sprouts
Hemlock—All parts	Privet—Berries and leaves
Holly—Berries	Poinsettia—Leaves and flowers
Horse chestnut (buckeye)—Nuts	Rhubarb—Leaves
Hyacinth—Bulbs, leaves, flowers	Rhododendron—All parts
Hydrangea—Leaves and bulbs	Sweet pea—Peas or seeds
Lantana (red sage)—Berries	Toadstools—All parts
Larkspur or delphinium	Tulip—Bulbs
Seeds and young plants	Wisteria—Seeds
	Even the smoke from burning brush affects some people

*One of the two most violently poisonous plants found in CA**

Although eating or being exposed to poisonous plants rarely causes death, a serious reaction may occur and require a child to be hospitalized. The degree of poisoning depends on the size of the child, the amount of the plant eaten, and the toxicity of the plant.

Because small children—with their curiosity and tendency to put things into their mouths—are the most common victims of poisonous plants, every effort should be made to teach them not to eat any plant parts (leaves, berries, seeds, or flowers) other than those fed to them as vegetables or fruits.

Castor bean and oleander are the two most violently toxic of the common garden plants found in California.

Castor bean is widely used throughout the state as an ornamental shrub and in some areas is grown by farmers for the oil in the seeds. It also grows wild along roads and stream beds in the warm sections of the state.

HEALTH ISSUES

Supervision and Safety

Poisonous Plants (Continued)

The poisonous material called ricin is contained in the fleshy part of the mature seed. Eating small quantities of ricin can produce serious results. The symptoms produced include a burning sensation in the mouth, nausea, vomiting, abdominal pain, blurred vision, dizziness, and convulsions. A child's eating two or three seeds has been reported to cause death, and eating as few as six can kill an adult. Danger can be eliminated if the seed heads are clipped off before they mature.

Oleander is an evergreen shrub growing up to 15 or 25 feet (5 or 8m) in height, with a profusion of white, pink, or red flowers in the summer. All parts of the plant, including the dried leaves, are poisonous. A child can become severely ill with vomiting, abdominal pain, and diarrhea from eating only a few leaves. Even the smoke from burning oleander brush affects some persons. The effects are similar to that of the drug digitalis and require immediate treatment by a doctor.

Because the effect of many poisonous plants is often the result of a person's allergic sensitivity rather than of the direct toxicity of the plant, it is impossible to list every plant species which can cause trouble. However, parents of small children should be aware of the more serious threats to safety.

Accidents happen. The following first-aid steps are recommended if you think your child has eaten any poisonous plant:

1. Take any poisonous matter from the child and clean out the child's mouth.
2. Call the doctor or a poison control center. Many California communities have poison control centers which can provide quick emergency information and referral, if needed. Look for poison emergency information on the first page of the telephone book.
3. If directed to do so, induce vomiting by administering syrup of ipecac. This substance, which can be purchased without a prescription at any pharmacy, should be available in all households where potential poisonings can occur.
4. If directed to take the child to the hospital, take along a sample of the poisonous plant and any vomitus collected.

HEALTH ISSUES

Supervision and Safety

Handout: CHECK YOUR HOME SAFETY SENSE

1. Are garden tools returned to their storage racks after use?
2. Do you get help for heavy or difficult jobs?
3. Are broken walks and driveways repaired promptly?
4. Do you keep children and pets a safe distance away when operating your power mower?
5. Do you shut off the mower when cleaning, adjusting or emptying the grass catcher, and never refuel when the motor is on?
6. Are children's swings, slides and other outdoor play equipment maintained in safe condition?
7. Do you keep ladders in good shape?
8. Is the yard kept clear of broken glass, nail-studded boards and other litter?
9. Do you use extra care putting up screens when you are on a ladder.

WORKSHOP

1. Is the workshop well ventilated and work areas lighted?
2. Are paint thinners and solvents kept in metal cans?
3. Do you keep tools out of reach of small children?
4. Do you make sure extension cords are the right capacity for the wattage of the tool on which they are used? Are tools properly grounded if they are not double grounded? Are power tools disconnected or switches locked when not in use? Are power tool guards kept in place? Do you use safety glasses when drilling, sanding, or doing eye threatening work?

CHECK YOUR HOME SAFETY SENSE (Continued)

BASEMENT OR UTILITY ROOM

1. Do you know where your main gas and water valves are located and how to close them?
2. Do you know how to light the pilot light on your furnace and water heater?
3. Do you call the gas company if you suspect a leaky valve or pipe?
4. Do you know where your main electric switch is and how to turn it off?
5. Are circuit breakers labeled to identify outlets and fixtures that they protect?
6. Are the washer and drier electrically grounded?
7. Are cleaning fluids, drain openers, ammonia and similar items locked up or out of reach of small children?
8. Do you avoid using your basement, garage or attic as a dumping ground for combustible materials?

GARAGE AND DRIVEWAY

1. Is your garage well lighted with switches by the doors?
2. Is your garage in order?
3. Do you always keep the garage door open when running the car?
4. Do you inspect lift-up garage doors regularly for safety?
5. Do you check the area around the car before backing up?

LIVING ROOM, FAMILY ROOM AND BEDROOM

1. Is there good lighting in heavy traffic areas and night lights for small children and the elderly?
2. Do you keep traffic areas and exits clear?
3. Is there a lamp within easy reach of the bed?

CHECK YOUR HOME SAFETY SENSE (Continued)

4. Do you have nonskid backing on all small rugs and avoid using them at the top of stairs?
5. Is there a screen in front of the fireplace?
6. Are there plenty of wall outlets, avoiding octopus connections?
7. Do you use large, deep ashtrays in case you doze off?
8. Are firearms secure in locked racks or cabinets?
9. Do you have smoke detectors?
10. Do you have a family escape plan in case of fire?
11. Are all glass doors taped or otherwise marked?

STAIRWAYS

1. Are stairs well lighted with switches at top and bottom?
2. Are there sturdy handrails in good repair?
3. Are children's toys kept off the stairs?
4. Do you avoid using stairs as temporary storage areas?
5. Do you avoid carrying vision impairing loads up or down?

KITCHEN

1. Do you look for the UL or AGA label when you buy?
2. Are your stove and sink areas well lighted?
3. Do you wipe up spills immediately?
4. Is your kitchen wired correctly for appliances?
5. Do you make sure your hands are dry before operating electrical appliances?
6. Are you in the habit of using a step stool to reach them?

CHECK YOUR HOME SAFETY SENSE (Continued)

7. Do you turn pot handles inward, not over another burner?
8. Have you a special rack for sharp knives?
9. Do you use pot holders and make sure they are dry?
10. Are emergency phone numbers handy by the phone?
11. Do you replace cracked or frayed electrical cords?
12. Are household cleansers kept in their original containers out of reach of children?
13. Do you know that water should not be poured on a grease fire?
14. Do you shield yourself from hot steam when removing a pan lid?
15. Do you avoid wearing loose, flimsy garments around sources of flame?
16. Keep the temperature of hot water below that which can scold.

BATHROOM

1. Are there nonskid mats or decals on a tub or shower floor?
2. Do you make sure that electrical appliances are never used in the bath tub?
3. Do you have medicine clearly marked, out of reach of children?
4. Do you avoid using aerosols near open flame or when smoking?

HEALTH ISSUES

Supervision and Safety

Harout: SUMMER HEALTH AND SAFETY HAZARDS

Heat can hurt. Small babies' sweat glands do not function quite efficiently, at first, as those of older people. Hence, they are far more susceptible to heatstroke.

Heatstroke can happen in any hot, humid situation; there need not be direct sunlight. It can be fatal. Deaths have actually occurred when infants were left in parked cars when the temperature was in the 80's; under such circumstances, the temperature inside the car can quickly soar to 100 degrees F. or above, even if the windows are slightly open and the parking spot partly shaded.

If it is hot and humid enough outdoors to cause you acute discomfort, it is too hot for your baby. You will both be better off indoors; preferably with air conditioning.

Heat can irritate. Heat rash, also known as prickly heat, is another result of the fact that your baby's sweat glands are functioning less than perfectly. Babies often cry when they are too cold, but not when they are too hot.

If your child should develop heat rash: sponge the areas with cool water, dry and dust with cornstarch. Dress lightly.

Sun: help and hurt. Sunshine triggers the process that produces needed vitamin D for your baby's bone development. But ordinary exposure to daylight is normally sufficient for that process.

Direct sunlight, in our climatic zone, is not necessary - and your baby needs protection from the sun. All babies skin, no matter how dark, is extremely thin and susceptible to burning; the lighter your child's skin and/or eyes, the more so.

The most dangerous period is that between about 10 AM and 2 PM when the sun is high in the sky and its rays most intense. Your baby shouldn't be exposed to that midday sun, and at other times should be in the sun for only five to ten minutes at a time. If the infant has very light hair and eyes, doctors advise no exposure to direct sunlight during the first year. When incidental sun exposure seems unavoidable, use a sunscreen.

Insect bites and stings. Aside from general alertness, it is helpful to dress your child in light, unpatterned clothing and to avoid all sweet-scented lotions.

Water. If your baby has begun to move about, even on hands and knees, and you are anywhere near water, never leave the child out of your sight, even for a few seconds.

HEALTH ISSUES

Supervision and Safety

Assignment: An Important Errand

It's Saturday. You're taking care of your new baby while your wife is out shopping for food.

The baby is sleeping. She's been sleeping for about an hour and you've just been watching television.

Your friend Ron calls. He's found a car for you to buy. Your old car isn't running and if you can't find a new one, you won't be able to get to work on Monday. That could mean losing your job.

Ron says he can bring the car and the guy who's selling it around to your place. You tell him okay.

When Ron comes, you go out to check out the car. You drive around the block. You decide to buy it and arrange to see the guy who's selling it later. You're gone maybe ten minutes.

When you get home, your wife is there. The baby is crying. Your wife is really mad.

She says: "How could you leave the baby alone? She could have been hurt. She was lying there crying with a wet diaper and you were supposed to be taking care of her."

Discussion Questions

1. Was what you did right?
2. What should you do now?
3. Is your wife right to yell at you?

HUMAN GROWTH AND DEVELOPMENT

Supervision/Safety

An Important Errand

Teacher Notes

The teacher should stress 24-hour responsibility. You should not leave the baby alone without someone to look after her for any length of time for any reason. Your wife has a right to be angry. You should apologize.

Incarceration and Beyond

Impact of Incarceration on the Family

YOUNG MEN AS FATHERS FORMAT

IV. Incarceration and Beyond

A. Impact of incarceration on the family

Topics to be covered:

- Lack of father input.
- Monetary impact (increased costs and lack of income)
- Revolving door fathers
- Use of extended family
- Other male figure influences while father is incarcerated

The activities in this section will help the student develop abilities to:

- Discuss the impact of his incarceration on his family.
- Identify his family's coping strategies in his absence.
- Identify strategies for dealing with other male figures in his child's home

Awareness Goal:

For children, absence does not make the heart grow fonder.

Resources Available (see following pages)

INCARCERATION AND BEYOND

FAMILY REUNIFICATION

Teacher Notes

1. Love is constant but "needs" and "actions" must change to reflect the love. Love isn't constant but always changing to meet the needs of those we love.
2. Talk about the stresses of separation and ask the class to reflect on the separation. Some good questions are: What has been the hardest part of the separation for you? What have you learned from the separation? What will you do differently? What has your child said or written to you about your absence? How has your child changed since you have been gone?
3. Read and discuss the handout "While You Are Away" attached.
4. Read and discuss the handout "Tips for Reunification" attached.
5. "My Plan for Reunification With My Child Is..." Have each student write their own reunification plan. Title it "My Plan". (Stress that the over all plan should has specific points for each child.)

INCARCERATION AND BEYOND

FAMILY REUNIFICATION

Handout

While You Are Away

1. Call as often as possible (some foster parents have strict rules - try not to interrupt meals). Many short calls are much better than one long call... children have a very short attention span and lose interest easily. Be polite.
2. Write at least once a week! Children who cannot read love pictures with happy faces, trees, sunshine, etc , and maybe a comment like -- "You make me feel happy". Every child loves to get mail!

When you write or call try to:

Ask "open-ended" questions! These are questions that encourage talking. Stay away from the "good boy, bad boy" stuff. Questions like, Who's your best friend?, What did you have for lunch? What's your favorite T.V. show? What's your favorite color of kind of ice cream? Do you have a favorite book?

If you always ask a child if they are "being good", they may feel you only love them when they are good. (Remember: you may not like what they do and you may make them stop -- but you always love them!)

3. Relationships are built on trust. Promise only the things that you are sure of -- don't give your child a reason not to trust you. Give yourself time and space before you make promises. Once you are home and you "see how things are going" you are in a much better position to make promises you can keep.
4. Tell the truth! If you want your child (or anyone) to be honest with you then you must do your best to be honest with them. It is better to say nothing than be untruthful.

INCARCERATION AND BEYOND

FAMILY REUNIFICATION

While You Are Away (Continued)

REMEMBER: If you are involved in trying to regain custody of your child, then it is your responsibility to prove your can be a good parent. You must prove you made the effort.

It helps to:

1. Keep a list of dates and times of phone calls. This will show the judge you tried.
2. Write each letter twice (or copy the first one) so you can show the judge the letter. (date all letters)
3. If you do not think your child gets your letters, then send a copy of the social worker.

INCARCERATION AND BEYOND

FAMILY REUNIFICATION

Handout: Tips for Reunification

If you have not seen your child in a long time remember:

- a. Young children are taught to be afraid of strangers and if your child does not know you or recognize you then you are a stranger - even though you have the name, "daddy".
- b. Young children are afraid of loud noises. So when you talk, speak softly.
- c. Do not run at a small child - walk slowly into a room and watch the child.
- d. Bend down to the child's level - it's less scary for the child.
- e. Do not expect your child to come to you, he/she will have to get to know you to trust you. Sit quietly and watch at first.
- f. When bringing gifts sometimes toys are lots of fun, but they don't always get the reaction you hoped for. If you offer a gift, bend down, hold it out and encourage the child to come to you - if this does not work, then set the gift down and move away.
- g. Always remember "presents are given 'with no strings attached'". Don't insist on "love" in exchange. Love comes with time and trust.
- h. Rules are important to children and while you were gone someone else made the rules. Learn the rules and follow them. You are now the intruder into their world. Rules can be changed, but first you need to adjust and give everyone a chance to adjust. Playing by "their" rules first will make the child more secure.
- i. Your children see your absence as abandonment, and they are angry. Your family is angry and you may feel guilty and angry at yourself. FEELINGS AREN'T FACTS! TIME CHANGES FEELINGS.
- j. Guilt is very destructive, if possible learn from an experience, but leave it behind you. Let the pain work to change you, not to control you.

INCARCERATION AND BEYOND

FAMILY REUNIFICATION

Tips for Reunification (Continued)

- k. If you are trying to regain custody of your child, your worker will have some very special rules for you to follow - do the things on that list. You may not "like" the worker and the rules may not seem "fair", however the decision to return your child to you is based on how well you did what you were told to do. It is not important that you "like" the worker, or that she "like you". Getting custody of a child is important.
- l. Your children need your time and your love, not a trip to Disneyland. Do NOT feel guilty if you cannot take them some place special - a day in the park to talk and swing is more important than anything.
- m. If you will be taking the child home in the future, try to make many visits. Taking pictures can help the child remember you, leave pictures with the child. At first your child will need the security of the home he/she is happy with, later short walks are nice.
- n. Routines give children security so you will want to stick with the established routines in the beginning.
- o. Give yourself credit for small changes - others may miss seeing them but you know how hard you are working.
- p. It's NOT what you say - it's what you DO!
- q. Learn about your community and its resources, make new friends, you're not alone.
- r. Children needs lots of love and support to live through a change in homes - so do you.
- s. Trust takes time. The more you keep your word, the more others will trust you. Give yourself and others time to rebound and rebuild. They want to know the "new you" !

Incarceration and Beyond

Family Planning

YOUNG MEN AS FATHERS FORMAT

IV. Incarceration and Beyond

B. Family planning

Topics to be covered:

Contraception (facts and myths)
Sex education
Adoption/abortion

The activities in this section will help the student develop abilities to:

Identify and discuss various methods of contraception and their use.
Identify for themselves their personal thoughts and feelings about abortion and adoption.
Discuss cultural differences in how sex education is taught

Awareness Goal

Family planning is a joint responsibility.

Resources Available (see following pages)

INCARCERATION AND BEYOND

Family Planning

Handout: Unwanted Pregnancy - Why?

By Pamela Lee Lowry

During its first three years of operation, the Pregnancy Counseling Service (PCS) of Boston saw nearly 20,000 women faced with an unwanted pregnancy. It has been impossible to witness such a steady stream of unwanted pregnancies without feeling a sense of dismay that so much effort must be devoted to a problem which should be easily prevented.

While PCS has its share of clients with very limited education or extremely low levels of intelligence, most couples seeking help have normal IQs, reasonable amounts of education, and adequate incomes. Why do such people conceive unwanted pregnancies? How can they be reached before they do, and motivated to seek and use contraception?

It is important, in seeking an answer, to go far beyond the oversimplified and questionable interpretation of unwanted pregnancy as a manifestation of some deep-seated pathology. This theory, extended to its logical conclusion, suggests that those who fail to wear seat belts have a hidden psychological need to be injured in a car accident, and that those who smoke subconsciously wish to get cancer. Clearly there are some people whose pregnancies are symptomatic of emotional illness or instability, but our experience indicates that they are definitely in the minority.

It is also important, in seeking answers, to avoid an approach which looks only to the female for the explanation, and neglects to ask what factors motivate a male to participate in unprotected intercourse.

To attack the problem effectively, we should consider all the factors which influence a person to participate in sex without taking adequate precautions against pregnancy. These range from human error, fear and ignorance to conflicting priorities, social pressure and unconscious motivation. Certainly, we cannot overlook the fact that there is a small failure rate inherent in even the most effective contraceptive methods (pills, IUDs, diaphragms, condoms, foams). Some unwanted pregnancies are unavoidable, even when a couple has followed directions carefully and used an effective method consistently. For this small group, the only solution is improved contraceptive devices and continued research into new methods of birth control.

Unwanted Pregnancy - Why? (Continued)

Human Error

Unfortunately, the failure rate of effective methods is significantly increased because many couples use them without completely understanding the procedures involved. These couples believe they are using the method correctly, but due to a misunderstanding of the directions, or an inadequate explanation by the physician, they do not fulfill the requirements for highest protection. Examples of this are plentiful:

PILLS

Physicians sometimes fail to emphasize the importance of taking pills at approximately the same time every day. With sequential pills and some of the lowest dose combination pills, the margin for error is slim. Further, women with a history of very short menstrual cycles should be advised to use another contraceptive in conjunction with pills for the first week of the first cycle. Doctors often neglect to mention this.

IUDs

Although heavy cramping usually accompanies the expulsion of an IUD, some women have not been advised of this warning signal, and may experience such cramping without realizing its possible significance. Many doctors do not place sufficient emphasis on the importance of the patient checking the string which hangs from the IUD into the vagina. By checking regularly, and particularly at a time when severe cramping takes place, women can usually tell whether their IUD is still in place.

DIAPHRAGM

Use of a diaphragm without spermicidal jelly or cream substantially reduces its effectiveness. Some doctors neglect to stress this point, and occasionally women will use a diaphragm without jelly or cream; not realizing the danger. Doctors often forget to explain that more jelly or cream must be inserted (by means of a plastic applicator) prior to each additional act of intercourse. Further, they may fail to caution that the diaphragm must remain undisturbed for 6-8 hours following intercourse to ensure that all sperm have been immobilized. Women are often not aware of the need to have their diaphragm checked periodically. Often it must be refitted following childbirth or weight changes, and 2-3 months after first intercourse.

Unwanted Pregnancy - Why? (Continued)

FOAM

The couple who fail to read the small print on the package of contraceptive foam often do not realize the importance of 1) shaking the bottle well before filling the applicator; 2) inserting the foam no more than 30 minutes prior to intercourse; 3) refraining from douching for 6-8 hours following intercourse; 4) adding more foam prior to each additional act of intercourse.

CONDOM

Even with the supposedly simple condom, there can be problems. Sperm may be emitted in the lubricating fluid secreted before ejaculation. Not realizing this, many men do not apply the condom immediately following erection. Failure to remove the penis from the vagina before its return to a flaccid or non-erect state may result in leakage at the opening of the vagina. If there is sufficient lubrication, sperm deposited at the opening can cause pregnancy. A similar event could occur if the man does not hold onto the condom tightly as he withdraws.

VASECTOMY

Some men undergoing vasectomy do not realize that it does not immediately eliminate sperm from the reproductive tract. Others are misled into thinking that after a set number of weeks or ejaculations, they can stop relying on other birth control methods. In fact, the only way to be sure the operation has been successful is to obtain a negative sperm count from the physician. Only then should other methods be abandoned.

There is, in general, a communication problem which plagues instruction about methods. Time and again, persons dispensing contraceptives fail to explain the most basic facts or use language which adequately conveys the information needed for effective usage.

While the majority of family planning patients understand that references to jelly or cream refer to a special spermicidal substance, there will always be women who assume the instructor is talking about a milk product or Welch's grape jam. The term sterilization means a surgical procedure to most, but to a patient with limited horizons, it may conjure up a frightening picture of a big pot of boiling water into which you are planning to dunk the anesthetized victim.

Unwanted Pregnancy - Why? (Continued)

In one case which recently came to our attention, an unhappily pregnant patient returned to the clinic, completely bewildered as to why her diaphragm had failed. After reviewing the instructions with her, and confirming her proper usage, the doctor asked to see her diaphragm in order to check whether the size might have been wrong. She produced the device. It had a hole nearly the size of a dime punched through one side of it. "How on earth did that happen?" demanded the horrified physician. "Oh," she replied, "that's how I hang it on the hook by the bed, so it'll be handy like you said it should." Since the instruction she had been given omitted any explanation of how the device actually worked, she had no idea that a hole in the diaphragm constituted a problem.

Even the most conscientious family planning counselor may inadvertently use language which leads to disaster. A few years ago, a patient came in, fearing pregnancy and seeking an abortion. While the pregnancy test was being processed, a nurse talked with her about her contraception history. The woman had recently been fitted with a diaphragm, and told she should put it in every night before going to bed, and not to remove it till morning, so she would always be protected. This the woman did—correctly and faithfully. Unfortunately, her husband worked the night shift and they had intercourse during the day, after she had taken out the device. "Going to bed," for her, was not the same as having intercourse.

If we bridge the communication gap, "human error" in contraceptive usage can be reduced particularly if we are willing to recognize that responsibility for such error frequently lies with the deliverers of family planning care, as well as with its consumers.

Use of Ineffective Contraception

Human error and contraceptive failure (of an effective method) account for only 15% of the couples who come to PCS; 85% failed to use effective birth control at the time of conception. The majority in this latter group were relying on methods whose effectiveness is low or nonexistent: withdrawal, feminine hygiene products, douching or rhythm.

Unwanted Pregnancy - Why? (Continued)

IGNORANCE. . . A major factor in the use of such methods is ignorance of their high failure rate. Couples who believe withdrawal is effective are unaware that sperm are often released prior to ejaculation. Couples relying on post-coital douching have no idea that sperm can penetrate the uterus in a matter of seconds. Women using feminine hygiene products are misled by advertising that the product will "solve intimate marriage problems." Couples believe the woman cannot get pregnant during a menstrual period, or while breast feeding, or immediately following childbirth, or after coming off pills. Couples using rhythm—whether pure or modified—have no appreciation of the vagaries of the menstrual cycle. (Modified rhythm refers to couples who use effective contraception during what they assume to be the fertile period and use nothing during what they assume to be the safe period. Too frequently, their calculations are wrong).

FEAR AND EMBARRASSMENT. Even if couples are aware of the limitations of their current method and know that more reliable means exist, they may fail to seek help because they fear judgmental attitudes, or because they simply do not know how to go about it.

A co-worker conveyed to me the story which her boyfriend related about his first experience in purchasing condoms. Although it happened many years ago, it seems an ageless tale. He carefully avoided his home town drugstore, because the pharmacist lived two doors from his house. Manufacturing an excuse to get the car, he traveled to an area where he was not known. Having selected an appropriate spot, he parked the car and entered a corner pharmacy. Once inside, he started for the counter, realized that the attendant was female, and made a quick retreat into the magazine racks to reevaluate his position. After loitering there for what seemed an eternity, he spotted the male attendant beginning to circulate, and hastily headed toward him, magazine in hand. "Will that be all? The attendant was ringing up the magazine. "Uh, would you add a box of Trojans, please?" He tried to look nonchalant. "Large or small?" responded the clerk. His face fell. Confused, he looked downward, made a quick assessment, and stammered, "Uh, m-m-medium" At this the clerk guffawed and through his chuckles, in a voice which carried throughout the entire store, said, "No, sonny, condoms all come in the same size. I was talking about the box—you want three per or the twelve pack?" The mortified boy fled the drugstore—without the magazine—and without the condoms.

Needless to say, fear of a similar experience inhibits untold numbers of young men from purchasing condoms.

Unwanted Pregnancy - Why? (Continued)

The woman faces parallel problems. She has read about pills, but is not sure of their availability. She thinks there may be age and/or marital restrictions and does not know where to turn for accurate information. She is reluctant to approach her regular family doctor for fear he will inform her parents. Students almost uniformly suspect that any college health service will send their records home. The woman who picks a doctor's name out of the phone book runs a fair chance of being met with a lecture on morality by either the secretary or the physician. Fear of possible judgmental and punitive attitudes is enough to make many women give up early in their search—or never even try.

In a slightly different vein, certain effective contraceptives such as diaphragms or foams are rejected because they require genital handling. A surprising number of women have been deeply affected by traditional female taboos and carry into their adult lives a repugnance for any method which requires them to touch the genital area. This embarrassment can also be a strong factor in a woman's failure to seek prescription contraceptive methods like the pill or the IUD, since both require a pelvic exam. The prospect of an internal exam is awkward for many women, and often leads to procrastination over scheduling a doctor's appointment.

Many couples are reluctant to use the most effective methods because of the often over-stated dangers attributed to them. Scare stories about pills and IUDs have kept many couples from trying these methods. While clearly there are women who should not use pills or IUDs, most couples neglect, in weighing the pros and cons, to consider the major side effect of lesser methods: failure.

COST. . . Socio-economic concerns are another major deterrent to effective contraceptive practice. Many areas of the country have no clinic services for birth control; those that do often have restrictions which sharply limit eligibility. Some centers offer free services for welfare recipients within a specific geographic limit, but will not give care to the non welfare but medically indigent person, to street people or to poor students. The few services which are open to this population usually have waiting lists as long as two or three months. Withdrawal and rhythm may not work very well, but they are free and immediately available. Come now, pay later.

Conflicting Priorities

Yet even in instances where money is no problem, where a couple has knowledge of and access to effective contraception, with confidentiality and minimum hassle guaranteed, pregnancy seems to occur with depressing predictability.

Unwanted Pregnancy - Why? (Continued)

Among the very high risk groups are women who are just entering into a physical relationship. Having been brought up to believe that "nice girls don't", these women are often unable to confront and deal realistically with sexual intercourse and its reproductive component. Planning to use a contraceptive means planning to have intercourse—and nice girls don't. Even more central to the issue is the teaching that nice boys don't marry girls who do. There is frequently a very high level of anxiety that the boy will lose respect for a girl who willingly, consciously agrees to have intercourse. Premeditation is a cold and ugly word. It is contrary to every major role model the girl has been shown during childhood and adolescence. Society condones and romanticizes seduction—being swept away by love, overwhelmed by passion—but it decries planning. The unspoken code does not even permit her to ask her boyfriend to take care of contraception, since that would be equally an admission that she is a consenting participant. The mere act of verbalizing the need for birth control demonstrates her acknowledgment, at a conscious level, of their sexual relationship; such acknowledgment forces upon her the burden of responsibility for her actions—and since she cannot be both an instigator of sexual activity and a nice girl, she opts for the best of both worlds by avoiding responsibility for her actions.

Her conflict, in turn, makes it very difficult for the male to take initiative in terms of contraception. In a very succinct, albeit nonverbal fashion, she communicates to her partner that she does not wish to be confronted with her actions, and that if she is forced into a position of seeming to be cognizant, she has little choice but to refuse to participate. For the male to stop at a crucial moment and fumble with a condom is to invite a sudden reversal of the natural course of events. The girl conveys that she must be swept away—no planning—no premeditation and in order for intercourse to occur, the boy must act in a manner consistent with this approach. He cannot bring her back to reality by pausing for practical, contraceptive activity.

Neither partner wants a pregnancy. Both partners want to have sex. Yet because of the conflicts inherent in their social circumstance, an order of priorities emerges which militates against effective contraceptive practice for the first several occasions of intercourse.

Unwanted Pregnancy - Why? (Continued)

The high risk of the above setting is compounded by the all-pervasive human belief that "it won't happen to me." Automobile accidents and pregnancies only happen to other people. The relationship of cancer to cigarettes and pregnancy to sex are facets of reality which are temporarily ignored to satisfy a higher, more urgent and tangible priority. This involves a denial mechanism with obvious psychological implications, but it is so ubiquitous in the human personality that it cannot be labeled as pathological or abnormal. Couples often pay genuine respect to statistical risks of pregnancy over a long term basis, but manage to ignore the fact that all it takes is once. PCS once counseled an MIT student and his pregnant girlfriend; as a mathematics major, he had calculated that statistically it takes an average of three months to conceive, and they therefore used no contraception during the first two and a half months of their relationship.

Spontaneity

Some couples dislike contraceptives because they feel that consistent and methodical usage detract from the spontaneity of sex. This occurs particularly with couples who have tried methods which are intercourse related (e.g. Diaphragm, Foam or Condom). Passion and the natural sequence of events contribute to these products being left in the bathroom cabinet. Even if the effort was made first time around, the motivation to add additional jelly or foam, or break out a new condom, is frequently lacking in the event of additional lovemaking. The hassle of preparation — the messiness of foams and diaphragms—the lessened sensation some men experience with condoms— all result in a heavy reliance by many couples on modified rhythm with a dash of luck.

There is another factor, too—less easily identified, but almost consistently present in the group that objects to contraception because it "detracts" from sex. It has to do with their perception of intercourse, a perception heavily influenced by mass media.

Unwanted Pregnancy - Why? (Continued)

If asked to conjure up a picture of the classic movie love scene, most people would include the following basic ingredients: First, the perfect couple—he is strong, handsome, no pimples; she is attractive, has shiny hair, clean teeth, and absolutely smooth, newly shaved legs. They meet in a setting which is a visual treat. If outdoors, they are near a waterfall or pounding ocean surf, or perhaps in a golden field, or in a woods where the sunlight filters gently through the leaves and makes patterns on the forest floor. There is a conspicuous absence of mosquitoes, ants, sand flies, and other biting, stinging, buzzing, slithering creatures. If indoors, there are candles burning, or a dancing fire, throwing flickering shadows against the wall, or simply subtle, subdued lighting which changes with every shift in camera angle. The audio setting is also impressive. Depending on the age of the lovers, there is either a haunting, bitter-sweet flute solo, a powerful build-up of violins, or a tense, insistent sitar whose tone and rhythm build to a fever pitch—or, back outside, the richness of bird calls and bubbling water strengthen and grow.

Against this background, the couple come together, either across real or imagined space, and in one graceful, fluid movement, virtually without a hitch, they float from vertical to horizontal as if they were a tree whose felling was caught in the slowest of slow-motion pictures. They don't even bounce when they hit bottom. This whole process is a truly remarkable feat, in and of itself. It is even more remarkable when you consider that nowhere between the vertical and the horizontal did the man stop, bend over, reach down, untie his shoe laces and take off his shoes. Yet the audience does not think this is at all strange, even though they know that short of fetishists and sadomasochists, people—particularly men—avoid making love with their shoes on. But if the real story were portrayed, complete with stubborn, knotted laces, the audience would suspect it had ventured into a Woody Allen movie by mistake, and whatever swooning and excitement had begun would quickly change into roaring laughter, laughter born of gut level identification.

What has all this to do with contraceptive use or non-use? Everything—because most people deal with contraception in the same way as the issue of taking off your shoes. It is an act which somehow detracts from the ideal image of lovemaking. It is awkward and pedestrian. Inundated by the steady stream of mass media propaganda which carefully screens out the homely, mundane aspects of copulation, most people block out much of the reality (including the reproductive reality) of intercourse in favor of an erotic or romantic fantasy. When couples say that birth control detracts from sex, they are often expressing a discomfort with the bodily, functional aspects of intercourse. Motivated by a distaste for the biological reality, or perhaps by a frustration at not yet having successfully duplicated the silver screen model, they concentrate all their attention on the socially sanctioned, media endorsed romantic ecstasy which they perceive to be the norm.

Unwanted Pregnancy - Why? (Continued)

Such couples have not reached a point in which they can blend the emotional with the physical, the fantasy with the real. Birth control should not detract from sex if the couple accepts the full scope of sexuality and maintains a healthy, positive attitude toward their bodies, their genitalia and their reproductive capacity. For those who cling to the media image, however, birth control cannot help but be an intrusion, since it constitutes an absolute invasion of the real world into a fantasy.

There are several variations on the above theme. For some couples, the greater the risk, the greater the fun. There is little thought that they might actually get caught, yet knowing they are cheating the system adds a great deal of spice and enhancement to sex. The immediate gratification and exhilaration resulting from taking chances has greater importance for the couple than what seems to them the mundane process of insuring against an "accident." Here again we are dealing with a question of maturity and balance, and it is a question not easily answered given our cultural schizophrenia about sexuality.

The avoidance of responsibility, the denial of a clear and present danger, and the problem of conflicting priorities all work, either independently or in concert, to promote staggering numbers of unwanted pregnancies. Often underlying this is a lack of faith in one's own ability to cope with the complexity of the world we live in, and the fear that one is somehow incapable of successfully plotting a realistic yet rewarding course of action.

In various situations cited thus far, there is clearly individual culpability, but even more important, there is societal culpability. We cannot begin to expect each individual to deal with sexuality in a mature, healthy and responsible fashion if society collectively insists on maintaining its distorted and contradictory posture concerning sex. The norm is confusion, and we should not be surprised that the normal are confused.

Subconscious Issues

In the examples used above, conflicts center around the use of birth control and its implications both in terms of sexual expectations and self-esteem. There is another group, long the focus of psychiatric literature, for whom pregnancy arises out of a different form of conflict, the conflict between pregnancy as a negative versus a positive event. This conflict operates within many diverse settings, but always with the basic rule that pregnancy at one level seems unwise, illogical, even disastrous, and at another, desirable or at least useful in achieving some significant goal. It should be noted that in most such cases, pregnancy is perceived as being quite different and remote from parenthood.

Unwanted Pregnancy - Why? (Continued)

Take, as an example, a couple who have developed and maintained a relationship for some period of time (whether in or out of wedlock is not necessarily significant). For one of a dozen reasons, the nature and/or future of the relationship may come into question. There may be mismatched expectations, uneven commitment, lack of meaningful communication or whatever. Anxiety develops, and will continue to heighten so long as the couple avoids confronting and dealing with the source of the tension. Yet to confront is to run a risk. The confrontation may bring about a resolution which is contrary to the desires of the confronter.

Still, the relationship needs clarification. The uncertainty must be dealt with eventually. For many, this is managed by letting an outside force intervene, and if necessary, become the scapegoat in the event that the ending is not a happy one. A pregnancy for which they share the responsibility (or, as it may be, for which neither can be blamed), becomes the vehicle for dialogue. In a very real sense, the pregnancy was in part planned and in part wanted, even though both parties may have no wish to become parents, and so seek to obtain an abortion.

The use of pregnancy as a means of dealing with uncertainty is in no way limited to male-female relationship problems. Just as frequently perhaps even more frequently—it occurs when the issue is self image or a self-society relationship problem.

The student approaching graduation may be overwhelmed by the many decisions ahead. The conflict of new versus traditional ideas about female roles deeply affects many women at this time. On the one hand they feel a growing consciousness, a desire to achieve, to secure for themselves the freedom to be and create, each according to her ability and her choice. On the other hand, everyone facing the competitiveness of law schools, medical schools, business careers and the like is intimidated by the prospect, and women bear the additional burden of all the psychological blocks and frustrations inherent in a male-dominated society.

Logically, consciously, the woman may wish to proceed with her graduate studies and career plans; yet the struggle ahead seems frightening and at times she wishes she could escape from the inevitable pressures to come. Add to this the anxiety created by the upcoming separation from friends upon graduation, and the scene is set for a fling at escape and the seeming security of marriage via pregnancy. Once pregnancy actually occurs, however, she tends to reject it, because at a conscious level, she realizes that motherhood or even continuing to term and releasing the baby for adoption—could, at this time in her life, be disastrous. The fantasies about pregnancy are quickly dispelled by the realities.

Unwanted Pregnancy - Why? (Continued)

Adolescent girls may use pregnancy as a means of testing the extent of their parent's love for them—or at the other extreme, may see pregnancy as a means of proving their independence and maturity, and escaping from their parents and home situation.

Women who are conflicted about themselves and their role in society may seek pregnancy as a means of confirming their femininity. Similarly, men may seek to impregnate women to prove their virility.

Women whose sexual activity is in extreme conflict with their religious or moral upbringing may open themselves to pregnancy as a punishment for their "sin."

The examples are limitless. Case studies fill the pages of psychiatric and counseling journals. The one discernible pattern which seems to appear in so many of these case histories is an inability to deal on a logical level or in an open, conscious, and optimistic manner with normal human fears and insecurities, particularly in the area of relationships and self image. The result is too often a reliance on fate or some other indirect force to determine the course of events, and even one's life.

In many of the cases we see, pregnancy is a tool—a means to an end. Yet childbirth and parenthood are rarely considered part of that end. Until a person understands the psycho dynamics involved, he or she is unlikely to make much progress in resolving the underlying problems which motivated the pregnancy to begin with. Just distinguishing between feelings about becoming pregnant versus remaining pregnant can be a tremendous first step.

Unhappily, it is far simpler to categorize the problems than to propose effective solutions. Where the cause of unwanted pregnancy is inaccurate information or limited availability, comprehensive birth control and sex education programs are the logical answer. In most instances, however, pregnancy results from the inability of individuals to relate responsibility to themselves, their world, and the people in it. Society thus far hasn't helped a great deal. What is needed, it seems, is a social revolution—a genuine "People's Liberation" which would include:

- a breaking away from artificial roles, unwarranted social pressures, Victorian conventions and double standards, and unreal expectations;
- a re-evaluation and re-orientation of traditional concepts of "romance" and male-female relationships;

Unwanted Pregnancy - Why? (Continued)

- a realization that one's worth as a person is a function of one's own head, not someone else's— that feelings of certainty, inadequacy and fear are part of the human condition and need not be hidden away from the rest of the world;
- a recognition that reality is more rewarding than fantasy—that caring for people as they are is a vastly richer experience than caring for a body on which you have imposed a superstructure of expectations;
- an attempt at discovering, promoting and just plain enjoying all that is positive and valuable in ourselves and others;
- an attempt at giving without putting price tags on love or friendship—without demanding "x" amount of return for "x" amount of feeling given;
- an effort to communicate verbally, physically, in whatever way and on whatever level works, a constant and honest exchange of thoughts, feelings, concerns hopes;
- an attempt at living in the real world and sharing that reality with people you care about.

Some of this may sound abstract, yet what is happening with people's heads is substantially more relevant to this issue than what is happening with their genitals. If we as a society could recognize and accept this fact, and deal with our feelings and our needs in an honest and open manner, there would be—among other benefits—a substantial decrease in the number of unwanted pregnancies.

INCARCERATION AND BEYOND

Family Planning

Teacher Notes

Teacher begins session by stating the situation: The girl is pregnant, they had sex with her, she attends the same school, all their friends know about the pregnancy, and their parents have just found out.

Ask the questions: What are the students going to do? What are their choices? Ask students to describe what the options are.

Expect to hear some of the following offered as choices:

1. Abortion. Ask them if they can make the choice about abortion, or if that is up to the girl. What if she wants an abortion and they don't?
2. Helping her raise the baby (in some communities, marriage may be considered an option for teens). Ask what do they do if the girl doesn't want to have them involved with the baby. If she does, ask how they can get money to support a child.
3. Adoption. Ask them what happens if the girl wants to keep the baby?
4. It's her problem; I don't have to be involved. Remind them about paternity testing, which can require them to be at least financially involved in supporting the child. Also bring up the issue of a child growing up without a father. How does that child feel?

After the participants discuss these options, ask them how the situation makes them feel about:

- a. Having unprotected sex
- b. Using condoms in the future
- c. Themselves as adults

The facilitator closes the discussion by pointing out that, at the bottom line, they have no choices at all (with the possible exception of deciding to parent if the girl wants to give the baby up for adoption)

INCARCERATION AND BEYOND

Family Planning (Continued)

The nurse may want to begin the discussion of condom use by a putting a condom onto a rubber penis. This may include a discussion of foreskins and circumcision. This visual demonstration may help the nurse cover practical points such as

- orienting the condom right-side out
- making the condom a part of foreplay
- using a water-based lubricant (one that will not break down latex)
- using lubricant on the woman to prevent condom from breaking due to friction

The nurse will discuss what a condom protects against:

- pregnancy (particularly when combined with spermicide)
- AIDS and other STDs

INCARCERATION AND BEYOND

Family Planning

How Much Does a Baby Cost?

How much does a teen with a baby spend per month? Fill in the blanks to find out:

- _____ Rent (1-bedroom apartment)
- _____ Food (groceries, baby food, eating out)
- _____ Utilities (heat, hot water, electricity)
- _____ Phone
- _____ Clothes, including baby clothes
- _____ Diapers (disposable, or diaper service)
- _____ Child care (day care, baby sitter)
- _____ Transportation (public transp. or a car)
- _____ Medical care (including insurance)
- _____ Entertainment (cable TV, etc.)

- _____ TOTAL MONTHLY BUDGET

How much would you need to make per hour to meet these expenses? _____

You would need to have take-home pay, after all deductions, of enough money to equal the total monthly budget figure above. Write that figure : _____

Net Monthly Pay divide it by .80 to equal Gross Monthly Pay now, multiply by 12 months to get Gross Annual Salary = _____

divide this by 2080 hours in the work year to equal your Hourly Wage _____

INCARCERATION AND BEYOND

Family Planning

Assignment

Incarceration and Beyond

Sexuality

IV. Incarceration and Beyond

C. Sexuality

Topics to be covered:

Basic human sexual development (males/females)
Sexual identity development in children

The activities in this section will help the student develop abilities to:

Identify social influences on the development of sexual identity.
Discuss human sexual development
Begin to develop an approach to teaching sexuality to his child.

Awareness Goal

Our sexuality is an important part of who we are.

Resources Available (see following pages)

Incarceration and Beyond

Child Care

IV. Incarceration and Beyond

D. Child Care/baby sitters

Topics to be covered:

- Safety in day care
- Quality in child care practices
- Dependability and flexibility
- Where to look for quality childcare

The activities in this section will help the student develop abilities to:

- Identify the impact of child care on the child and the family
- Discuss minimum safety standards for childcare
- Seek out community resources for locating childcare

Awareness Goal

Be careful who you choose to parent your child.

Resources Available (see following pages)

Incarceration and Beyond

Child Care

Teacher Notes

Generalizations

1. The family provides the primary environment for the growth and development of infants and young children; later, this setting is expanded to include the school and the community.
2. Some form of regular social contact, particularly with other children, outside the home environment is desirable for the prekindergarten child.
3. A variety of day-care or nursery school services is available in most communities.

Suggested student activities include: Concerns in Selecting Child Care

- List what should be considered in choosing a child care center.
- Identify kinds of child care centers available in the local community.
- Assess appropriate child care centers for a variety of family requirements.

Incarceration and Beyond

Child Care

Knowledge Assessment

1. List five factors to consider when selecting a child care center.

2. Name and describe two types of day-care centers:

3. Name and describe two types of nursery schools:

4. Name and describe the services of two child care centers or facilities in your community:

Incarceration and Beyond

Child Care

Important Concerns in Selecting Child Care

Assignment

1. Ask three people who have children in child care centers what was most important to them when they selected the child care center. List the reasons below:

Friend two:

2. Compile a complete list of important factors for selecting a child care center.

Friend three:

3. List the five factors most important to you when you select a child care center for your future child

Incarceration and Beyond

Child Care

Handout: Child Care Centers in the Community

Students' Directions

Read the following list of types of child care and general information:

Day-Care Centers

Daily care is available from 7 a.m. to 7 p.m. for children of parents working or attending school. The emphasis is on care or baby-sitting.

- a. Business day-care centers—A large company may provide child care for employees.
- b. Private day-care centers—This kind of child care business is operated for profit.
- c. Private home day-care centers—Children are kept by someone in a private home.
- d. Publicly funded day-care centers—Child care is provided by the government, usually with a sliding scale fee for those unable to pay the full fee.

Nursery School

Early educational and social experiences for children are provided. Children usually attend for two or three hours per day for two to five days a week. The following are different kinds of nursery schools:

- a. Co-op—The staff is made up of a director and parents taking turns. Some co-ops offer parent education classes.

Advantages of a co-op:

1. The costs are lower
2. The parents are involved
3. The separation of the parent and child is delayed.

- b. Lab schools—These are operated by colleges and high schools to provide training experiences for students.

Child Care Centers in the Community (Continued)

Advantages of lab schools:

1. The costs may be lower
 2. The staff is young and enthusiastic.
- c. *Private nursery schools*—Businesses are operated for profit by the director and staff.

Advantages of private nursery schools: 1. The staff is stable and consistent. 2. These schools must provide what parents want in order to stay in business.

- d. *Head Start or other subsidized child care*—This care is provided to give economically disadvantaged children enriching experiences before they enter school.

Advantages of government-subsidized programs:

1. The costs are lower.
 2. The schools are located in areas of need.
 3. Parent education may be included.
- e. *Church preschools*—These may be similar to private or co-op preschools, but they have a religious orientation.

Advantages of church preschools:

1. These may present religious orientation to the child.
 2. The staff is stable and consistent.
 3. These schools must present the program that parents want in order to stay open.
- c. Locate four or more types of child care programs in your community. Fill in the "Survey of Child Care Available in Your Community."

Create other questions that could be included in the survey of the kinds of child care are philosophy of education, education of teachers, and special programs offered; for example, cultural field trips, special education, or foreign language activities.

Child Care Centers in the Community (Continued)

d. Select a child care program you would choose in each of the following situations. Explain why.

a. You are divorced and have a six-month-old infant. You would like to continue your education at the local community college. You would choose:

b. Both you and your spouse work from 8 a.m. to 5 p.m. You have enough money to pay for your three-year-old's child care, but you still need to watch the family budget carefully.

Incarceration and Beyond

Legal Rights and Responsibilities

IV. Incarceration and Beyond

E. Legal Rights and Responsibilities

Topics to be covered:

Establishing paternity
Visitation
Child support
Child and spousal abuse laws.

The activities in this section will help the student develop abilities to:

Identify the steps necessary to prove paternity
Discuss approaches to dealing with significant others in the child's life
Discuss child abuse reporting laws and its prevention.
Discuss spousal abuse and its prevention.

Awareness Goal

Know your rights and fulfill your responsibilities.

Resources Available (see following pages)

INCARCERATION AND BEYOND

Legal Rights and Responsibilities

Legal Responsibilities of Fatherhood

Teacher Notes:

In this session, the facilitator works as a team with a representative of the state child support enforcement office. (If a significant number of the participants in a program are fathers or expectant fathers, the facilitator may wish to devote two sessions to this topic.) The facilitator begins by reviewing paternity issues with participants, using the budget exercise (see handouts). Then the guest speaker from the state Office of Support Enforcement explains how support enforcement works, and how the state collects money from non-custodial parents. The facilitator and guest speaker will also discuss the reasons and procedures for establishing paternity.

Note: Some states currently have programs to garnish the wages of noncustodial parents, taking the money directly from the employer to reimburse the state for public assistance to the custodial parent. Beginning in 1994, federal law will require all states to garnish wages in this manner.)

1. Begin by introducing the topic of paternity. Ask students "Do any of you know what paternity is?"

Explain that the material is being given to them because the high rate of teen pregnancy and parenthood in the community. They, or a friend, or a family member could be affected by the laws about paternity.

2. Cover the ways in which paternity is established in the eyes of the law:
 - the father voluntarily signs a paternity affidavit at the hospital when the baby is born
 - the father signs an affidavit at a later date
 - the mother names the father and the courts requires the mother, child, and alleged father to have blood tests to see if paternity can be established by DNA testing.

Teacher Notes (Continued)

3. Review reasons why a father should establish paternity. (Participants familiar with the child support enforcement system may believe that if they do not voluntarily establish paternity, they cannot be made to pay child support.)
 - ♦ it benefits a child psychologically
 - ♦ it gives the father the rights to make important decisions about the child's life, such as permission for surgery
 - ♦ if the mother should become ill, move out of state, or want to give the child up for adoption, it protects the father's rights
4. Ask the students if they know how much it costs to raise a child. Working with the budget handout and/or an overhead projector, facilitator and participants work together to fill in the monthly budget for a teen parents with a baby.
5. Ask the students if any of them could afford a baby on their current salary. What kind of jobs would they need to have to pay for the baby?
6. Introduce visitor from state child support enforcement office. He explains that he/she is here to prepare fathers for birth of their baby and discuss further some of the issues raised in the last part of the previous session.
 - ♦ Visitor describes why state child support program exists, and how it is administered. He/she will describe how it affects participants.

Presentation should cover:

- ♦ How level of support is determined; any limits or rules regarding mother's use of child support monies. (If possible, the visitor should distribute copies of the current table used to determine how much money a parent is obligated to pay for support of a child.)
- ♦ How support is paid
- ♦ What happens if father fails to pay
- ♦ Conditions (such as adoption) under which father no longer pays
- ♦ What happens if father takes part- or full-time custody of child?

INCARCERATION AND BEYOND

Legal Rights and Responsibilities

Fatherhood and Choices

Teacher Notes

This segment deals with pregnancies that end in adoption and in the father's potential loss of contact with the child when the mother marries another man and moves out of state.

The teacher is encouraged to invite a pregnancy options/adoption counselor to assist in teaching.

Begin the session by introducing the visiting counselor and explaining that he/she will talk about the variety of child custody arrangements. Teenage mother may establish, and the father's role and a right in those decisions.

Counselor begins by giving very general background about what he/she does. Useful information might include how clients are referred to him/her, how many families he/she works with every year, and how much time he/she spends on the average client family. Has he/she worked with students from this particular school or program? Does he/she work often with teens?

Counselor then explains why he/she is visiting. "Some of you have had children or are expecting children. Just like the mothers, fathers need to know about all of the custody options that are available, and what their rights and responsibilities are under each option. While you may not have intended to have a baby, once it is born there are many choices for the father to make."

Counselor will then review several custody options:

- a. If the mother wants to raise the child herself, the father has the right to be emotionally and financially involved as a father. If the mother applies for public assistance or goes to the courts, the father may be tested to establish paternity and then held responsible for child support.

Voluntarily involvement with the child and the mother is the best arrangement for the child, although it is difficult for a father attending school and working. This arrangement can work if one or both of the parents' families helps out. The father can begin this process by signing papers - called a paternity affidavit - at the hospital after the child is born, acknowledging that he is the father.

Fatherhood and Choices (Continued)

If the father does not acknowledge paternity, and does not voluntarily support the child, the mother can apply for public assistance or go to court to force him to acknowledge paternity. He will be tested and then required by the state public assistance system or courts to pay a monthly amount toward child support. These payments will be required until the child is an adult. He will have rights as a father if he wishes to be emotionally involved with the child.

If the mother does not want to raise the child herself, the father has two or three options.

First, he have the right to raise the child himself. The mother will continue to have parental rights, and under some circumstances may have to pay child support. This arrangement is time-consuming and expensive, and may be difficult for a teen father unless he has help from his family.

If the mother chooses to give the child up for adoption, he may have to give up his rights as a father. If the child is adopted informally by friends or family, he can still be legally recognized as the father. If the adoptive parents agree, or if he goes to court, he can continue to be involved with the child. However, if the mother wants the child to be formally adopted, he will be asked to sign a form terminating his rights as a father. In many states, unless the father is prepared to raise the child himself, the mother can go to court to have his rights terminated without his consent.

The counselor may wish to present some statistics on teen parenting in the community. What percentage of babies are raised by fathers? By mothers? By both parents? What percentage of babies born to teen mothers are adopted?

The counselor may talk about the history of adoption in the community. While adoption was originally a process to help childless couples, increasingly it is a process for the good of the child and for parents who are not ready to raise a baby. (The counselor should be alert for negative feelings or fears the participants may have about adoption, including the adoption of minority babies by families of other ethnic backgrounds.)

The counselor can tell participants about the practice of open, as opposed to closed adoption. Until ten or twenty years ago, most adoptions were closed. That meant that the mother never knew what happened to her child. Today, that has changed radically. In open adoption, the mother—and the father, if he wishes—can be involved in choosing the family that will raise their child. In some cases, the birth parents even keep up a correspondence with that adoptive family and find out how the baby grows up.

Fatherhood and Choices (Continued)

The counselor may wish to close by pointing out that it is in a baby's best interest to be freed for adoption soon after birth, so that it can bond to the adoptive parents. But for birth parents, giving up a baby can be very emotionally difficult. The decision to have a baby adopted is an extremely difficult one for a mother and a father. It is a challenge for a father to think about what will be best, not for him, but for his child.

INCARCERATION AND BEYOND

Legal Rights and Responsibilities

Child Abuse Knowledge Assessment

Answer the following questions True or False by circling the "T" for True and the "F" for False.

- T F 1. More children die each year from child abuse than from measles, mumps, smallpox, and polio combined.
- T F 2. In one out of ten families, sexual molestation of children occurs.
- T F 3. Recent studies indicate that 50 percent of all abused children are of school age.
- T F 4. The maltreatment of children has been justified for centuries by the belief that severe physical punishment was necessary to maintain discipline.
- T.F 5. Child abuse occurs mainly in families from lower economic classes.
- T.F 6. Many children who are abused grow up to become abusers of their own children.
- T.F 7. Most cases of child abuse are reported.
- T.F 8. A person who files a child abuse report that proves erroneous may be held liable.
- T.F 9. An educator who identifies a case of child abuse and decides not to report it may be subject to both criminal and civil liability.

Child Abuse Knowledge Assessment (Continued)

Complete the quiz by following the instructions indicated.

10. List four causes of child abuse.
 - a.
 - b.
 - c.
 - d.

11. List two child behaviors that may be an indication of a need for protection.
 - a.
 - a.

12. Name two ways a child's appearance may be an indication of child abuse or neglect.
 - a.
 - a.

INCARCERATION AND BEYOND

Legal Rights and Responsibilities

Child Abuse Knowledge Assessment, Key

Teacher Note:

1. True
2. False. One out of four families has a problem.
3. True
4. True
5. False. The belief that only parents from lower economic classes abuse their children stems from the fact that persons from this class are more often involved with governmental agencies such as welfare, social security, probation, and social services. Therefore, more cases of child abuse and neglect by families with lower incomes are detected and brought to the public's attention.
6. True
7. False. The research seems to indicate that as few as seven out of 400 cases of child abuse or neglect are reported per year.
8. False. Assuming that the report is made in good faith, California Penal Code Section 11161.5 states: No person shall incur any civil or criminal liability as a result of making any report authorized by the section unless it can be proven that a false report was made and the person knew or should have known that the report was false.
9. True
10. Unrealistic expectations. mirror image. lack of education or experience. rejection. over punishment, social isolation, frustration, and the abused parent.

Child Abuse Knowledge Assessment, Key

11. Demonstrates the following behaviors: aggressive, disruptive, destructive, shy, withdrawn, passive, or overly compliant, truant; arrives at school much too early; loiters or hangs around after school
12. The child is inadequately dressed for cold weather; the clothing is torn, tattered, or unwashed; the child is dirty, unbathed, or smells; the child is undernourished or has no breakfast or lunch; the child is tired, lethargic, or listless; the child is in need of medical attention; the child has bruises, welts, or contusions.

INCARCERATION AND BEYOND

Legal Rights and Responsibilities

People Who Abuse Children

Teacher Notes

1. Have the class members list everything they know about child abuse or neglect on a piece of paper (the students are not to write their names).
2. Have each student trade his or her list with another student, read the list, and add any information that has not been included on the list. Have the class trade lists two times, following the same procedure.
3. Do not volunteer any information. Ask the students to suggest possible causes of child abuse and neglect. Compare the student-developed list with the "Causes of Child Abuse" list in this activity. Add any omitted concepts to the list.
4. Ask the students to develop a list of high-risk children, parents, and environments. Compare the students' list to the teacher's reference "Child Abuse and Neglect" in this activity.
5. Have the students repeat the first item given in these teacher's directions as a post-test for this lesson.

INCARCERATION AND BEYOND

Legal Rights and Responsibilities

Handout: People Who Abuse Children

According to the National Center on Child Abuse and Neglect:

- Over 1,000,000 children are abused or neglected each year.
- Of these, 100,000 to 200,000 are physically abused.
- 60,000 to 100,000 are sexually abused.
- The remainder are neglected.
- Over 2,000 children die each year because of abuse or neglect by their adult caretakers.
- Eighty-four percent of juvenile delinquents report a previous history of child abuse or neglect.

What causes parents to harm their own children? Each situation is unique. The common factor seems to be the parents' inability to cope with the stresses of life and parenthood. Financial concerns, social and personal problems, and, possibly, a lack of parenting skills cause parents to resent the demands a child makes and to lose control over their feelings. The abusive parent may be male or female, rich or poor, young or old, churchgoer or not. Child abuse is often a cry for help from the parent.

INCARCERATION AND BEYOND

Legal Rights and Responsibilities

Handout: Causes of Child Abuse

Many factors are involved in child abuse or neglect, and they do not necessarily fall into individual categories. The following categories are not the only causes of abuse or neglect, but they are the most common.

Many parents with problems tend to fit into at least two or more of the following categories:

Unrealistic expectations. Parents or guardians often expect a child to perform certain tasks or demonstrate specific abilities before that child's individual rate of maturation enables him or her to do so. Toilet training and verbal language are two of the most common areas in which parents desire the child to achieve too quickly.

Mirror image. As children develop, they also acquire traits and mannerisms from watching and imitating their parents, thus enhancing the resemblance, or "mirror image." This is no compliment if the parents do not like themselves. When parents have a poor self-image, they are likely to punish their "mirror image" (the child), thereby expressing their dissatisfaction with themselves.

Lack of education or experience. Poverty is considered a cause of neglect, but many tarpaper shacks in Mexico and South America are cleaner than the neglected homes in California. An adult usually keeps house in much the same way as his or her childhood home was kept. An adult who was left alone and unsupervised as a child is likely to leave his or her own children in the same manner. Society mandates reasonably clean homes and supervised children, but adults who have never learned these behaviors cannot be expected to adhere to them.

Rejection. "Everybody hates me; nobody loves me" is a valid expression for some people. Many parents need love and expect it to come from their children. Parents expect an infant to give love, but instead it has a wet diaper, cries all night, and causes additional expenses. To the adult this situation constitutes rejection and breeds hostility toward the child, eventual physical injury, and sometimes even death.

Causes of Child Abuse (Continued)

Overpunishment. Misbehavior of children is common. Parents and other adults find unique and devastating ways to correct undesirable behavior. Child punishment can provide emotional relief for the adult under stress. As pressures mount in the adult, his or her need for emotional relief becomes more severe. Punishment becomes abusive, and abuse will become more frequent and more severe as the adult develops a tolerance for the injuries to the child.

Social Isolation. The parent who has no relatives or friends with whom to share frustrations will find the child an available source of relief. The parent who has no social contact will withdraw. When the child is abused, the parent will withdraw even further. Most experts agree that the majority of child abusers are isolated, lonely individuals.

Frustration. Many situations are frustrating—problems on the job, not having enough money, marriage problems, and even freeway traffic. Adults may feel that the child is the reason that they are having problems. The most available way to relieve problems is to beat the child. Marks on children are frequently the signs of frustration left by upset parents.

The abused parent. Many parents who were themselves abused as children will in turn abuse their own offspring. This situation occurs at a rate of 85 to 90 percent. Remedial help for these parents can prevent them from becoming abusive.

INCARCERATION AND BEYOND

Legal Rights and Responsibilities

Child Abuse and Neglect

Handout: Risk Factors

High-risk children are:

- Born to a teenage mother
- Born out-of-wedlock
- Born prematurely
- Born with birth defects
- Regarded by their parents as different from others or the wrong sex
- Born into households that are already stressed

High-risk parents are people who:

- Have a criminal record of assault
- Have previously injured another child
- Are addicted to drugs or alcohol
- Were abused as children
- Have recently been abandoned by their spouse
- Are lonely and isolated
- Are under personal stress

High-risk environments have:

- Many life changes taking place continually (stress)
- Many children born in close succession
- Crowded homes
- An unemployed parent who is accustomed to working

INCARCERATION AND BEYOND

Legal Rights and Responsibilities

Signs of Child Abuse or Neglect

Teacher Notes

Three main categories of abuse or neglect are:

1. physical abuse (corporal punishment or abuse to the body) and physical neglect (unhealthful living conditions and/or the lack of parental supervision)
2. sexual abuse (sexual activity with a child)
- 3). emotional abuse and neglect (emotional cruelty or lack of affection or caring for the child).

Abused and neglected children may be of any age from infancy through adolescence. Some indicators of a child's need for protection from an abuser will be demonstrated through his or her behavior or appearance and the parent's attitude. Is the child aggressive, disruptive, shy, depressed, or truant? Is the child dressed for the weather, undernourished, dirty, tired, bruised, or in need of medical attention? Are the parents loners; or are they defensive, apathetic, or unresponsive when asked about the child?

The characteristics listed on the next page are not proof of maltreatment but can help teachers and others who work with children to identify children who might be abused or neglected. You need to look at total situation, not isolated events.

INCARCERATION AND BEYOND

Legal Rights and Responsibilities

Assignment

Signs of Child Abuse or Neglect

Identify the possible signs of abuse or neglect by type. Several answers may be correct. Remember each situation is unique.

- a. Physical abuse
- b. Physical neglect
- c. Emotional abuse or neglect
- d. Sexual abuse
- e. Not a valid characteristic

- _____ 1. Soiled clothing
- _____ 2. Unwillingness to participate in a physical activity
- _____ 3. Inadequate shelter
- _____ 4. Skinned knee
- _____ 5. Bruises or burns
- _____ 6. Malnutrition or hunger
- _____ 7. Difficulty walking or sitting
- _____ 8. Pregnancy
- _____ 9. Nervous kid disorders
- _____ 10. Imprint of hand or other object on the skin
- _____ 11. Constant fatigue and listlessness
- _____ 12. Use of alcohol or drugs
- _____ 13. Obesity or underweight
- _____ 14. Constant tardiness or absence from school
- _____ 15. Lacerations, bruises, or injuries to genitals
- _____ 16. Damage to neck, spinal column, and brain caused by shaking
- _____ 17. Low self-esteem
- _____ 18. Shyness
- _____ 19. Bite marks
- _____ 20. Sleep disorders

INCARCERATION AND BEYOND

Legal Rights and Responsibilities

Signs of Child Abuse or Neglect, Key

Teacher Notes

Identify the possible signs of abuse or neglect by type. Several answers may be correct. Remember each situation is unique.

- _____ 1. Soiled clothing
- _____ 2. Unwillingness to participate in a physical activity
- _____ 3. Inadequate shelter
- _____ 4. Skinned knee
- _____ 5. Bruises or burns
- _____ 6. Malnutrition or hunger
- _____ 7. Difficulty walking or sitting
- _____ 8. Pregnancy
- _____ 9. Nervous kin disorders
- _____ 10. Imprint of hand or other object on the skin
- _____ 11. Constant fatigue and listlessness
- _____ 12. Use of alcohol or drugs
- _____ 13. Obesity or underweight
- _____ 14. Constant tardiness or absence from school
- _____ 15. Lacerations, bruises, or injuries to genitals
- _____ 16. Damage to neck, spinal column, and brain caused by shaking
- _____ 17. Low self-esteem
- _____ 18. Shyness
- _____ 19. Bite marks
- _____ 20. Sleep disorders

Answers:

(1) b; (2) a or d; (3) b; (4) c; (5) a; (6) b; (7) d; (8) d; (9) c; (10) a; (11) c; (12) a; (13) c; (14) c; (15) d; (16) a; (17) c; (18) c; (19) a; (20) c

INCARCERATION AND BEYOND

Legal Rights and Responsibilities

The Child Abuse Triangle

Teacher Notes

Some experts believe that anyone can be a potential child abuser at some time and that any parent can be pushed to the extreme where he or she might hurt a child. Parents who abuse are often frustrated and unhappy with themselves. They do not want to hurt their child. All of society is a victim of child abuse. Abused children may suffer physical disabilities, mental retardation, brain damage, or difficulty learning to talk. They have trouble learning in school and rarely achieve their full potential. They often run away. They may die or become a financial burden on society. In these cases, everyone loses. Abuse affects both the parents and the child. Child abuse is a triangle.

1. Have the students brainstorm the characteristics of each member of the abuse triangle:
 - How does the abusing parent feel about the situation?
 - How does the spouse of the abusing parent feel?
 - What can or should the spouse do if child abuse occurs in the home?
 - How does the abused child see his or her role?
 - How does he or she feel about a possible solution?
2. Discuss the feelings of the people involved in the child abuse triangle.
3. Discuss why each person would accept that role in the triangle.
4. Discuss what might cause a break in the child abuse triangle.

The Child Abuse Triangle (Continued)

5. Discuss the following questions:

- a. If you knew that your best friend was abusing a child, how would you feel about him or her? What would you do about the situation?
- b. If you knew that your best friend was being abused, what would you do about the situation?

INCARCERATION AND BEYOND

Legal Rights and Responsibilities

What People Can Do About Child Abuse or Neglect

Teacher Note

1. Invite a guest speaker from a child welfare service or some other related agency to speak to the class about child abuse.
2. Review with the class the California Penal Code sections in this activity. Be sure the students understand the following:
 - Who reports?
 - What should be reported?
 - Where do you report?
 - When do you report?
 - How do you report?
 - How sure must you be before you report?
 - Must persons identify themselves when reporting?
 - Do you have legal protection when you report?
 - What happens after you report?
3. Have the students view a television show, film, or filmstrip showing child abuse. Following the program, have the students complete the "Child Abuse or Neglect Report" form that appears in this activity.
4. Discuss agencies that are available in your community to provide help in child abuse cases. Examples are community awareness programs like Parents Anonymous, Big Brother and Sister programs, the welfare department, and emergency child care facilities.
5. Each California county has a 24-hour emergency response number listed in the front pages of the telephone directory. Calling the listed number will provide assistance needed.

INCARCERATION AND BEYOND

Legal Rights and Responsibilities

Handout: Child Abuse or Neglect Reporting Procedure

California Penal Code Section 11166(a) provides that:

. . . Any child care custodian, medical practitioner, nonmusical practitioner, or employee of a child protective agency who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment whom he or she reasonably suspects has been the victim of child abuse shall report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and shall prepare and send a written report thereof within 36 hours of receiving the information concerning the incident. For the purposes of this article, reasonable suspicion means that it is objectively reasonable for a person to entertain such a suspicion based upon facts that could cause a reasonable person in a like position, drawing when appropriate on his or her training and experience, to suspect child abuse. (Italics added.)

In addition, Penal Code Section 11167 provides that:

- (a) A telephone report of a known or suspected instance of child abuse shall include the name of the person making the report, the name of the child, the present location of the child, the nature and extent of the injury, and any other information, including information that led such person to suspect child abuse, requested by the child protective agency. (Italics added.)
- (b) Information relevant to the incident of child abuse may also be given to an investigator from a child protective agency who is investigating the known or suspected case of child abuse.
- (c) The identity of all persons who report under this article shall be confidential and disclosed only between child protective agencies, or to counsel representing a child protective agency, or to the district attorney in a criminal prosecution or in an action initiated under Section 602 of the Welfare and Institutions Code arising from alleged child abuse, or to counsel appointed pursuant to Section 318 of the Welfare and Institutions Code, or to the county counsel or district attorney in an action initiated under Section 232 of the Civil Code or Section 300 of the Welfare and Institutions Code, or when those persons waive confidentiality, or by court order.

Child Abuse or Neglect Reporting Procedure (Continued)

Liability of the Reporting Person

Penal Code Section 11172 (b) states that:

Any person who fails to report an instance of child abuse which he or she knows to exist or *reasonably should know to exist, as required by this article, is guilty of a misdemeanor and is punishable by confinement in the county jail for a term not to exceed six months or by a fine of not more than five hundred dollars (\$500) or by both. (Italics added.)*

Failure to report suspected child abuse may result in civil liability as well. A person required to report suspected abuse who fails to do so may be held liable in civil damages for any subsequent injury to the child (*Landeros v. Flood* [1976] 17 Cal. 3d 399).

Immunity of the Reporting Person

Penal Code Section 11172(a) states that:

No child care custodian, medical practitioner, nonmedical practitioner, or employee of a child protective agency who reports a known or suspected instance of child abuse shall be civil or criminally liable for any report required or authorized by this article. Any other person reporting a known or suspected instance of child abuse shall not incur civil or criminal liability as a result of any report authorized by this article unless it can be proven that a false report was made and the person knew that the report was false...

SUSPECTED CHILD ABUSE REPORT

To Be Completed by Reporting Party
Pursuant to Penal Code Section 11166

A. CASE IDENTIFICATION	TO BE COMPLETED BY INVESTIGATING CPA
	VICTIM NAME: _____
	REPORT NO./CASE NAME: _____
DATE OF REPORT: _____	

B. REPORTING PARTY	NAME/TITLE _____							
	ADDRESS _____							
C. REPORT SENT TO	PHONE _____	DATE OF REPORT _____						
	SIGNATURE OF REPORTING PARTY _____							
D. INVOLVED PARTIES	<input type="checkbox"/> POLICE DEPARTMENT <input type="checkbox"/> SHERIFF'S OFFICE <input type="checkbox"/> COUNTY WELFARE <input type="checkbox"/> COUNTY PROBATION							
	AGENCY _____	ADDRESS _____						
	OFFICIAL CONTACTED _____	PHONE _____	DATE/TIME _____					
E. INVOLVED PARTIES (SIBLINGS) VICTIM	NAME (LAST, FIRST, MIDDLE) _____		BIRTHDATE _____	SEX _____	RACE _____			
	PRESENT LOCATION OF CHILD _____		PHONE _____					
	NAME _____	BIRTHDATE _____	SEX _____	RACE _____	NAME _____	BIRTHDATE _____	SEX _____	RACE _____
	1. _____	4. _____						
	2. _____	5. _____						
	3. _____	6. _____						
PARENTS	NAME (LAST, FIRST, MIDDLE) _____		BIRTHDATE _____	SEX _____	RACE _____			
	ADDRESS _____		ADDRESS _____					
	HOME PHONE _____	BUSINESS PHONE _____	HOME PHONE _____	BUSINESS PHONE _____				
	IF NECESSARY, ATTACH EXTRA SHEET OR OTHER FORM AND CHECK THIS BOX <input type="checkbox"/>							
1. DATE/TIME OF INCIDENT _____		PLACE OF INCIDENT _____	(CHECK ONE)	<input type="checkbox"/> OCCURRED	<input type="checkbox"/> OBSERVED			
IF CHILD WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF CARE: <input type="checkbox"/> FAMILY DAY CARE <input type="checkbox"/> CHILD CARE CENTER <input type="checkbox"/> FOSTER FAMILY HOME <input type="checkbox"/> SMALL FAMILY HOME <input type="checkbox"/> GROUP HOME OR INSTITUTION								
2. TYPE OF ABUSE: (CHECK ONE OR MORE) <input type="checkbox"/> PHYSICAL <input type="checkbox"/> MENTAL <input type="checkbox"/> SEXUAL ASSAULT <input type="checkbox"/> NEGLECT <input type="checkbox"/> OTHER								
3. NARRATIVE DESCRIPTION:								
4. SUMMARIZE WHAT THE ABUSED CHILD OR PERSON ACCOMPANYING THE CHILD SAID HAPPENED:								
5. EXPLAIN KNOWN HISTORY OF SIMILAR INCIDENT(S) FOR THIS CHILD:								

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INSTRUCTIONS AND DISTRIBUTION ON REVERSE

DO NOT submit a copy of this form to the Department of Justice (DOJ). A CPA is required under Penal Code Section 11169 to submit to DOJ a Child Abuse Investigation Report Form SS-8583 if (1) an active investigation has been conducted and (2) the incident is not unfounded.

Incarceration and Beyond

Life Goals

YOUNG MEN AS FATHERS FORMAT

IV. Incarceration and Beyond

F. Long Range Goals for Family

Topics to be covered:

What he wants his family to be like.
What does the participant have to do to get what he want.
How to set achievable goals
Expectations of others

The activities in this section will help the student develop abilities to:

Identify his life goals and the steps necessary to achieve them.
Discuss the expectations others have of him.

Awareness Goal

Plan, act, evaluate.

Resources Available (see following pages)

INCARCERATION AND BEYOND

FAMILY REUNIFICATION

Handout

Child Characteristics Necessary for Obtaining Life Goals

1. High Self-esteem: The child regards him/herself as a person of worth and feels good about his or her own abilities, characteristics and self.
2. Pride in his/ her ethnicity or culture: The child has positive attitudes and love for his people and therefore feels pride in being a member of his ethnic community.
3. Self Discipline: The child is able to wait for the right time and place to do and try things. He is able to delay having fun right now in order to have more fun and satisfaction later. He is better able to control or manage feelings so that he helps himself.

*If you have your language and you have your culture,
and you not ashamed of it, then you know who you are.*

Adele Davis

4. Good School Skills and Study Habits: The child has good talking and communication skill; good reading, writing and math skills; good abilities to plan ahead and solve problems; and good study habits.
5. Healthy Physical Habits: The child eats and drinks nutritious foods and beverages, has good exercise, rest, relaxation and sleeping habits, and does not use cigarettes, alcohol or drugs.

*When you're young and someone tells you what you are
and shows you how to be proud, you've got a head start.*

Vikki Carr

INCARCERATION AND BEYOND

FAMILY REUNIFICATION

Handout

What Parents Can Do To Help Children Develop the Necessary Child Characteristics for Success in Life.

1. Lead, teach and provide understanding.

- a. By showing and expressing that you are pleased with your child's characteristics and abilities.
- b. By seeking out and enjoying the company of your child.
- c. By providing much spoken and physical appreciation on to, your child's efforts and achievements.
- d. By being sensitive and responsive to your child's needs and ideas.
- e. By finding regular time to spend with each child to better get to know each child as an unique individual.

2. Teach Self Discipline

- a. By showing that you can delay receiving an immediate satisfaction in order to achieve a greater future satisfaction.
- b. By using anger and aggression in such a way that you make these feelings work for your child and for your people rather than against them..
- c. By being respectful and considerate of others.
- d. By behaving within the approved social guidelines of the family and society.
- e. By resisting temptations to engage in unhealthy or illegal behaviors and life styles.

FAMILY REUNIFICATION

Handout (continued)

3. Model and teach School Skills and Study Habits

- a. By teaching young children to use words to express the differences and similarities in the things that they see, hear, smell, touch or feel,
- b. By helping older children to learn basic school skills like reading, writing, computing, planning ahead, and problem solving.
- c. By helping children learn good study habits and carrying through on homework assignments, and
- d. By working closely and cooperatively with the child's school and teachers to insure a good formal education.

4. Model and teach healthy physical habits.

- a. By providing nutritious foods and beverages,
- b. By providing healthy and sanitary living conditions,

By arranging family life to allow for enough sleep, rest, relaxation and exercise,

By using health services for preventive checkups as well as for the treatment of illnesses and health problems, and

- e. By avoiding the use of abusable substances such as cigarettes, alcohol and drugs.

INCARCERATION AND BEYOND

FAMILY REUNIFICATION

Handout: The Life Goals for Children

1. **To achieve loving and healthy human relationships.**

With spouses or lovers, with family, friends, neighbors, work associates, and with their own children.

2. **To achieve a good job**

Professional, managerial or executive jobs, trades, arts, crafts, clerical jobs, sports or entertainment job, etc.

3. **To achieve a good education**

A good high school education, college education, graduate or professional school education, art or trade school education, etc.

4. **To help the community**

Does a job or does volunteer work that helps his people and his community.

5. **To resist the pressure of the streets**

Does not become part of gangs, or gang warfare, does not become a delinquent, criminal, pimp, prostitute, drug user, drug pusher, etc.

INCARCERATION AND BEYOND

FAMILY REUNIFICATION

Handout: Lifestyle Changes

Parents discover that a child brings many changes to their life-style. In the following situation, write what Eddie might reply to Theresa. Eddie has a full-time job and goes to school part-time at the local community college. He is taking a vocational program so that he can get a better job. Theresa works part-time each afternoon; their baby is cared for by a neighbor during that time.

a. Theresa: Eddie, the baby is too sick to take to our neighbor, and I have to leave for work. Can you skip your afternoon class at the community college and take care of her?

Eddie: _____

b. Theresa: I didn't think having a baby would take so much of our time. I miss not being able to play tennis with you on Wednesdays.

Eddie: _____

c. Theresa: I want to go back to school next semester. You'll have to baby-sit one or two nights a week while I'm at school.

Eddie: _____

d. Theresa: I want to move out of this neighborhood. It's a terrible place to try and raise a child.

Eddie: _____

e. Theresa: When I was in high school, my consumer and homemaking education teacher said that parents have to be responsible for their child for at least 18 years. I didn't realize what she meant. You take the baby. I'm going jogging.

Eddie: _____

Incarceration and Beyond

Family Support Resources

IV. Incarceration and Beyond

G. Family support resources

Topics to be covered:

Using the phone book to find help
How to write a business letter
Phone etiquette
Personal presentation
Using the "system" to his advantage

The activities in this section will help the student develop abilities to:

Use the phone book to gather information
Present himself appropriately (in person and over the phone)
Write a letter documenting his need or request.

Awareness Goal:

A person can do anything, but not everything.

Resources Available (see following pages)

INCARCERATION AND BEYOND

Family Support Resources

Handout:

WHERE CAN I GO?

Some problems and needs of families are listed in the left-hand column. Match the problems and needs with the places where people can go for help. Names of agencies may be used more than once.

Problems and needs of Families

1. Care of small children
2. Family recreation
3. Adult counseling
4. Family health services
5. Prenatal care
6. Activities for youth
7. Decent place to live
8. Job training for young people
9. Trouble with the law
10. Names of Agencies:

Scouts
Health Department
Community Center
Youth Commission
Day Care Center
YWCA or YMCA
Planned Parenthood Association
Legal Aid
Mental Health Clinics
Public Library

Fair Housing Organization
County Welfare Department
Metropolitan Housing Authority
Public School
Urban League
Home for the Aged
Abortion Clinic
Neighborhood Youth Corps
Churches
Salvation Army

11. General Welfare
12. Contraceptives

INCARCERATION AND BEYOND

Family Support Resources

Handout: Information Resources

1. Information by calling the telephone company (411) or through the telephone book - the first pages of the phone book lists many resources, mostly government.
2. Libraries - have free meeting rooms and they will tell you about group meetings. (self-help groups often use libraries)
3. Churches - they often provide day care or counseling.
4. School Districts - often have adult classes, counselors. (some have self-help groups).
5. Often health agencies are a great source of information on everything from getting food and clothing to personal problems and they have lots of places to send you for more help.
6. Legal Aid offers low or no cost assistance in legal matters.
7. Hospitals - they are reaching out into the community to be of assistance in areas other than illness, they often offer hotlines, classes, and information services.
8. Hotlines - many communities have many hotline numbers (some may be local or toll free 800 numbers) they often help with many issues including rape, child abuse, drug addiction, alcoholism, health issues (pregnancy, aids), housing, etc.
9. Alcoholics Anonymous, Narcotic Anonymous - both nationwide organizations have local numbers and offer free meetings for persons with these problems or for help in living with people who are addicted.
10. Information Line - in Los Angeles there are information lines that offer referral information 24 hours a day giving referrals for everything from family problems, counseling, consumerism, nutrition, financial aid, transportation, recreation, rehabilitation to child care, housing, youth and elderly and handicapped information. In Los Angeles call (213) 686-0950.

INCARCERATION AND BEYOND

Family Support Resources

Handout: THINGS TO REMEMBER

1. On the phone or in person: a. Clearly state your name and what you need.
b. Have 2 or 3 clear questions ready to ask.
2. Ask the name of the person you are talking to (if necessary, write it down). Be polite. Know what you want. If not satisfied, ask for a referral.
3. The person with the best questions gets the best answers. If YOU don't know what you want or need, then no one else knows.

You don't need to LIKE the other person and they don't need to LIKE you!! You want help or to understand the situation better. Personalities don't count here!

3. LISTEN.
4. Be prepared, take a pencil and paper with you (or have it by the phone) before you call or go see someone. Write things down, so you can think about it later.

If you don't get the answer you expected, think of a new way to ask the question. You are your best resource.

Incarceration and Beyond

Transition from Father to "Dad"

YOUNG MEN AS FATHERS FORMAT

IV. Incarceration and Beyond

H. Transition from Father to Dad

Topics to be covered:

Commitment
Ceremony of transition
Celebrate the transition

The activities in this section will help the student develop abilities to:

View himself as an individual committed to his child

Awareness Goal

A child does not ask your ability or inability,
he asks only your availability. Be there.

Resources Available (see following pages)

INCARCERATION AND BEYOND

Transition from Father to "DAD"

Teacher Notes

The purpose of this section is to solidify the participant's commitment to his learning by transitioning him ceremoniously from being a biological father to the ever loving DAD.

The emphasis in the program has been commitment to one's family. This section is meant to be a celebration of that commitment and a rite of passage. We encourage each teacher and their administration to facilitate a gathering of the participant's family in order for them to observe and participate in this rite. The care and emotion that went into the concept behind this program will be played out and become self evident during this gathering.

Throw a party! Have a blast! Congratulations.

The Curriculum Committee

INCARCERATION AND BEYOND

Transition from Father to "DAD"

Handout

WRITING A LETTER HOME

The following letter is a sample of a first letter home. The letter itself is not as important as the issues it covers. Note that the author discusses those concerns that would worry a child including writing and calling information, safety, health, food, clothing, sleeping, visits, work and friends.

Children know jail through television and movies. They need a more realistic picture. Parents need to reduce the child's fear, to be honest and yet not to make jail or prison sound "too good!"

Every letter home should include three messages:

1. I love you.
2. I miss you.
3. I will be back. (Only if you will go back! Don't lie.)
4. It's not your (the child's) fault.

Letters home are most effective when they deal with everyday situations that children can relate to, such as comments about the sunshine, the trees, what happened at lunch, etc. Parents with young children can draw pictures (i.e. a happy face with the comment "This is how I feel when I think of you!"). Children also enjoy make believe stories or poems written especially for them by mom or dad.

The goal of communication is to reassure the child that his/her parent is safe and well, so the child can relax and not feel as anxious about the situations.

It is important to "walk a line" that encourages the child to not go to jail. Make lists of "negative" things about jail that do not frighten a child, but that give a clear message that this is not a good place to be.

INCARCERATION AND BEYOND

Transition from Father to "DAD"

Handout: Sample Letter

Dear _____

I love you and I miss you. I know you don't understand why I am not with you. You have nothing to do with my leaving you, it's not your fault. I made a mistake and I broke the law (for older children you can explain more if you want to). A judge sentenced me to jail, I will be here.

There are lots of other men here. We live together in dorms. We each have our own bed. We share a T.V., one for 100 men. There is no privacy here, we all live together.

I know that you have seen lots of things on T.V. about prisons and jails, but it's really not like T.V. The guards don't carry guns and I am safe here.

I really miss you at mealtime too. Here we take turns eating. The whole dorm goes to eat at the same time, we line up and walk to the cafeteria. There are lots of men here so it takes a long time for everyone to eat. The food is okay, but not like we have at home. I get plenty to eat and I am not hungry.

I go to school everyday, I work hard. I get credit for working hard and I can use my credit to get out sooner.

It is hard for me to get to the phone because there are so many women and so few phones. I will call as often as I can.

I would love to see you. (Discuss arrangements)

If I get sick there is a nurse here and I will get help. There is also a doctor that comes by to check on us.

I love you and I miss you. I wish I could be with you, I know this is hard for you. I am not happy being so far from you. I really don't like it here, it isn't any fun. I don't get any time alone, there is always someone around, and it's noisy. We all go to bed very early and the T.V. gets turned off by 8:00, so I miss the freedom to do what I want when I want too!!

I think of you often, I'll write again soon!! You can write me at _____ Tell me about you friends, school, and what you're doing. Besides you, the things I miss most are _____ (i.e. fast foods, privacy, freedom, driving, T.V., not shopping, sun, trees, etc.).

Love Dad

INCARCERATION AND BEYOND

Transition from Father to "DAD"

ADDITIONAL SUGGESTIONS FOR PARENT LETTERS

1. Have the child make a map of the safest route between home and school and mail it back.
2. Ask your child to draw you a picture and send it to you.
3. Send stationary to the child and ask him/her to write a letter and color the stationary for you.
4. Send me a picture of you.
5. Write me about your favorite book or T.V. show.

OPEN ENDED QUESTIONS TO WRITE ABOUT

1. If you had 310.00 and could buy anything, what would it be?
2. If you went on a long trip, where would you go? How would you get there?
3. If you were on an island, what food would you take, what game, what book?
4. My teacher's name is _____.
5. Today I ate lunch with my friend lunch with?
6. Last night we watched _____ on T.V. My favorite show is _____ . What is your favorite.
7. What is your favorite color?
8. What is your favorite restaurant? What do you like to order?
9. What game do you like to play? What game do you like to watch? Is it important to win?
10. If you had to leave for a long journey and could only take 3 things what would you take? (All the people you love are going, too.)
11. In school my favorite subject was _____ . What is your favorite subject?
12. Who is the smartest kid in your class?
13. Who is the best reader in your class?

Remember: Don't make any promises you won't keep - relationships built on trust - be honest, even if it hurts. Be sure not to scare children about the police, as the child may need help while the parent is away. The police don't put people in jail - actions put people in jail.

INCARCERATION AND BEYOND

Transition from Father to "DAD"

BEING A DAD

We've been talking about how to be a good father for quite awhile, let's talk a little bit about why.

With all the work that comes from being a good partner and a good family man, there's a lot of fun, no one will ever love you the way your child will, if you let him. To the child, you can be the best father and the most important man in the world. Children are work, but they are also fun. Playing with a small child for a few minutes can remind us of what it's like to be a child. To a child, the world is full of surprises, a child can spend an hour playing with a stick and a piece of string and can imagine himself flying a spaceship or driving a race car just sitting in a chair.

As we grow up, we are told not to play, not to imagine, and yet, even adults need play, being with a child can remind you of what a wonderful place the world is. There is one warning about enjoying your children. Remember: You cannot expect a child to make your life happy. If you come home from work feeling bad, you cannot expect your child to may you feel better. It's a dangerous thing to do because you will be angry and disappointed if the child cries or misbehaves , as children will, instead of giving you a big hug.

Still, children are fun a lot of the time. It's very important to talk to and play with your child. It's not only fun it helps the child learn about the world. When a child plays house, plays dolls or pretends to be a grown-up, the child is practicing to be an adult. After all, the men and women who pilot the space shuttle were probably children who played astronaut on the living room couch. A child's dreams sometime come true and, even if they don't, they say a lot about how the child feels about things. The child's world is full of wonder but it is also full of fear, children are sometimes afraid of strangers, dogs, monsters, who live in the closet or under the bed and many other things. What things were you afraid of as a child?

The things that scare a child will come out in a child's play. Play can be a way of dealing with fears. If a child is afraid of monsters, he may play that he's a monster. Watching a child play, you can often tell a good deal about how that child feels. Children who do not have things and people to play with really miss out. Some parents not only do not play with the child, they also stop the child from playing. This is a very bad mistake, such children have problems in later life because their parents stopped them from learning about the world and expressing themselves.

Children make some noise when they play. Parents just have to learn to live with that. While you can make sure that an older child keeps it within reason in the house, it's important for the child to have opportunities to run and make noise. A regular trip to the park is one way to do this. Children need exercise just like adults. It helps to develop their muscles and coordination and it's a way of letting off steam. A child who never has a chance to run and yell will probably have trouble with sports and other physical activities in later life.

One big mistake that fathers make is to want their kids to be star athletes and to push them into sports too early. A small child just doesn't have the physical capabilities to play sports and fathers who push their kids into serious sports take all the fun out of play. If your child learns that it's fun to exercise and play, he or she will be more likely to play sports in later life. If you try to turn your five year old into a professional basketball player, you are likely to teach him to hate basketball.

We talk a lot about not hitting your kids and about ways to control them. Let's talk for a minute about the more powerful tool parents have to get kids to do what the parents want. What do you think that tool is? It's praise and encouragement, not strict discipline. Parents are often quick to yell at a kid when he does something wrong. It's far more important to praise the kid when he does something right. If you just sit there and don't say anything just keep watching T.V., how is the kid supposed to know he's doing what you want? Kids imitate and kids try to please.

Praise really works so much better than strict discipline. It seems like some parents only pay attention to their kid when the kid does something wrong. That's a bad mistake kids want attention. If the only way they can get it is by being bad they will be bad. Sure, you do have to place controls over what a kid does. You can't just let him do anything. You have to use discipline sometimes; but, you should use praise more often. Children are funny that way if you say to them "You're a good child and you do what daddy tells you", they will. If you say, "You're bad and you never do anything right", that's what you'll get. Think about it, isn't that how it works for you? Don't you try harder when you get some credit? You can say "that's a good try, keep trying and you'll get it right. Which do you think works better? Remember kids are fun! Don't expect your child to help you feel better. Play with your kid and let him play. Kids need noise and exercise. Praise your kid more often than you discipline him.

Show your child you love him, Dad!

HOW TO BE A GOOD PARENT

By Marian Edelman

Here are 10 ways to help your child grow up to be a successful adult:

1. Schedule an activity once a week that you can do with your children. Make it a weekly date that can't be broken. At the end of every month, take a moment to grade yourself on how good a parent you've been.
2. Expose your children to living role models - scientists, writers, engineers, religious and civic leaders, artists, government officials, sports figures, doctors and lawyers.
3. Encourage children to do errands for older or disabled people in the community to teach them a sense of responsibility and service.
4. Take every opportunity to show an interest in the problems of your children's friends. Insist on knowing who their friends are, their parents' names, addresses, and telephone numbers.
5. Protect your children. Make arrangements for supervised activity for the times you cannot be with them. Check out what's available in your community, such as church programs, after-school programs, local YWCAs and YMCAs Girls and Boys or Police Girls and Boys Clubs, and other community-based organizations.
6. Maintain close contact with your children's school. Make an effort to know the teacher, administrators, teacher's aides, and others in the schools.
7. Establish a time and quiet place for your children to do homework everyday. Instill in them a sense of our rich heritage as black people making sure they have book in the home and at school that positively depict our history.
8. Be an advocate for the needs of your child in the school system, recreational department and neighborhood.
9. Show love for your children. Hug them and tell them you love them. Don't take for granted that they know you care. Instill in them the discipline and responsibilities necessary to live in the family unit and in the larger community. Praise them when they do well and tell them you love them.
10. Volunteer in your child's school (for example, by tutoring students, assisting with class trips, teaching mini courses, taking lunchroom duty, or helping develop special programs or meetings). And, if you can, help one child whose parents are unable to do these things.

MARIAN EDELMAN is the president of the Children's Defense Fund.

Being a good father
means knowing
how to be a dad.



-Anonymous

In Recognition of Completion

this certificate is presented to

John Q. Doe

*who has successfully completed the
Young Men as Fathers Program.*

Supervisor of Education

Instructor



Date

Being a good father
means knowing
how to be a dad.



-Anonymous

In Recognition of Completion

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Date

RESOURCES

RESOURCES

STATE AND LOCAL RESOURCES

California Drug Consultants - 1-800-972-5023 X533

Catholic Social Services*

Child and Family Services - #213-413-6777 refers to licensed daycare statewide by zipcode.

Circle of Recovery - located East Palo Alto - suport group for professional ex-cons

County Mental Health*

House of Hope in Fresno*

Jewish Social Services*

JTPA* - Career Development Plan

Juvenile Courts and DSS *, for resourses they use to teach parenting classes.

Latina Family Preservation Unit in the Los Angeles Area*

Mental Health Agencies *

OMEGA Boys Club - In San Francisco

Parenting Opportunity Program in Fresno*

Planned Parenthood*

"Rights of Passage" Ron Johnson Video Presentation, Bay Area - Ask Pat Armstrong (has video)

HAWK Project in Oakland*

UCLA Parenting Center*

U.S. Department of Health & Human Services - For more information on childhood diseases.

Youth Employment Opportunity Program*, - part of EDD - peer counseling 18-21 years

Information Lines - For general information and referral. In Los Angeles call (213) 686-0950.

*Check local listings

RESOURCES

National Organizations

Alcoholics Anonymous. Provides information and materials: 468 park Avenue South, New York, NY 10016; for referral to nearby AA meetings, check Alcoholics Anonymous listing in your local directory.

Black Community Crusade for Children. # 1-800-ASK-BCCC

Bradley: American Adacemy of Husband-Coached Childbirth: P.O. Box 5224, Sherman Oaks, Ca 91413, 800-423-2397; in California 800-42-BIRTH

City- or state-sponsored pregnancy, women's health, health, or environmental hotlines. Provides information and referrals; check your local telephone directory (avoid hotlines that are sponsored by private clinics unless referred by your practitioner).

Fathers Inc., Michael D. O'Neal, 1234 Columbus Avenue, Roxbury Crossing, 02120 617-445-1956

Ganper Method: Midwest Parent Craft Center: 627 Beaver Rd.,Glenview, Il 60025, 312-248-8100

Healthy Mother, Healthy Babies Coalition. Provides information on pregnancy safety: 409 12th Street SW, Washington, DC; (800) 424-8576.

International Childbirth Education Association: P.O. Box 20038, Minneapolis, MN 55420, 612-854-8660 (CEA provides referrals from other groups as well).

Johnson & Johnson Baby Products (Skillman, New Jersey 08558)

Lamaze: American Society for Psychoprophylaxis in Obstetrics: 1840 Wilson Blvd., Suite 204, Arlington, VA 22201, 800-368-4404

March of Dimes Birth Defects Foundation, Community Services Division. Provides information on prenatal hazards: 1275 Mamaroneck Avenue, White Plains, NY 10705; (914) 428-7100 or your local chapter.

March of Dimes Birth Defects Foundation, Box 2000, White Plains, NY 10602.

Maternal and Child Health Center. Disseminates information to both the public and professionals: (202) 625-8410.

RESOURCES

National Cocaine Hotline. Information and referrals for cocaine users and their families: (800) COCAINE.

National Council on Alcoholism. Provides information and materials: 733 Third Avenue, New York, NY 10017; (800) NCA-CALL or your local or state affiliate.

National Institute on Drug Abuse. Information and referrals for drug abusers and their families: (800) 662-HELP.

National Library of Medicine. Provides a list of 300 health hotlines: 8600 Rockville Pike, Bethesda, MD 20894; ATTN: Health Hotlines: (301) 496-6308

Pesticide Hotline. Provides information on pesticides and their safe use, for the public and professionals: (800) 858-7378.

National Institute on Alcohol Abuse and Alcoholism. 5600 Fishers Lane, Rockville, MD 20857.

Read Natural Childbirth Foundation. The
PO. Box 956
San Rafael, CA 94915
415-456-3143 (for general information only).

People to Contact

Dr. Lorita Hubbard - Ivan Camarillo gives presentation STD's - Very good.

Martín Cano
Seminars and Non-Profit Organization Consulting on Cultural Issues
6331 Fairmount Ave.
Suite 381
El Cerrito, CA 94530
510-526-4391

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Films and Videos

- | | | |
|---------------------------|-------|------------|
| 1. Miracle of Life (Nova) | Video | 60 minutes |
| 2. Where Did I Come From? | Video | 20 minutes |
| 3. Who Am I? | Video | 20 minutes |

Beginning of Life. This film was produced by Benchmark Films in 1968.

The Body Human: The Miracle Months. This television videotape production is available in film libraries of some counties and districts.

The First Days of Human Life. This film depicts prenatal development. It is available from Birthright of Marin, 803 1/2 D Street, San Rafael, CA 94901. A small rental fee is required.

Life Before Birth. This filmstrip is available as a kit or pictorial reprint (Educational Reprint #27). It is available from Time/Life Education, P.O. Box 834, Radio City Post Office, New York, NY 10010.

POEMS

THE RULES FOR BEING HUMAN

1. YOU WILL RECEIVE A BODY

You may like it or hate it, but it will be yours for the entire period this time around. The choice is yours.

2. YOU WILL LEARN LESSONS

You are enrolled in a full-time informal school called *Life*. Each day in this school you will have the opportunity to learn lessons. You may like the lessons or think them irrelevant and hence choose to ignore them, no matter, keep reading.

3. A LESSON IS REPEATED UNTIL LEARNED

A lesson will be presented to you in various forms until you have learned it. When you have learned it, you can then go on to the next lesson.

4. THERE ARE NO MISTAKES, ONLY LESSONS

Growth is a process of trial and error; experimentation. The "failed" experiments are as much a part of the process as the experiment that ultimately "works".

5. LEARNING LESSONS DOES NOT END

There is no part of life that does not contain its lessons. If you are alive, there are lessons to be learned.

6. "THERE" IS NO BETTER THAN "HERE"

When your "there" has become a "here", you will simply obtain another "there" that will, again, look better than "here".

7. OTHERS ARE MERELY MIRRORS OF YOU

You cannot love or hate something about another person unless it reflects to you something you love or hate about yourself

8. YOUR ANSWERS LIE ONLY INSIDE YOU

The answers to life's questions lie only inside you. All you need do is look, listen, and trust.

9. YOU WILL REMEMBER ALL THIS! AND LEARN!!!

We read the papers and hear on the air,
of killing and stealing and crime everywhere.
We sigh and say as we notice the trend,
"This young generation, where will it end?"
But can we be sure that it's their fault alone,
That maybe a part of it, isn't our own?

Are we less guilty, who place in their way
Too many things that lead them astray:
Too much money, too much idle time,
Too many movies of passion and crime,
Too many books not fit to be read,
Too much evil in what they hear said,
Too many children encouraged to roam,
Too many parents who won't stay home?

Kids don't make the movies, they don't write the books,
They don't paint gay pictures of gangsters and crooks.

They don't make the liquor, they don't run the bars,
They don't make the law and they don't sell the cars,
They don't peddle the drugs that addle the brain,
That's all done by older folks greedy for gain.

Delinquent teenagers, Oh how we condemn
The sins of the nation and blame it on them.
By the laws of the blameless the Savior made know,
Who is there among us to cast the first stone?
For in so many cases (it's sad but it's true),
The title "delinquent" fits older folks too.

Margaret Hogan

REVOLTING DEVELOPMENT

From raking leaves to mowing the lawn.
To setting the dinner table;
Most children like to be helpful
Til they're old enough to be able.

BIRTHDAY PARTY

The hostess' mother is overworked
The hostess is cross and sleepy
She missed her nap and so did her guests
And they're all inclined to be weepy
All of the kids are too young for the games
And the other half are too old
and one little boy won't give his fig
No matter how often he's told
And though every child wants a frosting rose
The hostess herself wants them all
so the cake's finally cut mid sniffles and woes
What a Happy Birthday bawl!

A DICTIONARY OF FOODS

MEAT: Just two kinds are eaten, from toddlers to teenagers;
One is hamburger, the other is wieners.
POTATOES: The star of the platter, they're known far and wide
All children love them as long as they're French Fried.
VEGETABLES: To do you a favor, a youngster may take
A spoonful of these, if you bribe him with cake.
MILK: A bland tasting liquid to wash down the food.
the kids swallow it whole, untasted, unchewed.

EXCHANGE PROGRAM

The children cleaned out their toy box today,
But they wouldn't throw one single old toy away.
Still the project was rescued from utter defeat -
They returned what belonged to the kids down the street.
An improvement I'd view with great relief.
Except I'm afraid that it's doomed to be brief -
Tomorrow the other kid's mothers will fuss,
And make them bring back what was borrowed from us!

THE MUDD PACK

No matter how much I scrub and comb
No matter what high hopes I start the day with
My kids always look like the kind of kids
I wouldn't want my kids to play with.

GREEN THUMB MOTHERS

Certain plants will only grow
In certain kinds of ground;
But children seem to thrive
In whatever dirt's around.

REVELATIONS

No family hides its secrets well,
Whose children shine at show and tell?

ACCIDENTS WILL HAPPEN

The clock got knocked off the mantle; The screen got torn in the door.
The china's chipped, the mirror's cracked; And the tile is loose on the floor.
A ball came through the window in this morning's baseball game.
If my kids come from a broken home; They have only themselves to blame

TWO BRIEF MOMENTS

We've reached that tranquil period
When we can breathe with ease.
Our daughter is midway between
Diapers and dungarees.
Our son has also reached that plain
Toward which all parents strive
Old enough to wash his neck,
But still too young to drive.