

Office of the Superintendent of Schools
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland

November 9, 2004

MEMORANDUM

To: Members of the Board of Education

From: Jerry D. Weast, Superintendent of Schools

Subject: 2003–2004 *Annual Report of the Citizens' Advisory Committee on Family Life and Human Development* and Staff Response

The *Annual Report of the Citizens' Advisory Committee on Family Life and Human Development for School Year 2003–2004* is attached for discussion by the Board of Education. Mr. David Fishback, the committee chairperson of the Citizens' Advisory Committee on Family Life and Human Development for the 2003–2004 school year, will present the annual report to the Board of Education. The packet includes the following:

- The 2003–2004 annual report (Attachment 1), which is a summary of the curriculum and materials reviewed and evaluated by the committee and program recommendations proposed to the Board of Education.
- The proposed curriculum revisions to the Grade 8 and Grade 10 health education curricula (Attachment 2).

Below is the staff response to the recommendations outlined in the *Annual Report of the Citizens' Advisory Committee on Family Life and Human Development, for School Year 2003–04*.

Committee Recommendation 1. Condom Use Demonstration

The Board's decision to have the staff of Montgomery County Public Schools (MCPS) develop a condom demonstration video and accompanying materials for High School Comprehensive Health Education classes (see Discussion/Action Item 8.0 from the Board's November 12, 2002, meeting, at pp. 4-5) was in response to a recommendation from the Committee, which was supported by the Staff. This addition to the high school health education curriculum materials (which already included "general information on condoms") was deemed important because of the dangers of unprotected sexual activity, including the transmission of sexually transmitted infections.

The Staff, having presented an earlier sample video to the Committee during the 2002–2003 cycle, developed a draft video and accompanying materials during the Summer of 2003. These materials were presented to the Committee at its September 2003 meeting. The Committee spent most of the September meeting viewing and discussing the video. In the course of our discussion, we learned the context in which the video would be presented and that the existing curriculum stresses personal responsibility and consequences of sexual activity. We viewed the video, discussed it, viewed it again, and went over what seemed to members to be effective and noting areas that could be improved. The principle thrust of the discussion was that some things needed to be made a bit clearer, and that there should be even more stress on the simple fact that abstinence is the only way to absolutely protect against pregnancy and transmission of STIs. One excellent suggestion made by our student members was that these messages be reinforced with words on the screen.

The video was returned to the Staff with Committee suggestions for revisions -- all of which were incorporated into a final version, which was presented to the Committee at its October 2003 meeting. After viewing the video and examining the accompanying instructional material as amended pursuant to Committee suggestions, the Committee voted to recommend the materials by a vote of 12-2 with 1 abstention. (Note: Traditionally, the Chair does not vote, and the Chair did not cast a vote with regard to any of the matters discussed in this report.) The vast majority of the Committee was impressed with the quality of the video and the accompanying lesson plan. The vast majority firmly believe that this quality material will provide students with a clear message about personal responsibility and the importance of protecting oneself and others from STIs.

On March 22, 2004, the Board accepted the Committee's recommendation; this instructional material is currently being piloted in three high schools.

*On September 2, 2004 the Committee received the evaluation results of the completed pilot from parents, students, and staff in the three high schools. After reviewing and discussing the evaluations the Committee recommended that the video, *Protect Yourself*, and the accompanying lesson plan be included as part of the required curriculum in all high school comprehensive health education classes.*

Staff Response

Staff produced a report on the field test of the video and lesson plan in the three high schools during the spring semester 2004. The report was provided to the committee at their first meeting of the 2004–2005 school year on September 2, 2004. The committee reviewed the report and decided to proceed with a recommendation to the Board of Education for systemwide implementation of the video and lesson plan in Grade 10 Comprehensive Health Education.

The committee recommendation to have the video and lesson plan become part of the required curriculum is supported by staff. Parents of students enrolled in high school comprehensive health education will be informed of the addition of this material to the curriculum and will have the opportunity to review the video at the parent information meeting held in each high school prior to instruction. Parents also will receive information about the video as part of the parent permission letter that must be signed and returned to the school prior to the start of instruction on family life and human sexuality. All high school health education teachers will receive training and information on the use of the video and lesson plan prior to being permitted to present the video to students.

Committee Recommendation 2. Revision of the Grade 8 and 10 Health Education Curricula to Include Information on Sexual Variation

The Board's decision to have the staff of MCPS develop "revisions to the health education curriculum in Grades 8 and 10 to include information about sexual variation" (see Discussion/Action Item 8.0 from the Board's November 12, 2002, meeting, at p. 8) was also in response to a recommendation from the Committee, which was supported by the Staff. This step was deemed important because, in part, the then-extant policies mandated that issues regarding homosexuality could not be discussed, except in response to specific questions by students, and then only in a perfunctory manner. In making this recommendation, the Committee recognized "the concept of sexual orientation as an essential human quality; [stated its belief] that individuals have the right to accept, acknowledge, and live in accordance with their sexual orientation, be they heterosexual, bisexual, gay, or lesbian;" and noted that its recommendation was "in harmony with recommendations for comprehensive sexuality education" endorsed by the Surgeon General of the United States in 2001 and by "a coalition of 120 national organizations including the American Medical Association, the National Medical Association, the American School Health Association, [and] the American Public Health Association." *Id.* at pp. 5-6.

Moreover, groups like the American Psychiatric Association, the American Psychological Association, the American Academy of Pediatrics, and every other mainstream medical and mental health organization in the United States have concluded that homosexuality is not a disease or mental disorder. The existing curriculum wisely taught about the importance of relationships and the development of families in ways that convey values of caring and responsibility. But the exclusion from that discussion of the fact that not all people are heterosexual, and that non-heterosexuals can have healthy and happy lives, was destructive to the mental health of students who were not heterosexual. Indeed, that deafening silence may have fostered -- and certainly did not combat -- to use the words of the Staff Response, "the emotional distress and physical violence displayed toward them by some students and adults in the general population." Because we want ALL of our children to grow up to be emotionally and physically healthy adults, the Committee believes that the Board acted wisely in acting to change the policy and develop curriculum revisions.

In Spring of 2003, the Staff created a Writing Committee to develop a draft of the recommended curriculum. The Writing Committee consisted of 10 people, including two MCPS health education

teachers, an MCPS school psychologist, two MCPS school counselors, a school-community health nurse, a representative of the Montgomery County Mental Health Association, the MCPS coordinator of health education, and two members of the Citizens Advisory Committee designated by the Committee Chair, David Fishback. Those two members were Henrietta Brown and Sheron Rosen. When Ms. Rosen found that other commitments precluded her from attending all the meetings, it was agreed that she and Mr. Fishback would work in tandem on the Writing Committee.

For three weeks in the Summer of 2003, the Writing Committee met full-time, researching relevant resources, discussing those resources, and reaching an overwhelming consensus on what should be added to the curriculum.¹ Revisions were proposed for the Grade 8 Mental Health Unit and the Family Life and Human Sexuality Unit; and for the Grade 10 Mental Health Unit, the Safety, First Aid, and Injury Prevention Unit, and the Family Life and Human Sexuality Unit. In addition, Teacher Resource materials were proposed; those materials were from reputable, mainstream organizations like the American Psychiatric Association, the American Psychological Association, the American Academy of Pediatrics, the National Association of School Psychologists, the National Mental Health Association, and Advocates for Youth.²

The Staff then took the material produced by the Writing Committee and put it in format for Committee consideration, including both proposed curriculum changes and Teacher Resource Materials. Beginning at the October 2003 meeting (after approval of the Condom Demonstration materials), nearly all of the Committee's time through the May 2004 meeting was spent discussing the Staff-recommended materials, offering revisions, and considering arguments and materials from members who did not agree with the basic Staff recommendations. The Committee's discussions of the proposed curriculum changes and the Teacher Resources were quite intense, and the Committee members took their responsibilities very seriously. While the recommended curriculum changes speak for themselves, the Committee wishes to highlight the following:

1. The Grade 8 changes include definitions of sexual identity and sexual orientation. Notably, the recommended curriculum includes the following information: that one's sexual orientation is the "persistent pattern" of attraction to "members of the same or opposite sex" (FLHS Content Outline I.B.3); that homosexuality is not a mental disorder; that "[m]ost experts . . . have concluded that sexual

¹ In the course of reviewing the pertinent portions of the curriculum, the Writing Committee suggested some changes in addition to those relating to sexual variations (principally in the area of the prevention of unwanted pregnancy) and suggested other changes that did not relate solely to issues of sexual variation. All proposed changes recommended by the Committee are noted in italics in the attached proposed curriculum revisions.

² Advocates for Youth was established in 1980 as the Center for Population Options, and "champions efforts to help young people make informed and responsible decisions about their reproductive and sexual health." See <http://www.advocatesforyouth.org/about/vision.htm>. Advocates for Youth is funded by the federal government (through the Centers for Disease Control and Prevention) and a wide range of private organizations, including the Ford, Henry J. Kaiser Family, Andrew Mellon, and David and Lucille Packard Foundations.

orientation is not a choice; it's a natural response;" that having some homosexual feelings does not necessarily mean that one is homosexual; and that "[h]aving homosexual parents/guardians does not predispose you to being homosexual." *Id.* at IX.B.

- a. The Grade 8 Mental Health Unit Curriculum revisions proposed by the Staff, as amended by the Committee, were approved by a vote of 12-1, with 2 abstentions.
- b. The Grade 8 Family Life and Human Sexuality Curriculum revisions proposed by the Staff, as amended by the Committee, were approved by a vote of 12-2.
- c. The Grade 8 Teacher Resources proposed by the Staff, with three deletions by the Committee, were approved by a vote of 13-1, with 5 abstentions. An additional Teacher Resource proposed by the Chair was approved by a vote of 14-0, with 2 abstentions.

2. The Grade 10 changes build on the Grade 8 materials, and, in describing the kinds of families that exist in our communities, adds "Same sex parents family." FLHS Content Outline II.B.6.

- a. The Grade 10 Mental Health Unit Curriculum revisions proposed by the Staff, as amended by the Committee, were approved by a vote of 18-0, with 2 abstentions.
- b. The Grade 10 Safety, First Aid, and Injury Prevention Curriculum revisions proposed by the Staff, as amended by the Committee, were approved by a vote of 16-0.
- c. The Grade 10 Family Life and Human Sexuality Curriculum revisions proposed by the Staff, as amended by the Committee, were approved by a vote of 12-3, with 1 abstention.
- d. The Grade 10 Teacher Resources proposed by the Staff (to supplement Teacher Resources already approved for Grade 8) were approved by a vote of 10-4, with 3 abstentions.

Staff Response

Staff reviewed the proposed revisions to the Grade 8 and Grade 10 health education curricula and find them to be consistent with state and local regulations. Copies of the proposed changes and a list of proposed teacher resource materials are attached (Attachment 2).

Many teachers have expressed concern about feeling restricted in what they are permitted to say or discuss regarding sexual variations. The State regulation COMAR 13A.04.18 uses the terminology "sexual variations" and has identified this topic as appropriate for discussion in Grade 8 and high school family life and human sexuality instruction since 1970; however, it never was included in the MCPS instructional program. Teachers, counselors, and school psychologists and nurses identified an increase in the number of students seeking information about this topic and questioning why it is excluded from the curriculum. The committee's proposal is not a substantial unit of instruction on sexual variations, but

rather the elimination of restrictions about the topic and recognition of the topic as appropriate for presentation and discussion as part of the family life and human sexuality unit of instruction in Grades 8–12. In November 2002, the Board of Education recommended that administrative staff revise MCPS Administrative Regulation IGP-RA to remove any restrictions on the discussion of sexual variations, and that revision has been completed. The instructional content about sexual variations proposed by the committee will be presented only to students whose parents give permission for them to receive this instruction as part of Grade 8 and 10 Comprehensive Health Education. All curricular revisions to include information about sexual variations will be submitted for review to the committee and will follow the standard MCPS review process. Any instructional materials recommended for use in presenting information about sexual variations also will be reviewed and approved by the committee and the Board of Education prior to purchase or use.

Staff recommends that the proposed revisions to the Grade 8 and high school health education curricula be field-tested in three middle schools and three high schools, respectively, during the spring semester 2005. Health education teachers from the three middle schools and three high schools will receive specific training on how to present the information that was approved by the committee. This field-test will include an evaluation of the curriculum by parents, students, and teachers and the results will be reported back to the committee in June 2005. The committee will review the results and then will decide how to proceed and if a recommendation for systemwide implementation will be made to the Board of Education.

Additional Recommendations

Summer School Teachers

At the February 5, 2004, meeting, the Committee unanimously voted to strongly recommend to the Board of Education that all teachers teaching Grade 10 Health Education in the summer should have the same certification courses that teachers must have in order to teach the same course during the regular school year. On March 23, 2004, the Chair wrote a letter to the Board setting forth this recommendation. As of the last meeting of the Committee on June 3, 2004 a response to the letter had not been received.

Response

Staff agrees with this recommendation. Students who enroll in high school courses for original credit during summer school should receive the same quality of instruction as they would during the regular academic year. No teachers should be permitted to teach a course during summer school that they would not be qualified to teach during the regular academic year. This is the only way to maintain quality of instruction and consistency of the instructional program. This matter has been resolved. There were no unqualified teachers assigned to teach high school health education during the 2004 summer school sessions.

A response to the letter from the chairman about this matter was received by the committee chair from the Board office on June 15, 2004, after the submission of the committee's annual report.

Grade 9 Proposal

At the May 6, 2004, meeting Ms. Carol Blum, director of high school instruction, presented an MCPS proposal to permit Grade 9 students to enroll in Comprehensive Health Education -- currently required of Grade 10 students. At the June 3, 2004, meeting this proposal was discussed and the Committee voted 18-2, not to recommend that Grade 9 students be permitted to enroll in the Comprehensive Health Education-Grade 10 course.

Response

Staff disagrees with this recommendation. High school principals indicated a need to have greater flexibility in scheduling the one-semester high school health education course. Many high school students have difficulty scheduling a one-semester course in Grade 10 because most of the courses they are taking are full-year courses. Parents and students raised this problem with counselors and principals and requested that students be permitted to enroll in comprehensive health education in Grade 9.

One concern raised by the committee is that since the course was originally designed for Grade 10; most of the family life and human sexuality curriculum and instructional materials were approved for use in Grade 10, including the condom use video and the attached revisions to the curriculum to include sexual variation. If the course is now to be made available to Grade 9 students, it is the understanding of the staff and the committee that all curriculum and materials initially approved for Grade 10 would need to be reevaluated for use in Grade 9. Staff assured the committee that the majority of students enrolled in comprehensive health education would be in Grade 10 and only a minimal number of Grade 9 students will be enrolled in the course. Since parental permission is required for students to receive instruction, only students whose parents approve their enrollment would participate in the course.

Conclusion

I would like to thank the committee for its diligent work and recommend approval of the curriculum revisions and instructional materials that were reviewed and approved by the committee during the 2003-2004 school year for use in the MCPS Family Life and Human Development program.

WHEREAS, Maryland COMAR 13A.04.18 requires each local school system to provide an instructional program in comprehensive health education for each year in Grades K-8 and that program will include a unit on family life and human development; and

WHEREAS, Maryland COMAR 13A.04.18 requires each local school system to appoint a joint committee of educators and representatives of the community that will examine all family life and human development curriculum and instructional materials proposed for use in the schools; and

WHEREAS, Maryland COMAR 13A.04.18 further requires that the committee's recommendations will be submitted to the local superintendent of schools and the local Board of Education for final action; now therefore be it

Resolved, That the Board of Education concurs with the staff response and approves the curriculum revisions and the instructional materials that were evaluated and recommended during the 2003–2004 school year for use in Montgomery County Public Schools' Family Life and Human Development program by its Citizens' Advisory Committee on Family Life and Human Development; and be it further

Resolved, That the Board of Education accepts the annual report and publicly recognizes its Citizens' Advisory Committee on Family Life and Human Development for its continued support of the Montgomery County Public Schools Family Life and Human Development program.

At the table for today's discussion are Mr. Dale Fulton, associate superintendent, Office of Curriculum and Instructional Programs; and Mr. Russell Henke, coordinator of health education and staff liaison to the committee.

JDW:DEF:mgb

Attachment

Citizens Advisory Committee on Family Life and Human Development
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland

November 9, 2004

MEMORANDUM

To: Members of the Board of Education

From: David Fishback, Chairman, Citizens Advisory Committee on
Family Life and Human Development

Subject: 2003-2004 Annual Report of the Citizens Advisory Committee on Family
Life and Human Development

On behalf of the Citizens Advisory Committee on Family Life and Human Development, I am submitting the *2003-2004 Annual Report of the Citizens Advisory Committee on Family Life and Human Development* including a list of the curriculum and instructional materials reviewed by the members of the committee. Also attached are copies of the health education curriculum revisions proposed to address the issue of sexual variation. The committee recommends the curriculum and instructional materials that were favorably reviewed for approval by the Board of Education for use in our schools.

DF:mgb

Attachments

Copy to:
Executive Staff
Dr. Harvey
Mr. Henke

Approved: _____ Date _____
Jerry D. Weast, Superintendent of Schools

**MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland**

**ANNUAL REPORT OF THE CITIZENS ADVISORY COMMITTEE ON
FAMILY LIFE AND HUMAN DEVELOPMENT
School Year 2003-2004**

Respectfully Submitted to the Montgomery County Board of Education

June 4, 2004

ANNUAL REPORT 2003-2004

Citizens Advisory Committee on Family Life and Human Development

Regulatory Background

The Montgomery County Citizens' Advisory Committee on Family Life and Human Development (the Committee) was established by the Montgomery County Board of Education by Resolution No. 167-70 on February 24, 1970. Members of the Committee are appointed by the Board of Education and serve as advisors to the Board and to the superintendent on matters of developing, implementing and evaluating the countywide program on family life and human development. The Committee reviews and recommends to the superintendent and the Board all books, films, and other materials to be restricted for use in Focus Area Two and Three instruction.

Administrative Regulation IGP-RA, ¶IIB

By requirement of the State Board of Education, Title 13A.04.18 Maryland Regulation, system-wide citizen advisory committee is to be created to consult with professional educators within the local school system to develop curriculum in Focus Areas Two and Three. This committee's membership is to broadly represent the views of the community; and may represent groups such as parents/guardians, students, legislators, members of the community organizations, clergy, physicians and members of professional and civic organizations.

Introduction

Make up and responsibilities of the Citizens' Advisory Committee on Family Life and Human Development include but are not limited to the following:

- The Committee represents a cross-section of Montgomery County citizens and citizen organizations. Members of the committee may be students enrolled in Montgomery County Public Schools.
- The Committee meets monthly from September through June.
- The Committee reviews instructional materials pertaining to physiological and personality changes related to maturation and human reproduction (Focus Area Two), and advanced physiology and psychology of human sexual behavior (Focus Area Three), and HIV/AIDS prevention education for use in the Montgomery County Public Schools.
- Materials to be reviewed are mailed to the Committee members before each monthly meeting or, in the case of audiovisual materials, presented at the meetings. Each item is discussed in depth. Discussions are often concerned with the age appropriateness of materials, the values that are imparted, and the changing definition and role of the family, peers, teachers, and medical professionals in sexuality education. Factual issues surrounding contraceptive use, abstinence, human development or HIV/AIDS, or the need for instructional

materials that target special student populations are frequent topics. A wide spectrum of backgrounds and opinions is represented on the Committee so the discussion offers the opportunity for members to hear diverse views on the materials being reviewed. After the discussion, the Committee votes to highly recommend, recommend, or not recommend the materials for use in Montgomery County Public Schools.

Overview of 2003-2004 Committee Operations

The Committee met ten times.

The Committee began its activities in September 2003 with 23 officially-appointed members. Following the appointment of new members in January 2004, there were 29 members; as of the June 2004 meeting, there were 27 members. In the 2002-2003 cycle, the Committee adopted a rule requiring that no business could be transacted in the absence of a majority of the officially appointed members. This proved not to be a problem, with attendance ranging from 61% to 82 %. Indeed, for this cycle, six members attended every meeting during their terms of office, six missed only one meeting, and six missed only two meetings. In the course of the 2003-2004 cycle, two members resigned and one student member was terminated, having failed to attend any meetings. The current (as of June 2004) Committee membership is appended to this report.

Major Issues Discussed and Recommendations

The vast majority of the Committee's time was devoted to recommendations on materials developed in response to the Board's November 12, 2002, decisions (1) to develop a condom demonstration video for High School Comprehensive Health Education classes, and (2) to add discussion of sexual variations to the Grade 8 and Comprehensive Health Education - Grade 10 curricula.

1. Condom Use Demonstration. The Board's decision to have the staff of MCPS develop a condom demonstration video and accompanying materials for High School Comprehensive Health Education classes (see Discussion/Action Item 8.0 from the Board's November 12, 2002, meeting, at pp. 4-5) was in response to a recommendation from the Committee, which was supported by the Staff. This addition to the high school health education curriculum materials (which already included "general information on condoms") was deemed important because of the dangers of unprotected sexual activity, including the transmission of sexually transmitted infections. Id.

The Staff, having presented an earlier sample video to the Committee during the 2002-2003 cycle, developed a draft video and accompanying materials during the Summer of 2003. These materials were presented to the Committee at its September 2003 meeting. The Committee spent most of the September meeting viewing and discussing the video. In the course of our discussion, we learned the context in which the video would be presented: The already-existing curriculum stressing personal responsibility and consequences of sexual activity. We viewed the video, discussed it, viewed it again, and went over what seemed to members to be effective and noting areas

that could be improved. The principal thrust of the discussion was that some things needed to be made a bit clearer, and the that there should be even more stress on the simple fact that abstinence is the only way to absolutely protect against pregnancy and transmission of STIs. One excellent suggestion made by our student members was that these messages be reinforced with words on the screen.

The video was returned to the Staff with Committee suggestions for revisions -- all of which were incorporated into a final version, which was presented to the Committee at its October 2003 meeting. After viewing the video and examining the accompanying instructional material as amended pursuant to Committee suggestions, the Committee voted to recommend the materials by a vote of 12-2 with 1 abstention. (Note: Traditionally, the Chair does not vote, and the Chair did not cast a vote with regard to any of the matters discussed in this report.) The vast majority of the Committee was impressed with the quality of the video and the accompanying lesson plan. The vast majority firmly believe that this quality material will provide students with a clear message about personal responsibility and the importance of protecting oneself and others from STIs.

On March 22, 2004, the Board accepted the Committee's recommendation; this instructional material is currently being piloted in three high schools.

2. Revision of the Grade 8 and 10 Health Education Curricula to Include Information on Sexual Variation. The Board's decision to have the staff of MCPS develop "revisions to the health education curriculum in Grades 8 and 10 to include information about sexual variation" (see Discussion/Action Item 8.0 from the Board's November 12, 2002, meeting, at p. 8) was also in response to a recommendation from the Committee, which was supported by the Staff. This step was deemed important because, in part, the then-extant policies mandated that issues regarding homosexuality could not be discussed, except in response to specific questions by students, and then only in a perfunctory manner. In making this recommendation, the Committee recognized "the concept of sexual orientation as an essential human quality; [stated its belief] that individuals have the right to accept, acknowledge, and live in accordance with their sexual orientation, be they heterosexual, bisexual, gay, or lesbian;" and noted that its recommendation was "in harmony with recommendations for comprehensive sexuality education" endorsed by the Surgeon General of the United States in 2001 and by "a coalition of 120 national organizations including the American Medical Association, the National Medical Association, the American School Health Association, [and] the American Public Health Association." Id. at pp. 5-6.

Moreover, groups like the American Psychiatric Association, the American Psychological Association, the American Academy of Pediatrics, and every other mainstream medical and mental health organization in the United States have concluded that homosexuality is not a disease or mental disorder. The existing curriculum wisely taught about the importance of relationships and the development of families in ways that convey values of caring and responsibility. But the exclusion from that discussion of the fact that not all people are heterosexual, and that non-heterosexuals can have healthy and happy lives, was destructive to the mental health of students who were not heterosexual.

Indeed, that deafening silence may have fostered -- and certainly did not combat -- to use the words of the Staff Response, "the emotional distress and physical violence displayed toward them by some students and adults in the general population." Because we want ALL of our children to grow up to be emotionally and physically healthy adults, the Committee believes that the Board acted wisely in acting to change the policy and develop curriculum revisions.

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The Staff then took the material produced by the Writing Committee and put it in format for Committee consideration, including both proposed curriculum changes and Teacher Resource Materials. Beginning at the October 2003 meeting (after approval of the Condom Demonstration materials), nearly all of the Committee's time through the May 2004 meeting was spent discussing the Staff-recommended materials, offering revisions, and considering arguments and materials from members who did not agree with the basic Staff recommendations. The Committee's discussions of the proposed curriculum changes and the Teacher Resources were quite intense, and the Committee

¹ In the course of reviewing the pertinent portions of the curriculum, the Writing Committee suggested some changes in addition to those relating to sexual variations (principally in the area of the prevention of unwanted pregnancy) and suggested other changes that did not relate solely to issues of sexual variation. All proposed changes recommended by the Committee are noted in italics in the attached proposed curriculum revisions.

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members took their responsibilities very seriously. While the recommended curriculum changes speak for themselves, the Committee wishes to highlight the following:

1. The Grade 8 changes include definitions of sexual identity and sexual orientation. Notably, the recommended curriculum includes the following information: that one's sexual orientation is the "persistent pattern" of attraction to "members of the same or opposite sex" (FLHS Content Outline I.B.3, emphasis in the original); that homosexuality is not a mental disorder; that "[m]ost experts . . . have concluded that sexual orientation is not a choice; it's a natural response;" that having some homosexual feelings does not necessarily mean that one is homosexual; and that "[h]aving homosexual parents/guardians does not predispose you to being homosexual." Id. at IX.B.

a. The Grade 8 Mental Health Unit Curriculum revisions proposed by the Staff, as amended by the Committee, were approved by a vote of 12-1, with 2 abstentions.

b. The Grade 8 Family Life and Human Sexuality Curriculum revisions proposed by the Staff, as amended by the Committee, were approved by a vote of 12-2.

c. The Grade 8 Teacher Resources proposed by the Staff, with three deletions by the Committee, were approved by a vote of 13-1, with 5 abstentions. An additional Teacher Resource proposed by the Chair was approved by a vote of 14-0, with 2 abstentions.

2. The Grade 10 changes build on the Grade 8 materials, and, in describing the kinds of families that exist in our communities, adds "Same sex parents family." FLHS Content Outline II.B.6.

a. The Grade 10 Mental Health Unit Curriculum revisions proposed by the Staff, as amended by the Committee, were approved by a vote of 18-0, with 2 abstentions.

b. The Grade 10 Safety, First Aid, and Injury Prevention Curriculum revisions proposed by the Staff, as amended by the Committee, were approved by a vote of 16-0.

c. The Grade 10 Family Life and Human Sexuality Curriculum revisions proposed by the Staff, as amended by the Committee, were approved by a vote of 12-3, with 1 abstention.

d. The Grade 10 Teacher Resources proposed by the Staff (to supplement Teacher Resources already approved for Grade 8) were approved by a vote of 10-4, with 3 abstentions.

Additional Recommendations

At the February 5, 2004, meeting, the Committee unanimously voted to strongly recommend to the Board of Education that all teachers teaching Grade 10 Health Education in the summer should have the same certification courses that teachers must have in order to teach the same course during the regular school year. On March 23, 2004, the Chair wrote a letter to the Board setting forth this recommendation.

At the May 6, 2004, meeting Ms. Carol Blum, director of high school instruction, presented an MCPS proposal to permit Grade 9 students to enroll in Comprehensive Health Education -- currently required of Grade 10 students. At the June 3, 2004, meeting this proposal was discussed and the Committee voted 18-2, not to recommend that Grade 9 students be permitted to enroll in the Comprehensive Health Education-Grade 10 course.

NOTE ON TABULATION OF VOTES:

**THE ALTERNATIVES FOR VOTES ON APPROVAL OF
COMMERCIALY-OFFERED MATERIALS FOR CLASSROOM USE
(NOTED BY ASTERICKS) ARE HIGHLY RECOMMEND,
RECOMMEND, RECOMMEND WITH RESERVATIONS, OR NOT
RECOMMEND.**

**THE ALTERNATIVES FOR VOTES ON ALL OTHER MATTERS ARE
RECOMMEND OR NOT RECOMMEND.**

Material Reviewed	Recommendation	Yea	Nay	Abs
October 2, 2003				
Portions of a textbook for use in the elective Anatomy and Physiology HS classes, <i>The Anatomy Coloring Book</i> , 3d Edition (2002) **	Highly Recommended	15	0	0
Condom Demonstration Video, <i>Protect Yourself</i> and Supporting Materials, as amended	Recommended	12	2	1
Grade 8 Mental Health Unit Curriculum revisions, as amended	Recommended	12	1	2
December 4, 2003				
Grade 8 Family Life and Human Sexuality Curriculum revisions, as amended	Recommended	12	2	0
January 8, 2004				
Grade 8 Teacher Resources additions (with three deletions and one clarification) to Mental Health and Family Life and Human Sexuality Units	Recommended	13	1	5
March 4, 2004				
Grade 10 Mental Health Unit Curriculum revisions, as amended	Recommended	18	0	2
Video entitled <i>Hope Is Not A Method</i> (Fifth Edition) **	Highly Recommended	9	8	2
	Recommended	13	5	1

Material Reviewed	Recommendation	Yea	Nay	Abs
April 1, 2004				
Addition of <i>Discoveryhealth.com: Gender Identity Disorder</i> , by Ann Reyes, Ph.D., to the Teacher Resources	Recommended	14	0	2
Grade 10 Safety, First Aid, and Injury Prevention	Recommended	16	0	0
Grade 10 Family Life and Human Sexuality Curriculum revisions, as amended	Recommended	12	3	1
May 6, 2004				
Grade 10 Teacher Resources additions for the Mental Health and Family Life and Human Sexuality Units	Recommended	10	4	3
June 3, 2004				
Proposed Revisions to MCPS <i>Administrative Regulation IGP-RA, Implementation of Programs on Family Life and Human Development</i>	Recommended	15	2	2

2003-2004 CACFLHD MEMBERS AND ORGANIZATIONS

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Ms. Alice Bird, Montgomery County Department of Health and Human Services
Ms. Henrietta Brown, Daughters of the American Revolution (DAR)
Dr. Kimberly Y. Campbell, The Peoples Community Baptist Church
Dr. Michael Caruso, Archdiocese of Washington
Ms. Ethel Jerlean Eader, Parents Against X-Rated and R-Rated Books
Ms. Madeleine Greenwald, NARAL (Maryland Affiliate)
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Ms. Jackie Rice, Parents & Friends of Ex-Gays and Gays (PFOX)
Ms. Sheron Rosen, Parents, Families, and Friends of Lesbians and Gays (PFLAG), of the Metropolitan Washington DC Area
Ms. Karen Troccoli, Reproductive Task Force, River Road Unitarian Church
Ms. Rosa Urquhart, Maryland Coalition Against Pornography

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Mr. Charles McCullough
Ms. Susan Milstein
Mr. Blaine Parrish
Ms. Tara Celeste Reinecker (Resigned February 2004)
Ms. Michelle Turner
Ms. Gabriella Uza
Ms. Venattia Vann

STUDENT REPRESENTATIVES

Ms. Crystal Boyd
Mr. Anthony Giuliani
Ms. Elizabeth Goldblat
Ms. Domonique Williams (Terminated January, 2004)

MENTAL HEALTH

Instructional Outcomes

By the end of the designated grade level, the student should be able to:

- * Discuss how cultural identity affects expression of emotions
- * Describe ways in which you have grown emotionally
- * Identify various mechanisms for dealing with stress
- * Explain how one can reduce unpleasant or unhealthy situations in daily living
- * Identify personality disorders that come from the inability to cope with daily life
- * Recognize decision-making as a continuous healthy life skill
- * Appraise goal setting strategies and accept responsibility for the outcome of the decision
- * Investigate the positive outcomes of risk-taking
- * Discuss the relationship between liking one's self and taking care of one's self
- * Develop skills to respond with confidence when faced with a challenge individually or as a member of a group
- * Explain how rejection, separation, and loss affect relationships with friends and family
- * Identify self-destructive behaviors that maybe life threatening to peers, family, and self
- * Discuss how to give and receive equally in relationships

Content Outline

I. How Cultural Identity Affects the Expression of Emotion

- A. Verbal and non-verbal cues
 - 1. eye contact
 - 2. body language
 - 3. covering of mouth
 - 4. open expression
- B. Acceptable and non-acceptable behaviors toward authority figures
 - 1. appropriate language
 - 2. responding inappropriately
- C. Cultural differences
 - 1. extremes
 - a. no overt showing of emotions

- b. overt expression of emotions is the norm

Key Resources: Personal and Social Skills, p. 174-175, 189-190

II. Measuring Emotional Growth

- A. Focus on others instead of self
 - 1. social circumstances
 - 2. age/differences
- B. Able to assume increased responsibility
 - 1. self
 - 2. others
- C. Able to show empathy
 - 1. willing to help others without expecting reward

Key Resources: Teen Health, Course 3, p. 212

III. Mechanisms for Dealing with Stress

- A. Managing stress
 - 1. identify what is causing stress
 - 2. use time-management skills
 - 3. participate in physical activity
 - 4. seek support from others
 - 5. find a way to reduce your stress
 - a. listen to music
 - b. go for walks
 - c. talk with friends
 - d. find a relaxing hobby
 - e. others

Key Resources: Teen Health, Course 3, p.76-81, 88-93

IV. Reducing Unhealthy and Unpleasant Situations in Daily Life

- A. Techniques
 - 1. talk it out
 - 2. seek help from others
 - 3. self-talk
 - 4. conflict resolution/anger management

Key Resource: Comprehensive School Health Education, Meeks Heit, p. 130-135

V. Personality Disorders That Come From the Inability to Cope

- A. Disordered feelings
 - 1. sad for no reason
 - 2. prolonged depression
- B. Disordered thinking
 - 1. experiencing false ideas, perception, and beliefs
 - 2. hallucinations
 - 3. delusions
- C. Disordered behavior
 - 1. inappropriate behavior
 - 2. criminal activity
 - 3. phobias
 - 4. inability to live independently
 - 5. suicide

Key Resources: Teen Health, Course 3, p. 82-87

VI. Decision-Making as a Life Skill

- A. Where decisions are made - everywhere and all the time
 - 1. at home
 - 2. at school
 - 3. in community
 - 4. on the job
 - 5. in leisure
- B. Decision-making is a lifetime skill
 - 1. follows a logical process
 - 2. uses accurate factual information
 - 3. ends with a greater likelihood of satisfaction
 - 4. if process is not followed, faulty and irresponsible behavior is more likely

Key Resources: Teen Health, Course 3, p. 18-22

VII. Goal Setting Strategies and the Outcome of the Decision

- A. Define goal setting

1. short term
2. long term

B. Self-awareness

1. examine who you are
 - a. strengths and weaknesses
 - b. capabilities and limitations
 - c. likes and dislikes
 - d. wants and needs
 - e. personal values and standards

C. Develop a vision

1. What do you want to do?
2. Where do you want to go?
3. How do you want to be?

D. Set achievable goals

1. achievable goals should:
 - a. be clear, specific, and measurable
 - b. have realistic timelines
 - c. be manageable
 - d. emphasize the positive rather than the negative
 - e. be written down

E. Devise an action plan

F. Establish a support network

G. Set-up a reward system

Key Resources: Teen Health, Course 3, p. 23-27

Personal and Social Skills, p. 250-262, 257, 270-274

Just For The Health Of It, Unit 5, p. 54 and 57

Think, Choose, Act Healthy, p. 251-285

Comprehensive School Health Education, p. 118-119

CHMG, Self-Esteem, p. 17 and 2.2

VIII. [Positive Risk-Taking](#)

- A. Risk-taking is learned
 - 1. from parents
 - 2. from peers
- B. It happens every day
 - 1. trying something new
 - 2. making new friends
- C. Personality and risk taking
 - 1. degree of risk one is willing to take
 - 2. emotions influence one's estimate of risk
 - 3. something that is difficult to get may be more desirable
 - 4. being sure risk is appropriate
- D. Positive risks include:
 - 1. change of any type
 - 2. going to college
 - 3. getting a job
 - 4. moving
 - 5. others

Key Resources: Comprehensive School Health Education, 2nd Edition, Meeks Heit, p. 177 and 178
Substance Abuse Prevention, p. 147-151

IX. Liking One's Self and its Relationship to Taking Care of One's Self

- A. Factors that contribute to liking of self
 - 1. sense of belonging
 - 2. family role
 - 3. support and affection from others
 - 4. *sexual identity*
 - 5. intellect
 - 6. physical
 - 7. spiritual
 - 8. emotional
 - 9. cultural
- B. Taking care of yourself (if you like yourself you're more likely to take care of yourself)
 - 1. accept yourself as you are
 - 2. get the proper amount of rest, sleep, and exercise

3. have a proper diet
4. eliminate addictive/destructive behavior

Key Resources: Personal and Social Skills, p. 96-97
CHMG, Fitness and Hygiene, p. 22-34

X. Developing Skills to Respond With Confidence

- A. Assertiveness skills
1. stating your position
 - a. "I" messages
 - b. how to say "no"
 2. offering a reason
 3. acknowledging others feelings

Key Resources: CHMG, Abstinence, p. 40-48
Personal and Social Skills, p. 191-201
Just For The Health Of It, Unit 3, p. 109
CHMG, Communication and Anger Management, p. 66-72, 7.1

XI. Rejection, Separation and Loss Affect Relationships

- A. Define and give examples
1. rejection
 2. separation
 3. loss
- B. Common feelings resulting from rejection, separation and loss
1. denial/sadness
 2. anger
 3. guilt
 4. insecurity
 5. depression
 6. acceptance
- C. Techniques for developing a healthy attitude
1. understand that children in a family cannot change the way parents communicate (separation/divorce)
 2. realize that change is inevitable but not always easy to accept
 3. share feelings with parents, close friends, trained counselors, and other trained adults

Key Resources: Teen Health, Course 3, p. 221-227

XII. Life Threatening Self-Destructive Behaviors

- A. Causes of violence and abuse in the family
 1. pent-up stress and anger
 2. influence of alcohol/drugs
 3. behavior learned during childhood

- B. Why self-destructive behaviors
 1. anger at self and others
 2. depression
 3. fear of failure
 4. can't cope with stress or change
 5. others

- C. Self-destructive behaviors
 1. self-mutilation
 2. drug/alcohol abuse
 3. criminal activity
 4. suicide
 5. others

Key Resources: CHMG, Violence, p. 22-29, 50-63
 Teen Health, Course 3, p. 82-87
 CHMG, Nutrition and Body Image, Unit 7

XIII. [Giving and Receiving Equally in Relationships](#) |

- A. Personal qualities
 1. dependability
 2. honesty (*to one's self, and when presenting one's self to others*)
 3. trustworthiness

- B. How to develop relationships and share equally
 1. avoid criticism, complaints, put downs
 2. honest and rewarding feedback
 3. learn about others' strengths and special talents
 4. talk openly and honestly about feelings and needs
 5. accept individual differences (*e.g. ethnicity, religion, sexual identity, etc.*)
 6. respect personal values, rights, and needs
 7. treat others as you would like them to treat you

Key Resources: Think, Choose, Act Healthy, p. 63

Teen Health, Course 3, p. 100-110
Comprehensive School Health Education, Meeks Heit, p. 170-171

Content Resources:

- **Communication And Anger Management, Comprehensive Health For The Middle Grades, ETR Associates, 1996.
- Comprehensive Guidance And Counseling Program Handbook, Middle Level Edition, Montgomery County Public Schools, 1988.
- **Abstinence, Comprehensive Health For The Middle Grades, ETR Associates, 1996.
- Self-Esteem and Mental Health, Health Facts, ETR Associates, 1994.
- **Fitness and Hygiene, Comprehensive Health For The Middle Grades, ETR Associates, 1996.
- **Personal And Social Skills, ETR Associates, 1992.
- **Teen Health, Course 3, Glencoe/McGraw Hill, 1999.
- **Comprehensive School Health Education, 2nd Edition, Meeks Heit Publishing, 1996.

*Grade 8 Family Life and Human Sexuality
Approved by CACFLHD
December 4, 2003*

FAMILY LIFE AND HUMAN SEXUALITY

Instructional Outcomes

By the end of the designated grade level, the student should be able to:

- * ***Define terms related to human sexuality***
- * ***Define stereotyping and discuss generalizations regarding sexual identity***
- * Examine factors that influence stereotyping and generalizations ***regarding sexual identity***
- * ***Explore*** how cultural and family values affect relationships and marriage
- * Explore the effect of family stress and divorce on the family and society
- * Describe the process of pregnancy and birth, recognizing the importance of prenatal care for the mother and fetus
- * Discuss the effects of hormonal changes on the body and on behavior throughout the life cycle
- * Analyze the influence of peer pressure and other factors on an individual's decisions regarding sexual behavior
- * Analyze consequences of sexual activity
- * Examine myths and misconceptions about human sexuality

- * Discuss the social, emotional, and economic impact of teenage parenting
- * Discuss how family values, culture, religious views, and other factors influence family planning
- * Identify abstinence from sexual intercourse as the most effective means of pregnancy prevention
- * Identify and describe methods of pregnancy prevention

Content Outline

I. Define Terms Related to Human Sexuality

- A. What is Human Sexuality? This term refers to emotional closeness, sexual health and reproduction, and sexual identity. As we study human sexuality we will discuss how you develop your individual sexual identity. (Source: Life Planning Education, Advocates for Youth, Washington, D.C page 123)**
- B. What is Sexual Identity? This term refers to a person’s understanding of who she or he is sexually, including the sense of being male or female. Sexual identity can be thought of as three interlocking pieces: gender identity, gender role and sexual orientation. Together, these pieces of sexual identity affect how each person sees herself or himself and each piece is important: (Source: Life Planning Education, Advocates for Youth, Washington, DC, Page 125).**
- 1. Gender Identity: a person’s internal sense of knowing whether he or she is male or female. Source: American Academy of Pediatrics, Pediatrics, Vol. 92, No. 4 (Oct. 1993), pp. 631-34**
 - 2. Gender Role: knowing what it means to be male or female, or what a man or woman can or cannot do because of their gender. Some things are determined by the way male or female bodies are built. For example, only women menstruate and only men produce sperm. Other things are culturally determined. In our culture, only women wear dresses to work, but in other cultures, men wear skirt-like outfits everywhere. (Source: Life Planning Education, Advocates for Youth, Washington, DC, Page 125).**
 - 3. Sexual Orientation: the persistent pattern of physical and/or emotional attraction to members of the same or opposite sex (gender). Included in this are heterosexuality (opposite-gender attractions), homosexuality (same-gender attractions), and bisexuality (attractions to members of both genders). (Source: American Academy of Pediatrics, Pediatrics, Vol. 92, No. 4 (Oct. 1993), pp. 631-34)**
 - a. Heterosexual Or “Straight” refers to people whose sexual, emotional and affectional feelings are for the opposite gender (sex): Men who are attracted to women, and women who are attracted to men. (Source: American Psychiatric Association Fact Sheet: Gay,**

Lesbian and Bisexual Issues (May 2000)).

- b. Homosexual or Gay refers to people whose sexual, emotional and affectional feelings are for the same gender (sex): Men who are attracted to men; and women who are attracted to women. (Source: American Psychiatric Association Fact Sheet: Gay, Lesbian and Bisexual Issues (May 2000)).*
- c. Lesbian refers to women who are homosexual. (Source: American Psychological Association Online, Answers to your Questions About Sexual Orientation and Homosexuality. (July 2003) <http://www.apa.org/pubinfo/answers.html>)*
- d. Bisexual or “Bi” refers to people whose sexual, emotional and affectional feelings are for both genders. (Source: Id).*

For Teacher Reference Only

Questioning refers to people who are uncertain as to their sexual orientation. (No source)

Transgender refers to someone whose gender identity or expression differs from conventional expectations for their physical sex. This term includes transsexual and transvestite. (Source: American Academy of Pediatrics, Pediatrics, Vol. 92, No. 4 (Oct. 1993), pp. 631-34)

Coming Out refers to the process in which a person identifies himself or herself as homosexual or bisexual to family, friends and other significant people in his or her life. (Source: American Psychiatric Association Fact Sheet: Gay, Lesbian and Bisexual Issues (May 2000)).

Intersexed refers to people who are born with anatomy or physiology (ambiguous genitalia) that differs from cultural and/or medical ideals of male and female. (School Resource)

II. STEREOTYPING AND GENERALIZATIONS REGARDING SEXUAL IDENTITY

A. Define stereotyping - an exaggerated and over simplified belief about an entire group of people such as an ethnic group , religious group or a certain gender

B. Examples of Stereotyping and Generalizations

1. gender role stereotyping

- a. girls do the housework, boys fix cars*
- b. girls are better at English, boys are better at Science*
- c. girls are better babysitters than boys, boys are better at sports*
- d. girls become nurses, boys become doctors*

2. gender identity stereotyping

- a. boys don't cry, girls do*
- b. one sex is not supposed to enjoy activities that are culturally designated for the other sex. (e.g. boys don't enjoy talking on the phone – girls do; girls don't enjoy*

math- boys do)

- c. boys remain calm in a crisis, girls get hysterical*
- d. girls fall in love, boys fall in lust*
- 3. *sexual orientation stereotyping*
 - a. gay men are feminine – i.e. dislike sports/want to be like women*
 - b. lesbian women are masculine – i.e. –prefer masculine attire/are tough/hate men*
 - c. heterosexual men are masculine – i.e. like to play sports and watch them on TV*
 - d. heterosexual women are feminine – i.e. like to dress in frilly clothing*

C. Factors That Influence Stereotyping

- 1. *family values*
- 2. *societal generalizations and cultural beliefs*
- 3. *peers*
- 4. *media influence*

D. Acceptance of Differences

- 1. *Stereotyping promotes discrimination and prejudice and can be destructive to community.*
- 2. *The strength of American society continues to lie in the ability of people to accept and respect diversity*
- 3. *Being able to see things from another’s view point promotes harmony and strength in a society.*

Key Resources: Just For The Health Of It, Unit 3, p. 35, 38

III. CULTURAL AND FAMILY **BELIEFS** CAN AFFECT RELATIONSHIPS AND MARRIAGE

A. Possible Effects of Cultural Factors

- 1. arranged marriages
- 2. chaperoned dates
- 3. *gender roles in household*

B. Possible Affects of Religious Beliefs

- 1. cannot marry outside the religion
- 2. children must be raised in the same religion
- 3. *different religions take different stands on sexual behaviors and there are even different views among people of the same religion*

C. Other Factors That Affect Relationships

- 1. *education and economic status*

2. *family acceptance of partner/friend*
3. *sexual orientation of partner/friend*
4. *ethnicity of partner/ friend*

D. *Examples of Problems Created by Contrasting Values/Beliefs*

1. *rejection*
2. *harassment*
3. *internal conflict and devaluation of the self*

E. *Ways to Manage Problems Created By Contrasting Values*

1. *Talk to someone you trust in your:*
 - *family*
 - *school community*
 - *neighborhood community*
 - *religious community*
2. *Seek out information to help clarify your beliefs and feelings*

Key Resources: CHMG, Family Relationships, p. 4.

IV. [Explore The Effect of Family Stress and Divorce on the Family and Society](#)

- A. Divorce and/or separation
 1. define and describe
 2. leading causes - lack of communication, financial problems
 3. more common today

- B. Effect of family stress and separation/divorce on the family
 1. loss of communication
 2. loss of love
 3. unable to deal effectively with problems
 4. socioeconomic changes that result in financial hardship
 5. family members may become dysfunctional
 - a. substance abuse
 - b. child abuse
 - c. child neglect
 - d. spouse abuse

- C. Effect of family stress and separation/divorce on society
 1. children become dysfunctional at school
 2. breakdown of the family unit

3. need for more health care for the family to get through crisis
4. need for social services

Key Resources: CHMG, Family Relationships, p. 12, 64

V. Describe the Process of Pregnancy and Birth, Recognizing the Importance of Prenatal Care for Mother and Fetus

- A. Fertilization
 1. joining of sperm and egg
- B. Embryo
 1. attachment to the uterine wall (discuss ectopic pregnancy)
 - a. placenta
 - b. umbilical cord
 - c. amniotic sac
- C. Fetus
 1. need for prenatal care
 - a. proper nutrition
 - b. avoiding alcohol, and other drugs (including OTC drugs)
 - c. avoiding tobacco
 - d. avoiding diseases
 - e. visiting obstetrician
 - f. appropriate exercise
 2. health of the baby depends on health of the mother
 - a. placenta - exchange of material between baby and mother
 - b. developmental stages during each trimester
 - c. healthy development based on mothers behavior
- D. Birth
 1. labor
 - a. stage one - complete dilation of cervix
 - b. stage two - passing of the baby through the birth canal
 - c. stage three - delivery of the placenta

Key Resources: CHMG, Puberty and Reproduction, Unit 9
Just For The Health Of It, Unit 4, p. 24

VI. Discuss the Effects of Hormonal Changes On the Body and Behavior Throughout the Life Cycle

- A. Review hormonal changes in the male at puberty
 - 1. growth of body hair
 - a. underarms
 - b. chest
 - c. legs
 - d. pubic area
 - 2. voice change
 - 3. growth of muscles
 - 4. growth of genitals
 - 5. production of sperm
 - 6. behavioral changes caused by hormonal imbalances
 - a. increased testosterone level causes increased aggression

- B. Hormonal changes in the female at puberty
 - 1. growth of breasts
 - 2. growth of body hair
 - a. underarms
 - b. genitals
 - 3. broadening of the hips
 - 4. ovulation
 - 5. menstruation
 - 6. menopause**
 - 7. behavioral changes caused by hormonal imbalances
 - a. connection to menstrual cycle

- C. Hormonal fluctuations throughout the life cycle
 - 1. fluctuations during puberty for both males and females
 - 2. fluctuations during pregnancy for women
 - 3. menopause and hormonal changes later in life for males and females
 - 4. hormone therapy and treatments

Key Resources: CHMG, Puberty and Reproduction, Unit 3
Think, Choose, Act Healthy, p. 235
Education For Sexuality And HIV/AIDS, Figures 2-3, 3-3
Teen Health, Course 3, p. 208-218

VII. Peer Pressure and Other Factors That Can Influence Decisions Regarding Sexual Behavior

- A. Peer pressure
 - 1. define, describe and give examples

2. "all your friends are doing it" - perception that is not accurate
3. manipulation to convince you to do something you don't want to do *or to be something you don't want to be*

B. Other factors

1. family expectations and values
2. myths and misconceptions you may have regarding sexual behavior
3. cultural beliefs
4. religious beliefs
5. media messages

C. Sifting through all the influences

1. only you can decide what is best for you
2. a decision that should be based on more than passion
3. deciding what is right for you is a tough decision, but an important one

Key Resources: Just For The Health Of It, Unit 4, p. 81-82

CHMG, Abstinence, Unit 5

Education For Sexuality And HIV/AIDS, Meeks Heit, p. 304-307, 322-323

VIII. Analyze Consequences of Sexual Activity

A. Negative feelings about self

1. poor self concept
2. low self-esteem
3. disappointment
4. depression
5. suicide

B. Feelings others may hold

1. loss of reputation
2. change of friends

C. Pregnancy

1. change in lifestyle

D. Sexually transmitted diseases

1. infection that may cause death or damage to sexual organs

E. Long-term loving relationship

1. rare among teens
 2. promises before sexual activity are many times forgotten afterward
- F. Positive consequences
1. there are positive consequences of sexual activity for adults, but for most teens the negative results far outweigh the positive

Key Resources: Personal and Social Skills, p. 135-136

IX. Examine Myths and Facts About Human Sexuality

A. Myths regarding pregnancy

1. **Myth:** *A pregnancy can't happen the first time a boy and girl have sex.*
Fact: *The likelihood of pregnancy depends on how close ovulation occurs to sex, whether it is the first time or not.*
2. **Myth:** *If a boy and girl do it standing up, the girl can't get pregnant.*
Fact: *Sperm are highly mobile and pregnancy can occur regardless of the position of intercourse.*
3. **Myth:** *A boy can't get a girl pregnant if he pulls out.*
Fact: *Fluid that collects at the tip of the penis during an erection may contain sperm. If this fluid enters the vagina, pregnancy can occur regardless of whether ejaculation occurs.*
4. **Myth:** *A girl can't get pregnant if she has never had a period.*
Fact: *Ovulation occurs prior to menstruation. Therefore, having sex before the first period can still result in pregnancy.*
5. **Myth:** *A boy can't get a girl pregnant while she is menstruating.*
Fact: *Although not as common, sometimes ovulation can happen at the same time or soon after a period, and pregnancy can occur.*

B. Myths regarding sexual orientation

1. **Myth:** *Homosexuality is a mental health disorder.*
Fact: *All major professional mental health organizations affirm that homosexuality is not a mental disorder.*
2. **Myth:** *If you are "straight", you can become homosexual.*
Fact: *Most experts in the field have concluded that sexual orientation is not a choice.*
3. **Myth:** *You're a homosexual if you've had sex with, or even had a "sexy dream" about someone of the same gender.*
Fact: *Sex play with friends of the same gender is not uncommon during early adolescence and does not prove long-term sexual orientation.*
4. **Myth:** *Children of homosexual parents/guardians will become homosexuals.*

Fact: Having homosexual parents/guardians does not predispose you to being homosexual.

C. Other

1. *Myth: Males have stronger sex drives and are more interested in sex than females.*

Fact: Female sex drive is just as strong. Society has traditionally allowed males to express their desires more openly.

2. *Myth: Men must ejaculate once they have an erection.*

Fact: The penis will return to a flaccid state whether or not ejaculation occurs.

3. *Myth: You are not really a man or woman until you have sex.*

Fact: Sometimes it is more difficult to say no than yes. It is more responsible and adult-like to wait until you are ready to handle the consequences .

Key Resources: CHMG, Abstinence, p. 10

X. [Review the Social, Emotional and Economic Impact of Teenage Parenting](#)

A. Social

1. loss of friendships
2. loss of social activities
3. marrying for the wrong reasons

B. Economic

1. inability to complete educational goals
2. lack of employment skills
3. low paying employment
4. use of the welfare system

C. Emotional

1. low self-esteem/concept
2. depression
3. forced to act like an adult (job, bills, parenting)
4. inability to cope with child rearing
 - a. child abuse
 - b. neglect
 - c. adoption
 - d. other
5. lost adolescence

Grade 8 Curriculum Resources To Support Revisions to the Mental Health, and Family Life and Human Sexuality Units

Stereotyping and Generalization

Resources

Lindley, Lisa L. "Support for Instruction About Homosexuality in South Carolina Public Schools" *Journal of School Health*, January 2001, Vol. 71, No. 1

A Silent Crisis: Creating Safe Schools for Sexual Minority Youth, "Chapter on Definitions and Stereotypes", (The Educational Materials Center, Central Michigan University) April, 2002.

Mental Health

Resources

American Academy of Pediatrics, "Homosexuality and Adolescence", (Medical Library) http://www.medem.com/MedLB/article_detailb.cfm?article_ID=ZZZUHJP3KAC&sub_cat

Journal of Health Education, "Health Issues of Gay and Lesbian Youth: Implications for Schools, by Cyndi Giorgis, Kyle Higgins, and Warren L. McNab, January/February 2000, Volume 31, No. 1

American Psychiatric Association, "Homosexual and Bisexual Issues", February, 2000. 1400 K St. NW Washington, DC, 20005, Internet: www.psych.org

General Information

Resources

American Psychological Association (Online), "Answers to Your Questions About Sexual Orientation and Homosexuality" <http://www.apa.org/pubinfo/answers.html>

Life Planning Education, Chapter 5: Questions and Answers About Homosexuality, p.162 written by Advocates for Youth, Washington, DC

TEACHER RESOURCES

Family Pride Coalition- Issues and News: Myths and Facts

<http://www.familypride.org/issues/myths.htm>

Lesson Plan: Sexual Orientation Myths- Planned Parenthood Association of Edmonton

<http://www.ppae.ab.ca/index.php?m=1&s=1&print=1>

American Psychiatric Association: FactSheet; Gay, Lesbian, and Bisexual Issues

1400 K Street, N.W. Washington, D.C. 20005

Recognizing Sexual Myths: National Network for Family Resiliency

www.nnfr.org/adolsex/fact/adolsex_myths.html

Just the Facts About Sexual Orientation and Youth: A Primer for Principals, Educators,
and School Personnel

<http://mirror.apa.org/pi-OLD/lgbt/publication/justthefacts.html>

Massachusetts Comprehensive Health Curriculum Framework- October 1999

<http://www.doe.mass.edu/frameworks/health/1999/physical.html>

Teen Pregnancy Information Center-Myths About Getting Pregnant

<http://geocities.com/maggi19/sex/gettingpregnant.htm>

Myths and Facts

<http://www.emc.maricopa.edu/diversity/glhra/mythfact.htm>

Gender Identity Disorder, Ann Reyes

<http://www.Discoveryhealth.com>

MENTAL HEALTH

Instructional Outcomes

By the end of this course students should be able to:

- * Recognize that individuals' emotional needs and responses vary
- * Develop examples of emotionally healthy and appropriate responses in order to avoid self-destructive and negative behaviors
- * Describe and analyze factors that influence the development of [*self concept*] **personal identity**
- * Examine defense mechanisms and their relationship to [*self concept*] **personal identity**
- * Describe how discrimination, prejudice, and harassment impact [*self concept*] **personal identity** and lead to conflict
- * Differentiate between needs and wants in relation to decision making
- * Generate and prioritize personal goals
- * Analyze sources of stress and the effect of its accumulation on the individual and society
- * Apply and evaluate personal coping skills in real life situations
- * Recognize and respond to signs of potential suicide and other self-destructive behaviors
- * Consider how emotions, behaviors, and [*self concept*] **personal identity** affect and are affected by interpersonal relationships
- * Explore conflict resolution strategies that promote and sustain interpersonal relationships
- * Discuss the emotional impact of separation and/or loss in a relationship

Content Outline -- Mental Health

- I. Emotional Needs and Responses
 - A. Define Terminology
 1. Range of emotions
 2. Needs - Maslow's Hierarchy
 - a. Basic needs
 - b. Specific individual needs
 3. Response to emotions
 - a. Appropriateness

- b. Individuality
- c. Respect for others' feelings
- 4. Natural Emotions - love, fear, grief, anger
- 5. Phobias

B. Factors Influencing Emotional Response

- 1. [*Physical/Mental*] **Biological**
 - a. ***Innate temperament (basic foundation of personality)***
 - b. Hormone ***levels***
 - c. Fatigue
 - d. [*General*] **Physical** health
 - [d. *Others*]
- 2. [*Cultural/Ethnic Background*] **Psychological**
 - a. ***Beliefs (about self, others, the experience or stimuli)***
 - b. ***Evaluation of past experiences***
- 3. **Sociocultural**
 - a. ***Expectations of one's cultural/ethnic group***
 - b. ***Level of conformity to expectations***
 - c. ***Impact of being a member of a minority group (e.g. racial, ethnic, sexual orientation)***

C. Changing Emotional Responses

- 1. Issue of self control
- 2. Emotionally healthy responses
- 3. Appropriate responses
 - a. Recognizing appropriate/inappropriate responses
 - b. Dealing with appropriate/inappropriate responses
- 4. Anger management
 - a. Count to 10
 - b. Take a deep breath
 - c. Time out
 - d. Conflict resolution (see Section VII, Interpersonal Relationships)
 - e. Positive stress management techniques (see Section VI, Stress, Healthy Resolution)

II. Expression of Emotions

A. Verbal

- 1. Actual meaning
- 2. Hidden meaning

B. Non-verbal

- 1. Facial expressions
- 2. Body language
- 3. Spatial-physical distance between people

III. Effects of Emotions on Behaviors of Others and Self

A. Positive

B. Negative

IV. Individuality and Uniqueness

A. [Indicators of Self Concept] **Personal Identity**

1. *Definition*

- a. *Self esteem*
- b. *Self concept*

2. *Indicators*

- a. *Positive*
 - 1) *Respect for self and others*
 - 2) *Healthy relationships*
 - 3) *Goal oriented*
 - 4) *Others*
- b. *Negative*
 - 1) *Self-destructive behaviors (i.e., drugs, unprotected sex)*
 - 2) *Withdrawn*
 - 3) *Poor interpersonal skills*
 - 4) *Others]*

1. **Components of personal identity**

a. **Self-concept: Who am I?**

- 1) **Socially**
- 2) **Emotionally**
- 3) **Cognitively**
- 4) **Physically (both physical features and health)**
- 5) **Sexually (both expression and orientation)**

b. **Self-esteem: How do I evaluate myself?**

- 1) **Socially**
- 2) **Emotionally**
- 3) **Cognitively**
- 4) **Physically (both physical features and health)**
- 5) **Sexually (both expression and orientation)**

c. **Body image: How do I look to myself? How do I look to others?**

- 1) **Socially**
- 2) **Emotionally**
- 3) **Cognitively**
- 4) **Physically (both physical features and health)**
- 5) **Sexually (both expression and orientation)**

2. **Indicators of personal identity/self-worth**

- a. **Internal, positive**
 - 1) **Self respect**

- 2) *[Able] Willingness to meet challenges*
- 3) *[Able] Willingness to set and attain goals*
- 4) *Self confident*
- b. *Internal, negative*
 - 1) *Self doubt/dislike*
 - 2) *Depression*
 - 3) *Goal confusion, lack of efficacy*
- c. *External, positive*
 - 1) *Healthy social relationships*
 - 2) *Respect for others*
 - 3) *Appropriate level of risk taking*
- d. *External, negative*
 - 1) *Poor interpersonal relationships*
 - 2) *Prejudice, discrimination, fearfulness toward others*
 - 3) *Excessive risk taking*
 - 4) *Self-destructive behaviors (i.e. tobacco, alcohol and other drugs, unprotected sex)*

B. Factors Influencing Self Concept

- 1. Genetic
- 2. Family
- 3. Peers
- 4. Other people (teachers, coaches, guidance counselors, etc.)
- 5. Culture
- 6. Environment (i.e., discrimination, prejudice)
- 7. Socio-economic
- 8. Media
- 9. Others

C. Enhancing Self Esteem

- 1. Positive self talk
- 2. Acknowledge strengths and be proud of them
- 3. Do not judge self by unrealistic standards
- 4. Do not compare self to others
- 5. Work at changing things that could be obstacles to success
- 6. Accept things that cannot be changed
- 7. Develop positive relationships
- 8. Trust self and own values
- 9. Find something enjoyable to do that gives you a feeling of success
- 10. Avoid self put-downs
- 11. Have a support system

D. Defense Mechanisms

- 1. Compensation
- 2. Daydreaming
- 3. Denial

4. Displacement
5. Projection
6. Rationalization
7. Reaction formation
8. Regression
9. Repression
10. Sublimation
11. Substitution

V. Decision Making Skills

A. Process

1. State the situation
2. List possible choices
3. Consider the pros and cons of each possible choice
4. Make a decision and act on it
5. Evaluate your decision

B. Needs/Wants Assessment

1. Definition
 - a. Needs (those things that human beings must have to survive and thrive)
 - b. Wants (those things that human beings desire)
2. Individualization of needs and wants
3. Effect of needs and wants on decision-making

C. Goal Setting

1. Definition
 - a. Goal (something one aims for that involves planning and decision-making)
2. Steps to obtaining goals
 - a. Select one goal to work towards
 - b. List what you will do to reach your goal
 - c. Identify others who can help you and support your efforts
 - d. Give yourself an identified period of time to reach your goal
 - e. Build in several check points to evaluate your progress
 - f. Give yourself a reward once you have achieved your goal
3. Connection Between Self Concept and Personal Goals
 - a. Profile of individual strengths and weaknesses (knowing yourself)
 - b. Relationship of profile to attainment of personal realistic goals
4. Appropriateness of Rewards

VI. Stress

A. Types of Stress

1. Eustress - positive stress
 2. Distress - negative stress
- B. Common Stressors -- any stimulus that produces a stress response
- C. Reaction To Stress
1. Individual (i.e., fatigue)
 2. Personality -- type A, type B
 3. Self defeating/destructive behaviors
- D. Coping Behavior to Handle Stress
1. Healthy resolutions
 - a. Relaxation techniques
 - b. Support groups
 - c. Support system
 - d. Time management
 - e. Exercise
 - f. "Time out" or detachment
 - g. Other
 2. Self defeating choices
 - a. Withdrawal
 - b. Procrastination
 - c. Substance abuse
 - d. Violence
- E. Self Destructive Behavior
1. Negative risk taking
 - a. Drug and alcohol abuse
 - b. Speeding
 - c. Eating disorders
 - d. Suicide
 - e. Other
 2. Depression
 - a. Dealing with "the blues"
 - b. Clinical depression
 3. Signals of suicide
 - a. Talk about suicide
 - b. Give possessions away
 - c. Say good-bye
 - d. Radical change in behavior
 - e. Depression
 - f. Other
 4. Responses to suicidal person
 - a. Listen
 - b. Question method of suicide
 - c. Remain with individual

- d. Alert responsible adult
- e. Continue to be supportive

F. Factors Influencing Stress

- 1. Age, social status, income, state of health, diet, sleep habits, cultural background, *sexual identity*, and previous experience
- 2. Control versus helplessness

G. Body's Response to Stress

- 1. Adrenal glands
- 2. Hormone secretion
 - a. Adrenaline ("fight or flight")
 - b. Beta-endorphine (feeling of well-being)
- 3. Reaction of other body functions

H. Effects of Stress

- 1. Disease (headaches, hypertension, asthma, colitis, fatigue, etc.)
- 2. Accidents and injuries
- 3. Social health (relationships)

I. Managing Stress

- 1. Time management (planning)
- 2. Defense mechanisms
- 3. Rechanneling your energy
- 4. Laughing
- 5. Learning to relax
- 6. Support groups
- 7. Exercising
- 8. Proper nutrition

J. Active Relaxation Techniques

- 1. Correct breathing techniques
- 2. Meditation
- 3. Yoga
- 4. Tai-chi
- 5. Massage and accupressure

VII. Interpersonal Relationships

A. Types of Relationships

- 1. Family
- 2. Friends
- 3. Co-workers
- 4. ***Romantic***
- 5. Other

B. Emotional Components of Relationships

1. Respect
2. Responsibility
3. Trust
4. Honesty
5. Reciprocity -- "give and take" relationship

C. Influences On Peer Relationships

1. Group identity
 - a. ***A peer group is a group of similarly aged [friends sharing the same activities] people***
 - b. ***[During] Adolescents [peers] seek autonomy from their parents and seek social support from their peers***
 - c. ***Peer groups can provide:***
 - i. ***Ways to learn how to interact socially with others***
 - ii. ***Assistance in defining personal identity, interests, and abilities***
 - iii. ***Can provide social support and a sense of approval***
2. Group pressure/manipulation
 - a. ***Peer pressure is described as the influences and pressures adolescents feel from their peers***
 - b. ***Can be positive or negative***
 - i. ***Positive: academic and athletic achievement***
 - ii. ***Negative: [drug and alcohol abuse] pressure to do anything that you know to be wrong, do not want to do, or feel you are not ready to do***
 - iii. ***Three factors that help adolescents resist negative peer pressure are self-esteem, self-confidence, and family support***
3. ***Impact of not identifying with [a] any group may include:***
 - a. ***Social withdrawal/isolation***
 - b. ***Impaired school performance***
 - c. ***Higher risk of absenteeism***
 - d. ***Depression***
 - e. ***Risky behaviors (i.e. drug abuse, smoking, alcohol abuse and risky sexual behaviors)***
 - f. ***Delinquency***
 - g. ***Bullying***

D. Skills to Improve Relationships

1. Listening skills
 - a. Reflective -- repeat same words
 - b. Clarification -- restate speaker's message
 - c. Non-judgmental -- not expressing own opinion
 - d. Disclosure -- share from own personal experiences
2. Communication skills
 - a. Verbal -- includes honest feedback

- b. Non-verbal
 - c. Written
 - d. Aggressive, passive, and assertive styles
3. Conflict resolution
- a. Refusal skills
 - b. Compromise
 - c. Mediation

- E. Disruption of Relationships
- 1. Types
 - a. Loss/death
 - b. Separation
 - c. Rejection
 - 2. Importance of grieving

Grade 10 Family Life and Human Sexuality
Approved by CACFLHD
April 1, 2004

FAMILY LIFE AND HUMAN SEXUALITY

Note: The section of this unit that addresses human sexuality is optional. Students under age 18 must have parental permission prior to receiving instruction. Only those outcomes noted with an (o) require parental permission. The remaining outcomes are required for all students.

Instructional Outcomes

By the end of this course students should be able to:

- * **Define terms related to human sexuality (o)**
- * Define the term family and describe a variety of differing family *configurations* that exist in society
- * Cite ways in which culture and other forces affect family values and practices
- * Describe how the family meets the needs of its members throughout the life cycle
- * Discuss effects of hormonal changes on behavior throughout the life cycle
- * **Describe** factors that contribute to sexual identity *as part of personal identity (o)*
- * Identify issues that may enhance or threaten relationships, marriage, and families
- * Identify and describe the anatomy and physiology of the human reproductive systems (o)
- * Describe physiological dysfunctions, STD's, and psychological factors that affect human reproduction (o)
- * Describe fertilization, fetal development, and child bearing (o)
- * Identify the most prevalent congenital and hereditary conditions that affect the fetus (o)
- * Examine how culture, value systems, and the family influence attitudes toward sexual behavior (o)
- * Analyze how the media and social trends influence relationships, sexual behavior, marriage, and family (o)
- * **Examine myths and facts of human sexuality (o)**
- * Analyze risks and consequences of sexual activity (o)
- * Recognize how laws relate to relationships, marriage, and sexual behavior (o)
- * Demonstrate resistance skills and assertive behaviors which contribute to healthy sexuality (o)
- * Analyze the responsibilities and psychological impact of marriage and parenthood (o)
- * Examine moral, religious views, health, and economic considerations that influence family planning decisions (o)
- * Identify abstinence from sexual intercourse as the most effective means of preventing pregnancy (o)
- * Evaluate methods of family planning and the effectiveness of methods of contraception (o)

Introduction to Unit:

Addressing human sexuality in an appropriate and factual fashion leads to informed teens, increasing the likelihood of students making healthy decisions. The study of human sexuality provides young adults with the knowledge and skills necessary to make informed choices. Human sexuality encompasses much more than sexual feelings or sexual intercourse. It is an important part of who a person is and what she or he will become. It includes all the feelings, thoughts, and behaviors of being female or male, being attractive and being in love, as well as being in an intimate relationships that may or may not include physical sexual activity. During this unit we will cover the five components of human sexuality.

- 1. Sexual Identity -- The development of a sense of who one is sexually, including a sense of maleness and femaleness. (See complete definition in IA)*
- 2. Intimacy -- The ability and need to experience emotional closeness to another human being and have it returned.*
- 3. Sensuality -- Awareness, acceptance of and comfort with one's own body; physiological and psychological enjoyment of one's own body and the bodies of others.*
- 4. Sexualization -- The use of sexuality to influence, control or manipulate others.*
- 5. Sexual Health and Reproduction -- Attitudes and behaviors related to producing children, care and maintenance of the sex and reproductive organs, and health consequences of sexual behavior.*

Content Outline

- I. *Describe Factors Contributing to Sexual Identity as Part of Personal Identity*
 - A. *What is Sexual Identity? This term refers to a person's understanding of who she or he is sexually, including the sense of being male or female. Sexual identity can be thought of as three interlocking pieces: gender identity, gender role and sexual orientation. Together, these pieces of sexual identity affect how each person sees herself or himself and each piece is important:*
 - 1. Gender Identity: a person's internal sense of knowing whether you are male or female.*
 - 2. Gender Role: knowing what it means to be male or female, or what a man or woman can or cannot do because of their gender. Some things are determined by the way male or female bodies are built. For example, only women menstruate and only men produce sperm. Other things are culturally determined. In our culture, only women wear dresses to work, but in other cultures, men wear skirt-like outfits everywhere.*
 - 3. Sexual Orientation: the persistent pattern of physical and/or emotional attraction to members of the same or opposite sex (gender). Included in this are heterosexuality (opposite-gender attractions), homosexuality (same-gender attractions), and bisexuality (attractions to members of both genders).*

- a. Heterosexual or “Straight” refers to people whose sexual, emotional and affectional feelings are for the opposite gender (sex): Men who are attracted to women, and women who are attracted to men.*
- b. Homosexual or Gay refers to people whose sexual, emotional and affectional feelings are for the same gender (sex): Men who are attracted to men; and women who are attracted to women.*
- c. Lesbian refers to women who are homosexual.*
<http://www.apa.org/pubinfo/answers.html>
- d. Bisexual or “Bi” refers to people whose sexual, emotional and affectional feelings are for both genders.*
- e. Questioning refers to people who are uncertain as to their sexual orientation.*

Note: Transgender refers to someone whose gender identity or expression differs from conventional expectations for their physical sex.

II. Family -- The Basic Unit of Society

- A. Definition: A family is two or more people who are joined together by emotional feelings or who are related to one another.**
 - 1. The year 2000 U.S. Census showed a significant increase in nontraditional households and family configurations*
 - 2. American families are becoming more complex and the greater variety of households encourages open mindedness in society*
- B. Kinds of Families**
 - 1. Nuclear *family*
 - 2. Single-parent family
 - 3. Married couple without children
 - 4. Extended family (includes additional relatives and/or friends)
 - 5. Blended family (remarriage with children)
 - 6. *Same sex parents family*
 - 7. *Foster family*
 - 8. *Adoptive family*
 - 9. *Others*
- C. Values**
 - 1. Examples (i.e., loyalty, honesty)
 - 2. How family imparts values to members
 - 3. How culture and other influences affect family values
- D. Roles and Responsibilities in Meeting Needs Throughout The Life Cycle**
 - 1. Family needs (physical, emotional, financial)
 - 2. Changing roles and needs of family members

- E. Impact of Family-Related Issues On Society
 - 1. Violence (against family members and/or society)
 - 2. Socio-economic factors
 - 3. **Divorce**
 - 4. Education
 - 5. Neglect/Abuse
 - 6. "Latch-key generation"
 - 7. **Same sex relationships**
 - 8. Illness/death
 - 9. Drug involvement
 - 10. Geriatric care
 - 11. Others (*e.g. assisted reproductive technology*)

III. Interactions Between Physical and Psychological Development

- A. Overview of Growth and Development Process
 - 1. Changes of adolescence/puberty
 - 2. Effects of hormones on behavior throughout adolescence and life
- B. Factors Contributing to Sexual Identity as Part of Total Personality
 - 1. Physical (genetic, anatomical)
 - 2. Psychological
 - 3. Environmental
 - 4. Other

IV. Development of Relationships

- A. Definition of Relationship
- B. Types of Relationships (*list below is not in any priority order*)
 - 1. **Familial**
 - 2. **Friendship**
 - 3. Platonic
 - 4. **Romantic**
 - 5. **Intimate**
 - 6. **Sexual**
 - 7. **Marital**
 - 8. **Professional**
 - 9. **Others**
- C. Factors to Consider in Forming a Healthy Relationship
 - 1. Mutual respect
 - 2. Trust
 - 3. Friendship
 - 4. Open communication

- D. Responsibilities in Relationships
- E. Issues Which Enhance or Threaten Relationships
 - 1. Communication
 - 2. Trust/Respect
 - 3. Compatibility
 - 4. Honesty
 - 5. Abuse
 - 6. Children
 - 7. Financial
 - 8. Other
- F. Laws Relating to Relationships/Marriage
- G. Importance of Monogamy in Building Trust in a Relationship/Marriage

(THESE WERE THE ONLY SECTIONS WITH REVISIONS CONSIDERED BY CACFLHD)

Grade 10 Safety, First Aid, and Injury Prevention
Approved by CACFLHD
April 1, 2004

SAFETY, FIRST AID, AND INJURY PREVENTION

Instructional Outcomes

By the end of this course students should be able to:

- * Recognize the potential for preventable injury/death among the adolescent population
- * Explore ways for eliminating/modifying specific hazardous situations
- * Identify various laws, regulations, and codes of conduct governing safety
- * Explain the Good Samaritan Law and other codes that pertain to emergency situations
- * Demonstrate injury prevention procedures that can be implemented in the home
- * Describe procedures for accessing emergency services
- * Demonstrate selected first aid procedures
- * Analyze risk-taking behaviors and their consequences
- * Describe behaviors and settings that place individuals at personal risk of assault, rape, or abuse
- * Identify and describe community resources and services that promote a safe, healthy environment

Content Outline

I. Causes of Injuries/Death Related to Adolescence

A. Traffic Related

1. Pedestrian
2. Cars/trucks
3. Rollerblades/skateboards
4. Bike
5. Motorcycle/Mo-ped
6. Other vehicles

B. School Related

1. Hall conduct
2. Fire drills
3. Specific subject and classroom hazards (i.e., laboratory, gymnasium)
4. Fighting

C. Home

1. Falls
2. Power tools and appliances
3. Guns
4. Other

- D. Risk-Taking Activities
 - 1. Alcohol and other drug use
 - 2. Inappropriate peer interaction
 - 3. Job related
 - 4. Leisure activities
 - a. Rock climbing
 - b. Hunting
 - c. Swimming
 - d. Jogging
 - 5. Common sense safety rules not followed
- E. Crime
 - 1. Weapon violence
 - 2. Physical abuse
 - 3. Rape/date rape
- F. Environmental
 - 1. Electrical hazards in the home and workplace
 - 2. Fire hazards in the home and workplace
 - 3. Waste/toxic waste
 - 4. Natural disasters

II. Risk Taking

- A. Positive Risk-Taking Activities
 - 1. Biking
 - 2. Jogging
 - 3. Swimming
 - 4. Rock climbing
 - 5. Rollerblading
- B. Negative Risk-Taking Behaviors
 - 1. Personal
 - a. **Alcohol and other drug** use
 - b. Reckless driving
 - c. General disregard for safety rules
 - d. **High risk sexual activity**
 - 2. Societal violence
 - a. Assault/murder
 - b. Rape/sexual assault
 - c. Physical abuse
 - d. **Harassment/discrimination**
 - i. **Racial/ethnic**
 - ii. **Sexual**
 - iii. **Sexual orientation**
 - iv. **Disability**
 - v. **Religion**
 - 3. Environmental pollution
 - a. Short-term

b. Long-term

C. Risk-Reduction Check List

1. Physical exam
2. Formal and informal instruction
3. Adherence to safety practices
4. Proper care and maintenance of equipment
5. Knowledge of participants
6. Awareness of physical, emotional, social, spiritual benefits
7. Common sense

D. Consequences of Negative Behaviors

1. Physical injury
2. ***Death***
3. Psychological effects
 - a. temporary crisis
 - b. permanent institutionalization
4. Legal effects
 - a. Reprimand
 - b. Fine
 - c. Liability
 - d. Incarceration

*Grade 10 Teacher Resources
Approved by CACFLHD
May 6, 2004*

Grade 10 Curriculum Resources to Support Revisions to the Mental Health, Safety and Injury Prevention, and Family Life and Human Sexuality Units – in Addition to Resources Approved for Use in Grade 8

Mental Health

- 1 *Vulnerability to Violence Among Gay, Lesbian and Bisexual Youth*, Patricia Boland, National Association of School Psychologists, 1999
- 2 *Bullying In Early Adolescence: The Role of the Peer Group*, Dorothy L. Espelage, ERIC, November 2002
- 3 *Bullying in Schools: Harassment Puts Gay Youth At Risk*, National Mental Health Association, 2002
- 4 *Stressors In The Lives of GLBTQ Youth*, Meg Earls, Advocates For Youth, June 2002

Family Life and Human Sexuality

- 5 *Lesbian, Gay, and Bisexual Youth Q&A*, Caitlin Ryan and Donna Futterman, The Prevention Researcher, December 2002
- 6 *Respecting the rights of GLBTQ Youth, A Responsibility of Youth-Serving Professionals*, Jessie Gilliam, Advocates For Youth, June 2002
- 7 *Creating Inclusive Programs*, Jennifer Augustine, Kayla Jackson, and Jane Norman, Advocates For Youth, June 2002