EFFECTIVENESS OF INSTRUCTION ABOUT MENTAL-EMOTIONAL
HEALTH ON CHILDREN WITH LEARNING DISABILITIES

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by
Barbara Olson Valastro

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The thesis of Barbara Olson Valastro is approved:

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ABSTRACT

EFFECTIVENESS OF INSTRUCTION ABOUT MENTAL-EMOTIONAL HEALTH ON CHILDREN WITH LEARNING DISABILITIES

by

Barbara Olson Valastro

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Children who are successful achievers in school are more positive and stable than non-successful students, and therefore, better able to handle new life experiences with confidence. Children with a positive self-concept can be equated with children who have good mental health. Schools have a responsibility to children to help them develop good mental health goals, which provides the foundation for a stable and productive adulthood.

The purpose of this study was to assess the changes in one select group of learning disability children's self-perception following a mental-emotional unit of study in health education.

The study population consisted of elementary school children, eighteen boys and two girls, who were placed in an educationally handicapped class for children with learning disabilities.

A unit of study in mental-emotional health was developed for children with learning disabilities in the elementary school.
Preceding the teaching of the mental-emotional unit of study, a pre-test was administered to each individual child enrolled in the specific learning disability class. The unit content was developed by the teachers with the students over a four week period. At the conclusion of the unit on mental-emotional health the post-test was administered.

The study results were not statistically significant at the 0.1 significance level. The results showed a tendency for their self-perception to be moving in a positive direction. The two salient limitations of the study were the lack of a control group and the shortness of the time lapse between pre- and post-test application.
Chapter I

INTRODUCTION

Children with learning disabilities are not a new phenomena to the field of education. These children did not receive educational attention and recognition until 1960. Jeanne McRae McCarthy (44), a noted educator of children with learning disabilities stated: "It is probably safe to say that in 1960 there were no public school classes for exceptional children (those with learning disabilities) except for remedial reading" (32:3).

Since 1960, great progress has been made to assure "help" for these children. The United States Office of Education established the Bureau of Education for Handicapped in 1966, thus providing funds and federal assistance in coordinating efforts to assist handicapped children in their educational pursuits (32:2).

In its first annual report to Congress (1968), the National Advisory Committee for Handicapped Children reported that one to three percent of the school population are children with learning disabilities. These children had not been academically successful in the "normal" school program and consequently were labeled as mentally retarded, emotionally disturbed or underachievers (41:321).

It has not been a simple matter to develop an operational definition for learning disabilities. However, once the criteria were defined, the term itself could then be distinguished from other types
of handicaps. The learning disability category was established under the heading of educationally handicapped (EH) in special education (40:325).

California (1963) was the first state to enact legislation to provide assistance to educationally handicapped children. By 1969, twelve states had enacted legislation establishing a foundation for special programs and educational opportunities (32:7).

Public Law 91-230 was signed on April 13, 1970. Title VI, Part G of Public Law 91-230 contained specific authorization for the Commissioner of Education to provide funds for research, training and model centers for children with specific learning disabilities (32:175). These programs were funded by the Bureau of Education for the Handicapped (32:185).

It was observed that children with a learning disability were uniquely different than "normal" children. Because of their poor academic achievement, these children, after only a few years in school, held very negative perceptions of themselves and their real ability to learn effectively (54:22). They perceived themselves as "dumb" and "retarded" but often used this tactic to escape from having to work in class and hence, conducted themselves in a "dumb" and "retarded" manner. Schubert stated that most children who have reading problems also have problems with mental health (58:161).

Children in the upper elementary grades already had four to six years of reinforced school learning failures. Purkey found that many schools do not provide for individual differences between
students thus, students are faced daily with deprivation and humiliation (54:40).

Lack of special programs in school for children with learning disabilities consequently reinforced the failing condition in the regular classroom setting. This notion was confirmed by Havighurst when he stated, "... the child and youth learns to value or disvalue himself through his experiences of being valued and disvalued by the people with whom he associates" (35:75).

Students who feel negatively about their abilities seldom succeed in school (11:979A). Johnson supported the notion that children who perceive themselves as failures often disregard their handicapping condition (37:49).

The schools have become concerned about children with learning disabilities. Consequently provisions for special assistance are being implemented to aid students in improving their learning abilities. Ringness believed that the schools' concern for improving the child's academic performance may also improve the child's mental health (57:24).

Statement of the Problem

The purpose of this study was to assess the changes in one select group of learning disability children's self-perception following a mental-emotional unit of study in health education.

Sub-Problems. The following tasks are pertinent to the statement of the problem.
1. To locate a survey instrument for pre- and post-testing the self-perception of children with learning disabilities.

2. To develop a mental-emotional health unit in health education which is appropriate for children with learning disabilities from grades one through six.

3. To administer the pre-test survey instrument to children with learning disabilities in a specific learning disability grouping (LDG) class.

4. To teach the mental-emotional health unit to the specific learning disability class.

5. To administer the post-test survey instrument.

6. To assess the effectiveness of the mental-emotional health unit using results of pre- and post-test self-perception survey instrument.

7. To measure the gains or losses in self-perception by scores obtained from the pre- and post-test survey instrument.

Limitations of the Study

The study population was not randomly selected but was selected from one group of children placed in a class for children with learning disabilities in an elementary school in Pacoima, California.

Definition of Significant Terms Used in the Study

In order to ensure uniformity of terminology, the following terms and definitions are utilized throughout this report, as follows:
1. Learning disabilities—Children with specific learning disabilities exhibit a disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written language. These may be manifested in disorders of listening, thinking, talking, reading, writing, spelling, or arithmetic. They do not include learning problems which are due to mental retardation, emotional disturbance or to environmental disadvantage (41:321).

2. Mental health—Mental health consists of being able to function successfully in terms of one's own goals, abilities, and opportunities within the context of one's social and physical environment (57:12).

3. Self-concept—(used synonymously with self-perception) A person's idea of himself; the person's feeling about the way he views himself (48:303).

4. Self-perception—Self-perception is a complex and dynamic system of beliefs which an individual holds true about himself, each belief with a corresponding value (54:7).

5. Self-report—The way an individual describes himself (17:137).
Chapter II

REVIEW OF LITERATURE

This chapter provides an overview of selected research studies pertaining to the self and an adequate personality, self-perception and performance in school, criteria for defining learning disabilities, and mental health as it pertains to school performance.

Studies Relating to Self and the Adequate Personality

Combs described a person with a positive view of self as one who is able to handle adequately the processes of daily living. He goes on to say "Adequate persons have few doubts about their own worth and value and have so large a reservoir of positive regard that negative perceptions are unable to distort the totality" (1:51).

People with a positive view of self are more able to handle living and its many problems. These people are better able to make decisions and use previous data for assistance in decision making. Frinkel-Brunswick demonstrated that adequate people could also function effectively without committing themselves to a decision. They could wait until more information was available (22:253).

Brownfain conducted a study to measure the stability of the self-concept as a dimension of the personality. His study concluded that those with stable self-concepts were better adjusted than those with unstable self-concepts (8:597-606).
Benjamin's study dealt with the self-report of individuals. High school students ranked themselves in intelligence and four other characteristics, and immediately following took an intelligence test. The next day the students received a false report of their ranks on the test and were asked to re-rank themselves and then take an alternate intelligence test. The results demonstrated that individuals tend to react in "... a manner subjectively consistent with one's self-concept" (3:473-80).

Having a positive self-concept, stated Maslow, allows one to be freer, more creative and original in one's life (1:36).

Taylor and Combs found that there was a relationship between the ability to accept threatening statements about one's self and adjustment. Sixth grade students comprised the study population. They were divided into two groups; better-adjusted and poorer-adjusted, on the basis of scores on the California Test of Personality. A list of twenty derogatory statements was administered to each group and the participants were to check those statements they considered to be true of themselves. The results showed that the better-adjusted group checked more statements than the poorer-adjusted group (68:89-91).

How do we go about developing a positive self-concept? Combs felt that "To produce a positive self, it is necessary to provide experiences that teach individuals they are positive people" (1:53).

Cohen supported Combs when he wrote, "The child's self-concept develops early in life as a result of what people in the environment
have said to him or conveyed to him, both verbally and non-verbally" (14:45).

Pringle defined self as "... 'reflected appraisals' which implies, that whether a child develops a constructive or destructive attitude to himself, and subsequently to other people, depends in the first place on his parents' attitude to him" (53:21).

Acceptance is a learned characteristic! If one is unable to accept oneself there will be little capacity to accept others (16:34). Horney supported this notion when she made the following statement: "The person who does not believe himself loveable is unable to love others" (36:79).

Chodorkoff found that the better-adjusted subjects perceived themselves more accurately than poorer-adjusted subjects. They were observed by an unbiased group and the group saw them in much the same way as they perceived themselves. Also, the better-adjusted group was able to more quickly differentiate threatening experiences from neutral experiences, based upon results obtained from the Thematic Apperception Test (12:508-12).

Combs and Soper refer to self-acceptance as "... the ability of the individual to accept into awareness facts about himself with a minimum of defense or distortion" (17:142). Berger developed a study to support and strengthen the relationship that "... acceptance of self is positively related to acceptance of others." Berger's results showed a positive correlation with conclusive evidence (4:778-82). Another study using all male college students demonstrated a positive
correlation between high self-acceptance and high group acceptance (45:624-5).

Studies Relating to Self-Perception and Performance in School

How does the successful student see himself? Semler said "The more positively the child feels about himself and his status as a student, the more he will achieve" (63:63-4).

Farls reported children who were high achievers showed higher self-concepts in general, and higher self-concepts as students than low achieving children (24:1205). In a similar study employing sixth graders, Williams and Cole found significant positive relationships between self-concepts and achievement in both mathematics and reading (72:478-81). Exploring high school and college achievers, Gowan found that achievers are characterized by self-acceptance, self-confidence and a positive view of self (34:91-5).

Purkey reported a profile of a successful student:

He has a relative high opinion of himself and is optimistic about his future performance (57). He has confidence in his general ability (69) and in his ability as a student (7). He needs fewer evaluations from others (21), and he feels that he works hard, is liked by other students and is generally polite and honest (20)" (54:19-20).

In summary Purkey said "... successful students can generally be characterized as having positive self-concepts and tending to excel in feeling of worth as individuals" (54:20).

A poor self-concept has been equated with poor adjustment. Soars and Soars indicated,

... that the self-concept is related to scores on anxiety tests, to adjustment, to effectiveness in groups, to honesty
with self and defensiveness, and achievement in school. A poor self-concept suggests a lack of confidence in facing and mastering the environment and therefore might accompany deficiency in school performance" (67:382).

"A child who doubts his ability to learn in school becomes his own enemy" (55:979). The unsuccessful student sees himself as less adequate and less accepted by others. The underachiever tends to have negative self-concepts (54:20-3).

Shaw reported on the self-concept of bright underachievers. He selected junior and senior high students on the basis of the Primary Mental Abilities Test and their grade point averages. The students responded to the Sarbin Adjective Check List. It was revealed that the male underachievers had more negative feelings about themselves than the male achievers. The female underachievers tended to have ambivalent feelings about themselves (64:193-6).

In 1963, Shaw and Alves substantiated Shaw's study (64). Their findings revealed that male underachievers had more negative self-concepts, self-acceptance and self-acceptance of peers (65:401-3). Combs supported the above study with similar findings. Underachievers see themselves as less adequate and less acceptable to others, and also they find adults and their peers less acceptable (18:620).

Cohen conducted a study to investigate goal-level setting within a level-of-aspiration framework. It was found that goal setting was not related to feelings of adequacy but there was a relationship between goal-setting and self-acceptance. Both very high goal setting and very low goal setting were related to self-rejection. Only individuals who were self acceptable could use low positive goal setting (15:84-6). Sears also found that the insecure
protected themselves by the use of very high or very low goal-level setting behaviors. Stating goals that were closely related to actual achievement were obtained only by the very secure children (61:498-536) (62:311-36).

Mannino's study of school withdrawals showed underachievers who were retained, experienced detrimental social and personal mal-adjustment. Retention did not facilitate academic achievement (43: 146-51).

John E. Peter, Chief of the Division of Child and Adolescent Psychiatry at the University of Arkansas Medical Center, made the statement: "... constant failure in school corrodes their personalities so that they really do become intractable and misbehaving children and later, emotionally disturbed adults" (42:B1). Freidenberg made a similar statement when he said: "The youngster who fails in school, having discovered that he is good at nothing, stands a strong chance of becoming good for nothing" (30:17).

Wellington summarized the characteristics of underachievers: "... low motivation, low seriousness of purpose, low concern for others, low sense of responsibility, and low dominance" (70:23).

The teacher's awareness of a student's perception of himself has implications for improving the student's school performance (55: 979).

The Fountain Valley School District, Fountain Valley, California has initiated a program called Children Without Labels. This project was developed to remove the negative labeling of handicapped children (Educable Mentally Retarded and Educationally Handicapped)
and successfully return these children to regular classrooms. The results of the three-year project showed a doubling in academic performance, increased acceptance as individuals (both by teachers and students) and more positive self-concepts as scored on four affective instruments (27:1-25).

Purkey wrote:

The indications seem to be that success or failure in school significantly influence the ways in which students view themselves. Students who experience repeated success in school are likely to develop positive feelings about their abilities, while those who encounter failure tend to develop negative views of themselves (54:26).

Circirelli in his development of measures for self-concept, attitudes and achievement motivation of primary children held the premise that "... a positive self-concept is essential to effective learning" (13:384).

The above studies have shown that the way by which students perceive themselves as learners is important to the affective learning process. A child with a healthy positive self-concept is able to make "... a realistic appraisal of his strengths and weaknesses and can face life with equanimity and a high degree of confidence" (14:45). Conversely, a child who has been rejected and deprived with a negative self-concept "... will find his learning difficult, slow and often inadequate" (53:56).

Escalona characterized the importance of individual aspirations and accomplishments in the healthy personality when she wrote:

The experience of learning and the perception of the self as one who can learn, generates a sense of the self as an active being, and a sense of the self as the carrier of power and of competence. It also makes available a source of pleasure and
of satisfaction that is not directly dependent upon the quality of inter-personal relationships. Last, not least, each instance of successful learning makes the world more intelligible (23:2).

**Studies Relating to Criteria for Defining Learning Disabilities**

One of the early and most difficult problems facing education in the area of learning disabilities was its lack of definition. Learning disabilities evolved from the field of special education. In special education, categories have been established for each specific learning disorder, e.g., mental retardation, visual impairment and auditory impairment. Many children were identified who did not fit into any of the special education categories. Physically and intellectually these children were normal, yet, they could not speak, read, and/or, write effectively. Hence, within the field of special education, the category of learning disabilities was established (41:322-3).

The Children with Specific Learning Disabilities Act of 1969 includes the official definition of learning disabilities created by the United States Congress as follows:

Children with specific learning disabilities exhibit a disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written language. These may be manifested in disorders of listening, thinking, talking, reading, writing, spelling, or arithmetic. They include conditions which have been referred to as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, developmental aphasia, etc. They do not include learning problems which are due to mental retardation, emotional disturbance or to environmental disadvantage (49:2).

Bateman said children who have specific learning disabilities are those who:
Manifest an educationally significant discrepancy between their estimated intellectual potential and actual level of performance related to basic disorders in the learning processes which may or may not be accompanied by demonstrable central nervous system dysfunction, and which are not secondary to generalized mental retardation, educational or cultural deprivation, serve emotional disturbance, or sensory loss (2:220).

Johnson and Myklebust used the term "psychoneurological learning disabilities" in the following context:

In those having a psychoneurological learning disability, it is the fact of adequate motor ability, average to high intelligence, adequate hearing and vision, and adequate emotional adjustment, together with a deficiency in learning that constitutes the basis for homogeneity (37:9).

Gearheart said there are only three common characteristics of children with learning disabilities:

1. They must have average or above average intelligence,
2. They must have adequate sensory acuity, and
3. They must be achieving considerably less than the composite of their I.Q., age and educational opportunity would predict (32:9-10).

A definition alone does not describe the range of characteristics associated with each child who has a learning disability. There are many other characteristics besides the three mandatory characteristics, mentioned previously. Freeman has offered the following list of signs and symptoms as useful detectors in describing a learning disability child; the child may exhibit one or more of several characteristics:

1. Association: student has difficulty in being able to categorize, conceptualize, or draw conclusions. He may be unable to associate the concept of seven with the word seven or the symbol 7.
2. Awareness: student is unable to keep up, frequently loses his place.
3. **Confusion:** student is easily confused and mixed up, does not seem to know what is going on—spaced out.

4. **Need for constant attention:** student constantly seeks excessive attention from others, especially adults.

5. **Destructiveness:** student tends to destroy or mutilate, especially others or their property.

6. **Directionality:** student shows confusion on right and left, up and down, beside of and in front of, etc.

7. **Distractibility:** student is usually overstimulated by extraneous stimuli and cannot focus attention to the task at hand for any length of time.

8. **Hyperkinesis:** student frequently is in a state of perpetual motion.

9. **Moodiness and emotional lability:** student is happy and cooperative one minute and "all of a sudden" he becomes sullen and aggressive. Low frustration tolerance, easily upset.

10. **Perseveration:** student is unable to shift from one activity to another and repeats the same task over and over; in spelling he may repeat the word moon for each of five different words; in mathematics, he may put the same answer for several different problems.

11. **Short attention span:** student's attention can be held for only a short period of time.

12. **Incoordination:** student trips over himself, is clumsy, runs into things, and prefers to play by himself. Cannot coordinate eye-hand movement so as to catch a ball (29:521).

**Studies Pertinent to the Relationship Between Mental Health and School Performance**

The National Association for Mental Health described some of the characteristics of people with good mental health; comfortable feelings about one's self, feeling right about other people, and being able to meet the demands of life (50:1-5).
Ringness described the mentally healthy person as one who:

1. Is self-acceptant and has reasonably high self-esteem, feels generally adequate, but recognized his own shortcomings and seeks to improve;

2. Has a realistic evaluation of himself and sets his aspirations accordingly;

3. Accepts responsibility for managing his own life and making his own decisions and does not vacillate or lean upon others;

4. Is well-balanced, flexible, and consistent in his attitudes, goals, and ideals;

5. Can withstand stress, tolerate some anxiety, and overcome the effects of trauma and frustration;

6. Can relate well to others and has the good of society at heart;

7. Seeks independence, autonomy, and self-direction and is neither completely conforming nor completely selfish;

8. Attempts to solve his problems, rather than to escape them or to employ defense mechanisms excessively (57:12).

The human personality therefore, is dynamic and forever changing and developing. The healthy personality, as described by Ringness, is involved "... in processes of self-improvement and expansion of horizons, as opposed to the constriction or regression associated with poor mental health" (57:13).

Havighurst referred to the self-concept of a child as one of the indices of his mental health. He said that a positive self-concept includes motivation to grow in one or more socially acceptable dimensions, such as:

1. Social--becoming a competent person in the peer group, the family, the neighborhood, the local community.

2. Mental--developing the knowledge and skills necessary for success in school and in vocation.
3. **Athletic**--developing the skills and the physique to be a successful athlete.

4. **Artistic**--developing the skills and the knowledge that make one a good musician, actor, dancer, writer, painter.

5. **Home-making**--developing the knowledge and skills that make one a good housekeeper, wife or husband, and parent (35:75).

Schools must be sensitive to the children's mental health needs and not ignore emotional and social influences. Costanza said it is impossible to "... separate the learning of facts, from growth and development of the individual's personality" (19:13).

Bruner stated that schools must "... contribute to the social and emotional development of the child if they are to fulfill their function of education for life in a democratic community and for fruitful family life" (10:87).

School psychologists and psychometrists were concerned with preventing learning and behavior problems in youngsters and building strengths through learning. At their Annual Conference (1962) it was concluded that schools must be responsible for preventing learning and behavior problems in children (39:1-57).

Caplan in his presentation before the Conference group stated "The school as the socializing instrument of the community, determines to a considerable extent how the child perceives the world and its problems, and how he goes about dealing with them" (39:13).

Lambert felt the school is the place in which to begin building "... strengths in children that would help them avoid behavior problems" (39:vii).
Shaw and McCuen in their research study on the onset of academic underachievement in bright children, attempted to determine if children are predisposed for success or failure. They found that in male underachievers the predisposition for failure was present before they entered school (66:103-8). It is conclusive that many learning failures do not always originate in the schools, but in unhealthy parent-child relationships before the child begins school.

It is necessary that schools recognize and assist parents to promote successful emotional growth in their children through "... adequate identification, development of healthy self-esteem, and encouragement of free use of energies for learning and other work" (39:43). This can be accomplished through school-parent health education programs.

Gillingham and Stillman stated it so well, when they described the effects of total academic failure on children:

Children who have never failed are wonderful to observe. Their assurance and joy in achievement are even more thrilling than is the happiness of the remedial cases who have failed and are now realizing success. Those who have once failed bear deep in the shadowy places of their thought the lurking fear that some new demand may be made upon them which they cannot meet. They have deeply ingrained in their unconscious minds that most devastating of all lessons--that failure can follow earnest effort (33:21).

Ojemann and Biber both showed that the schools and especially the classroom teachers, play significant roles for the present and future mental health of the children (52:378-97) (5:323-52).

Willgoose supported the findings of the studies stated previously. He concluded that mental health education should begin at an early age and the classroom teacher's influence is most effective...
in the child's community. It is in the early grades where children need to be provided more opportunities to develop positive self-concepts (71:58-9). Mannino supports the same premise, that children must be provided in the early elementary grades, with successful experiences in handling and mastering educational tasks (43:150).

Teachers are trained to be knowledgeable about the psycho-social needs of children, and can work with children in supportive and positive ways. The classroom teacher therefore, has the responsibility to improve upon the mental health of his students. Teachers must be able to modify the school environment in such a way as to prevent the development of negative self-concepts in children (54:42).

Bonney established guidelines for developing positive mental health goals for children. He felt emphasis should be placed on "... ego strengthening, rational control of behavior, development of social interests, personality uniqueness, striving for self-regarding attitudes, the attainment of satisfying interpersonal relationships, and group belongingness" (6:122).

A variety of approaches for teachers, administrators, mental health workers, as well as students, directed as primary prevention in the area of mental health were discussed by Schulman (59). The first program was developed by Ojemann and directed for children. He helped children develop a "causal orientation" toward their social world (51:195-204). This program in preventive mental health allowed the children to better understand their own behavior and then, in turn be able to apply this understanding to others (59:49-50).
The second type of primary prevention was directed towards teachers and administrators. This was accomplished through in-service classes using a problem solving approach (59:50-1).

The third approach for a mental health program included an interdisciplinary team of mental health workers working with the child, along with the teachers, administrators and his parents (59:51).

Bruce supported Ojemann's findings when he found with sixth graders, that if a child understands the causes underlying his own behavior and the behavior of others he will be able to make more effective adjustment. The study also revealed that children involved in the program became more secure and less anxious (9:229-38).

Muuss developed a similar study using fifth and sixth grade children to investigate the relationship between causality and those indices of mental health such as anxiety and insecurity. He concluded that the high causality oriented children responded "... in a direction that might be considered indicative of mental health" (41:128).

Garner found that small group activities resulted in more positive self-image and better classroom behavior of the children involved (31:314-318).

Schulman, et. al., developed a classroom program to improve children's self-concept. The program included eleven short filmstrips to stimulate class discussion and written assignments. The results showed positive changes occurred with the classes who used the Self-Concept Unit. The students' self-concept of ability and self-esteem increased (59:481-6).
Felker conducted a twelve week teacher program in self-concept enhancement on pupil's self-concept, anxiety, and intellectual achievement responsibility. The findings of the program suggested small positive gains in the self-concepts of the study population (25:443-5).

The Joint Commission on Mental Health of Children strongly endorsed the principle that "... sound educational principles contribute to the positive promotion of mental health" (38:378). The schools can no longer separate the growth in cognitive function from growth in the affective domain. Schools have a responsibility to each child "... for nurturing individuality, for the experience that contributes to feelings of worth and self-realization, to the capacity for emotional investment, and to the building of a separate identity" (38:130).

**Summary**

People with positive self-concepts are better able to function in society. They are freer, more creative and original (1:36). Children must be provided experiences that teach them they are positive individuals.

The successful student sees himself as a positive and worthwhile person. He is able to adjust to his school environment and has good feelings about himself. He has a positive self-concept. The opposite is true of the unsuccessful student. His failure corrodes his personality. He sees himself as less adequate and less accepted by others. The underachiever tends to have negative self-concepts (52:20-3).
The student with a learning disability has three common characteristics: 1) average or above intelligence, 2) adequate auditory and visual acuity, and 3) achieving below his actual potential.

The school has a responsibility to the child and society to assist him in developing positive self-concepts by providing successful experiences in handling and mastering educational tasks (43:150). The school must prevent the development of negative self-concepts (54:42).
Chapter III

METHODS

Introduction

This chapter deals with a discussion of the survey instrument, the method by which the study population was obtained, a description of the study population, the method of administering the survey instrument pre-test, the development of the mental-emotional health unit, the teaching of the mental-emotional health unit and the method of administering the survey instrument post-test.

The Survey Instrument

The survey instrument contained fifteen questions pertaining to how children with learning disabilities feel about themselves. The questions, with modifications, were derived from the Stick-Figure Test (Appendix C). The answer sheet came from Project Potential, Interpretive Guide: Self Perception (46) (Appendix E). It consisted of five stick figures graduating in size with the smallest unhappy face given a one rating, the next larger figure a two rating, and so on to the largest smiling face with a five rating. The higher the score the greater indication of a positive self-concept.

Description of the Study Population

The learning disability class in this study is known as a learning disability grouping (LDG) where the student spends
approximately ten hours a week for his academics working with two teachers for the educationally handicapped and one teacher's aide. The child spends the remaining time with his homeroom class.

Twenty children, eighteen boys and two girls, ranging from grades one through six comprised the study population in a selected school. A further breakdown showed one first grader, one second grader, four third graders, three fourth graders, six fifth graders and five sixth graders.

These children were divided into two groups: volatile and passive. The volatile group had ten boys ranging in age from ten to thirteen. The passive group included both girls and boys and ranged in age from six through twelve. Each group shared the morning time equally and alternate afternoons. The two groups never mixed together during a regular school day.

The diagnosis of a child with learning disabilities follows an established procedure. Usually, it begins with a classroom teacher in the regular teaching-learning situation who becomes suspicious of a child not learning in the "normal" ways, and parents who might question the progress of their child.

The classroom teacher refers the child for testing and evaluation to the school counselor. Parental permission must be obtained before any diagnostic testing can be done.

A complete diagnostic work up and evaluation will follow the referral. Because of the established limitations, the child must not have had a loss in visual or auditory acuity, and must score in
the normal to above normal range on a Stanford-Binet or one of the Wechsler Intelligence scales.

If a child has correctable visual and/or auditory acuity loss, has average or above intelligence, has an educational history which does not show abnormal school attendance or cultural disadvantage and still performs below expected norm, he would then be sent to a final screening committee for recommended placement in a special program (32:20-1).

Administration of the Pre-Test

The school counselor administered the pre-test to each child individually during class time. Those not being tested were engaged in normal classtime activities, e.g., reading and math. Each question was read to the child and he responded by pointing to his answer on the answer sheet. The counselor recorded the response, along with any comments made by the child during the testing, on a separate summary form (Appendix F).

Development of the Mental-Emotional Health Unit

The Framework for Health Instruction in California Public Schools was employed initially in developing the unit of study because it contained the appropriate major concepts and objectives (28:11-13). The needs of children in the area of mental health were then evaluated (Appendix B). Thus a workable mental-emotional health unit geared primarily for children with learning disabilities in the elementary school was developed.
Teaching the Mental-Emotional Health Unit

The unit on mental-emotional health was presented over a period of four weeks by the two teachers of the learning disability class. Each morning a block of time was set aside for the unit teaching with each group of learning disability children. Discussion and demonstrations using the flannel board, puppets, chalkboard, outdoor activities and the tape recorder were used to teach the unit's content.

The unit content (Appendix B) contained basic information about developing and maintaining "good" mental-emotional health. Each new concept was introduced very slowly with ample time for reinforcement and review.

Administration of the Post-Test

The same school counselor who administered the pre-test survey instrument returned at the conclusion of the mental-emotional health unit of study and post-tested each child individually. A similar procedure was followed for the post-test as the pre-test. Each question was read to the child and he responded by pointing to his answer on the answer sheet. Each response was recorded by the counselor with any comments made by the child during the testing, on a separate summary form.

Summary

The study population consisted of all the students who were enrolled in the learning disability class. Each student was individually pre-tested prior to the teaching of the mental-emotional
health unit. The two teachers for the learning disability class presented the unit over a period of four weeks. Both discussion and demonstration methods and instructional aids were utilized. At the conclusion of the unit of mental-emotional health, the post-test was administered. The pre- and post-test were both administered by the same school counselor.
Chapter IV

ANALYSIS AND DISCUSSION OF THE DATA

Introduction

This chapter discusses the findings of the effectiveness of a mental-emotional health unit of study used with elementary school children in a learning disability class. The children were assessed with the survey instrument pre-test. The survey instrument post-test was administered at the conclusion of the study unit. The results of the test scores net gains and losses were tabulated and analyzed.

Treatment of the Data

The t-test method of statistical analysis was applied to the pre- and post-test data obtained from the research. These scores were tabulated and appear in Table 1. This approach was selected over the "chi square" method since it is believed to be generally accepted as a more valid and informative statistical technique. The essence of the t-test is to obtain the ratio of the measured mean value difference of two distributions to that of the computed standard error (uncertainty) of the mean summed distribution (56:161-88).

Discussion

Based upon the "t" value obtained, (t = 1.64), the probability of occurrence of the measured mean difference, due to pure chance, is less than 0.1. Conventionally, the results are classified
<table>
<thead>
<tr>
<th>Student Reference</th>
<th>Pre-Test Score</th>
<th>Post-Test Score</th>
<th>Net Gain or Loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>55</td>
<td>67</td>
<td>+12</td>
</tr>
<tr>
<td>2</td>
<td>53</td>
<td>68</td>
<td>+15</td>
</tr>
<tr>
<td>3</td>
<td>61</td>
<td>69</td>
<td>+8</td>
</tr>
<tr>
<td>4</td>
<td>59</td>
<td>63</td>
<td>+4</td>
</tr>
<tr>
<td>5</td>
<td>63</td>
<td>72</td>
<td>+9</td>
</tr>
<tr>
<td>6</td>
<td>66</td>
<td>63</td>
<td>-3</td>
</tr>
<tr>
<td>7</td>
<td>64</td>
<td>63</td>
<td>-1</td>
</tr>
<tr>
<td>8</td>
<td>68</td>
<td>67</td>
<td>-1</td>
</tr>
<tr>
<td>9</td>
<td>63</td>
<td>60</td>
<td>-3</td>
</tr>
<tr>
<td>10</td>
<td>71</td>
<td>69</td>
<td>-2</td>
</tr>
<tr>
<td>11</td>
<td>68</td>
<td>65</td>
<td>-3</td>
</tr>
<tr>
<td>12</td>
<td>67</td>
<td>70</td>
<td>+3</td>
</tr>
<tr>
<td>13</td>
<td>62</td>
<td>69</td>
<td>+7</td>
</tr>
<tr>
<td>14</td>
<td>54</td>
<td>59</td>
<td>+5</td>
</tr>
<tr>
<td>15</td>
<td>68</td>
<td>64</td>
<td>-4</td>
</tr>
<tr>
<td>16</td>
<td>57</td>
<td>49</td>
<td>-8</td>
</tr>
<tr>
<td>17</td>
<td>67</td>
<td>72</td>
<td>+5</td>
</tr>
<tr>
<td>18</td>
<td>61</td>
<td>65</td>
<td>+4</td>
</tr>
<tr>
<td>19</td>
<td>59</td>
<td>66</td>
<td>+7</td>
</tr>
<tr>
<td>20</td>
<td>61</td>
<td>61</td>
<td>-</td>
</tr>
</tbody>
</table>

N = 20
"significant" if the probability of occurrence is less than 0.05 and "very significant" if the probability is less than 0.01. These two probabilities correspond to "t" values of 2.021 and 2.787 respectively for a test condition involving twenty students (38 degrees of freedom).

The analysis of the net gains and/or losses appear in Table 2. The learning disability students showed a 55 percent gain in more positive self-perceptions and a loss of 40 percent showing less positive self-perceptions.

One might suspect from the results that some improvement was generally achieved in the student's self-perception by subjecting the class to the mental-emotional unit of study.

The two salient limitations of the research are the lack of a control group and the limitation of the time lapse between the pre- and post-test application. A control group is highly desirable in a research effort of this nature in order to enhance the discrimination between the results associated with the application of the specific technique under test, and those results due to extraneous and uncontrolled factors. In this instance, a control group was most difficult to obtain. The time lapse between the pre- and post-test sampling was geared to the school calendar and was impossible to extend beyond normal schedule.

Summary

The results of the study of the effectiveness of the mental-emotional health unit with learning disability children's self-perception were not statistically significant at the 0.1 significance
Table 2
ANALYSIS OF THE NET GAINS AND LOSSES FROM PRE- AND POST-TEST SCORES*

<table>
<thead>
<tr>
<th></th>
<th>No. of Students</th>
<th>Sum of Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Gains</td>
<td>11 (.55)</td>
<td>79</td>
</tr>
<tr>
<td>Net Losses</td>
<td>8 (.40)</td>
<td>25</td>
</tr>
<tr>
<td>Unchanged</td>
<td>1 (.05)</td>
<td>-</td>
</tr>
</tbody>
</table>

*Not significant at 0.1 level of confidence

\[ t = 1.64 \]
d.f. 38
level. The results did show that the learning disability children's self-perception had a slight movement toward a positive direction.

The results obtained from this study should be considered with some discretion. Based upon the results obtained, one might consider further research based upon a more rigorous statistical control which would include the use of a control group, and extend the time period between pre- and post-test sampling.
Chapter V

SUMMARY AND CONCLUSIONS

Summary

The purpose of this study was to assess the changes in one select group of learning disability children's self-perception following a mental-emotional health unit. The results of this study were not statistically significant at the 0.1 significance level. It was encouraging to observe that the healthy children's self-perceptions were more positive. This is especially true in light of Flanders' study regarding changes in pupil attitudes throughout the school year. He found that elementary school children tend to decrease in positive personality dimensions and increase in negative personality dimensions toward the end of the school year (26:334-8).

A review of selected research studies revealed that:

1. People with positive self-concepts are better able to function in society (1:36).
2. The successful student can generally be characterized as having positive self-concepts (52:20).
3. The unsuccessful student tends to see himself in a negative light (52:26).
4. Schools have a responsibility to the child and society to assist him in developing positive self-concepts by providing
successful experiences in handling and mastering educational tasks and preventing the development of negative self-concepts (43:150).

**Conclusions**

Based on the analysis of the data in this study the following conclusions were reached:

1. The results of the mental-emotional health unit of study showed that the learning disability children's self-perception had not increased at a statistically significant level but tended to move in a more positive direction.

2. Further research should be based upon a more rigid statistical approach which would include the utilization of a control group.
BIBLIOGRAPHY


27. Fountain Valley School District, Special Education Department. Children Without Labels. E.S.E.A. Title III Project 1232, "Handicapped Children in the Regular Classroom." Fountain Valley, California.


Appendix A

BIBLIOGRAPHY FOR THE PREPARATION OF THE MENTAL-EMOTIONAL HEALTH UNIT


9. "Health Scope and Sequence Chart." Los Angeles City Schools, Division of Instructional Services, no date.


Appendix B

MENTAL-EMOTIONAL HEALTH UNIT

Overview

The mental-emotional health of children is of major importance and concern in the United States today (6:11). The Children's Bureau Report "Health of Children of School Age," suggested that more attention should be given to the mental health of children (9).

Havighurst stated that ". . . we may take the self-concept of a child or youth as an index of his mental health. If he sees himself in a fairly realistic light and thinks well of himself, he is well equipped to grow in a satisfactory way" (7:75).

Our schools can provide a suitable environment for the development of this positive behavior (2). Studies have been conducted which validate the importance of school mental health programs (2, 5, 13, 15). The general consensus was that schools reach all children, childhood seems to be the most favorable time for an action program and teachers are best suited to conduct a mental health program (15:48).

The Committee on Mental Health stated:

Each child brings his varying abilities feelings and understandings to the class situation. The teacher in his important role tries to discover what he can about the emotional adjustment and needs of each pupil in relationship to the school environment, and to respond appropriately. Mental health is learned. Additionally, the child's ability to learn in school will be enhanced if he possesses a high
level of mental and emotional health. The teacher can make a fundamental contribution by reinforcing behavior that contributes to mental health and by ignoring, when appropriate, any moves in the wrong direction (12:9).

Thus the schools and teachers shoulder the responsibility for helping children to develop positive and realistic self-concepts. A child with a positive, realistic self-concept can be equated with having good mental health (5:101).
## Teaching Unit*

**MAJOR CONCEPT--DEVELOPING AND MAINTAINING OPTIMAL MENTAL HEALTH  
INCLUDING UNDERSTANDING ONESELF AND OTHERS**

A. Elementary Grade Level Concepts (K-6)--Making friends and getting along with others make life more satisfying.

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>CONTENT</th>
<th>LEARNING OPPORTUNITIES</th>
</tr>
</thead>
</table>
| 1. The student can suggest ways of making friends | a. When around others be friendly. | The teacher introduces the concept of making friends by telling a flannelboard story about a boy who just moved into a new neighborhood, and how he has not made any friends on his block as yet. The story extends into his first day at his new school. Class reacts to the question: "How could we help this new boy make friends?"
| | b. Look for the positive qualities in the people you see. | |
| | c. Be kind and friendly to newcomers. | The student will be given two puppets and tell the story, "How I Made a New Friend." |

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>CONTENT</th>
<th>LEARNING OPPORTUNITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. The student can state ways to get along with others.</td>
<td>a. Be fair and considerate. b. Be a good winner. c. Be a good loser. d. Be courteous.</td>
<td>The class will describe each one of the content areas; being fair, considerate, courteous, a good winner and a good loser with examples of each.</td>
</tr>
<tr>
<td>3. The student can demonstrate ways to get along well with others in school.</td>
<td>a. Be fair and considerate with others. b. Share and work with peers. c. Be courteous. d. Obey the class and school rules.</td>
<td>The teacher introduces the importance of being considerate and the need for rules. Have the students do whatever they want for a five minute period (they will be stopped from any unsafe or dangerous activities). The class will discuss the importance of being considerate and courteous while working in a safe manner with others. Use their &quot;free experience&quot; to better demonstrate the need for getting along with others in school. After the discussion the students demonstrate their ability to get along by being fair, considerate, courteous and obeying safety rules in a free ten minute period of open time. The students and teacher discuss the difference in behavior during the two periods of time.</td>
</tr>
<tr>
<td>OBJECTIVES</td>
<td>CONTENT</td>
<td>LEARNING OPPORTUNITIES</td>
</tr>
<tr>
<td>------------</td>
<td>---------</td>
<td>------------------------</td>
</tr>
<tr>
<td>4. The student can describe ways to get along well with others at home.</td>
<td>a. Be cheerful and helpful. b. Obey family rules. c. Use good manners. d. Understand and respect feelings of other family members.</td>
<td>Each student will bring to class one picture from any magazine or paper or a drawing depicting a family situation. The student will mount his picture on colored construction paper. The class will describe ways in which the family members in the picture are getting along. If the student chooses a picture showing discord and fighting he can describe ways these could be prevented. If the child does not know he can ask other children to help him. The children will describe ways of getting along at home.</td>
</tr>
<tr>
<td>5. The student can tell how one can gain satisfaction through family and friends.</td>
<td>a. Companionship. b. Security. c. Someone to confide in.</td>
<td>Each student will list on a sheet of paper all the people outside the classroom he came in contact with yesterday either by name or picture. The teacher will make three columns on the chalkboard: Companion Security Confide In. Each child will identify people from his list and tell which column they best fit under and why. Each child will tell how others helped by making his life more satisfying.</td>
</tr>
</tbody>
</table>
B. Elementary Grade Level Concept (K-6)--People are similar in many ways, but each individual is a unique person.

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>CONTENT</th>
<th>LEARNING OPPORTUNITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The student can explain the importance of setting realistic goals within the limits of one's strengths and weaknesses</td>
<td>a. Find out your abilities and what you like.</td>
<td>Each student states his strongest point, that which he is able to do best and that which he likes to do best. These points will be listed on the chalkboard under the headings: WHAT I CAN DO BEST and WHAT I LIKE TO DO BEST. The teacher initiates a discussion &quot;Why is it important to know your good points?&quot; The students will be able to explain the importance of knowing his strengths and weaknesses. The student can use the examples written on the chalkboard to explain how each person is different, and consequently must develop his own goals within his own abilities.</td>
</tr>
<tr>
<td>b. Use strong points whenever possible and let them strengthen weaker ones.</td>
<td>c. Have the courage to be yourself.</td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>d. Be alone sometimes to find out how you think and feel.</td>
<td></td>
</tr>
<tr>
<td>2. The student can describe ways in which individuals are similar.</td>
<td>a. Physical needs (water, air, food, sleep).</td>
<td>Each student will bring ten pictures to class depicting needs of people. The class will share their pictures and then together with the teacher categorize them into either fulfilling physical or emotional needs. Using the pictures as examples, the students describe the physical and emotional similarities between people.</td>
</tr>
<tr>
<td>OBJECTIVES</td>
<td>CONTENT</td>
<td>LEARNING OPPORTUNITIES</td>
</tr>
<tr>
<td>------------</td>
<td>---------</td>
<td>------------------------</td>
</tr>
<tr>
<td>3. The student can give examples of how individuals are unique.</td>
<td>a. Physical size. b. Rate of growth. c. Environmental background. d. Skills and abilities. e. Thoughts and feelings. f. Interests.</td>
<td>The teacher will prepare a cassette tape and a corresponding answer sheet:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Name:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Age:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Height:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Weight:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Where you live--house or apartment?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>How many years have you lived there?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>What school do you attend?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Have you gone to any other school?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>How many?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>What can you do best?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>What would you like to learn to do?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>What do you think about when you are alone?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>On the back of this sheet draw a picture showing how you feel.</td>
</tr>
</tbody>
</table>

The child will listen to each question being read and then write in his answers on the answer sheet. He will stop the machine so he will have all the time he needs to complete each question and restart it when he is ready to move on to the next question. Students give examples of differences among people.
C. Elementary Grade Level Concept (K-6)--Individuals, who have good mental health, exhibit some common characteristics.

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>CONTENT</th>
<th>LEARNING OPPORTUNITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The student can state characteristics of the healthy individual.</td>
<td>a. Positive attitude toward self and others.</td>
<td>Each student will state five examples of personal positive behavior. The teacher will begin with examples of positive behavior by citing five personal experiences since waking up that very morning.</td>
</tr>
<tr>
<td></td>
<td>b. Control of emotions.</td>
<td>The teacher will pose to the students &quot;What are some common characteristics of healthy, happy individuals? The teacher will record on the chalkboard the characteristics of mentally healthy individuals as given by the students. The class with the teacher will carefully cover all eight content areas.</td>
</tr>
<tr>
<td></td>
<td>c. Gets along well with others.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. Makes good use of mental abilities.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e. Responsible for own actions.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>f. Feels good physically.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>g. Able to adjust to demands from daily environment.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>h. Self-confidence in abilities.</td>
<td></td>
</tr>
</tbody>
</table>
D. Elementary Grade Level Concept (K-6)—Individuals are basically worthy and make contributions to society.

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>CONTENT</th>
<th>LEARNING OPPORTUNITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The student can discuss the importance of recognizing and accepting the contributions of others.</td>
<td>a. Encourage contributions from individuals.</td>
<td>The teacher reads the life stories of several famous people, George Washington Carver, Thomas Edison and Helen Keller, to the class. The class discusses the important contributions made by these people. The class responds to the question &quot;How can we recognize and accept the contributions being made today?&quot; The discussion will be summarized by the students, placing emphasis on the worth of individuals.</td>
</tr>
<tr>
<td></td>
<td>c. Help in rehabilitation of individuals.</td>
<td></td>
</tr>
</tbody>
</table>
Appendix C

SURVEY INSTRUMENT QUESTIONS

1. When I'm asked to draw a picture, I feel--.
2. When the teacher asks me to read, I feel--.
3. Arithmetic makes me feel--.
4. When my teacher calls on me to talk in class, I feel--.
5. When I do school work, I feel--.
6. When I play games during P.E., I feel--.
7. When my class listens to music, I feel--.
8. When we are singing, I feel--.
9. Being a boy (girl) makes me feel--.
10. When I'm asked to work with other boys and girls in school, I feel--.
11. When I'm with my friends, I feel--.
12. When I meet someone new, I feel--.
13. When I think about myself, I feel--.
14. When my friends think about me, I think they feel--.
15. When I think about my regular classroom teacher, I feel--.

Source: Fountain Valley
Appendix D

SURVEY INSTRUMENT INSTRUCTIONS

It will help me and others here at school to know how you feel about how well you are doing. In order to know, I am going to show you how to play a game. Here is a page with stick figures (perhaps you know that stick figures are just a simple way of drawing a person). Each row of stick figures goes from little to big (point to each figure from left to right) and from a sad face to a very happy face (point to each face from left to right). Mary knows she does very well in school so she would point to the biggest stick figure with the happiest face (point to the figure on the far right). Carlos knows he is not the best student in class but that he is close, so he would point to the second figure from the right (point to the second figure from the right). Do you understand why Carlos is pointing to this figure (wait for any questions)? Yes, Carlos knows he is not the best student in class but that he is close, so he pointed to this figure (point again to the second figure from the right). Carmen feels that about half of the class are doing work harder than she is and about half are doing work easier than she is, so she would point to the figure in the middle (point to the third figure from the right). Mario knows that he is having a harder time in class than most kids but is doing better than a few, so he would point to the second figure from the left (point to the second figure from the left). Do you understand why Mario is
pointing to this figure (wait for any questions)? Yes, Mario knows that most of the other students are doing better than he is but not all of them, so he pointed to this figure (point again to the second figure from the left). Rosie sometimes doesn't like to think about it, but she is having a very hard time in school and knows that to show where she is, she would point to the littlest figure with the saddest face (point to the figure on the far left). Now, it is your turn to play the game. Listen and follow the directions carefully. Let's begin. Please point to the figure that shows how you feel when you are asked to draw a picture. . . . Now, please point to the figure that shows how you feel when your teacher asks you to read. . . Continue with questions 3 through 15. . . . That is the end of the game. Thank you very much.

Source: Metfessel