THE FORGOTTEN CURRICULUM

SOCIAL SKILLS AND SEX EDUCATION FOR ALL CHILDREN
WITH VISUAL IMPAIRMENTS/
DEAFBLINDNESS

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SOCIAL SKILLS AND SEXUALITY EDUCATION

WHY?

THE FORGOTTEN CURRICULUM

"It is unrealistic of society to demand responsible behavior from people who have never been taught what constitutes responsibility and irresponsibility."

(Johnson, 1973 in Gardner and Chpouras, 1998)

THE FORGOTTEN CURRICULUM

"Too often people with disabilities are sheltered from or do not have access to the small experiments and low risk mistakes through which people learn, and thus do not develop good judgment about sexuality."

(Gardner, Chipouras, 1998)

The world is a social place and all that we do in society is affected by the social skills which we develop.

Sighted children learn social skills through visual observations and through interactions with others.

They see what others are doing; they practice the skills; They test them out on others and refine them... These children often pick-up a wealth of information incidentally, with little or no intervention from adults.

Children with disabilities such as blindness/deafblindness and cognitive delays require structured training and need to be taught within the context of natural environments.

SEX

Where did you learn about it?

What messages did you receive about it from those sources?

What feelings did those messages create?

- Children with disabilities are at risk of developing deficits in social competencies.
- The child with disabilities is likely to be unaware of the location of peers, the activities in which they are engaging, hence hampering the very possibility of interaction.

Without vision, hearing or adequate sensory information, children with disabilities are very likely to be unaware of social priorities and need to be taught to anticipate the consequences of their actions.

VIDEO CLIP FROM WELCOMING STUDENTS

Age appropriate awareness of human sexuality is an important area of understanding. Students must receive the full measure of the necessary information to develop good concepts of the male and female anatomy and an understanding of sexual behavior.

One must translate the information that others acquire through vision, (i.e., written, media, or general observation) into a format that best suits the student's learning style and provides for accurate, complete concept development.

They require specific instruction that provides knowledge and skills.... sequentially and built logically on earlier learning.

Guiding Principles for Social Skills and Sexuality Education

POLICY DEVELOPMENT



Perkins School for the Blind

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POLICY DEVELOPMENT

- Schools and community agencies serving children and youth who are deafblind need to develop policy statements which facilitate opportunities for persons with visual impairments or who are deafblind to access their social/sexual rights and responsibilities to their fullest potential.
- Miller, in McInnes, 1999

These principles are used to guide our:

- Planning
- Curriculum choices
- Instruction

GUIDING PRINCIPLES

- Comprehensive Understanding of Sexuality
- Autonomy and Self-Determination
- Cultural Sensitivity
- Confidentiality and Privacy

GUIDING PRINCIPLES

Accessible Programs and Services

Gender Equity

Responsiveness to Different and Changing Needs

Guiding Principles are just that!

The places where we struggle to follow these principles are <u>precisely</u> the places where we must work hardest to provide meaningful, quality social skills and sexuality education and services.

WHOSE JOB IS IT ANYWAY?

PARENT/SCHOOL ROLES AND RESPONSIBILITIES

THE EDUCATION OF CHILDREN/YOUTH ABOUT SOCIAL RELATIONSHIPS AND SEXUALITY CONTINUES THROUGHOUT THEIR LIVES

 PARENTS AND SCHOOLS BOTH HAVE CRITICAL ROLES IN PROVIDING AND GUIDING THIS LEARNING

 PARENTS ARE THE FIRST AND
 FOREMOST TEACHERS IN THEIR CHILD'S
 LIFE

VALUES

BELIEFS

- TEACHERS/STAFF ARE RESPONSIBLE TO:
- IMPLEMENT THE CURRICULUM
- ADAPT AND MAKE MATERIALS ACCESSIBLE
- DIALOGUE WITH FAMILIES AND ONE ANOTHER TO ASSURE CONSISTENCY OF INSTRUCTION

 OUR COMMON ROLE AS STAFF AND FAMILIES IS TO PROVIDE ACCESS TO INFORMATION AND INSTRUCTION IN THIS CRITICAL AREA OF DEVELOPMENT

Our role in social/sex education requires that we

Possess the correct information

Have a positive attitude about sexuality

- Be able to talk about sexuality in an open and honest manner individually or to a group
- And at the very least
 - Be able to refrain from panic or overreaction and
 - Provide a proper response to an action or question

(Gardner, Chipouras, 1998)

WHAT ARE WE GOING TO TEACH?

CURRICULUM CONTENT

Broad Definition of Sexuality

- Sexuality can be defined as the integration of physical, emotional, intellectual, and social aspects of an individual's personality, which express maleness or femaleness. (Sex and Disability Project, 1979)
- Sex is something we ARE, not something we DO. (Jan Neff)

CONTENT
INFANCY TO ADULTHOOD

- Developmental Guides
- Understanding Oneself- Self Awareness (e.g. body language; feelings; self control; physical development; gender; etc.)
- Understanding Bodily Functions (e.g. toileting; grooming; hygiene; menstruation; etc.)
- Understanding Individual Differences (e.g. uniqueness; puberty; body image; positive self concept; etc.)

CONTENT
INFANCY TO ADULTHOOD

- Understanding the Need to respect Self and Others (e.g. privacy; self-image; assertiveness; etc.)
- Understanding Relationships with Others (e.g. family; friends; dates; strangers; decision making; avoiding abuse and exploitation; etc.)
- Understanding Alternative Adult Lifestyles (e.g. single; married; gay; group homes; etc.)

CONTENT
INFANCY TO ADULTHOOD

- Understanding Medical Aspects of Sexuality (e.g. conception; birth control; aids; venereal diseases; medication effects; etc.)
- Understanding Sexuality Terms (e.g. correct terminology; slang; sign language for body parts; actions; etc.)

HOW DO WE TEACH SOCIAL SKILLS AND SEX EDUCATION?

Continuum of instruction

Curriculum adaptation- OUR WHOLE LIVES CURRICULUM

Curriculum/intervention planning sheet

CONTINUUM OF INSTRUCTION

Variations in approach are needed based upon the child/young adult's sensory issues and level of adaptive, communication and cognitive skills

CONTINUUM OF INSTRUCTION

Functioning level



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CONTINUUM OF INSTRUCTION

All social/sexual behaviors can be defined by the following categories:

Appropriate vs. Inappropriate

Public vs. Private

(Edwards, 1979)

CONTINUUM OF INSTRUCTION

- This approach offers:
- A common language for those involved in the learner's education
- Concrete terms for student learning
- An emphasis on age appropriate behaviors
- An emphasis on decision making

(Edwards, 1979)

CURRICULUM/INTERVENTION PLANNING SHEET

- OFFERS
- An approach to either curriculum adaptation and/or behavioral intervention
- An opportunity for staff/families to problem solve and plan together

CURRICULUM/INTERVENTION PLANNING SHEET

DEFINE THE BEHAVIOR OR ISSUE:

IDENTIFY YOUR FEELINGS TOWARD THE BEHAVIOR OR ISSUE:

CURRICULUM/INTERVENTION PLANNING SHEET

continued

- IN PLANNING YOUR APPROACH CONSIDER:
- *environmental factors (living situation or where the behavior occurs)
- *adaptive factors (people or social factors involved)
- *cognitive skills (language level and/or general level of ability)
- AND WHETHER THE BEHAVIOR CAN BE DEFINED AS:
- public----private
- appropriate----inappropriate

CURRICULUM/INTERVENTION PLANNING SHEET continued

- **GOAL: WHAT IS THE NEW BEHAVIOR OR LEARNING NEEDED?** (e.g. a more appropriate time and place for the behavior; a higher skill level; or level of information, etc.)
- **WHAT TECHNIQUE-STRATEGY-PLAN CAN BE USED TO ADDRESS THE ISSUE?** (e.g. role playing; behavioral approach; formal class; tapes; reading; in vivo counseling; peer to peer support group, etc.)

CURRICULUM/INTERVENTION PLANNING SHEET continued

BACK-UP PLAN: other creative alternatives or strategies for intervention

- DEFINE THE BEHAVIOR OR ISSUE:
- Emily comes out of the bathroom after toileting with her pants down and walks down the hall to her classroom.
- IDENTIFY YOUR FEELINGS TOWARD THE BEHAVIOR OR ISSUE:
- Staff identified feelings of embarassment for Emily and are frustrated by her ongoing inappropriate exposure of herself. Staff also feel worried that the behavior could leave Emily open for potential abuse.

- IN PLANNING YOUR APPROACH CONSIDER:
- *environmental factors (living situation or where the behavior occurs)
- Emily's behavior is occurring within her public school setting.
 - *adaptive factors (people or social factors involved)
- Both the school staff and her parents agree on the need for action.
- *cognitive skills (language level and/or general level of ability)
- Emily learns best through routines with clear guidelines. With repetition she internalizes new routines and will then continue them. She is receptive to sign language input and , though not expressive, seems to relate signs to presented routines.
- AND WHETHER THE BEHAVIOR CAN BE DEFINED AS:
- public----private appropriate----inappropriate
- Emily's behavior in this case is inappropriate in public and needs to be redefined as a private behavior and performed within the bathroom as an appropriate setting.

- GOAL: WHAT IS THE NEW BEHAVIOR OR LEARNING NEEDED?
- The goal is to communicate to Emily the appropriate time and place for completion of dressing after toileting, and the inappropriateness of walking down the hallway with her private body parts exposed.
- WHAT TECHNIQUE-STRATEGY-PLAN CAN BE USED TO ADDRESS THE ISSUE?
- Staff decided to change **their** behavior and use an **in vivo** technique. Rather than fix Emily's clothes within the classroom, staff began to set clear expectations around dressing only in the bathroom area. If emily returned to the class with her pants down, staff would sign "pants down class inappropriate". Staff would then have Emily return to the toilet area and sign to her "dress bathroom private appropriate" and have her adjust her clothing within the bathroom.

- This sequence would be repeated any time Emily was seen in the hall or returned to the classroom with her clothes down. Her parents agreed to use the same approach and language at home for consistency.
- BACK-UP PLAN:
- If the above technique was not working, staff agreed they would need to monitor Emily more closely so she did not have the opportunity to leave the bathroom area with her clothes down. Eg. staff would wait outside the bathroom door and if Emily tried to leave without adjusting her clothes, the above language sequence would be used to reinforce appropriate time and place for the behavior. Staff also considered the need for a verbal reinforcer or to give Emily a preferred activity upon successful completion of the toilet sequence.

(Miller, 1994)

WHERE DO WE GO FROM HERE?

"When you come to a fork in the road, take it."

Yogi Berra

As professionals and parents, we need to begin to make social skills and sex education a priority for **ALL** learners with visual impairments or deafblindness, if we are to truly enrich their lives.

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