This workbook for teachers is intended as a guide for developing a curriculum in Family Life Education for physically disabled high school students, although information on specific disabilities and sex related issues is not included except in the bibliographies. Each group of materials is followed by questions teachers can ask themselves to determine the usefulness of the information to them. Topics include: (1) needs assessment; (2) approaching parents and administrators; (3) developing objectives; (4) course content; (5) community resources; (6) aspects of sexuality, birth control, pregnancy and social skills in relation to disability; (7) group process; and (8) suggestions for evaluating course effectiveness. The guide also includes a sample letter to parents, suggested activities, a sexual knowledge test for students, acceptable behaviors test, and resources test. Also included is a list of disability consumer organizations, independent living projects in California, and an extensive annotated bibliography of print, film and other media resources for teaching family life education to the physically disabled. (JAC)
INTRODUCTION

The objective of this guide is to assist you in beginning to develop your own curriculum for teaching Family Life Education to students with disabilities. Toward this goal we have developed some materials to guide you on your way, as well as some questions to ask yourself as to how you might use what's here for your own purposes.

To be able to design a course for your own students, we feel you don't need a fancy kit that tells you what to teach each day for a semester. Instead, it is our philosophy that, given a minimum amount of guidance on the topic of basic sex knowledge and some information about various disabilities, you can develop your own course and use resources in your own community.

Workbook topics are not listed in the order in which you should develop a course. Instead each topic area should be used concurrently as you develop a course for your students.

What will soon become apparent is that we haven't included information on specific disabilities and sex (except in the bibliographies). At a later date a companion manual will include articles on various disabilities as they relate to sex, written by persons who either have the particular disability or have worked with a number of people who do. Also, we don't want to come across as saying that sex education equals family life education. In fact, while sex education is an important part, also important are such issues as independence, self-acceptance, what it feels like to be a member of a minority group, social skills development, and values clarification, to name a few.

This is not a "how to" book as much as it is a "maybe I can" guide. We hope to spark your interest and confidence in beginning to develop such a course for your students.

Following either each piece of material or group of materials is a list of questions for you to ask yourself about what you just read. These questions are not a test. Instead they are included to help you determine their usefulness in developing your curriculum.

Two very important concerns of both teachers and parents of students with disabilities are the legal aspects of providing sex education in the classroom and the moral and ethical factors involved in presenting family life education to children. Unfortunately, there are no simple answers to questions about these two areas.

It is important to research the legal regulations regarding sex education not only in state law, but also on the district level. Various school boards have specific regulations on sex education and these need to be addressed.
A second concern relates to the entire area of ethics and morales. Teachers are encouraged to be aware of their own value systems and biases, and are strongly cautioned not to push personal values and biases onto their students. In our minds, family life education is viewed as providing students with information and skills that will enable them to make informed decisions about their own lives. We encourage teachers to use values clarification exercises in the classroom as one means of looking at values without ascribing to a singular value system. Legal and moral concerns often become enmeshed (e.g., when a parent wants his or her child sterilized, or a student believes he or she has V.D.) and teachers need to develop guidelines for dealing with such situations. We encourage teachers who are developing family life education curricula to spend time with students discussing and role-playing effective methods of exploring these concerns, rather than coming up with the "right" answers.
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DOING A NEEDS ASSESSMENT
ASSESSING THE NEED FOR FAMILY LIFE EDUCATION

Some things you can do to assess your students' needs for a family life class include:

1. Talk to some of their parents about what they think their children need to know about family life education (sex education, social skills, etc.).

2. Ask these same parents about areas of this information they personally feel uncomfortable discussing with their child and with which they would like to have help.

3. Ask some students in class and informally what kinds of topics they'd like to have discussed or think other kids need to have discussed. The more assertive children may have an easier time giving this kind of information.

4. See what's already being done in family life education in the district.

5. As the principal and school nurse what they think is needed in family life education for the disabled students.

6. In documenting the need with adolescents, ask recent graduates what they would have liked to have gotten in the way of family life education when they were in school.

7. Collect newspaper and journal articles that document the need for sex education.
Assessing the Need

1. Circle the ideas on page 4 that look possible (and likely) for you to do.

2. Check the ideas that you aren't willing to pursue and jot a few notes on why this is so.

3. Add your own ideas to the list.
WORKING WITH PARENTS AND ADMINISTRATORS
PARENT CONTACT
PROCEDURES AND GUIDELINES

Parent contact and information meeting.

1. Request a meeting with the parents of your students at school.

2. Hand out lists of objectives to the parents so they can follow along while you explain. Be sure to give the rationale for teaching sex education. Include observations of the students in your class and enlist observations and concerns from the parents.

3. Go over the entire curriculum with parents. Pass out materials you plan to use. Allow some time for the parents to observe and comment on the curriculum and the materials.

4. If required by your district or state law, pass out a parental permission slip. Parents are not obligated to sign the slip. For those students not included in the curriculum, other activities should be made available. (See suggested permission slip on the next page.) Allow permission slip to be taken home for further consideration.

5. Invite all parents to come and take part in the teaching of the class or to observe at any time. Make your class time consistent so parents can plan a visitation and give you advanced notice.

6. Be willing to lend personal materials should the parents need to borrow them. The Regional Program's materials may not be loaned out. Be able to tell parents where the materials can be purchased.

7. Let parents know that parents are the primary providers of sex education for their children and that the school will be complimenting the parents' education. Be sure to offer parents your expertise and availability to counsel them if need be.

8. Send notes home weekly informing parents of what you have covered and how their child is handling the material.

9. Work as a resource person supporting the parents. Be prepared to give names of other resource people.

10. Have evening meetings (if schedule permits), sharing with parents what you have done and have "rap" sessions to listen to parent concerns.

Permission for these guidelines to be adapted and reprinted in this workbook given by Bob McAllister, Regional Program for the Deaf, Portland, Oregon.
Parent Contact

1) Circle those guidelines that you wish to implement with the parents of the students you work with. Objectives? Procedures? Activities?

2) Show this list to your principal and discuss it together.

3) Discuss with your principal any discrepancies the two of you have on how this should be approached and come to some agreement.

4) Add any other guidelines you two feel are important to your situation.
For the last two years, we have offered a program in Family Life Education designed especially to meet the needs of our physically handicapped students. The course has been so successful that we will be giving it again during the coming Spring semester.

At this time in their lives all young people have many anxieties, but a physically handicapped youngster has additional and sometimes different problems with which to cope. These concerns include peer relationships, sexual and reproductive capabilities and fears, functioning in a society geared to the physically able, and the vocational/recreational choices that may be open to him or her. Specialists from our community, now working with the physically handicapped, will be participating in the program so that as well as openly sharing and discussing their concerns, those enrolled will get some direct and useful information.

We would like to invite you to come to a discussion of this program on Tuesday, January 13, 1976, at 7:00 p.m., in Room 233, at McAteer High School. Your concerns and suggestions will be most valuable and we would hope to incorporate them in this course. An outline of the course as currently planned, and the materials to be used, will be available for you to see. If you cannot attend this meeting, please feel free to call either Aileen Magner, Resource Teacher, or Linda Warner, School Social Worker, at

Attached is a parental consent form. We would appreciate it if you would either bring it with you on the 13th or send it to Miss Magner at McAteer High School.

Sincerely,

Carla Thornton, P.H.N.

Linda Warner, School Social Worker
Programs for the Physically Handicapped

Aileen Magner, Resource Teacher
Programs for the Physically Handicapped

enc1

cc: Dr. R. Robbins
MC ATEER HIGH SCHOOL
SAN FRANCISCO UNIFIED SCHOOL DISTRICT

My son/daughter ________________________________ has my permission to attend the Advanced Family Life Class in ________ Semester, 19 ________.

______________________________
(Signature)

______________________________
(Date)
WORKING WITH PARENTS

1. Before you've gotten your curriculum set down, write an outline below of what you want to say to the parents who come to a meeting. Revise this once you've written your curriculum. Include what materials you'd like to show parents.

2. Before you write a curriculum, who besides yourself would you like to be at the parent meeting to answer questions? Some possibilities are 1) school nurse, 2) a doctor who shares your concerns for sex education, 3) another teacher, 4) principal, 5) disabled adults from the community, 6) clergy. Beside each person's name briefly describe what you think he or she could add to the meeting. When you finally call them to ask them to attend, tell them what you'd like them to contribute and/or your ideas on how the meeting might go.
STRATEGIES FOR REACHING ADMINISTRATORS
(Thanks to Joyce Gerard and our Advisory Committee)

God grant me the serenity
to accept the things
I cannot change
Courage to change
the things I can
And the wisdom to know
the difference.

1. Get your administrator involved from the beginning. Administrators often have
tremendous resources for information. Check with them on resources they have available.

2. Have some plans well thought out before you run in to try to interest the administra-
tor in some unplanned new curriculum. Give the administrator a short written statement
of what you wish to do.

3. Tell the administrator that you have been exposed to some new ideas, and would like
to share them with others who might have some appreciated input— and, what does she/he
think about this?

4. Give the administrator two or three statements she/he can use (at board and adminis-
trative meeting so she/he can, sound knowledgable.)

5. Give the administrator assurance that you understand her/his concern for reasonable,
rational behavior.

6. Make sure administrator knows you won't let her/him down, e.g., if she/he needs to
make a presentation for your proposed family life class, write it for her/him.

7. Maybe you can do just a little this year, and enlarge on it next. You know your
administrator and what you think will be acceptable — and put it in your plan.

8. It does help to be backed up with research and statistics to use in case you
need it — but present it as interesting facts, or what other similar systems have
done well. Perhaps with modifications suggested by administration, your system could
do the same. "I'd really like to see what the parents think about this. How should
I go about it?"

9. It does help to know where the money is coming from, and how it is budgeted —
which administrators are often loath to divulge; but, school budgets are open to the
public, and all it takes is a lot of time to look it up. Find out what seed or
developmental moneys are available.
10. Emphasize "life" education, "family life" education, or "social skills" education, rather than "sex education.

11. Know what family life education is available in the rest of your school district. Put your act together before approaching administration and perhaps modify existing curricula. Use what already exists as much as possible.

12. Administrators may have no idea of what family life or sex education is, what is available, how it can work. You may need to educate them.

13. Approach the administrator with a needs assessment plan for family life education -- that you would like to get input from students, parents, teachers, and administrator.

14. Become familiar with PL 94-142 and Section 504 of the Rehabilitation Act of 1973 to help administrator back up the case (or to push administrator.) These laws can also be used to include students with disabilities in regular family life classes.

GOOD LUCK!
Strategies for Reaching Administrators

1. Turn back to the strategies and mark an "X" next to the ones you want to pursue with your administrator.

2. Now number those you've marked with an "X", beginning with one (1) in order of tasks you need to do first, second, third, etc.

3. Look at those you didn't mark with an "x" and make a note or two about why you don't want to include these. For example, "I may not want to go into #5 - give the administrator reassurance, - because my administrator and I have talked about the need for family life education before and have agreed that I'm the one to do it."

4. Which of the tasks that you've chosen seem difficult to you? Make a note next to these as to why they seem hard. Are there any ways you can make these tasks easier to do?
SOME OBJECTIVES IN PLANNING A FAMILY LIFE COURSE
Initial Objectives When Planning a Family Life Education Class for High School Students with Physical Disabilities

In the beginning of the class, students will discuss the goals they have for the class; at the end of the class, these goals will be evaluated by the students.

The following are the objectives the teachers have for the students, which will be evaluated at the end of the class:

1. The student will be able to discuss his feelings openly by the end of the class.
2. The student will initiate questions pertaining to his needs.
3. The student will know where to go for specific help; i.e., birth control, venereal disease, genetic counseling, care of pregnancy, social/sexual counseling.
4. The student will demonstrate more confidence in himself when answering questions regarding his disability.
5. The student will be able to better discuss his sexuality freely with his parents.
6. The student will feel better about himself as demonstrated by his confidence in discussing himself and his relationships with others.
7. The student will have a clear understanding of appropriate sexual behavior.

In addition, the teachers hope the following concepts will be understood by the students:

1. Many roles (man, woman, mother, father) are being explored and re-defined within our society today.
2. Other handicapped people have been successful socially and sexually.
3. All adolescents share similar feelings.
4. All thoughts are normal, though all behaviors may not be.
5. Individuals can accept disabilities and explore their own assets.
6. There are many differing cultural beliefs, feelings, and attitudes in the social/sexual area.
7. New areas of sensitivity can be found within oneself.

The impact of the course will be evaluated by parents at a second meeting with respect to the following areas:

1. The parents will be able to be more open in communicating with the teachers regarding their anxieties about their children.
2. The parents will state that their communication with their children has improved.
3. The parents will call the teachers when questions arise.
4. The parents will offer suggestions regarding curriculum.
1. The sample objectives listed are for use with students at the high school level. Mark those that apply to your particular students and their parents.

2. For those items you did not mark, make a few notes on why this is not an objective of yours. Are there resources you would need to meet? Is this one of your objectives? If so, what are they?

3. What additional objectives do you have for this course?
TOPICS THAT MAY BE INCLUDED IN A FAMILY LIFE EDUCATION COURSE

Note: The following curriculum was developed for use with disabled adolescents who had already been through a course on basic human reproductive anatomy and physiology. These topics, while not contained in this specific curriculum, should be the foundation of family life class for children of most ages. The bibliographies in the last section list resources in this regard.
CURRICULUM for
ADVANCED FAMILY LIFE FOR THE PHYSICALLY DISABLED

© 1974 Barbara Sapienza, 555 36th Avenue, San Francisco, CA
Carla Thornton, 154 Prentiss Street, San Francisco, CA

I. Introduction
   A. Overview of class
   B. Student ideas for class content
      1. Anonymous question from each class member
   C. Student/teacher goals

II. Separation or Individuation
   A. Becoming an individual
      1. How dependent were you five years ago?
      2. Project how independent you'll be two years from now
   B. Independence
      1. What is independence? Can everyone become independent?
      2. What are some of the responsibilities that go along with it?
      3. Fears and anxieties
      4. Kinds of things that make you dependent
      5. How do you break down dependencies?
      6. Why strive for independence?
         a. Advantages
         b. Disadvantages
         c. Reality of independence
         d. Recognition of independence
      7. Does becoming an adult also mean becoming independent?
      8. Does independence mean isolation?
      9. Are new relationships necessary to replace the old ones you are leaving?
     10. Finances of being independent
         a. Practice budgets using various incomes
     11. Does the state owe disabled people anything?
     12. What benefits are available from the state?
     13. Is anyone ever totally independent?
     14. Interdependence

III. Conflict (supplemented with passages from literature which displays conflict)
   A. How do you deal with conflicts?
   B. Kinds of conflict
      1. Moral
      2. Emotional
      3. Financial
      4. Parental-acceptance
      5. Independent travel
      6. Dating
      7. Racial
      8. Dress, hair
      9. Authority
     10. Self-imposed conflict
C. Why these conflicts?
D. Does everyone experience conflict?
E. How could it become less of a problem?
F. How could it be averted?
G. Should it be averted?

IV. Rights and responsibilities of disabled students*
   A. Adaptive equipment
      1. Electric wheelchairs
      2. Autos with adaptive equipment
      3. Grievance process
   B. Architectural barriers
      1. Rights of the disabled to have access and safety in public buildings
   C. Making society more aware of disability

V. The Capacity for caring for Others
   A. Adolescent period - "normal" progression
      1. Strong friendships between members of the same sex develop.
      2. Beginning of relations with opposite sex.
      3. Some ways adolescents learn about each other's bodies, thoughts, emotions, sexual responses, social rules, and customs of behavior.
         a. Intense curiosity
         b. Avid pursuit of sexual information
         c. Sex oriented conversations
         d. Double meanings
         e. Daydreaming and fantasies
         f. Masturbation
         g. Body contact games
         h. Playful roughhousing
         i. Experimenting with each other
   B. Importance of friendships
      1. Sharing feelings
      2. Caring and being cared for
      3. Having someone with whom to laugh and cry
      4. Ego gratifying
   C. Why is it sometimes difficult to engage in friendships?
      1. Opening up - expressing oneself
      2. Accepting others
      3. Desire
      4. Opportunity or lack of it
      5. Aggressiveness
      6. Friend/enemy relations
      7. Feelings of being different
      8. Using differences so that they become advantages
      9. Dealing with questions concerning handicaps

* Stigma I & II, a tape produced by the Center for Independent Living, Berkeley - in which young adults with disabilities express their feelings about being disabled - will supplement this discussion
a. Accepting oneself
b. Assertiveness

D. How many friends do we need?
E. How do we display affection?
   1. Affectionate behaviors (slides depicting various affectionate behavior)
      a. Holding hands
      b. Smiling
      c. Touching
      d. Kissing
      e. Crying
      f. Hugging

F. Culture dictates acceptable and unacceptable behavior.
   1. Two people of the same sex walking arm in arm - acceptable or unacceptable?
   2. How do other cultures deal with affectionate behaviors?

G. Boy/Girl relationships
   1. Dating
   2. Love - what is love?
      a. Maternal
      b. Paternal
      c. Peer-mate love
      d. Heterosexual love
      e. Homosexual love
      f. Brotherhood
      g. Family
   3. Intimacy
   4. Marriage
   5. Living together
   6. Marrying a disabled person - does this mean marrying a disability?
   7. Communication
   8. Getting to know one another
   9. Breaking up
   10. Grieving - ends of relationships, and death
   11. Divorce

VI. Competency and Achievement
   A. What is success?
      1. Feeling good about what you do
      2. Doing something well as measured by self and others
      3. Grades
      4. Athletic ability
      5. Friends and relationships
      6. Hobbies and special interests
   B. Future plans and goals
      1. Do current achievements influence future plans?
      2. Fantasies for the future
      3. Self-expectations
         a. Jobs
         b. Marriage - partnership
         c. Possibility for career and marriage for women, as well as men
d. Do expectations change?
e. Do goals change?
f. Do we need time to look at and examine our goals?

C. Roles
1. What is a good mother?
2. What is a good father?
3. What is a good partner in a relationship?
4. What is a man?
5. What is a woman?
6. Should a woman work if she is a mother?
7. Are women inferior?
8. Should a woman have equal rights in a relationship?
9. Should a man have full responsibility in financing a household?
10. Does a woman need to have a baby to feel fulfilled?

VII. Are all thoughts normal?

VIII. Are all behaviors normal? Legal?
A. Masturbation - mutual masturbation
B. Homosexuality - heterosexuality - bisexuality
C. Oral-genital sex
D. Anal sex
E. Child exploration and discovery (playing doctor)

IX. Sexual Morality Codes
A. Different codes for different people
B. Society's code

X. Sexual Myths
A. Penis size
B. Simultaneous orgasm
C. "Masturbation causes blindness"
D. Marriage is the ultimate expression of sexuality
E. Disabled people can't have sex
F. Etc.

XI. Adapting to Physical Inconveniences
A. Mechanical adaptations
B. Adaptations to catheters and ileostomies
C. Options to intercourse
   1. Masturbation
   2. Oral-genital sex
   3. Massage
D. Other areas of sensitivity

XII. Pre-test on Venereal Disease Information with Follow-up
A. Signs
B. Symptoms
C. Treatment
D. Prevention
XIII. Methods of Birth Control (discuss and explain all methods; brief review of anatomy and physiology)
   A. Special considerations for the disabled
   1. Circulatory problems and the pill
   2. Problems with insertion with use of diaphragm, foam, and jellies
   3. Problems with putting on condoms
   B. Who should take responsibility for birth control?
   C. Abortion
   1. How it's done
   2. Moral, religious, cultural concerns and values
   D. Role-playing situations
   1. How do I obtain pills?
   2. I'm pregnant; where do I go? What do I do?
   3. I'd like to buy some condoms.

XIV. Pregnancy
   A. Specific considerations with physical disabilities
   1. Scoliosis - labor and delivery
   2. Spina bifida
      a. Feeling in genitals
      b. Fertility
      c. Labor and delivery
      d. Normalcy of child
   3. Polio
      a. Contractions during labor
   4. Congenital Heart Disease
   5. Muscular Dystrophy
   6. Cerebral Palsy
   7. Genetic counseling
   8. Teen-age pregnancies
      a. High incidence of premature babies
   9. Prevention of birth defects
   B. Pre-natal care
   1. Critical first three months
   2. Diet, rest, exercise, medical and dental care
   3. X-rays
   4. Drugs
   5. Smoking
   C. Medical examination for women
   1. Pap test
   2. Pregnancy test
   3. Speculum
   4. Stirrups
   5. Self-breast examination
   D. Over-population and its implications
   E. Planned parenthood and the spacing of children
   F. Adoption
   G. Child rearing practices and responsibilities

XV. Evaluation - Students and Teachers

Note: This curriculum was developed for students who had completed a nine-week Family Life class given to all tenth graders at this high school.
WHAT IS A GOOD FATHER?

Choose what you think are the five most important characteristics of a good father. Choose three that you think are not important.

1. Is affectionate with children.
2. Does things with children, i.e., zoo, camping, teaching skills such as painting a shelf.
3. Accepts each child as a person of worth.
4. Equally shares responsibilities of child care with partner, i.e., bathing, helping with homework.
5. Is stern in disciplining children.
6. Provides food and shelter for children.
7. Feels that his wife is his first concern.
8. Demands respect from his children.
9. Devotes his total time to his career.
10. Provides love and affection equally for each child.
11. Lets children be independent in terms of ability to assume responsibility.
12. Has interests of his own.
13. Roughhouses with his sons, but not with his daughters.
WHAT IS A GOOD MOTHER?

Choose what you think are the five most important characteristics of a good mother. Choose three that you think are not important.

1. Keeps her children neat and clean.
2. Provides love and affection equally for each child.
3. Protects the health of her children by feeding them nutritious foods, and providing regular health care.
4. Devotes her total time to the needs of her children.
5. Lets her children be independent in terms of ability to assume responsibility.
6. Demands respect from them.
7. Firmly disciplines her children (gives punishment).
8. Keeps her children safe.
9. Has interests of her own.
10. Accepts each child as a person of worth.
11. Provides an attractive home for her children.
12. Feels that her husband is her first concern.
WHAT IS A GOOD PARTNER IN A RELATIONSHIP?

Many roles are being explored and re-defined within our society. Choose what you think are the ten most important statements below; then choose five statements you think are the least important.

1. Should have him/her as the only relationship with the opposite sex.
2. Should share equally the responsibilities of housekeeping.
3. Should keep a neat house and raises children; he works and provides money.
4. Devotes all his/her energy to partner.
5. Should agree on using birth control and/or number and timing of children.
6. Should take complete responsibility for birth control.
7. Should take care of partner when ill.
8. Should stay with partner if partner should become disabled.
10. Should share joys and sorrows, fears and hopes, nightmares and fantasies.
11. Should have sexual relations only with partner.
12. Should be affectionate with partner.
14. Should share the responsibility of providing money.
15. He helps with the housework when she is ill; she goes to work when he is ill - but ordinarily neither do these.
16. Should enjoy sex with partner.
17. Should show tenderness in lovemaking.
18. Should say "I love you" while making love.
19. She accepts sex as her duty; he needs sex as an outlet.
20. He is responsible for initiating sex with partner; she accepts sexual advances from partner passively.
21. She should restrict sex to what is considered proper behavior; he should try to get her to go as far as possible.
22. Should play silly games with each other.

23. Should spend all their free time together.

24. He pays for all dates and evenings out; she provides dinners at home.

25. Should share responsibilities for evenings out, trips, etc.

26. Should put up with partner's peculiarities or idiosyncrasies, and never complain.

27. Should express feelings of anger to partner.

28. Should take separate vacations.
Curriculum Topics

This curriculum has given me some ideas for my own class.  __Yes  ____No

The extensiveness of this curriculum scares me to death!  __Yes  ____No

This curriculum is included not as a model but rather as a guide to possible topic areas in family life education.  Many classes would not cover all these topics and would at the same time, probably address others not listed here.

1. Circle those topics you'd like to include in your own curriculum.

2. Make notes about any information or resources you need to gather in order to present this to your class.

3. Jot down why you aren't going to include the topics you didn't circle, i.e., can't get it passed by school board, not appropriate for my kids (and why), etc.

4. Have a colleague read the curriculum and do 1 - 3 above. Compare notes and discuss your answers.

5. Are there any topics you didn't circle that you think might be possible to present?  Why?

6. What other topics would you like to include?  Please list them here.
Note: Printed resources that can assist you in your curriculum development are:


Montreal Health Press. VD Handbook. Order from Montreal Health Press, P. O. Box 1000, Station G, Montreal, Quebec, Canada H2W 2N1. Single copy free, send 35¢ for mailing costs.
FAMILY LIFE EDUCATION FOR TEACHERS OF STUDENTS WITH PHYSICAL DISABILITIES

POTENTIAL RESOURCES
TO AID IN DEVELOPING AND IMPLEMENTING
FAMILY LIFE EDUCATION

UC Human Sexuality Program
Sex and Disability Project
Carla and Sue

Local Planned Parenthoods

Local Sexuality Programs (Universities, Senior Colleges, Community Colleges)

Local Rehabilitation Centers

Local Independent Skills Centers

School Nurses

M.D.’s interested in sex, or disability, or both!

Local Venereal Disease Clinic (pamphlets, speakers)

Local Public Health Departments (pamphlets, speakers)

Local or County School District, Family Life Education Office

Nurse Practitioners (Family Planning, Maternity)

College Sexuality Courses, and Peer Counseling Programs

College Disabled Students Programs

Mental Health Associations and Clinics

Parents of people who are disabled

Local organizations concerned with disability, e.g., United Cerebral Palsy, Aid Retarded Citizens
DISABILITY CONSUMER ORGANIZATION
RESOURCE LIST

CONNECTICUT

Architectural Barriers Committee
183 Sherman Avenue
New Haven, Ct 06511

United Cerebral Palsy Association
80 Whitney Street
Hartford, Ct 06105

DISTRICT OF COLUMBIA

American Coalition of Citizens With Disabilities
1346 Connecticut Avenue NW
Suite 817
Washington, D.C. 20036

American Council of the Blind
1211 Connecticut Avenue NW
Suite 506
Washington, D.C. 20036

Architectural and Transportation Barriers Compliance Board
330 C Street, SW
Suite 1010
Washington, D.C. 20201

Blinded Veterans Association
1735 DeSales Street, NW
Washington, D.C. 20036

Closer Look
1201 16th Street NW
Washington, D.C. 20036

Committee for the Handicapped
People-to-People
1028 Connecticut Avenue NW
Washington, D.C. 20036

Committee on Disabled Veterans
National Association of Concerned Veterans
1900 L Street NW
Suite 314
Washington, D.C. 20036
Disabled American Veterans
807 Maine Avenue SW
Washington, D.C. 20024

Disability Rights Center
1346 Connecticut Avenue NW
Suite 1124
Washington, D.C. 20036

Epilepsy Foundation of America
1828 L Street NW
Suite 406
Washington, D.C. 20036

Independent Living for the Handicapped, Inc.
3841 Calvert Street NW
Washington, D.C. 20007

Mainstream Inc.
1200 15th Street NW
Washington, D.C. 20005

Mental Health Law Project
1220 19th Street NW #300
Washington, D.C. 20036

Muscular Dystrophy Association
1828 L Street NW
Washington, D.C. 20036

National Association for Retarded Citizens
1522 K Street NW
Washington, D.C. 20005

National Center for Law and the Deaf
7th and Florida Avenue NE
Washington, D.C. 20002

National Federation of the Blind
1346 Connecticut Avenue NW
Suite 212
Washington, D.C. 20036

National Paraplegia Foundation
5522 Grey Stone Street
Washington, D.C. 20015

National Rehabilitation Association
1522 K Street NW
Suite 1120
Washington, D.C. 20005
Office of Handicapped Individuals
Clearinghouse on the Handicapped
Department of Health, Education and Welfare
Washington, D. C. 20201

Paralyzed Veterans of America
4330 East West Highway
Suite 300
Washington, D. C. 20014

President's Committee on Employment of the Handicapped
1111 20th Street NW
Suite 600
Washington, D. C. 20210

Regional Rehabilitation Research Institute
on Attitudinal, Legal and Leisure Barriers
1828 L. Street NW
Suite 704
Washington, D. C. 20036

United Cerebral Palsy Association
425 I Street NW
Suite 141
Washington, D. C. 20001

MARYLAND

Independent Living for the Handicapped
4303 Bradley Lane
Chevy Chase, Md. 20015

International Association of Parents of the Deaf
814 Thayer Avenue
Silver Spring, Md. 20910

Maryland Association of Children with Learning Disabilities
3719 36th Street
Mt. Rainier, Md. 20822

Metropolitan Washington Association of the Deaf
3210 A Rhode Island Avenue
Mt. Ranier, Md. 20822

National Association of the Deaf
814 Thayer Avenue
Silver Spring, Md. 20910

National Association of the Physically Handicapped
12614 Flack Street
Wheaton, Md. 20915

National Society for Autistic Children
2808 Federal Lane
Bowie, Md. 20715
NEW YORK

Adult Disabled Citizens
532 E. 26 Street
Brooklyn, N.Y. 11210

American Foundation for the blind
15 W 16th Street
New York, N.Y. 10011

Caucus of Adults with C.P.
c/o UCPA of New York City
122 E 23rd Street
New York, N.Y. 10010

Center on Human Policy
216 Ostrom Avenue
Syracuse, N.Y. 13210

Congress of People with Disabilities
620 E 13th Street
New York, N.Y. 10016

Disabled Peoples Movement
7445 Yellow Stone Blvd.
Forest Hills, N.Y. 11374

Department of Consumer Affairs
80 Lafayette
New York, N.Y. 1113

Disabled In Action of N.Y.
315 Ovington Avenue
Brooklyn, N.Y.

Eastern Paralyzed Veterans
432 Park Avenue South
New York, N.Y. 10016

Human Resources Center
P.O. Box 127, University Station
Syracuse, N.Y. 13210

Independent Living, Inc
216 Ostrom Avenue
Syracuse, N.Y. 13210

Joint Handicapped Council
720 West 181 Street
New York, N.Y. 10033
Mayor's Office for the Handicapped
250 Broadway
New York, N.Y. 10007

National Association for the Visually Handicapped
305 E 24 St 17-C
New York, N.Y. 10010

National Paraplegia Foundation
N.Y. Metropolitan Chapter
Room 812 RR
400 East 34 Street
New York, N.Y. 10016

Office for the Handicapped
818 County Office Building
White Plains, N.Y. 10601

United Cerebral Palsy Association
66 East 34 Street
New York, N.Y. 10016

OHIO

National Association of the Physically Handicapped
76 Elm Street Business Office
Londonderry, Ohio 43140

Ohio Citizens with Disabilities
499 Beechwood Blvd.
Columbus, Ohio 43214

Ohio Coalition of Citizens With Disabilities
968 Afton Road
Columbus, Ohio 43221

Ohio Developmental Disabilities
Citizen Advocacy Program
2238 Hamilton Road
Columbus, Ohio 43227

Physically Handicapped and Associates of Dayton
134 Jackson Street
Dayton, Ohio 45402

S.W. Ohio Coalition for Handicapped Children
3024 Burnet Avenue
Cincinnati, Ohio 45219
PENNSYLVANIA

Association for Children with Learning Disabilities
5225 Grace Street
Pittsburgh, Pa 15236

Disabled in Action
1460 Devereaux Street
Philadelphia, Pa 19149

United Cerebral Palsy Association
Pittsburgh District
House Building, 4 Smithfield Street
Pittsburgh, Pa 15222

United People with Handicaps
Mercer County Chapter
701 Twityer Avenue
Sharpsville, Pa 16150

VIRGINIA

Council for Exceptional Children
1920 Association Drive
Reston, Va 22091

Mobility on Wheels
1812 Glendon Avenue
Norfolk, Va 23518

National Association for Mental Health
1800 N. Kent Street
Rosslyn, Va 22209

Rehabilitation Inc.
3110 Columbia Pike
Arlington, Va 22204
INDEPENDENT LIVING PROJECTS

Those centers with peer counselling services are often able to provide speakers. The others are certainly worth a try!

Peter Leech, Director
Community Resources for Independence
899 Second Street
Santa Rosa, California
(707) 528-2745
Provide peer counselling services

Joe Koontz, Director
San Francisco Independent Living Project
814 Mission Street, Second Floor
San Francisco, California 94103
(415) 543-0223
Offer peer counselling, attendant referral, independent living skills training, housing, financial and legal advocacy, employment and transportation services.

Phil Draper, Director
Center for Independent Living, Inc.
2539 Telegraph Avenue
Berkeley, California 94704
(415) 841-4776
Offer numerous services, including peer counselling

Alice Jonston, Director
Self-Dependence for Handicapped Resource Center, Inc.
24800 Mission Boulevard
Hayward, California 94544
(415) 582-1225
Services include self-help workshops, rap sessions, peer counselling, employment training, educational counselling, transportation, aide referral, accessible housing referral, advocacy, research, information and referral. Are also sponsoring the development of two new centers: in East Oakland similar to the one in Hayward, and Newark which will focus on the deaf.

Bill Rosenberg
Mount Diablo Rehabilitation Center
490 Golf Club Road
Pleasant Hill, California 94523
(415) 682-6330
INDEPENDENT LIVING PROJECTS

Pamela King, Director  
Adult Independence Development Center  
6350 Rainborro Drive  
San Jose, California 95129  
(408) 252-8980

Mark Freedman, Director  
Resources for Independent Living, Inc.  
3540 42nd Avenue  
Sacramento, California 95824  
(916) 484-8382, 422-1733

Doug Broten, Director  
CAPH Service Center  
2031 Kern Street  
Fresno, California 93721  
(209) 237-2055

Douglas Martin, Director  
Westside Community for Independent Living, Inc.  
11687 National Boulevard  
Los Angeles, California 90064  
(213) 473-8421  
Have expressed an interest in being called for speakers

Vivian Purnell, Director  
Good Shepherd Center for Independent Living, Inc.  
3303 West Vernon Avenue  
Los Angeles, California 90008  
(213) 295-5439

Bruce Curtis, Director  
Center for Living Independently, in Pasadena  
453 East Green Street  
Pasadena, California 91101  
(213) 440-1551  
Offer peer counselling, attendant/companion, accessible housing referral, client advocacy, employment referral, and referral hot line services.

Norma Vescová, Director  
Independent Living Center, Inc.  
14500 Archwood Street  
Van Nuys, California 91405  
(213) 988-9525

Jerry Stein, Director  
Disabled Resources Center, Inc.  
1962 Pine Avenue  
Long Beach, California 90806  
(213) 599-6188  
Expected to have peer counselling services available  
Fall, 1977
INDEPENDENT LIVING PROJECTS -

Bill Tainter, Director
Community Service CEnter for the Disabled, Inc.
4961 University Avenue
San Diego, California 92105
(714) 283-5901

Allan Short Center
521 East Acacia Street
Stockton, California 95202
(209) 462-8538
Primarily an art center for people who are disabled. They might be able to put you in touch with people who would visit your class.
Potential Resources

1. Circle the resources you have in your local community that you would like to use.

2. Check the resources that you aren't sure are available locally and list three people or agencies you could ask about this.

3. Underline the resources you know you don't have locally and list possible alternative resources.

4. Cross out the resources you don't need to use.

5. Add additional resources you know of to the list.
SOME INFORMATION ON CONTRACEPTION AND SOCIAL SKILLS DEVELOPMENT
ADDITIONAL ASPECTS OF CONTRACEPTION IN RELATION TO DISABILITY

I. ORAL CONTRACEPTIVES -- "THE PILL"
1. Is ideal as far as ease of use.
2. Any woman with paralysis, very impaired mobility, or in a wheelchair has decreased blood circulation -- which increases her risk for blood clots. As the pill generally seems to increase the risk for clots, it may significantly increase the risk for clots in women who are mobility impaired.

II. INTRAUTERINE DEVICES -- IUD
1. May cause increased bleeding and cramping -- if menstrual hygiene is a hassle, may not wish to use IUD.
2. With a high-level spinal cord injury with significant loss of sensation, a woman may not be aware of usual signs (pain, increased cramping) of an IUD causing problems, e.g. puncture of uterus or infection.
3. If a woman has coordination or movement problems, she may need assistance in checking for IUD strings every month, which is very important in order to be sure IUD has not been partially or totally expelled from uterus.
4. May be difficult to insert if there is any pelvic deformity.

III. DIAPHRAGM
1. With poor hand coordination, a woman may not be able to insert and remove diaphragm herself. Some women can use an inserter device which works only with coil spring diaphragms. Those with limited hand use may also need assistance in inserting spermicidal jelly onto the diaphragm. May have partner or attendant insert diaphragm and jelly.
2. Women with legs unable to spread well or poor leg coordination may not be able to insert diaphragm.
3. Diaphragms may be contraindicated for women with recurrent bladder infections.
4. May be difficult to fit if there is any pelvic deformity.
5. If pelvic muscles are weak, the diaphragm may slip.
6. Emptying the bladder by the Crede method could dislodge the diaphragm.

IV. CONTRACEPTIVE FOAM
1. Need good hand control or partner to put foam in.

V. CONDOM
1. A man needs good hand control (or partner) to put condom on, and to hold on to condom when penis is being withdrawn from vagina.
2. If partner is a woman with spinal-cord injury who does not lubricate well, condom may need extra lubrication applied, e.g. water-soluble KY jelly or massage oil.
PREGNANCY AND DISABILITY

1. Rare that a physical disability contraindicates pregnancy.
2. Mobility problems may increase with advancing pregnancy.
3. There is an increased risk of bladder and kidney problems in general in pregnancy; a woman with a disability such as spinal-cord injury (where bladder and kidney problems increase) may need close medical supervision during pregnancy.
4. Water retention will increase. Women who are immobile also have increased water-retention in general -- thus may need medical supervision of this side effect.
5. Women with high-level spinal-cord injury may not be aware of labor beginning, thus indicating possible hospitalization once fetus has dropped. Autonomic dysreflexia is a possibility in labor and delivery with this type of disability.
6. A woman with a smaller-than-normal or inflexible pelvis, e.g. spina bifida or post-polio -- may require Caesarian section for delivery.

2. Ibid
3. Ibid
4. Ibid

Susanne Knight and Carla Thornton, 814 Mission Street -- Second Floor, San Francisco, CA. 94143. Developmental copyright April, 1976. Not to be reproduced without permission of the authors.
Contraception

I think it's important to give my students information on contraception. Yes No
If no, why?

If yes, and your curriculum is approved, do you have the information available
yourself to give such a presentation? Yes No

If no see the printed resources listed in the back of the manual as well as your
local family planning agency.

Circle the "Additional Aspects" especially pertinent to your students.

Remember: You are not a doctor. You do not have the legal right to tell a
student "You can use this method but not this one". Instead you
can say "this may be a problem for some women in wheelchairs or
who have limited hand mobility", etc.
SOCIAL SKILLS DEVELOPMENT

Because of social isolation, disabled young people often do not have the natural opportunities for "social learning" that are readily available to the nondisabled. It is important, therefore, to provide a structure for learning these social skills. That such skills can be taught is evident by the research and recent widespread popularity of assertiveness training.

It is vital to have an opportunity to formulate one's own opinions, and to communicate these opinions (though they seem "off the wall" when one is just beginning). A one-to-one relationship, or group experience where everyone's opinion is respected, can do much to foster this development.

It is necessary to see what the "real world" is like and to interact in this world. Many disabled people are denied this opportunity, rarely having the chance to observe others (except on television). It is often feared that a child with a disability will be rejected out in the "real world" but a fact of life is that everyone gets rejected. It is difficult to learn what is appropriate behavior when one is constantly "accepted" by "nice" people who pity those who are disabled. Group or one-to-one exercises and activities in assertiveness training can assist students to interact with the rest of the world, and can help them in learning to deal with rejection. Students need to understand that rejection is not always caused by disability, that some behaviors are more socially rewarded than others, and that rejection can stem from numerous (and sometimes irrational) reasons. Students can be given assignments to call someone on the phone, make requests of other people, make arrangements to have a coke, etc. It is wise to start with small assignments to avoid large doses of rejection initially. Encouraging your students to participate in the activities of the world also helps the general public to become more knowledgeable about disabilities.

A final point (for this brief essay, at least) is the importance of successful role models for students with disabilities. Disabled adults with a variety of interests (work, political activity, art, poetry), and able-bodied persons who have significant relationships with disabled people, can be invited to visit your class and discuss their life styles and life experiences with your students. Our experience has shown an incredibly positive response from students after visits from other people with disabilities.
Social Skills Development

1. List activities in social skills development you would like to do in your classroom. Consult assertiveness handbooks (see bibliographies in back).

If you have difficulty listing activities, list social skills problems your students have, and then read up on exercises to deal with these concerns.

An excellent guide, not listed in the bibliography is *Shyness* by Phillip G. Zimbardo, Addison - Wesley Publishing Co., 1977.
SOME THOUGHTS ON BEGINNING A FAMILY LIFE CLASS
Some Thoughts on Beginning a Family Life Class

1. Sit in a circle. Have students help arrange furniture.

2. For high school students, 45-80 minutes works well. Shorter times would be more appropriate for younger children.

3. Teacher should be a part of the group rather than seen as omnipotent authority—this will facilitate sharing feelings by all group members. At the same time the teacher needs to be willing to bring up important topic areas when they may be somewhat uncomfortable for group members (i.e., feelings about one's own disability).

4. Show warmth and enthusiasm (if you feel it!)

5. Be non-judgemental—there are no right or wrong answers to attitudes. Feel free to express your own opinions but let students know that this is your own opinion and others often believe differently. Do they know other opinions people may have on the topic?

6. Set Ground Rules—
   a. One person talks at a time;
   b. Everyone's opinion is to be respected, although it can be discussed and challenged.
   c. If personal issues come up in class, they are not to be discussed with others out of the classroom. (Respect confidentiality within the group).

7. Don't assume anyone knows anything. Many myths and misconceptions surround sexuality. Teacher might try a pre-test on sexual knowledge.

8. Start with easy, non-threatening topics. Win Kempton states masturbation and sexual feelings are the most anxiety provoking. One might try anonymous questions or suggestions for topics from students.

9. If students' topics are inappropriate (e.g. Roller Derby or the latest episode of Police Woman—unless of course the content is appropriate) don't be afraid to say so and re-state the purpose of the class.

10. Try to be flexible about topics and pursue those that students express interest in.

11. If you can't answer a specific question, say so (this builds trust) and see if you can find answer or help student find answer.

12. Do not allow casual observers to visit the class—get students' permission for visitors or tape-recording a session.

13. Maintain a sense of humor—many funny things happen in family life classes!

14. Relax and enjoy the class, it can be a real growth experience for you too!

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1 Kempton, Winifred: Techniques for Leading Group Discussion on Human Sexuality; Planned Parenthood of Southeastern Pennsylvania; 1402 Spruce Street, Philadelphia, Pa., 1972
Beginning a Family Life Class

1. Circle any of the guidelines you don't agree with. Jot down why you either can't or don't want to use these items.

2. Add your own ideas to this list.
RESOURCES IN PRINT, ON FILM, AND USING OTHER MEDIA.
Bibliographies

Following are numerous pages of bibliographies on resources for teachers, parents and students. The first thing that may happen is that you get discouraged seeing page after page knowing that you don't have all the time in the world to read in order to prepare your curriculum. Don't despair. First, read rapidly through the bibliographies circling all the resources that apply to your particular students. Then go back and underline those that seem the most relevant. Lastly, start the ones you feel you can read in time to develop your curriculum in the time you have available. You can't be an expert overnight. Do only as much as you can. To try to do more will only be discouraging.
FAMILY LIFE EDUCATION FOR TEACHERS OF THE PHYSICALLY DISABLED

RESOURCE LIST FOR TEACHERS

Copyright pending, 1979: Carla Thornten, 154 Prentiss St., San Francisco, Ca.

I. RESOURCE GUIDES AND CURRICULA


Includes curriculum concepts, content, resources, sample lesson plans. Appropriate for first grade to young adults.


May be used as a resource guide for teachers to help develop positive attitudes toward people with disabilities. Specific activities are given to help foster attitudinal change. Great resource for mainstreaming.

Blum, Barry and Gloria. Feeling Good About Yourself, Academic Therapy Publications, P. O. Box 899, San Rafael, Ca. 94901.

A book full of information and activities related to feelings and sexuality. Some of the activities would be quite useful in family life education; others might be a bit far out to use in public schools - use common sense and good judgment. Though basically a very fine book, we disagree with the flat-out statements about sexual expectations with physical disabilities and have not known of IUD's or birth control pills causing increased spasticity in women who are disabled.


This curriculum is a tested guide for educating children about disabilities. It suggests useful activities and resources to aid teachers, parents, and children in the transitional phase. This is a practical guide for creating a welcoming atmosphere to the disabled child, as well as an acceptance by the other children.

Brown, Denice; Simmons, Vickie; and Methvin, Judy. OR Project for Visually Impaired and Blind Preschool Children, Jackson County Education Service District, 101 N. Grape St., Medford, Or. 97501. Approx. $40.00.

Is basically an assessment instrument and curriculum with skills inventory and teaching activities for visually impaired and blind children from birth to 6. Specific assessment and activities are provided for socialization, self-help, fine motor, gross motor, language, and cognitive skills. We particularly appreciate the inclusion of the self-help and socialization sections.

Includes concepts, learning activities, resources. Appropriate for first grade through high school.


A curriculum guide developed by two teachers in the project in year one. Is divided into elementary, intermediate, and secondary levels. Is quite comprehensive and is one of the few curricula available that is specifically focused on the needs of students who are physically disabled.

Family Life Education Curriculum Guide, developed by the California State Youth Authority, available from State of California, Documents Section, P. O. Box 20191, Sacramento, Ca. 95820.

Includes an educational model, techniques for implementing the model, resources, and selected articles. Not specific to disability but certainly could be useful at high school level.

Fimiani, Joe and Jolly, Don. Content Outline - Family Life Education Curriculum. Order from Joe Fimianai, Chandler Tripp School, 780 Thornton, San Jose, Ca. 95128.

Terrific outline of topics appropriate for family life education. Oriented to students with physical disabilities, junior and senior high.


Line drawings and suggestions for discussing pictures of men, women, kissing, masturbation, intercourse, menstruation in one-to-one contacts. Appropriate for TMR age eight to adult.


Discusses responsibilities of parenting, rights of children. Teacher's guide has many suggestions for classroom use. Very appropriate for high school level.


Two curricula based on building concepts through increasingly difficult levels. Could be used on a one-to-one as well as with classroom groups. Has a wonderfully humanistic caring sense to it.

A family life education curriculum, lesson plan guide. Oriented to EMR level. Though does some moralizing, has some good activity suggestions. Has three sections - primary, intermediate, and advanced.


Jan's paper includes suggestions and resources for primary level through adolescence. Other papers in this book include those listed in journal bibliography written by Foulke, Holmes, Karpen, School and Torbett.

Planned Parenthood of Santa Cruz County. Sex Education: Teacher's Guide and Resource Material. Order from Planned Parenthood of Santa Cruz County, 421 Ocean St., Santa Cruz, CA. 95060, 1977. $11.00

Probably the best guide available on sex education; includes up to date information; describes many teaching techniques. Areas covered include sexuality and values, masturbation, homosexuality, language, sex roles, dating, marriage, and relationships, anatomy and physiology, birth control, pregnancy, childbirth and parenting, abortion, adoption, and teen-age pregnancy. Has several sample curricula. Although it has nothing on disability, it is nonetheless a marvelous resource on sexuality. Useful for both junior high and senior high levels.


Exercises to look at values. Many could be used in classroom with junior - senior high level.


Includes outline for 18 sessions geared to adolescent level.
Zelman, David B. and Tyser, Kathie M. **EASE Curriculum.** James Stanfield Film Associates, P. O. Box 851, Pasadena, Ca. 91102.

Total package includes curriculum guide, pre and post-tests, teaching picture cards, filmstrip, two instructional cassettes, menstruation and birth control materials kit, and diagnostic pupil profile sheets - $100.00. Curriculum only - $25.00. Curriculum appropriate for senior high and older people who are retarded. Is keyed to Sexuality and the Mentally Handicapped slide series. Curriculum focuses on four areas: biological, sexual behavior, health and relationships.

Zorabian, Tom. **The View From Our Side: Sex and Birth Control for Men,** Emory University Family Planning Program, Publications Department, Box 26069, 80 Butler St., S. E., Atlanta, Ga. 30303.

Humorous 24-page booklet on male and female sexuality, contraception, VD. Appropriate for high school level.

### II. TEACHING AIDS

**Birth Control Kits.** Include speculum, several types of IUD's, several types of condoms, several types of pills (21 and 28), diaphragm, foam. Try your local Planned Parenthood, Family Planning Clinics, and Public Health Department for these.

Blum, Gloria. **Feeling Good Cards.** Order from Feeling Good Associates, 507 Palma Way, Mill Valley, Ca. 94941, $5.00 per deck plus 30¢ for sales tax per deck and 25¢ per deck for postage and handling.

A deck of 80 thought-and feeling-provoking cards. Includes items like "How would you be different if you were perfect?; What would you do if you were a member of the opposite sex for a week? Describe the perfect chair; What's right, what's wrong?" There are no right answers and this game is a terrific way to get groups talking. Appropriate for elementary school through adulthood.

Dolls (realistic with genitals). Order pattern ($6) and make yourself, or order dolls (in any color or ethnicity you wish ($45). Includes adult female, adult male and baby dolls. Sally Rohlicek, P. O. Box 302, Laytonville, Ca. 95454.


Effie Dolls. Order from Mrs. Judith Franing, 4812 48th Avenue, Moline, Il, 61265, $35. Male and female dolls with genitals, 18" high, available in Caucasian or Black. Female doll is pregnant and includes a baby with umbilical cord and placenta. Female doll also has sanitary belt and napkin to demonstrate their use. Dolls also useful for demonstrating various sexual positions,
How to Make a Knitted Uterus for Teaching. Send self-addressed, stamped #10 envelope and 25¢ to Maternity Center Association, 48 East 92nd Street, New York, N.Y. 10028 and you will receive knitting instructions for making the uterus. This uterus beautifully demonstrate the opening of the cervical as in labor and delivery.

Livingston, Victoria, Knapp, Mary and Newell, Susan. Human Sexuality: A Portfolio for the Mentally Retarded, Planned Parenthood of Seattle-King County, 2211 E. Madison, Seattle, Wa. 98112.
Ten separate pictures with suggestions for content and group discussion on the back of each picture. Highly recommended for EMR, TMR adolescent-adult.

Models of Human Genital Anatomy. Beautiful, realistic genital models. 15 different models including vagina, uterus, flaccid penis and erect penis. Can be order painted or unpainted, or with "real" pubic hair. These models are particularly useful for those who are blind or have concept formation problems, but could nicely be used in any sex education class. Write Jim Jackson for price list (range from $30 - $120 for each model) at 16 Laurel St.; Arlington, Ma. 02174 or call him at (617) 648-9283.

Myth Information. Order from Jacki Reubens, 34 Andrew Drive, Tiburon, Ca. 94920. 100 cards with either a truth or a sexual myth on each card. Could be used in a variety of ways with teenagers in the classroom.

Rocky Mountain Planned Parenthood, 2030 E. 20th Ave; Denver, Co. 80205.
They have produced a marvelous series of pamphlets useful for family life education: This is You - describes pelvic exams; So You Don't Want To Be a Sex Object - discusses stereotypical sex roles and values in sexual expression; The Problem With Puberty - physical and emotional changes of puberty. One pamphlet for young women, one for young men; You've Changed the Combination - discusses traditional and changing sex roles; So Your Happily Ever After Isn't - discusses relationships; Choices - explanation of birth control methods - IUD, pill, rhythm, condom, douching, diaphragm, foam, ignoring it, astrological methods, lactation, and abstinence.

The Ungame Co., 1440 State College Blvd., Bldg 2D, Anaheim, Ca. 92806.
We are aware of three games they have currently on the market: The Ungame (ages 5 - 105); Social Security (ages 6 - 106), and Roll a Role (ages 8 - 108). All three are non-competitive games designed to explore feelings. Roll a Role is a great introduction to role playing and one of the roles includes being in a wheelchair.

Understanding Conception and Contraception, Ortho Pharmaceutical Corporation, Raritan, N.J.
Well illustrated, fairly advanced book on the female reproductive system, conception and contraception.
Two family life programs (one in Sacramento, one in Wisconsin) have been reported in the newspapers as using an innovative idea to teach the responsibilities of parenting. Each student was given a raw egg to care for over a period of a week - to be treated as though it were a baby. The eggs were initially marked by the teacher so that substitutions could not be made in the event of an "accident". The only rule for the egg baby was to keep it with you constantly or arrange for a babysitter. The students involved became very aware of the responsibilities of parenting and many decided to postpone childbearing. Has been used with junior and senior high students.

III. AUDIO - VISUAL AIDS

About Sex, approx. 25 minutes, color. Texture Films, 1600 Broadway, New York, NY. 10019.
Skillfully led adolescent group discussion on sex and birth control.

Active Partners, 18 minutes, color. Multi Media Resource Center, 1525 Franklin St., San Francisco, Ca. 94109. Purchase - $275, Rental - $40.
Excellent explicit film of a man with a C-5-6 spinal cord injury and his female partner. Film moves from non-explicit to explicit scenes depicting many sides of their loving relationship. Even has some humor in it!

Discussion/argument between two teenagers about their sexual activity (also a great example of non-productive, non-resolved fight). Beau Bridges discusses the expectation each has for the other, the expectations many young women have for young men, and the expectations many young men have for young men. Would be useful for starting group discussion on values related to sexual activity.

Two audio tapes (one with slang words, one without) which give information about puberty along with specific instructions to the student to tactiley explore his or her body from head to toe. Includes a guide for parents and teachers. Is meant for students 10 - 18 and is the first sign of a positive change in sex education for students who are blind.

A Masturbatory Story. Perennial Education, 15 minutes, color.
A great film which presents masturbation in a sensitive, light, and often humorous tone. It outline's a young man's discovery of masturbation and his subsequent attempts in reconciling how he feels about sexual self pleasure with the confusing and negative messages he has recieved from others. Great for discussion starter.
Are You Ready for Sex? 24 minutes, color. Perennial Education, Inc., 477 Roger Williams P. O. Box 855, Ravinia, Highland Park, IL 60035. Purchase $3.00, rental $30.00.
A film designed for junior and senior high students that explores the difficulties in making decisions about sexual behavior. Through dramatizations and student discussions led by Harvey Caplan, M.D., questions concerning sexual responsibility, interpersonal communications, peer group pressures, sexual maturity, personal values, intercourse, contraceptives, and sexual abstinence are examined. Excellent film.

Artist's Fantasy. 15 min, color. Purchase- $225, rental- $35. Multi Media Center, 1525 Franklin, San Francisco, Ca. 94109.
As drawings of his fantasies are shown a young man with cerebral palsy talks about sex and body image. Much of the film is explicit scenes of his masturbation pattern.

A Three Letter Word for Love. 27 minutes, color. Texture Films, 1600 Broadway, New York, NY 10019.
Inner-city adolescents discussing sex. Includes a play within a play of a young girl persuaded to have sex, and couples' reactions when she becomes pregnant. Terrific for stimulating discussions.

Changes. Produced by UCLA Physically Disabled Students Union. Available from The Stanfield House, P. O. Box 3208, Santa Monica, Ca. 90403. (213) 820-4568.
Color, 27 minutes, $335- purchase; $35- rental.
Film shows disabled people doing many activities just as people. Discusses accessibility, societal attitudes, relationships, employment and advocacy. Would be particularly useful if you have no local role models to import into your classroom.

The Confident Learner: Self-Esteem in Children, 15 minutes, color. Purchase $230.00, rental $40.00 per week. Lawren Productions, P. O. Box 666, Mendocino, Cal. 95460.
The principles for helping children develop self-esteem (based on research done by Stanley Coopermsmith, Ph.D.) are stated while the camera follows relevant scenes in classroom. Relevant for any adult, including parents, who works with children.

Two young teenage men discussing a mutual friend who "is a fag" and whether to include him on a proposed camping trip. One defends him; the other is castigating and uses every stereotype available about gay men to defend his position. Beau Bridges brings up items to think about and discuss at the film's conclusion.
Human Growth III, 20 minutes, color. Purchase $280.00, Rental $28.00. Perennial Education, Inc., 477 Roger Williams, P. O. Box 855, Ravinia, Highland Park, IL 60035.

Good basic information on growth and development (including physical and emotional aspects), reproduction, pregnancy, labor and delivery. Shows a live birth of a child. Has an interesting discussion on choosing whether or not to have children. Ends with a series of questions from teenagers (not answered by the film) which could stimulate much classroom discussion.

Incest: The Victim Nobody Believes, 21 min, color. Motorola Teleprograms, Inc., 4825 N. Scott St., Schiller Park, IL 60176. $350.00

Three women discuss their experiences as victims of childhood incest. Very powerful, moving film.

Like Other People, 37 minutes, color. Perennia Education, Inc., 477 Roger Williams, P. O. Box 855, Ravinia, Highland Park, IL 60035. Rent $37.50, purchase $375.00.

Very sensitive, warm film dealing with sexual, social, and emotional needs of people who are disabled. Follows one couple through their daily lives. Produces tears and laughter. Can be used with high school students, parents, and professionals.

Mimi, 12 minutes, black and white. Billy Budd Films, c/o Transit Media Library, P. O. Box 315, Franklin Lakes, NJ 07417.

An autobiographical account of a young woman with spina bifida, her growing up years and how she lives her life as a young adult. Can have very positive impact on teenagers who are disabled and parents' groups. Excellent film.

On Being Sexual, 22 minutes, color. Stanfield House, 900 Euclid Ave., Box 3208, Santa Monica, Ca. 90403. Rent $40.00, purchase $300.00.

Documentary with parents and professionals discussing sexuality and people who are mentally retarded. Includes Sol Gordon discussing sex with a group of young adults who are retarded. Appropriate for parents and professionals.


Moves from non-explicit family situation to explicit scenes of a spinal cord injured woman and her able-bodied partner.

Our Angry Feelings, 12 minutes, color. Purchase $125.00, Rent $12.50. Perennial Education, Inc., 477 Roger Williams, P. O. Box 855, Ravinia, Highland Park, IL 60035.

Designed for elementary school children. A film showing children experiencing anger and how they deal with it. Explains reasons for anger, the variety of ways people react when they are angry, and gives suggestions for dealing with anger. Excellent discussion - provoking film.
Pregnant Fathers, color, 28 min. Joseph T. Angalone Foundation, P. O. Box 5206, Santa Cruz, Ca. 95063. Price $325, rental $35. Includes themes: fathers need support during pregnancy, fathers have the potential to be nurturers; fathers are important and play a significant role in their infants lives. Shows a father participating in preparatory classes and the impact of the actual birth upon him.

Sex Education for the Hearing Impaired. James Stanfield Film Associates, P. O. Box 1983, Santa Monica, Ca. 90406 (213) 395-7466. A revision of Sexuality and the Mentally Handicapped (See below). These slides have captioned subtitles and emphasize the unique problems and solutions of people with hearing impairments.

Sexuality and the Mentally Handicapped, James Stanfield Film Associates, P. O. Box 1983, Santa Monica, Ca. 90406. Each set $40.00, all seven sets $250.00 rent entire series $50.00 Seven sets of slides and teacher's script/guide on part of the body, male puberty, female puberty, social behavior, human reproduction, fertility regulation and venereal disease, marriage and parenting. Includes a script with discussion suggestions. Appropriate for TMR adolescents. Does include slides of nude people, might be difficult to use those particular slides in a school. Highly recommended.

Veneral Disease, Why Do We Still Have It? Perennial Education, 477 Roger Williams, P. O. Box 855, Ravinia, Highland Park, Il. 60035. Color, 21 minutes, $300 purchase, $30 rent. Junior high, Senior high. Unusual film in that it non-judgementally looks at responsibility and decision making in relationship to V.D. Includes many comments from junior high students and would be a great discussion starter. Highly recommended.
A book in use as a text for professionals who wish to develop, utilize, and implement assertiveness training programs. Contains an extensive professional annotated bibliography.

Excellent, practical, as well as theoretical, guide for people providing sexual information at the levels of education, counseling, or therapy. Has numerous valuable examples of positive responses to sexual concerns. The PLISSIT model is especially helpful.

Solid information and exercises to enhance sexuality. Quite useful for counseling.

A definitive "how-to" book dealing with aggression in a creative and non-destructive fashion. How to confront one's own or another's anger and get beyond the posing of being "nice" that our culture fosters.

Essential reading for anyone using modeling procedures. Covers various modeling techniques and modalities with an explanation of their relative success, based on differing formats.

A collection of papers from a conference on the rights of the retarded. Many papers discussing issues of sexuality of people who are retarded. Also includes papers on innovative programs and workshops.


Best, Gary A. Individuals with Physical Disabilities: An Introduction for Educators. C. V. Mosby Company, St. Louis, Mo., 1978. Particularly good book for those who have not had any experience with children who are disabled. Section one is characteristics of disabilities and disability related services. Section two focuses on learning and educational concerns and includes advocacy and sex-education. Would be a particularly valuable resource for teachers receiving physically disabled children into their "mainstreamed" classes.


Blank, Joani. Good Vibrations: The Complete Woman's Guide to Vibrators, Down There Press, P. O. Box 2086, Burlingame, Ca. 94010. Great little book on choosing and using vibrators. No specific information for women who are disabled, but would be valuable resource in discussing vibrators nonetheless.

Bleck, Eugene E. and Nägel, Donald A. Physically Handicapped Children: A Medical Atlas for Teachers. Medical information (description, causes, prognosis) of 25 different physical disabilities with educational implications included for each. Well written and easy to understand even if you haven't a medical background.


Bower and Bower. Asserting Yourself: A Practical Guide for Change, Addison Wesley, 1976. This very readable guide is in a workbook format suitable for independent use by teenagers and adults, and includes programs for those who wish to initiate and maintain friendships and more intimate relationships.
Still the best social critique of the masculine role in Western Society. Little read or publicized in 1966, it remains today as one of the best essays exploring the dilemmas and contradictions that men are faced with growing up in our society. How these ambiguities affect him socially, sexually and psychologically is the scope of this book.

Buscaglia, Leo. The Disabled and Their Parents: A Counseling Challenge, Charles B. Slack, Inc., 6900 Grove Road, Thorofare, NH. 08086, 1975. An excellent and comprehensive book which considers issues in counseling the disabled, and includes many personal accounts given by persons with disabilities, parents, counselors, and teachers, as well as introductions to various counseling approaches specifically attuned to the needs of the disabled.


Concerns of Parents about Sex Education, Study Guide No. 13, SIECUS, 1971. This guide is intended for professionals, as well as parents who are in the position of responsibility for sex education. It attempts to identify some of the very real dilemmas that parents face when they do attempt to educate their child about sex.


Deacon, Joseph John. Joey: An Unforgettable Story of Human Courage, An incredible autobiography written by a severely disabled man who has been in an institution in England most of his life.


Dickman, Irving R. and Gordon, Sol. Sex Education: The Parents' Role, The Public Affairs Committee, Inc., 1977. This pamphlet discusses the importance of parental guidance in the sex education of their children. It gives suggestions as to how to become an asiable parent. Also says, "It's alright to be uncomfortable with the subject." A good beginning for the concerned parent.
This book is directed to parents of young people who are retarded but certainly would also be very valuable for teachers. Chapters include social-sexual needs, moral-ethical concerns, normalization, aspects of sexual expression, and sterilization and contraception. This is the most sensitive, sensible and humanistic book on sexuality and the retarded that we have reviewed.

Absolutely the best overall book on sexuality currently available. Has chapters on ordinary topics of sexuality (e.g., masturbation, heterosexuality, homosexuality), but also includes cross-cultural aspects, the control of sex, sex therapy, and sexual minorities. Its biggest fault is that there is nothing specific on sex and disability.

A book full of exercises on developing social skills. Though written for adults, many of the activities could be modified to use with your students.

Describes Masters and Johnson's sexual response cycle as it is for those who are able-bodied and for both men and women with spinal cord injuries and provides suggestions for education and individual and group counseling. Excellent resource.

Gendel, Evalyn, S., M.D., Sex Education of the Mentally Retarded in the Home, Kansas State Department of Health, Topeka, Ks. 66612.
A short booklet in support of sex education for the mentally retarded child in the home.

This book includes chapters by outstanding contributors on the effects of the historical and cultural denial of status as sexual beings for minority groups including the adolescents, the aged, blacks, Asian-Americans, homosexuals, women, the poor, the imprisoned, the physically disabled, the mentally disabled, the terminally ill, and the asexual and autoerotic person. Provides a comprehensive perspective which will sensitize the reader to the work that has not yet been done.

Included, not because it has not been read, but because it should be reread from the vantage point of utilizing the author's examples; particularly in the latter half of the book where the author gives specific examples in: group work, acceptance, normalcy, deviance, and the coping with specific disabilities through adaptive techniques.
Guidebook for parents. Includes a chapter on kids with disabilities.

Practical book. Much useful information on adolescent pregnancy, contraception, VD, abortion. Great information on how to communicate with adolescents without turning them off.

A vital training manual in how to make yourself miserable with specific areas of how to intensify negative thinking and anxieties, basic worries about giving and receiving optimum brooding conditions.

This is a handy sourcebook to keep around especially for its alphabetically organized reference materials. Makes reference to persons with physical and mental handicaps.

Good discussion of parental concerns. Based on group therapy for parents of children with disabilities.

A survey of 3,000 women about their feelings about sex. Highly recommended.

Down to earth content on various aspects of sexuality related to special groups of all kinds. Highly recommended.

A summer camp story about handicapped children, the mafia, and a nurse named Nelson written by a young man who worked as a counselor at the camp. Includes his personal reactions to his first experience working with children who are disabled, how the group worked together for more experiences and independence. Funny and heartwrenching both. Would be a good book to share particularly with personnel involved in mainstreaming who have not before known children who are disabled.

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  Directed to the counselor in high school and college settings. Mr. Kelly examines the role of the counselor as a group facilitator for students seeking advice related to sexuality. He delineates specific sex-related topics that might arise.

  Outline of nine training sessions for people wishing to teach sex education to the mentally retarded.

  Good guide for assisting parents in sex education. Includes simple drawings to use with young people.

  Terrific resource guide for developing curricula, and dealing with students' questions and parents' concerns.

  An autobiography by a Vietnam vet who became a paraplegic. A damning indictment of both war and the VA Hospital system.

  A critical look at behavior therapy techniques, how successful they are, and how they are most effectively implemented with individuals and groups. One of the best written "working" books on behavior modification. Has specific individual exercises in progressive desensitization.

  This excellent, though sometimes overly psychoanalytical book contains many exercises for achieving body awareness. Includes some exercises on sensory awareness with disabled individuals and how to develop the awareness of body and mind as an integrated whole.

  Spells the writing of objectives all out; might be useful in developing your curriculum.
Maltz, Maxwell. Psycho-cybernetics, Simon & Schuster, Inc., New York, NY., 1960. One of the first and also most readable books on self image. Dealing with such topic areas as inhibition, conscience, and self forgiveness, the author has evolved a simple set of self improvement exercises designed for the lay person to assist them in framing their self image in a more favorable light. Sample of chapter headings:
1. Discovering the success mechanism within you.
2. Ingredients of the Success-Type personality and how to acquire them.
3. The Failure Mechanism, how to make it work for you instead of against you.
4. How to turn crisis into creative opportunity.
The author draws upon many of his own experiences and those of his patients in his profession as a plastic surgeon.

A family's account of their son's life with hemophilia.

Suggestions and techniques for sexual expression. Very little on women with spinal cord injuries. Good photographs showing positions for people with ostomies and/or paralysis.

Deals with the concept of the skin as a tactile organ very much involved, not alone physically, but also behaviorally, in the growth and development of the organism. Covers wide range of touch concepts from cuddling with infants to massage, breast feeding, and Harlow's touch deprivation work with monkeys. Sensitive and well written.

A book full of exercises on aspects of sexuality. Appropriate for junior and senior high level.

Clear explanation of genetic disease and transmission. Very good to get a beginning knowledge of the very complex field of genetics.

An interview study of 30 people (visually or physically disabled). Primary finding was a need for increased educational and informational services.


The most comprehensive training program of children for parents or teachers. This resource as developed by Dr. Patterson consists of audio cassette tapes as well as two workbooks containing numerous well thought out and imaginative exercises designed to alter behavior in children and to elicit their cooperation. A little expensive but for anyone working with problem children a very worthwhile investment.


This is an effort to help parents with the challenge of raising a retarded child at home. Regular family interactions, which include the disabled son or daughter are stressed.


Follows life-stage development and relates this to sexuality. Uses most recent information available and suggests further inquiry and research areas.


This workers' manual for those concerned with effecting change within the community outlines the framework for and describes activities undertaken in pilot communities.


Though at first appearing quite clinical and stigmatizing, this small guide actually provides good suggestions on ways to facilitate the social growth of disabled clients or students. Is very concrete.


Short book on communication, feelings, making contact with yourself and with others. Many of her techniques could be effectively used in classrooms.


Terrific book on family relationships, some of the games played in families, and how to give up some of the games.

A series of interviews, primarily with parents, on the ways they have found to cope with a disabled, ill, or dying child.


A collection of papers that look at the following areas: socio-sexual development of youth, background information on reproductive physiology and anatomy, possible problems in sexual identity, socio-medical aspects of adolescent behavior, teen-age marriage and counseling methods. Nothing specific on disabled youth but fine resource on adolescence in general.


A small, compact and well written clinical study of four kinds of neurosis: obsessive-compulsive, paranoid, hysterical, and impulsive; and the special characteristics of each. This book details the emotional experience, mode of activity and behavior that characterize these four "classic neuroses". In effect, it depicts a very detailed and descriptive "style". People of all ages are frequently labeled with terms that are little understood and often misleading. Here is an example of people's behavior as a function of their way of being in the world: their "style".


Though their work has been with children who are emotionally disturbed or learning disabled, their philosophy and exercises would be beneficial to all children. Sections of this book include exercises on self-disclosure, strategies for giving meaning to life, love, values, feelings, emotions, touching, and validating. My favorite statement in the book is that everyone needs at least four hugs a day.


More techniques for developing assertiveness.


A mother's account of dealing with the bureaucracy. Produces both tears and laughter.

Task Force on Concerns of Physically Disabled Women. Toward Intimacy: Family Planning and Sexuality Concerns of Physically Disabled Women, Human Sciences Press, 72 5th Ave, New York, NY 10011. $2.50.

Terrific book, first of its kind. 64 page booklet related specifically to women who are disabled. Includes sexual myths and concerns, body-image, relationships, contraception specifically for disabled women, self-esteem, and dealing with health care systems. This booklet is very highly recommended.
Task Force on Concerns of Physically Disabled Women. Within Reach: Providing Family Planning Services to Physically Disabled Women, Human Sciences Press, 72 5th Ave., New York, NY 10011, $2.50. Directed to providers of health care services and addresses accessibility, clinical considerations, and federal regulations affecting health care services.


United Ostomy Association, Inc. Sex, Courtship and the Single Ostomate; Sex, Pregnancy and the Female Ostomate; Sex and the Male Ostomate, 1111 Wilshire Blvd., Los Angeles, CA 90017. Three very useful pamphlets with information on physical, social, and sexual aspects of living with an ostomy. Would be useful information for teachers and parents to read and also could be beneficial for the high school student who has an ostomy.


Valens, E, G. The Other Side of the Mountain, Warner Paperback Library, 1975. A real life account of Jill Kinmont who became a quadriplegic as a result of a skiing accident. Is now a teacher and book recounts her struggles with the bureaucracy in this area. Hardly anything on sex.


Wilder, T. Theophilus North, Avon, 1974. Chapter 10, "Migo". One chapter about the socialization of a man who had both feet amputated at the age of five.


FAMILY LIFE EDUCATION FOR TEACHERS OF THE PHYSICALLY DISABLED

JOURNAL BIBLIOGRAPHY

Selected through an intensive literature search, and chosen as the most appropriate and informative. Copyright pending:
Carla Thornton, 154 Prentiss Street, San Francisco, CA

I. GENERAL INTEREST

A review of the socialization process in able-bodied infants and children and the effect disability has on the process.

Terrific article citing need and rationale for sex education in special education.

Great information, and has implications for all sex education programs, not just those for visually disabled.

Terrific humane discussion. Includes dialogue by adults who are disabled.

A survey of 500 people with ostomies.

Description of special housing in Sweden, France, Netherlands. Makes one aware of what can be done.

A comprehensive rationale for sex education.

One parent's view of the frustration of the health care and education systems. Gives good suggestions for assisting parents in becoming their child's advocate.

Six brief articles on sex and disability. Some specific suggestions on counseling; information on amputation, spinal cord injury, and cardiac problems.

Citing her own personal experience, the author illustrates the role of an advocate.


Delineates rights of the disabled as the right to be informed, the right to be educated, the right to sexual expression, the right to marry, and the right to be parents.


A report on public and professional attitudes toward socio-sexual needs of those who are disabled.


Good discussion of early childhood development as affected by a physical disability.

II. MENTAL RETARDATION


A survey of 206 parents of TMR on their attitudes and their children's behavior.


A hopeful report on the marriages of 12 married couples.


A survey of 15 parents of retarded adolescents. One very interesting finding: parents had more concern with, and showed more readiness to participate in a sex education program with their retarded child than with their "normal" children.


Very humane discussion of issues.


Terrific discussion of myths, societal ignorance, prejudice, and fear.


Good discussion of attitudes surrounding sexuality and those who are mentally retarded.
Rosen and Rosen. Group Therapy as an Instrument to Develop a Concept of Self Worth in the Adolescent and Young Adult Mentally Retarded. Mental Retardation, Oct., 1969, 52-55.

Description of a program to help young people learn to cope with community life.

III. ORTHOPEDICALLY DISABLED


A study (practically the only one available) of two groups of adolescents, one OH and one emotionally disabled - which showed they both wanted and could learn from a sex education course. It also found a deficit in sex knowledge when compared to able-bodied adolescents.


A study of 27 young people with CF. Discusses psychological stresses including distorted body image and denial of sexuality.


The only published study on women with spinal cord injury and their sexuality.


Description of a program, including development, some content and concerns of clients.


A survey of 219 men with spinal cord injuries of at least two years. Found separation and divorce to be lower than that of the general population.


Discusses stress of adolescence specific to disability.


Discussion of a survey of adults with cerebral palsy, and the great need for socio-sexual education.


Discusses concerns about sexual attractiveness, distortions of body image, and fears of sexual functioning.

A review of the literature and suggestions for future research, a great deal of which is needed in areas of sexual response, contraceptive hazards, and gynecological problems.


A study of OH kids aged 5-9. Found two well-defined crises during this age period.


Briefly discusses psychological impact of amputation and encourages discussion of sexuality.

Mowatt, Marian H. Emotional Conflicts of Handicapped Young Adults and their Mothers. The Cerebral Palsy Journal, 1965, 26, 6-8.

A description of group discussions - one for parents, and one for adults with cerebral palsy. Primary concerns were achievement of independence from families, and dealing with sexuality.


Very hopeful outlook on physical, emotional, and sexual aspects of spina bifida.


Discussion of stigma, communication, sex education, institutions, and health services.


A study of eight pregnancies of women with MD. Many difficulties encountered and MD seems to get worse.


A good review of physical aspects and treatment of spina bifida.

IV. VISUALLY DISABLED

A survey of programs offered by public schools, residential schools for the blind, and multi-service agencies.

Humanistic program including use of live human models in Sweden.

Survey of residential facilities. Includes very brief descriptions of courses offered and content.

Interviews with 21 blind adolescents regarding their sexual knowledge and attitudes. Only preliminary findings are reported, but the need for sex education is rather obvious.


Includes content and teaching strategies.


Selvin, Hanan C. Sexuality Among the Visually Handicapped: A Beginning. Revised version of paper delivered at Boston University Medical Center, Boston, MA, April, 1974. Selvin is at State University of New York, Stony Brook.
Discusses repression of sexuality and sex education of visually disabled.

Terrific article!

Brief discussion of sex education class for fourth-sixth graders. Includes outline of content, suggestions for materials, activities.
V. HEARING IMPAIRED

Asserts that definition as a minority group must not deter deaf people
and those working with them from the goal of living comfortably in a
hearing and a deaf world.

Mecham, S. R. and Van Dyke, R. C. Pushing Back the Walls Between Hearing and
Report of a successful program in Canada which integrated hearing impaired
and hearing fifth and sixth graders. The program was academically and
socially beneficial for participants.

Miller. If I Have a Daughter.... The Sex Education Program for Teenagers at
A description of one program, including list of films and transparencies.

Miller. Some Guidelines for Sex Education of the Deaf Child. The Volta
Ambivalent article, but there are a few good suggestions.

Neuhaus, M. Parental Attitudes and the Emotional Adjustment of Deaf Children.
Results of a study of the attitudes of parents of 84 deaf children. No
significant relationship was found between parental attitudes toward
disability and the child's emotional adjustment.

Vernon, McCay. Sociological and Psychological Factors Associated with Hearing
Comprehensive survey of the research on psychological and sociological
conditions of the severely hearing-impaired.
FAMILY LIFE EDUCATION FOR TEACHERS OF THE PHYSICALLY DISABLED

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Copyright pending: Carla Thornton, 154 Prentiss Street, San Francisco, Ca., 1979.

An Exceptional View of Life, the Easter Seal Society. Written and illustrated by handicapped children. Island Heritage Limited, 1736B S. Beretania Street, Honolulu, HI. 96826 (produced in Norfolk Island, Australia). Young people with disabilities (ages 17-22) writing about being disabled and some life experiences they have had. Could be used very effectively in encouraging discussions about disability. For both disabled and able-bodied children.


Barnes, Ellen and Biklen, Doug. You Don't Have to Hear to Cook Pancakes, Human Policy Press, Syracuse, New York, 1978. This is a workbook designed for children to use to explore their feelings about people, including people with disabilities. Activities are of the hands-on type that will allow for good follow-up discussions. This workbook will be beneficial to the mainstreaming process.


Brightman, Alan J. and Storey, Kim Susan. Ginny's Backyard, Human Policy Press, Syracuse, New York, 1978. This story helps the reader to get to know the feelings of a 12 year old girl who happens to be a dwarf. Her feelings, dreams, ideas are very much like other 12 year olds. Good resource for mainstreaming.
Brightman, Alan. Like Me, Little, Brown and Co., Boston, Ma., 1976. $2.95.
A story for preschool and elementary children narrated by a little boy who is retarded. The theme is that everyone has similarities, but some people are just a little slower.

This book talks about what it's like being a kid now, with activities to help children deal with various aspects of childhood. Good resource for children, parents, and teachers. Activities allow the child the opportunity for thinking and decision making.

This booklet is a discussion of sexuality and birth control by young women for young women. This booklet stresses the importance of decision making based on being responsible for one's own sexuality. No information specifically related to disability.

Changes, Changes, Changes, You and Your Body, CHOICE, 1501 Cherry St., Philadelphia, Pa. 19102.
Question and answer booklet relating to sex education from puberty to pregnancy. There is a section titled "What to do if..." and "Where to go".

This book gives fourteen different situations related to friendship. Good to use to initiate discussions with children about their feelings.

Each book explores the feelings in relationships so indicated in the titles. Appropriate for pre-school and early grade school.

Illustrations and story deal with a little boy's love for his grandmother and great grandmother. This book deals with their death in a simple and natural way. This book is a nice way for children to begin to share their feelings about the serious subject of death.

This book is suitable for young teenage women who are struggling to better know and understand themselves. The topics discussed deal with pertinent issues facing young women as they grow up.
Good book for helping children start to get in touch with their feelings. Appropriate for young children.

Gardner-Loylan, Jo Ann; Lopez, Bonnie and Quackenbush, Marcia. Period. My Mama's Press, P. O. Box 2086, Burlingame, Ca., 94010, 1979. $5.00.
Terrific book for preparing girls for having menstrual periods. Relates real women's experiences throughout; includes great information on emotional aspects and best of all, includes girls who are disabled in some of the illustrations.


Includes a chapter on sex and marriage. Good book for parents, professionals and teen-agers with better-than-average intelligence.

Series of cartoon books with basic facts about the topics. Teenagers Love these!

Great book for teen-agers on making decisions to marry and to parent. Teacher's guide has many suggestions for supplementary readings, classroom discussions and activities, and field trips. A whole semester course could easily be developed around these books!

Terrific book for teenagers of average or better intelligence. No focus on disability, but could be very useful in understanding one's own self. Includes all the Gordon comic books.

Gray, Marian and Gray, Roger. How To Take the Worry Out of Being Close: An egg and sperm handbook, P. O. Box 2822, Oakland, Ca., 1971.
Humorous factual book on methods of contraception. Teenagers love this one!
Hackett McGee is a story about a young man who was disabled as a child. On this first day of school in a regular school, Hackett reflects on his accident, his new school. The book deals with his adjustment to regular school. Good resource for junior high aged children. Will serve as a useful aid in mainstreaming.

The Sneely-Mouthed Snerds and the Wonderoctopus, The Human Policy Press, P. O. Box 127, University Station, Syracuse, NY 13210, 1975.

Fantasy story with a moral. In an attempt to get rid of all the more-different snerds, like the old, the slow, the hurt, and the red head; the town same-alike snerds are really creating a climate for the Wonderoctopus to do his very bad things. It is Willie Two Poles who saves the day! Good for children.

More Time To Grow: Explaining Mental Retardation to Children: A Story, Beacon Press, Boston, Ma., 1977. $3.95.

A story to be read to children about mental retardation. Includes also a parent's and teacher's guide with discussion and activity ideas. Good for grade school children. Would be valuable for both siblings and in preparation for mainstreaming.


Very thorough discussion of sexuality. Includes information on sex and the law, sex roles, and entertains healthy far-thinking attitudes throughout. Appropriate for high school age.


Follows three young women through pregnancy and first year of parenthood. Also has insets with information on pregnancy, etc. Appropriate for high school age.


As well as giving factual information about sex, this book attempts to help readers clarify their values relating to sex. May be used individually or in classrooms. It is accompanied by a teacher's manual. There is no specific info, however, pertaining to the disabled.

A children's book about a girl named Tracy who has cerebral palsy. Focuses on her daily life and all the things she can do. Very positive book.

On the changes of puberty. Includes information on menstruation, erections, wet dreams, body changes. Useful from age eight on up.

Basic information on sex, reproductive organs and pregnancy for children four years old and up. I love it because the people in the book are short, dumpy, ordinary people, not Playmate of the month types.

Mayle, Peter.  **Will I Like It?** Corwin Books, 275 Madison Ave, New York, NY 10016. $9.95.   
A great book directed towards teen-agers about the first experience with sexual intercourse. Addresses both physical and emotional aspects and includes information on contraception and V.D. The only questionable information is the suggestion to young men to masturbate before intercourse to retard the rate of coital ejaculation (we have doubts about the value of this maneuver).

Fantastic photographs of fetal growth. Also has information on aspects of pregnancy. Appropriate for junior high, senior high, adults.

A glorious book about the human body with absolutely magnificent photographs.


Palmer, Pat.  **Liking Myself** (for 5-9 years old), and  **The Mouse, the Monster and Me** (for 8-12 years old), Impact Publishers, P. O. Box 1094, San Luis Obispo, Ca.  93406, 1977.  $3.95 each (paper).  
Liking Myself was developed to assist children to learn and appreciate the good things about themselves, their feelings, and their behavior. Would be very effective to use either on a one-to-one or in a classroom. The Mouse, the Monster and Me helps children "develop a sense of personal rights and responsibilities, to become appropriately assertive (as opposed to aggressive) and to gain a greater sense of worth as a person".
Petersen, Palle. Sally Can't See, The John Day Company, New York, 1974. This book describes the life of a 12 year old who is blind. This book will help children to understand what it is like to be blind, as well as to give them a feeling that a blind child is also able to learn and grow and have fun. Good resource to aid in mainstreaming.

Polland, Barbara Kay. Feelings Inside You and Outloud Too, Celestial Arts, 231 Adrian Road, Millbrae, Ca. 94030, 1975. $4.95. A book to assist children in exploring ten feelings: special, frustrated, private, fear, love, pain, good, jealous, close, alone. Appropriate for pre-school and elementary school children.

Polland, Barbara Kay. The Sensible Book, Celestial Arts, 231 Adrian Road, Millbrae, Ca. 94030, 1974. $3.95. A book that encourages children to explore the five senses - sight, sound, touch, taste, smell. Delightful book for pre-school and primary school aged children.


What's Happening, Emory University – Grady Memorial Hospital Family Planning Program, 80 Butler St., S. E., Atlanta, Ca. 30303, 1971.

What's Happening is a magazine aimed at answering questions on sex and sexuality. Very applicable to teenagers. Offers ideas to stimulate group discussion in family life class.


Very good factual book meant for 7-13 year olds.


This book captures through photographs the day to day activity of a 6 year old with a profound hearing loss. Good resource for parents, teachers, and children. Will serve as a useful aid in mainstreaming.


Photographs and simple text capture two weeks in the life of a handicapped boy learning to live successfully with his 3 protheses in a world made for people without handicaps. Good resource for parents of children with handicaps, as well as teachers and children. Good resource to aid in mainstreaming.
FAMILY LIFE EDUCATION FOR TEACHERS OF STUDENTS WITH PHYSICAL DISABILITIES

Magazines and Newspapers related to Physical Disabilities

"Accent on Living," P.O. Box 726, Bloomington, IL 61701. A national magazine published quarterly and dedicated to the handicapped. Features news, features, ideas, etc. (Annual subscription $2.50)

"Caliper," 520 Sutherland Drive, Toronto, Ontario M4G 3V9. A quarterly published by the Canadian Paraplegic Association and featuring articles and news related to the rehabilitation of spinal cord injuries. (Annual subscription $2.00)

"The Independent," Center for Independent Living, 2539 Telegraph Avenue, Berkeley, CA 94704. A quarterly magazine full of great information for people who are physically disabled, deaf, blind. (Subscription $2.00 annually)

"National Hookup," 2635 Tungsten Ct., #3, San Bernardino, CA 92408. Official publication of the Indoor Sports Club, Inc., a world-wide organization for the physically disabled. Club news, feature stories, and articles of general interest. Published monthly. ($1.50 per year)

"Paraplegia News," 935 Coastline Drive, Seal Beach, CA 90740. Published monthly by the Paralyzed Veterans of America. Latest news on medicine, prosthetics, self-help devices, medical research and wheelchair sports. (Free sample issue - annual subscription $4.00)

"Performance," a monthly publication of the President's Committee on Employment of the Handicapped, Washington, DC 20201. Success stories of the handicapped and new developments in rehabilitation. (Free)

"Rehabilitation Gazette," 4502 Maryland Avenue, St. Louis, MO 63108. An international journal and information service for the disabled. Features ideas on self-help devices, education, communications, travel, housing, employment and home life. (Free sample copy upon request)

"The Squeaky Wheel," for information, write the National Paraplegia Foundation, 333 N. Michigan Avenue, Chicago, IL 60601.


"Options," P.O. Box 3579, Downey, CA 90242. Often, the first to print news, with specific information on sexuality and disability. (Free)

"The Exceptional Parent," P.O. Box 641, Penacook, N.H. 03301. $10 per year. Oriented to parents of kids who are disabled but just as useful for other people working with people who are disabled.

"Sexuality and Disability," Human Sciences Press, 72 Fifth Ave., New York, NY 10011. The first journal specifically focusing on sex and disability. (Annual subscription $15.00)
The VD Handbook is a marvelous resource full of information on various types of venereal diseases; however, we feel they could have included more on the prevention of VD.

1. **Abstinence.** Of course this is the most effective way of preventing VD, but is rather impractical for people involved in sexual activity.

2. **Monogamous relationships.** If two people are sexually involved only with each other and did not have a venereal disease before the beginning of their relationship, they certainly will not magically produce one later.

3. **Soap and water.** Washing the genital areas with soap and water before and after sexual activity seems to decrease the incidence of VD. Urinating after sexual activity seems to help prevent VD in men.

4. **Contraceptive foams.** These foams seem also to decrease the incidence of VD.

5. **Condoms.** For genital intercourse, condoms are very effective in preventing VD.

6. **Know your partner.** If your partner has sores or discharge on the genitals, it would be better to suggest a trip to the VD clinic than a trip to bed together.
SUGGESTIONS ON EVALUATING FAMILY LIFE EDUCATION IN THE CLASSROOM
Some Ways to Evaluate the Effectiveness of Your Course

1. Make up a test on information you want the students to learn and give it to them at the beginning of the course and at the end (See samples pages 91, 92, 93).

2. Ask their parents if they've noticed any changes in their children's attitudes about themselves and others and what, if anything, they've said about the course.

3. Ask other teachers involved with the students the same questions you asked the parents.

4. Keep a tabulation on how many times each student speaks positively about themselves during the course of the course.

5. Play a game that allows participants to disclose their thoughts and feelings (i.e., The Un Game*, Feeling Good*) in the beginning of the class and at the end. Notice the difference in comfort, if any, students show in playing the game.

6. Develop a rating scale and open-ended questions for students to evaluate the course. (See sample page 94).

* Both listed in the Eighth Section.
Course Evaluation

1) Circle the evaluation ideas you'd like to do for your class.

2) Add other ones you'd like to try.
Sexual Knowledge Test

The following statements are to be answered by putting a T in the blank if you think the statement is true or an F in the blank if you think the statement is false.

1. The size of a man's penis (cock, prick) is important in satisfying his sexual partner.
2. Wet dreams (nocturnal emissions) are a normal occurrence in boys.
3. Sexual thoughts and fantasies (daydreams) are abnormal.
4. A girl can get pregnant by kissing.
5. The most likely time a girl will get pregnant is two weeks after her menstrual period (monthly bleeding).
6. Girls cannot shower, bathe, or swim when they are having a menstrual period.
7. If a girl takes a birth control pill every time she has sex, she will not get pregnant.
8. Withdrawal (pulling the penis out of the vagina before coming) is a good method of birth control.
9. Women need to have a baby to feel fulfilled.
10. Condoms (rubbers) are not a very good method of birth control.
11. People who are disabled (handicapped) cannot have sex.
12. Douching (washing out the vagina with water or some other liquid) can prevent pregnancy.
13. Masturbation (jacking off, playing with yourself) can cause physical harm.
14. If a girl doesn't have a hymen (cherry), she is not a virgin.
15. Birth control pills can prevent venereal disease.
16. Condoms (rubbers) can prevent venereal disease.
17. Once you have had venereal disease, you can never get it again.
18. People who are disabled cannot have babies.
19. The male determines the sex of the future child.
20. Sexual intercourse (making love, screwing) cannot be accomplished during menstruation.
21. An abortion is safe and simple when performed by an experienced doctor.
22. Girls always know when they have venereal disease.
23. Syphilis chancre is very painful.
24. If venereal disease is not treated, it will go away by itself with no further problems.
25. Syphilis can be passed on by a pregnant woman to her baby before the baby is born.
26. A person infected with venereal disease should always see a doctor and tell him who his/her sex contacts are.
27. When it is time for a baby to be born the muscles of the uterus (womb) contract to force the baby out.
28. At the time of ejaculation (climax, coming), the number of sperm sent into the vagina is 1-10 million.
29. During sexual intercourse girls often climax (come, reach a peak, have an orgasm) just as guys do.
30. A menstrual period is a way to clear the body of old blood.
Acceptable Behaviors Test

Within our culture there are acceptable and unacceptable social-sexual behaviors. How do you rate each of the following? Use A for acceptable, NA for not acceptable.

____ Masturbation is okay when done in private.
____ Masturbation is okay in a public place.
____ People of the same sex kissing.
____ People of the same sex having sexual relations.
____ Having sexual intercourse before marriage.
____ Saying vulgarisms i.e., "fuck you" in public places.
____ Swimming nude at a public beach.
____ Practicing oral-genital sex.
____ Not reporting V.D. and contacts to proper authorities.
____ Self-exploration to discover areas of sensitivity.
____ Reading pornographic literature.
____ Having body contact with friends.
____ Having sexual relations with children.

Name:______________________________

Date:______________________________
Resources Test

Name: ______________________
Date: ______________________

1. If you need birth control, where would you go? ______________________

2. What symptoms might make you think you have gonorrhea? ______________________

3. What symptoms might make you think you have syphilis? ______________________

4. If you thought you had gonorrhea or syphilis, what would you do? ______________________

5. If you decided to have children, but thought your disability might affect a child, who would you talk to? ______________________

6. How would you take care of yourself (or your woman) if you were pregnant? ______________________

7. If you were worried or concerned about something to do with sex, who would you talk to or where would you go for information? ______________________

8. If you were concerned about being fertile, where would you go or who would you talk to in order to get information? ______________________
Advanced Family Life Evaluation

Name: ________________________________

1. The things that I liked the most about this class were: ____________________________________________

2. The things that I liked least about this class were: _____________________________________________

3. Some things I think we should have talked about in class, but did not are: ____________________________

4. Some things we talked about in class but that I think we should have spent more time on are: _______

5. Some things that we talked about in class that I think were a real waste of time are: ___________________

6. I would _____ would not _____ recommend this class to my friends. Why? ____________________________

Please add any other comments or feelings you have about this class.

"END OF DOCUMENT"