CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

MENTAL-EMOTIONAL HEALTH;
A Curriculum Guide.

A graduate project submitted in partial satisfaction of the requirements for the degree of Master of Science in
Health Science
by
Jon H. Ainsworth

January, 1975
The graduate project of Jon H. Ainsworth is approved:

__________________________
Committee Chairman

California State University, Northridge
January, 1975
We come into the world alone.
    We go away the same.
We're meant to spend the interlude between
    in closeness
    Or so we tell ourselves.
But it's a long way from the morning to the evening.

-Rod McKuen
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ABSTRACT

MENTAL-EMOTIONAL HEALTH

A Curriculum Guide

by

Jon H. Ainsworth

Master of Science in Health Science

January, 1975

The health content area of Mental-Emotional Health is one of the most difficult to teach. Partially this may be due to the limited amount of available teacher-oriented information, and partially because of the nature of Mental-Emotional Health as a teachable subject.

Unlike other areas of Health instruction, such as Family Health, Nutrition and Consumer Health, Mental-Emotional Health is a broader area conceptually based primarily on behavioral theory rather than established fact. The theoretical nature of Mental-Emotional Health and lack of factual information help to make this a difficult area to teach about.

The relevance and importance of teaching about Mental-Emotional Health to young people may be supported by:

1. Loosening family ties - caused by working parents,
divorce, parental apathy and juvenile independence.

2. Early social responsibilities reflected by young marriages, need for material possessions and search for independence.

3. Increasing social deviance evidenced by increased crime and violence.

4. Lack of respect or even tolerance for authority as it relates to the family, school and community.

Unfortunately, it appears that many young people are unable to learn positive values and behavior from their family experiences. This leaves the task of values clarification and reinforcement to peers and educators. If education in this area is to be effective the peer associations one has reinforce socially productive behavior; the negative side is evidenced by behavior described by society as potentially unacceptable.

There is little question as to the importance of the family in developing a young person's values and behavior practices. All too often the family must be assisted by the academic process. The teacher who demonstrates as well as teaches positive Mental-Emotional Health practices can greatly complement or even substitute those patterns of behavior traditionally left to parental guidance.

Effective instruction about Mental-Emotional Health in the public schools is becoming increasingly more important, and must be recognized as an academic necessity if our young are to be emotionally equipped to handle the challenges of daily living.
CHAPTER 1
INTRODUCTION

There is an ever increasing number of persons who at some point in their lives encounter a mental or emotional circumstance that requires professional help. Kogan states: "On any given day an estimated two million people are disabled by emotional illness necessitating hospitalization." (11:294)

Suicide, as "a way out" for emotionally disturbed persons is on the increase with a significant percentage of those attempting and completing suicide being under 25 years old. "The current U. S. population under 25 numbers 94 to 95 million, approximately 90,000 of whom are yearly involved in suicidal behavior; either attempts or committed suicides." (10:344) Data from the Simi Valley Police Department reports indicate that there were 73 attempted or successful suicides in the city of Simi Valley, population approximately 75,000, between July of 1973 and June of 1974. (16). During this same period there were only 17 reported deaths from non-criminal causes, e.g. natural causes, drowning and traffic collisions (16).

There are many possible variables that may lead to suicidal behavior in a young person, some of which include: "disorganized families, marital discord between parents, loss or threatened loss of a parent or peer friend." (10:349)
Last year in Ventura County, California, approximately 8,000 persons were seen by County Mental Health personnel only. This figure represents 2 percent of the 1970 population of the County. In the Simi Valley - Thousand Oaks area, 17 percent of those seen were young people between the ages of 15 and 17 years (15).

Recent data appear to indicate improved identification of emotional problems (15). The data support the need for education of young people in the principles of Mental-Emotional Health. There are considerations for including this content area at the 10th grade level, one of which centers around the emerging self. "Every person is, in part, 'his own project,' and makes himself." (2:35)

Values.

According to Kelly, "The body fortunately stops growing after about 20 years. The psychological self, however, continues to grow throughout Life." (2:13) The young person in attempting to establish a workable and acceptable set of values or behavior patterns is continually influenced by various aspects of his physical and social environment. His personality and behavior may be affected both positively and negatively by environmental factors such as family, friends and school. These factors influence greatly one's life experiences, the outcome of which may establish the individual as a productive member of society. "A normal human being is one who functions effectively, has some degree of happiness and achieves something worthwhile to himself within the
rules of the society in which he lives." (6:1) However, if in one's struggle for acceptance and self worth, negative or unacceptable behavior is most often reinforced, values and methods of coping may follow patterns of unacceptability and deviance.

Many people in our society are unable to follow the accepted rules and laws. Suffering from a personality or character disorder, they act as though law and social order did not exist, although paradoxically they know they are doing wrong. These offenders, who include almost all juvenile lawbreakers and many adult criminals, are powerless to stop their antisocial behavior. (6:59)

One's inability to cope may coincide with altered or unacceptable values and may be manifested by drug abuse, confrontations with the police - often resulting in incarceration or suicide.

Each of these possible outcomes from unsuccessful coping may also be thought of as an alternative to unsuccessful problem solving, with the unacceptable behavior being the individual's mode of escape.

The following data offer a vivid indication of the extent of maladjustive behavior in Ventura County and specifically in the Simi Valley area.

1. According to the Ventura County Department of Mental Health for the month of July, 1974, 91 percent of those admitted to Camarillo Mental Hospital were admitted for drug related problems (15).

2. In Simi Valley during the period between July, 1973, and June, 1974, 63 percent of all solved crimes were committed by persons under 18 years old (16).

3. In Simi Valley during the same period, there were 73 confirmed attempted and successful suicides with only 17 deaths of a non-criminal nature, i.e. natural causes, drowning and traffic collisions being reported to the police (16).
4. During the July, 1973 to June, 1974, period there were 326 arrested juvenile runaways (16).

Aside from the variety of different personalities and experiences that the young people must deal with daily, they may now be aware of the basic need for enhancement of self concept. They have realized the "identity crisis" and need to know that they are "okay."

Fortunate are the children who are helped early in Life to find they are okay by repeated exposures to situations in which they can prove, to themselves, their own worth and the worth of others. Unfortunately, the most common position, shared by 'successful' and 'unsuccessful' persons alike, is the 'I'm not okay - you're okay' position (9:51).

Games.

One's sense of "okay-ness" and self worth are greatly influenced by peer approval and acceptance. In the attempt to accomplish or maximize the needs for approval and acceptance the individual may often rely on the playing of games. Berne has defined a game as:

...an ongoing series of complementary ulterior transactions progressing to a well-defined, predictable outcome. Descriptively it is a recurring set of transactions, often repetitious, superficially plausible, with a concealed motivation; or, more colloquially, a series of moves with a snare, or 'gimmick'. (3:48)

The effectiveness with which one plays the games of "life" and attempts to solve his problems is constantly observed and evaluated by the significant members in one's physical and social environment. His "self" is continually being defined and redefined. "The basic or core human drive is self preservation - self preser-
vation or self image may refer to either psychological or physical preservation." (1:365) If the individual is successful in his problem-solving attempts often enough and receives a positive reinforcement from his peers and associates he may, according to Kelly, be on the way to becoming a fully functioning person (2).

The fully functioning person:

1. Thinks well of himself. He looks at himself and likes what he sees well enough so that he can accept it.
2. He thinks well of others. This comes automatically because of the oneness of the self-other relationship.
3. He sees his stake in others. He sees that other people are the stuff out of which he is built.
4. He sees himself as a part of a world in movement—in process of becoming. When one looks outward rather than inward, the idea of change, in self, in others, in things becomes apparent.
5. Accepts the ongoing nature of Life and the dynamics of change and sees the value of mistakes. He knows that he cannot always be right.
6. In seeing the importance of people, he develops and holds human values. Values come about through the Life one lives, which determines what one comes to care about.
7. He knows no other way to live except in keeping with his values. He has no need to continuously shift his behavior to coincide with the kind of people nearest him.
8. Since Life is ever moving and ever becoming, the fully functioning person is cast in a creative role. He sees creation going on all around him and he is part of it (2:18-20).

The attainment of a fully functioning self is a goal, the ultimate in which might be labeled self actualization, defined by Maslow as:

An episode, or a spurt in which the powers of the person come together in a particularly efficient and intensely enjoyable way, and in which he is more integrated and less split, more open for experience, more idiosyncratic, more perfectly expressive or
spontaneous, or fully functioning, more creative, more humorous, more ego-transcending, more independent of his lower needs, etc. He becomes in these episodes more truly himself, more perfectly actualizing his potentialities, closer to the core of his being, more fully human (12:97).

The discussion up to this point has primarily focused on the possible outcomes of poor problem solving and coping techniques. Some alternatives to "normal" or acceptable behavior, such as drug abuse, juvenile delinquency and suicide have been briefly discussed.

**Personality.**

There is little dispute in the literature that heredity and environment are the primary components of personality development. The interrelationship of these two factors is thoroughly discussed by authorities such as Gmur, et al. Their discussion integrates the concept that "all you inherit influences your behavior" with the environmental aspect being discussed in terms of both a physical and social environment (7:18). Mussen regards personality development as "a broad and comprehensive concept covering the organization of an individual's predispositions to behavior and his unique adjustments to his environment." (11:57) He further indicates that personal characteristics or traits such as emotions, motivations, values, goals and ways of perceiving are all aspects of personality structure. To explain his theory of personality development he lists four main areas of influence:

1. Biological properties - genetic endowment, temperament, physical appearance and rate of maturation.
2. Cultural group membership - culturally varied physical environment and social experiences.
3. The individual's personal history of experiences with others. Interpersonal relationships that result in social learning.

4. The situation - stimuli immediately present in the environment. Such as the feelings of the moment, i.e. fatigue, frustration, anxiety, calm and relaxation (13:57,58).

According to Glasser:

Each person is born with a unique inherent capacity to function. The extent to which a person fulfills his capacity is rarely limited to his potential. Very few people, if any ever, develop to the total extent of their ability. But the degree to which they do, as well as the speed and course which they take in this development, is primarily determined by their relationship with their environment (6:43).

As one's physical and social environment changes, his state of emotional well being also changes. This is to say that one's Mental or Emotional Health and associated degrees of wellness are dynamic rather than static. The positive and negative experiences one has creates a continuum with one's emotional state varying with the perceived pleasure or frustration.

Behavior.

There are phrases that describe a positive emotional state. One such phrase is Maslow's "peak experience," which may be thought of as the intrinsic fulfillment that may be derived from an experience. Maslow further defines "peak experience" as:

The parental experience, the mystic, or oceanic, or nature experience, the aesthetic perception, the creative moment, the therapeutic or intellectual insight, the orgasmic experience, certain forms of athletic fulfillment, etc., these and other moments of highest happiness and fulfillment I shall call peak experiences (12:73).

There are many labels associated with abnormal or maladjustive
behavior. Terms such as "neurotic," "psychotic" and "schizophrenic" are often ascribed when one's inability to cope are characterized by some overt form of behavior, e.g. noticeable nervousness, severe and/or prolonged depression, loss of touch with reality, assumed identity of another, often fictitious, person. Glasser attempts to explain the use of technical terminology by saying: "The diagnostic terms of psychiatry are used because they have become a part of the language, although for a clear understanding of abnormal behavior they leave much to be desired." (6:58) According to Menninger, "We label mental diseases the way little girls label their dolls." (8:3)

Because the emphasis on the positive aspect of personality development and Emotional Health, the remainder of this project will be concerned with conceptual framework for developing specific content areas within the context of emotional well-being. At this time it will be useful to develop the principles of Mental-Emotional Health to the educational setting as it pertains to instruction in the classroom.

Statement of the Problem.

This curriculum guide has been developed in order to provide guidelines for teachers in high school in the preparation of instructional materials in connection with concepts of Mental-Emotional Health.
CHAPTER 2
CONCEPTUAL APPROACH TO EDUCATION

There are four principle areas of concern when dealing with an approach to education. These include concepts, objectives, content and learning opportunities.

Concepts.

According to Smith, concepts are summarizers of past experience, mental configurations invented to impose order on an endlessly variable environment and to make responses to events a possibility (14:104-112). A concept is used in an attempt to order and classify specific content that is to be emphasized in the teaching-learning situation. Some educators associate "concept" with big ideas, generalizations or principles (4). The concept will be used to identify the main point or big idea in a specific content area.

Objectives.

The concept is used to identify the main or principle idea in a content area. The behavioral objective is then used to direct student behavior toward the internalization of the concept. The behavioral objective is that which the student is expected to do following the assimilation and synthesis of instructional material. According to Mager, "Educational objectives are statements that:

1. Identify specific content to be covered by the student,
2. Identify specific changes in behavior that are sought
in the student with respect to this content,
3. Guide the selection of learning opportunities that best enable the learner to achieve the desired behavioral outcomes, and
4. Indicate what to evaluate in terms of the health content covered and the behaviors sought in the learner." (4:67)

Behavioral objectives should be precisely stated indicating the specific student skill, overt or covert, to be measured and evaluated. "An objective must be stated so that it points out exactly what specific content is to be covered by the student and the specific behaviors that are sought with respect to this content." (4:55) An example of a behavioral objective might be: Following a discussion of personality development the student is able to list in chronological order the different stages of personality development.

Content.

Concepts and objectives are both dependent upon the content. In this case the broad topic is Mental-Emotional Health. Within this or any other general content area the selection of subtopics must be made. This specific content should be based on and determined by the needs of the individual learner and health problems of the society.

Learning Opportunities.

Having identified the content to be taught and that which the student is supposed to be able to do with that information, the final step is to facilitate the learning experience by providing opportunities for the student to accomplish the instructional or behavioral objective. The learning opportunity may be used
to describe to the teacher or student the activity that is designed to assist in the attainment of the stated objective. "The formation of learning opportunities is based primarily upon instructional objectives or ends students are to attain. Learning opportunities are a means to an end." (4:68)

The learning opportunity may involve both overt and covert behavior on the part of the learner. "The degree to which learning opportunities enhance learning, depend upon many factors such as: Teacher ability, quality of learning opportunity, student maturity level and past experiences and classroom setting." (4:69)

The learning opportunity is an activity or process that may assist the student in accomplishing a specific objective and realizing the concept to which the content has been directed. Learning opportunities might include:

1. A content related film followed by a class discussion emphasizing the key points of the film.
2. Individually assigned reports to be given either orally to the class or handed in.
3. Panel discussions designed to challenge and encourage student participation and beliefs.
4. A field trip to a facility that is indicative of concepts and content being studied, e.g. State Mental Hospital.

In order to achieve maximum instructional effectiveness it is believed that the components of the conceptual approach to education concepts, objectives, concept and learning opportunities be complementary. If they are, it may follow that the student, by participating in a learning opportunity, may attain the specific objective and might better realize the concept to which the objective(s) was related. If the process is complete the end
result will hopefully be the establishment of positive health attitudes and practices.
CHAPTER 3
MENTAL-EMOTIONAL HEALTH GUIDE

Under the general heading of Mental-Emotional Health there are seven subtopics. These are: Historical Perspectives, Personality Development and Behavior, Emotional Maturity, Communication, Crisis Intervention, Values-Clarification and Referral Services. The instructional material will be presented in the following manner: Unit Overview, Subtopic Overview followed by stated Concept(s), Objective(s), outlined Content and Learning Opportunities. Selected resource material, e.g. referral agencies, selected content references, selected audio-visual resources and glossary are included in the appendices.
MENTAL-EMOTIONAL HEALTH

OVERVIEW: Mental-Emotional Health is a major concern in today's complex society. The emphasis in this content area is placed on the promotion and maintenance of good Mental-Emotional Health. Consideration is given to historical perspectives, personality development, emotional maturity, communication, crisis intervention, values clarification and referral services.

I. HISTORICAL PERSPECTIVES

OVERVIEW: Maladjustive behavior has always been a part of society. Through the centuries public attitude toward mental illness has progressed from spiritual possession and witch-craft, treated by imprisonment, to medically recognized emotional disorders, treated by modern medicine.

CONCEPT: Attitudes toward the causes and treatment of emotional disorders have changed through the centuries.

OBJECTIVE: The student will be able to compare and contrast past beliefs and practices regarding the treatment of the "mentally ill" with current beliefs and practices.

SUGGESTED CONTENT OUTLINE

<table>
<thead>
<tr>
<th>1. Definitions of Emotional Health</th>
<th>1. Have students in their own words define Emotional Health, listing characteristics of the &quot;well adjusted person.&quot; Then using class discussion attempt to arrive at a &quot;class&quot; acceptable definition of Emotional Health, identifying those characteristics that seem to exemplify a well adjusted person.</th>
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<tbody>
<tr>
<td>A. Function of the norm</td>
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<td>B. Continuum</td>
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<td>C. Sense of well being</td>
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<td>D. Needs</td>
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<tr>
<td>2. Causes of Maladjustive Behavior</td>
<td>2. Divide the class into small groups. Have each group prepare a short report on a selected topic dealing with some historical aspect of</td>
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<tr>
<td>A. Evil spirits</td>
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<td>B. Demonology</td>
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<tr>
<td>C. Witch-craft</td>
<td></td>
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<tr>
<td>D. Tensions, stress and anxiety</td>
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<tr>
<td>E. Organic disorders</td>
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</tbody>
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(continued)
3. Treatment of Emotional Disorders
   A. Ancient Greece
      1. Religious approach to insanity - physician vs. priest
      2. Mentally ill responsibility of family
      3. Beggars
   B. Exorcism
   C. Death
      1. Malleus Maleficarum, 1489 - The Witches' Hammer
   D. Industrial revolution
      1. Poorhouses - publicly supported institutions
      2. Almshouses - privately owned institutions
      3. Imprisonment
         (a) Jails
         (b) Asylums
   E. Humanistic approach
      1. Philippe Pinel - French physician and reformer, unchaining and humane treatment of the mentally ill
      2. Modern medicine - chemotherapy
      3. Counseling
         (a) Individual
         (b) Group
         (c) Hospitalization

Mental-Emotional Health, e.g. treatment of the mentally ill, witch-craft, changes in treatment facilities for the mentally ill throughout the years, current public attitude regarding rights of the mentally ill. Have representative give summary of groups' report.

3. Have students do independent library research in preparation for class discussion on current use of witch-craft and other non-medical approaches to mental illness. Have students report their findings to the class.
II. PERSONALITY DEVELOPMENT AND BEHAVIOR

OVERVIEW: There are many theories of personality development and behavior. Both may be viewed in terms of stages or needs. All theorists regard both as life-long processes.

CONCEPT: One's Emotional Health is influenced by the inter-relationship of heredity and environment.

OBJECTIVE: The student will be able to discuss the inter-relationship of heredity and environment as factors influencing personality.

OBJECTIVE: The student will be able to list and discuss five basic human needs.

SUGGESTED CONTENT OUTLINE

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<tr>
<th>SUGGESTED CONTENT OUTLINE</th>
<th>SELECTED LEARNING OPPORTUNITIES</th>
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<tbody>
<tr>
<td>1. Components of Personality</td>
<td>1. Have students make two lists of factors they feel influences personality development; one list for biological factors, the other for environmental. Use the results as part of a class discussion on personality development identifying how one's developing personality may be influenced.</td>
</tr>
<tr>
<td>A. Heredity - genetically determined characteristics</td>
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<tr>
<td>B. Environment</td>
<td>2. Have students discuss personality differences in terms of their perception of a &quot;good personality,&quot; explaining what they mean by a phrase such as &quot;I don't like his or her personality.&quot;</td>
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<tr>
<td>1. Physical - home, community</td>
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<td>2. Theory of Personality Development</td>
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<tr>
<td>A. Eric Erikson - Eight Stages</td>
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<tr>
<td>1. Infant - basic trust vs. basic mistrust</td>
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</tbody>
</table>
6. First stage of adulthood - intimacy and distination vs. self-absorption
7. Second stage of adulthood - generativity vs. stagnation
8. Third stage of adulthood - integrity and despair vs. disgust

3. Theory of Behavior, Based on Needs
   A. Abraham Maslow - Hierarchy of Needs
      1. Physiological needs - food, clothing, shelter
      2. Need for safety
      3. Need for love
      4. Need for self-esteem
      5. Need for self-actualization, fulfillment

A. "Meditation on Me", pg. 146
B. "Personality Mirror", pg. 147
III. EMOTIONAL MATURITY

OVERVIEW: One's ability to cope successfully with the problems of living is often a measure of emotional maturity. Unsuccessful coping may lead to unacceptable or maladjustive behavior.

CONCEPT: The emotionally mature person learns to cope with stress and anxiety.

OBJECTIVE: The student is able to describe and explain acceptable problem solving techniques.

OBJECTIVE: The student can identify and discuss situations that may lead to anxiety and unacceptable behavior.

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SUGGESTED CONTENT OUTLINE

<table>
<thead>
<tr>
<th>1. The Emotionally Mature Person:</th>
<th>1. Have students discuss in class ways they solve problems. Relate student ideas to concepts of acceptable behavior.</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Accepts himself</td>
<td>2. Have students list five examples of sources of frustration and anxiety. Use the lists to identify common sources of frustration for all people. Relate student examples to possible ways of resolving the problem. Emphasize the concept of more than one way to effectively solve a problem.</td>
</tr>
<tr>
<td>B. Accepts others</td>
<td>3. Set up a role playing situation characterizing a frustrating or stressful situation, i.e. confrontation between: parent and child, student and teacher, student and peer, or citizen and police. Evaluate the role playing in terms of defense mechanisms and communication.</td>
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<tr>
<td>C. Sees himself and life as processes</td>
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<td>D. Lives fully each moment</td>
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<tr>
<td>E. Is self-directed</td>
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<tr>
<td>F. Is open to experience</td>
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<tr>
<td>2. Dealing with Tensions, Stress and Anxiety.</td>
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<tr>
<td>A. Sources of tension</td>
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<tr>
<td>1. Interpersonal relationships - family, friends, acquaintances</td>
<td></td>
</tr>
<tr>
<td>2. School</td>
<td></td>
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<tr>
<td>3. Responsibilities - financial, work, other obligations</td>
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<tr>
<td>4. Unmet needs</td>
<td></td>
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<tr>
<td>B. Acceptable behavior</td>
<td></td>
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<tr>
<td>1. Concept of normalcy</td>
<td></td>
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<tr>
<td>2. Defense adjustments and mechanisms - within limitations</td>
<td>(continued)</td>
</tr>
</tbody>
</table>
(a) Fantasy - daydreaming
(b) Regression - Childish behavior
(c) Repression - pushing experiences into the subconscious
(d) Rationalization - finding reasons to justify behavior
(e) Projection - blaming others
(f) Identification - hero worship
(g) Compensation - emphasizing desirable traits
(h) Substitution - capitalizing on strengths

C. Unacceptable behavior
1. Excessive use of various adjustment and defense mechanisms
2. Personality disorders - traditional labels, i.e. neurosis, psychoses, character disorders
3. Habits - smoking, nail biting
4. Drug abuse - when everything else fails
5. Violence - lawbreaking, fighting
6. Suicide

D. Possible outcomes of maladjustive behavior
1. Re-appraisal of self
2. Help from family and/or friends
3. Professional help - school, medical personnel, community services
4. Hospitalization
5. Incarceration
6. Death
   (a) Intentional - suicide
   (b) Unintentional - overdose

IV. COMMUNICATION

OVERVIEW: Communication involves the transmission and reception of an idea or message from one person to another. It has verbal and non-verbal forms and is a never ending tool in managing human relationships.

CONCEPT: Part of successful living is being able to communicate effectively with others.

OBJECTIVE: The student will be able to list the three components of effective communication.

OBJECTIVE: The student will be able to differentiate between the cognitive, affective and dynamic levels of communication.

OBJECTIVE: The student will be able to communicate effectively.

SUGGESTED CONTENT OUTLINE

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<thead>
<tr>
<th>SUGGESTED CONTENT OUTLINE</th>
<th>SELECTED LEARNING OPPORTUNITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Components of Communication.</td>
<td>1. Have students make a list of the ways people communicate. Discuss the responses.</td>
</tr>
<tr>
<td>A. Sender</td>
<td></td>
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<tr>
<td>C. Receiver</td>
<td>3. Video tape a student exercise, e.g. planned argument, parent-child discussion on dating, and then allow the principle participants to evaluate their own communication skills.</td>
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<tr>
<td>A. Verbal</td>
<td></td>
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<tr>
<td>1. Talking</td>
<td></td>
</tr>
<tr>
<td>(a) Attitude - excitement, disgust</td>
<td></td>
</tr>
<tr>
<td>(b) Tone - conveys feeling or mood</td>
<td></td>
</tr>
<tr>
<td>2. Noise - crying, screaming, yelling, laughing</td>
<td></td>
</tr>
<tr>
<td>B. Non-Verbal</td>
<td></td>
</tr>
<tr>
<td>1. Written or pictorial expression of an idea or message</td>
<td></td>
</tr>
<tr>
<td>2. Body language</td>
<td></td>
</tr>
<tr>
<td>(a) Facial expressions</td>
<td>(continued)</td>
</tr>
</tbody>
</table>
3. Levels of Communication
   A. Cognitive - factual or informational communication, observations (demonographic)
   B. Affective - feeling level, expression of emotions
   C. Dynamic - underlying, unconscious motivation behind the feelings (hidden message)

4. Effective Communication - Building a Relationship
   A. Listening - content and feelings (active listening)
   B. Leveling - sending clear concise expression of feeling
   C. Learning - always something to be learned from others

V. CRISIS INTERVENTION

OVERVIEW: Most people can deal successfully with the problems of daily living, but occasionally a situation arises that cannot be solved by one's usual methods of problem solving. If the stress situation is of great intensity, it may move the person from an emotionally "hazardous" state to a "crisis" state.

CONCEPT: Helping someone who is emotionally upset is often a matter of listening and caring.

OBJECTIVE: The student will be able to cite examples of situations that may lead to a crisis state.

OBJECTIVE: The student will be able to apply crisis theory to life situations.

SUGGESTED CONTENT OUTLINE

<table>
<thead>
<tr>
<th>1. Crisis Intervention</th>
<th>SELECTED LEARNING OPPORTUNITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Way of helping someone</td>
<td>1. Student role-playing, involving hypothetical situation concerning ways to help a friend who has lost a close friend or relative. Following the exercise, discuss the Crisis Theory in terms of a way to help someone in a similar situation.</td>
</tr>
<tr>
<td>B. Way of being helped</td>
<td>2. Possible reactions of persons in crisis (continued)</td>
</tr>
<tr>
<td>2. History of Crisis Intervention</td>
<td>3. Video-tape a role-playing situation, using a hypothetical crisis oriented problem, e.g. sudden death of a relative, unwanted pregnancy. Have students evaluate the handling of the problem and review communication techniques.</td>
</tr>
<tr>
<td>A. Definitions</td>
<td></td>
</tr>
<tr>
<td>1. Emotionally hazardous situation - sudden change in a person's life that causes him to alter his normal behavior, i.e. relationships with others, (death in family, great personal loss), goals, etc.</td>
<td></td>
</tr>
<tr>
<td>2. Crisis - acute, often prolonged emotional disturbance which results from an emotionally hazardous situation</td>
<td></td>
</tr>
</tbody>
</table>

B. Eric Lindeman

1. Coconut Grove nightclub fire, Boston, 1943 - study of "grief"

2. Possible reactions of persons in crisis (continued)
3. Theory

A. Time limited - 4 to 6 weeks
B. Importance of immediate help
C. Need of person in crisis to let go - open to emotional release
D. Focus on strengths and resources of person in crisis
E. Assist in locating community services - if needed

(a) Somatic distress - loss of appetite, headache, etc.
(b) Preoccupation with image of the deceased with occasional manifestations of personal traits
(c) Guilt
(d) Hostile, over aggressive behavior
(e) Loss of social reality - normal patterns of conduct and behavior
VI. VALUES CLARIFICATION

OVERVIEW: All people have experiences; they grow, learn and change. Out of experiences come general guides to behavior. These guides tend to give direction to life and may be called values. Our values direct our behavior and show what we intend to do with our lives.

CONCEPT: Value systems vary from person to person and affect the individual in a variety of ways.

OBJECTIVE: The student will be able to list and discuss those factors that lead to the establishment of values.

OBJECTIVE: The student will be able to compare and contrast true values and value indicators.

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<thead>
<tr>
<th>SUGGESTED CONTENT OUTLINE</th>
<th>SELECTED LEARNING OPPORTUNITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Origins of Values</td>
<td>1. Have students make a list of things they believe to be values. Discuss student responses.</td>
</tr>
<tr>
<td>A. Example - modeling; examples of desirable behavior</td>
<td></td>
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<tr>
<td>B. Persuading and convincing</td>
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<tr>
<td>C. Limiting choices</td>
<td>2. Have students define the term &quot;value.&quot; Attempt to arrive at an acceptable class definition.</td>
</tr>
<tr>
<td>D. Inspiring - emotional plea</td>
<td></td>
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<tr>
<td>E. Rules and regulations - intended to limit choices</td>
<td></td>
</tr>
<tr>
<td>F. Cultural or religious influences - traditional mores</td>
<td></td>
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<tr>
<td>G. Appeals to conscience - right vs. wrong</td>
<td></td>
</tr>
<tr>
<td>2. Components of Values Clarification</td>
<td>3. Using a situation such as suicide, divide the class into two groups based on &quot;one's right&quot; to take this own life. Have those supporting and those opposing go to opposite sides of the room. Allow the two groups to confront each other regarding their respective points of view. Have a member of each group keep track of key points. Following the exercise, discuss the process that was used and relate the importance of complete &quot;problem&quot; evaluation to decision</td>
</tr>
<tr>
<td>A. Choosing freely - no force or coercion</td>
<td></td>
</tr>
<tr>
<td>B. Choosing from among alternatives - need for more than one choice</td>
<td></td>
</tr>
<tr>
<td>C. Choosing after consideration of consequences of each alternative</td>
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</tr>
</tbody>
</table>

(continued)
D. Prizing and cherishing
E. Affirming - telling others
F. Acting upon choices - live and behave according to values
G. Repeating - specific values present in different situations, establishment of life patterns

3. Value Indicators - Not Real Values
A. Goals or purposes - potential values
B. Aspirations - remote or long range goals
C. Attitudes
D. Interests
E. Feelings
F. Beliefs and convictions
G. Activities - behavior, the supports, attitudes and beliefs
H. Worries and problems - expression of beliefs

making and establishing values.


VII. REFERRAL SERVICES

OVERVIEW: Within any community there are services that can assist and help the emotionally upset individual or family. These services often include assistance for alcohol and drug abuse.

CONCEPT: There are many ways to get help for emotional problems.

OBJECTIVE: The student will be able to list five types of community service organizations.

<table>
<thead>
<tr>
<th>SUGGESTED CONTENT OUTLINE</th>
<th>SELECTED LEARNING OPPORTUNITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Review of Selected Community Resources</td>
<td>1. Invite guest speaker from Ventura County Department of Mental Health to discuss community services.</td>
</tr>
<tr>
<td>A. See Appendix &quot;A&quot;</td>
<td></td>
</tr>
<tr>
<td>2. Have students review and evaluate community published literature. Discuss positive and negative points. If appropriate, have students make recommendations to particular agency.</td>
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</tr>
<tr>
<td>3. Plan a field trip to a Mental Health Institution such as Camarillo State Mental Hospital. Following the field trip, have students summarize, in writing, their experience. Discuss the field trip in terms of past and present methods of treating the mentally ill.</td>
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<tr>
<td>4. Ask students to relate possible community services not currently available that they feel might be valuable.</td>
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</table>
RATIONALE

The need for effective Emotional Health instruction becomes apparent when one observes the current rise in the incidence of detectable emotional disorders. As previously indicated, Dr. Kogan advises that on any given day, an estimated two million people are disabled by emotional illness in this country. He further states that there are a growing number of school-age children in need of profession help (11:294).

It is the school-age segment of our society that is of greatest concern to society. If through effective Mental-Emotional Health education, young people can learn to cope with the frustrations as well as the pleasures of living, their future productivity to both self and society may be greatly enhanced.

Part of this instruction needs to be directed at the negative side of Mental-Emotional Health, the socially unacceptable types of behavior such as drug abuse, violence, suicide and chronic emotional disorders. Those unacceptable forms of behavior are often the result of unmet needs and unsuccessful coping or problem solving.

It is important to illustrate the ways in which a problem or source of frustration can, if not adequately resolved, lead to chronic emotional disorders. If the instructional emphasis is placed on keeping things in perspective and considering the
real cause of a problem rather than just the emotion generated by the problem, the student may learn to evaluate successfully the possible outcomes of unresolved stress. In this way the student may, by analyzing his own behavior, become a part of the evaluative process.

The person who is emotionally mature accepts change, believes in and accepts himself and others, recognizes life as a process and is aware of the needs of others. This curriculum guide is based on such positive Mental-Emotional Health principles with special attention given to the following areas:


2. Personality Development - The ground work for learning to understand one's self with emphasis on the importance and inter-relationship of heredity and environment as components of personality.

3. Emotional Maturity - The maturing and "becoming" individual must learn to deal with frustrations, stress and anxiety. He needs to establish socially acceptable methods of problem solving which will help him recognize and avoid such self destructive behavior as drug abuse and violence.

4. Communication - Success in life is dependent upon getting along with yourself and others. In order to insure that needs are met and goals attained, one has to work with others.
The perception with which a person interacts with another directly affects the outcome. One's knowledge of the methods and importance of effective communication will help enhance one's ability to perceive and succeed.

5. Crisis Intervention - Knowledge of extreme stress and its causes allows one to recognize and often help in a crisis situation. When the most important thing between severe emotional distress and coping is the presence of a caring "significant other," a brief examination of crisis theory and practice is imperative.

6. Values Clarification - Everyone has values but not everyone is able to identify them or recognize their sources. Giving students a chance to discover the sources of values and evaluate their own in terms of specific behavior may initiate a change in behavior. Hopefully any such change would lead to improved health practices.

7. Referral Options - A significant part of attempting to solve any problem is knowing where to find effective help. Having students review community services increases community awareness, offers a source of possible vocational interest and shows the student that many people share similar problems.

This curriculum guide is representative only of a small portion of the available information in the area of Mental-Emotional Health instruction. The included content areas and related concepts, objectives and learning opportunities are a product of the author's observations and experiences in both
academic and community settings. The application of this material, though primarily directed to the educator, is thought to be conceptually relevant to almost anyone. It is based on the individual need for continual emotional growth and the reinforcement of positive Mental-Emotional Health principles.
BIBLIOGRAPHY


15. Ventura County Department of Mental Health, unpublished statistics, 1974.


APPENDIX "A"

REFERRAL AGENCIES

1. Alcoholics Anonymous - Rehabilitation through meetings and other activities with other alcoholics.
   A. 1243 Patricia, Simi Valley (526-9938) (Call between 9:00 a.m. and 11:00 p.m.)
   B. 1201 Commercial, Oxnard (487-4865) (24 hour information center)

2. Alcohol Information and Referral Center - Available 24 hours - provides family counseling - will provide transportation for non-violent persons, seek employment for clients, refer clients to private, government and religious organizations for additional help.
   A. 4220 Los Angeles Avenue, Simi Valley (522-4500) (24 hour number)

3. American Institute of Family Relations - Private agency providing individual, family and group counseling. Fees are based on ability to pay. (Hours - 9:00 a.m. - 10:00 p.m., Monday - Friday; 9:00 a.m. - 3:00 p.m., Saturday).
   A. Call (213) 883-2437

4. Catholic Social Services - A United Fund agency - provides counseling in job, vocational and family difficulties - a small amount of money is available for motel lodging for families and money for gas to person(s) in transit.
   A. 77 First Street, Moorpark (529-0720)

5. Children's Home Society/Social Worker - Will provide lodging and counseling for young expecting mothers. Lodging and counseling for young mothers who want to place their infant for adoption - agency will accept MediCal - will accept mothers who are five or more months pregnant - private agency - hospital service based on ability to pay.
   A. 135 W. Magnolia, Oxnard (486-0090)
6. Channeling Our Parental Energies (C.O.P.E.) - Counseling for parents with serious problems involving abuse to their children - or parents who show a potential for abusing.
   A. Call Marie (486-6274)

7. Drug Abuse Prevention Center - A live-in center for individuals and families who have a substance abuse problem. Counseling is available - fee based on a sliding scale - is not a flop house for one night stands - has a 24 hour Hotline - 648-7777.
   A. 3175 Loma Vista Road, Ventura (647-7777)

8. Debt Counseling, Consumer Credit Counselors - Free counseling sponsored by loan companies and banks will take over person's bills and pay creditors - fee is $2.00 to $10.00.
   A. 2122 Thompson Blvd., Ventura (648-1352)
   B. 945 S. Western Avenue, Los Angeles (213 737-3130)

9. Employment Offices
   A. U. S. Dept. of Labor, 6931 Van Nuys Blvd., Van Nuys (737-3733)
   B. Dept. of Industrial Relations, 3418 Loma Vista Rd., Ventura, Wage and Workman's Compensation (642-2131)
   C. Federal Employment, 675 E. Santa Clara, Ventura.
   D. California State Human Resources, 1960 N. "C" St., Oxnard (485-7985)
   E. Ventura County Employment, 107 S. California St. (648-5131, ext. 2557)
   F. Los Angeles County Employment (625-3611, ext. 65259)
   G. Employment Development Dept., 2159 Tapo, Simi Valley (527-1221)
   H. City of Simi Valley, 3200 Cochran St., Simi Valley (522-1333)

10. Family and Marriage Counseling - Initial interview of any referral will be without charge. Additional interview will be charged on a sliding scale according to income - all interviews will be made by appointment.
    A. 1429 Thousand Oaks Blvd., T. O. (497-1712)

11. Free Clinic (Simi Valley) - Provide services in pregnancy testing, abortion counseling, family planning, drug information, legal counseling, crisis counseling, V. D. counseling and testing, blood pressure test, vision test for 2 to 5 year olds. Medical nights: Tues. & Thurs. 6-10 p.m. Hours: Monday, Tuesday, Thursday, Friday: 6-10 p.m.
12. Job Corps - Males and Females (16 - 21 years) - Federal center where boys and girls can continue their education and begin vocational training - cannot be affluent.

B. Males: contact Mrs. McCarty (485-7985, ext. 275) Human Resources Development.

13. Legal Aid - Provide assistance in evictions, civil suits, answer legal questions - fee based on income - appointment needed.

A. 1464 Los Angeles Avenue, Simi Valley (522-0165) Monday - Friday, 9:30 a.m. - 1:30 p.m.; Saturday, 9:00 a.m. - 5:00 p.m.

14. Los Angeles Regional Family Planning Council - Information on birth control for both males and females - non-profit agency - will accept MediCal.

A. 1636 W. 8th Street, Los Angeles (213 386-5614)
B. 24 hour number - (213 383-6919)

15. Methodist Service Center - Agency can help with gas, food clothing and small amounts of cash - will attempt to provide shelter.

A. 1979 Church Street, Simi Valley (526-6231)

16. Norman & Cooper Manor/12 Step House - A-class hospital - 24 hours a day - detoxification - includes family counseling - will accept person with or without a police report.

A. 2130 N. Ventura Road, Oxnard (485-8853)

17. Project Interface - A drug abuse prevention project providing counseling in drug abuse and family counseling - will assist in providing a home for minors in conflict - will provide transportation in some cases.

A. Contact Hotline: (520-2255) Simi Valley (492-2447) Thousand Oaks

Contact Ken McKee (522-1175) Simi Police Dept.
Ron Helquist (522-1333) City Hall - Simi Valley
Mary Dutton (522-1333) City Hall - Simi Valley
18. **Salvation Army Service (Volunteer Service)** - Provides food, clothing, furniture for individuals and families - can provide lodging if funds are available - works closely with Care and Share.

A. Dr. Lipman, 1725 Deodora, Simi Valley (526-0200)
B. Ester Chambers, Welfare Director (526-1003)
C. Robert Worthington, Bank of A. Levy Treasurer (526-4261)
D. Salvation Army also provides an information booth at Larwin Community Center each day from 2:00 - 6:00 p.m.

19. **County Services** - (2003 Royal Avenue, Simi Valley)

A. Medical Care Clinic - Cooperative services of Ventura County Health Dept. and General Hospital provides help for sick children and adults who cannot go to a private doctor. Fee based on ability to pay. (527-6430, ext. 1365).

B. Mental Health Clinic
   1. Day Treatment Center
   2. Psychological evaluation
   3. Marriage Counseling
   4. Job Counseling
   5. Family Counseling
   6. Group Therapy
   7. Crisis Team
   8. Debt Counseling

C. Welfare Dept. (527-6430, ext. 20)
   1. Aid to totally disabled - including mental and alcoholism disabilities
   2. Aid to families with dependents deprived of one parent's care
   3. Aid to blind
   4. Medical Aid in meetings or preventing great medical bills

D. Crisis Unit, 1459 Thousand Oaks Blvd., T. O. (495-0433)
   1. Counsel on attempt suicides
   2. Will become involved in 5150 WIC
   3. Will provide transportation in some cases

E. A crisis unit is in the Simi/Thousand Oaks area between 8:00 a.m. - 10:00 p.m., Monday through Thursday and on Friday at 8:00 a.m. - 8:00 p.m. and in Ventura (648-6181) at other hours.
APPENDIX "D"

SELECTED CONTENT REFERENCES

HISTORICAL PERSPECTIVES.


PERSONALITY DEVELOPMENT AND BEHAVIOR.


EMOTIONAL MATURITY.


COMMUNICATION.


CRISIS INTERVENTION.

1. Farberow, Norman L., Bibliography on Suicide and Suicide Prevention, National Institute of Mental Health, Rockville, Maryland, 1972.


VALUES CLARIFICATION.


APPENDIX "C"

SELECTED FILM RESOURCES

1. National Association for Mental Health (N.A.M.H.)
P. O. Box 7316
Alexandria, Virginia 22307
(Film list available)

A. "Oh! Woodstock!"
B. "What Man Shall Live and Not See Death"
C. "Alcoholism: A Model of Drug Dependency"
D. "It's Always Right to be Right"
E. "Emotional Development"
F. "Depression: A Study in Abnormal Behavior"
G. "Abnormal Behavior"
H. "Depression"

2. Guidance Associates
757 Third Avenue
New York, New York 10017
(Film list available)

A. "The Adolescent Experience" - a set of six film strips:
   1. "Interpersonal Relationships"
   2. "Shaping Identity"
   3. "Forming Beliefs"
   4. "Understanding Emotions"
   5. "Setting Goals"
   6. "Developing Values"
B. "Adolescent Conflicts" - set of five film strips:
   1. "Dealing with Anger"
   2. "Seeking Independence"
   3. "Dealing with Group Pressure"
   4. "Coping with Competition"
   5. "Coping with Jealousy"
C. "Who Can Help You" (Film strip)
D. "Dare to be Different" (Film strip)

3. Ventura County Schools, Film Department
120 E. Santa Clara Drive
Ventura, California 93003
(Catalog available)

A. "Cry. Help"
4. Society and Mankind, A Service of the Center for Humanities, Inc.,
2 Holland Avenue
White Plains, New York 10603
(Slides and cassettes, catalog available)

A. "Clarifying Your Values: Guidelines for Living"
B. "Human Relationships: Why They Succeed or Fail"
C. "Coping with Life: Role of Self Control"
D. "Coping with Life: Frustration and Disappointment"
E. "Personal Communication: Gestures, Expressions and Body English."
GLOSSARY

anxiety: General ego reaction, occurring in all people. Described as fear, discomfort, uneasiness, guilt, apprehension or remorse. If severe, it is usually accompanied by a variety of uncomfortable physical feelings typified by muscular tension, gastro-intestinal distress, headache and excessive perspiring (6:22).

alms-house: Late eighteenth century poorhouse where mentally disturbed persons were often placed.

crisis: Acute, often prolonged emotional disturbance which results from an emotionally upsetting situation.

drug abuse: According to the World Health Organization, "Persistent or sporadic excessive drug use inconsistent with or unrelated to acceptable medical practice." (11:glossary)

drug: Any chemical substance that is foreign to the body and is intentionally introduced to affect body function (11:glossary).

drug dependence: A state of dependence, physical, psychological or both - on a drug, arising from ingestion of that drug on a continuous and periodic basis (11).

defense mechanism: Adjustment mechanisms, safety valves that help deal with tensions. They help the individual make temporary adjustments to situations that might threaten his or her security. (Fantasy, regression, repression, rationalization, projection, identification, compensation, substitution) (7:25).

ego: The total mental functioning of the person. Included are intellectual functioning and each individual's unique pattern of reacting call his "personality" or character (6:9).

ego-identity: A term used by Erickson and other psychologists to describe the sense of self-identity that develops as a result of continuous interaction with the environment (11:glossary).

emotion: Strong feeling.

environment: Surroundings, area in which one lives.

emotionally hazardous situation: Sudden change in a person's life that causes him to alter his normal behavior.
heredity: The transmission of physical and emotional traits and characteristics from parents to offspring (11: glossary).

mental hygiene: The broad application of accepted psychiatric principles to a community in order to help more people develop effective egos (6:187).

needs (basic): Unchanging throughout life, physiological, i.e. food, air, water, shelter and psychological, i.e. love, social, achievement.

normal human being: One who functions effectively, has some degree of happiness and achieves something worthwhile to himself within the rules of the society in which he lives (6:1).

neurosis: An emotional disorder that variously interferes with an individual's ability to effectively deal with reality. It is marked by anxiety and impairment of function in some areas of the individual's life (11: glossary).

paranoia: A chronic, slowly progressing serious emotional disturbance marked by the development of suspicions into systematized delusions of persecution (or grandeur) which are built up in an apparently logical form (11: glossary).

personality: Product of the interaction of heredity and environment.

psychosis: Severe emotional disorder, especially a deep, far reaching and long-term behavior disturbance manifested, in part, by withdrawal from reality (11: glossary).

psychosomatic: Physical symptoms of an emotional origin (11: glossary).

psychotherapy: Treatment of emotional disorders by psychological methods such as suggestion, persuasion, reassurance, re-education, group therapy, hypnosis and psychoanalysis (11: glossary).

poor-house: Publicly supported institution for the poor and often the emotionally ill; similar to an alms-house.

stress: Prolonged unresolved tensions.

tension: Result of an emotionally upsetting situation or anticipated problem.

suicide: The taking of one's own life.

values: General guides to behavior that give direction to life; the product of experience.
psychology: Science of dealing with the mind and with mental and emotional processes.

psychiatrist: Medical doctor who has specialized in psychology; the treatment and prevention of mental-emotional disorders.

sociology: The behavioral or social science dealing with group life and social organization in a society.

communication: Exchange of ideas or information; composed of sender, message and receiver.

body language: Behavior patterns of non-verbal communication exemplified by physiological changes.
The pre-unit survey may be used as an indicator of student knowledge, attitudes and interest regarding Mental-Emotional Health.

A. Part I - designed to indicate student knowledge
B. Part II - included as an attitude and feeling indicator.
C. Part III - opportunity for students to express interest that may be incorporated into the curriculum.
D. Part II may be used as a discussion oriented learning opportunity in the Values Clarification portion of the content.

(Tests to follow)
PRE - POST UNIT SURVEY

PART I.

True - False: Place a "T" in the blank if you feel the statement is true or an "F" in the blank if you think it is false.

1. _____ During the middle ages, mental illness was often felt to be caused by evil spirits. (T)
2. _____ Demonology is the study of witchcraft and possession. (T)
3. _____ It is not normal to feel depressed once in a while. (F)
4. _____ Severely emotionally disturbed persons were often imprisoned in asylums. (T)
5. _____ A "poorhouse" was a place for emotionally disturbed persons. (T)
6. _____ There are no medically successful methods of treating severe emotional illness. (F)
7. _____ You can usually tell by just looking at someone if he is mentally ill. (F)
8. _____ Exorcism is a commonly used and medically acceptable way of treating mental illness. (F)
9. _____ It is abnormal to ever think about dying. (F)
10. _____ Heredity has little effect upon personality development. (F)
11. _____ Your environment helps determine your personality. (T)
12. _____ Behavior is determined by personal needs. (T)
13. _____ One of man's basic needs is the need for love. (T)
14. _____ The emotionally mature person accepts himself and others. (T)
15. _____ A person always creates his own tensions. (F)
16. _____ If tensions are not successfully resolved they may lead to anxiety. (T)
17. ______ To daydream is abnormal. (F)
18. ______ People often "drink" in an attempt to solve their problems. (T)
19. ______ Smoking always helps relax tensions (F)
20. ______ People who get in trouble with the law are often emotionally disturbed. (T)
21. ______ Sometimes people who break a rule or law want to get caught. (T)
22. ______ Young people often "smoke grass" in an attempt to avoid solving a problem. (T)
23. ______ There's nothing wrong with taking one's own life. (F)
24. ______ Behavior, such as drug abuse, that does not affect anyone else is okay. (F)
25. ______ Suicide is the fifth leading cause of death among people between the ages of 15 and 24 years. (T)
26. ______ Talking and writing are the only ways people communicate. (F)
27. ______ During a conversation or argument, a person's body movements may tell a different story than the words he uses. (T)
28. ______ People hear what they want to hear, often missing the real point. (T)
29. ______ It's easy to listen to someone. (F)
30. ______ A crisis is an extremely emotionally upsetting situation. (T)
31. ______ When a close friend or relative suddenly becomes very upset, there is little anyone, except a doctor, can do to help. (F)
32. ______ Everyone has values. (T)
33. ______ One's cultural background has little effect upon his values. (F)
34. _____ Feeling guilty about doing something wrong doesn't have anything to do with values. (F)

35. _____ There are hardly any places in Simi Valley to get free help for personal problems. (F)

PART II.

Using the key:

A. Strongly agree
B. Agree
C. Disagree
D. Strongly disagree

Place in the blank, the letter of the word or phrase that most accurately describes how you feel about the statement:

1. _____ Jeers humiliate me even when I know I am right.
2. _____ I worry about situations where I am being tested.
3. _____ The best way to teach a child right from wrong is to spank him when he is wrong.
4. _____ I must learn to "keep my head" when things go wrong.
5. _____ I think I am getting a fair deal in life.
6. _____ I worry about eternity.
7. _____ I am happiest when I am sitting around doing little or nothing.
8. _____ I prefer to be independent of others in making decisions.
9. _____ If a person is ill-tempered and moody, he will probably never change.
10. _____ I get very upset when I hear of people (not close relatives or close friends) who are very ill.
11. _____ Crime never pays.
12. _____ My family and close friends do not take enough time to become acquainted with my problems.
13. _____ People who do not achieve competency in at least one area are worthless.
14. _____ We are justified in refusing to forgive our enemies.
15. _____ I frequently feel unhappy with my appearance.
16. _____ I feel that life has a great deal more happiness than trouble.
17. I worry over possible misfortunes.
18. I often spend more time in trying to think of ways of getting out of something than it would take me to do it.
19. I tend to look to others for the kind of behavior they approve as right and wrong.
20. Some people are dull and unimaginative because of defective training as a child.
21. Helping others is the very basis of life.
22. School promotions should be for intellectual merit alone.
23. It is very important to me when I do a good job to be praised.
24. I find it difficult to take criticism without feeling hurt.
25. It is terribly upsetting the way some students seem to be constantly protesting about one thing or another.
26. It is impossible at any given time to change one's emotions.
27. I tend to worry about possible accidents and disasters.
28. I need to learn how to keep from being too assertive or too bold.
29. To cooperate with others is better than doing what you feel should be done.
30. Sympathy is the most beautiful emotion of man.
31. People who criticize the government are either ignorant or foolish.
32. I wish that more affection were shown by members of my family.
33. When a person is no longer interested in doing his best, he is done for.
34. My school and/or my neighborhood provide adequate opportunity for me to meet and make friends.
35. I can walk past a grave yard alone at night without feeling uneasy.
36. I avoid inviting others to my home because it is not as nice as theirs.
37. I prefer to have someone with me when I receive bad news.
38. It is necessary to be especially friendly to new students and neighbors.
39. The good person is usually right.
40. Sometimes I feel that no one loves me.
41. _____ I worry about little things.
42. _____ Riches are a sure basis for happiness in the home.
43. _____ I can face a difficult task without fear.
44. _____ I usually try to avoid doing chores which I dislike doing.
45. _____ I like to bear responsibilities alone.
46. _____ Other people's problems frequently cause me great concern.
47. _____ It is sinful to doubt the Bible.
48. _____ It makes me very uncomfortable to be different.
49. _____ I get terribly upset and miserable when things are not the way I would like them to be.
50. _____ I am afraid in the dark.
51. _____ Many people that I know are so unkind or unfriendly that I avoid them.
52. _____ It is better to take risks and to commit possible errors, than to seek unnecessary aid of others.
53. _____ I find it very upsetting when important people are indifferent to me.
54. _____ I have sometimes had a nickname which upset me.
55. _____ I have sometimes crossed the street to avoid meeting some person.
56. _____ When a friend ignores me I become extremely upset.
57. _____ My feelings are easily hurt.

According to E. Fox and R. L. Davies, authors of the above questions, for items 5, 8, 16, 34, 43, 45 and 52, the most rational choice is "strongly agree," while on the remaining items the choice "strongly disagree" is the most rational (16:23).
PART III.

Directions: List three things or areas you would like to see included in the unit on Emotional Health.

1.

2.

3.