

Chapter 1 Teaching to Make a Difference

Cipher in the Snow

It started with tragedy on a biting cold February morning. I was driving behind the Milford Corners bus as I did most snowy mornings on my way to school. It veered and stopped short at the hotel, which it had no business doing, and I was annoyed, as I had to come to an unexpected stop. A boy lurched out of the bus, reeled, stumbled, and collapsed on the snowbank at the curb. The bus driver and I reached him at the same moment. His thin, hollow face was white, even against the snow.

"He's dead," the driver whispered.

It didn't register for a minute. I glanced quickly at the scared young faces staring down at us from the school bus. "A doctor! Quick! I'll phone from the hotel. . . ."

"No use. I tell you he's dead." The driver looked down at the boy's still form. "He never even said he felt bad," he muttered, "just tapped me on the shoulder and said, real quiet, 'I'm sorry, I have to get off at the hotel.' That's all. Polite and apologizing like."

At school, the giggling, shuffling morning noise quieted as the news went down the halls. I passed a huddle of girls. "Who was it? Who dropped dead on the way to school?" I heard one of them half-whisper.

"Don't know his name; some kid from Milford Corners," was the reply.

It was like that in the faculty room and the principal's office. "I'd appreciate your going out to tell the parents," the principal told me. "They haven't a phone and, anyway, somebody from school should go there in person. I'll cover your classes."

"Why me?" I asked. "Wouldn't it be better if you did it?"

"I didn't know the boy," the principal admitted levelly. "And in last year's sophomore personalities column I note that you were listed as his favorite teacher."

I drove through the snow and cold down the bad canyon road to the Evans' place and thought about the boy, Cliff Evans. His favorite teacher! I thought. He hasn't spoken two words to me in two years! I could see him in my mind's eye all right, sitting back there in the last seat in my afternoon literature class. He came in the room by himself and left by himself. "Cliff Evans," I muttered to myself, "a boy who never talked." I thought a minute. "A boy who never smiled. I never saw him smile once."

The big ranch kitchen was clean and warm. I blurted out my news somehow. Mrs. Evans reached blindly toward a chair. "He never said anything about bein' ailin'."

His stepfather snorted. "He ain't said nothin' about anything since I moved in here."

Mrs. Evans pushed a pan to the back of the stove and began to untie her apron. "Now hold on," her husband snapped. "I got to have breakfast before I go to town. Nothin' we can do now anyway. If Cliff hadn't been so dumb he'd have told us he didn't feel good."

After school I sat in the office and stared bleakly at the records spread out before me. I was to close the file and write the obituary for the school paper. The almost bare sheets mocked the effort. Cliff Evans, white, never legally adopted by his stepfather, five young half-brothers and sisters. These meager strands of information and the list of D grades were all the records had to offer.

Cliff Evans had silently come in the school door in the mornings and gone out the school door in the evenings, and that was all. He had never belonged to a club. He had never played on a team. He had never held an office. As far as I could tell he had never done one happy, noisy kid thing. He had never been anybody at all.

How do you go about making a boy into a zero? The grade school records showed me. The first- and second-grade teachers' annotations read "sweet, shy child," "timid but eager." Then, the third-grade note had opened the attack. Some teacher had written in a good, firm hand, "Cliff won't talk. Uncooperative. Slow learner." The other academic sheep had followed with "dull," "slow-witted," "low IQ." They became correct. The boy's IQ score in the ninth grade was listed at 83. But his IQ in the third grade had been 106. The score didn't go under 100 until the seventh grade. Even shy, timid, sweet children have resilience. It takes time to break them.

I stomped to the typewriter and wrote a savage report pointing out what education had done to Cliff Evans. I slapped a copy on the principal's desk and another in the sad, dog-eared file. I banged the typewriter and slammed the file and crashed the door shut, but I didn't feel much better. A little boy kept walking after me, a little boy with a peaked, pale face; a skinny body in faded jeans; and big eyes that had looked and searched for a long time and then had become veiled.

I could guess how many times he'd been chosen last to play sides in a game, how many whispered child conversations had excluded him, how many times he hadn't been asked. I could see and hear the faces and voices that said over and over, "You're dumb. You're a nothing, Cliff Evans."

A child is a believing creature. Cliff undoubtedly believed them. Suddenly it seemed clear to me: When finally there was nothing left at all for Cliff Evans, he collapsed on a snowbank and went away. The doctor might list "heart failure" as the cause of death, but that wouldn't change my mind.

We couldn't find 10 students in the school who had known Cliff well enough to attend the funeral as his friends. So, the student body officers and a committee from the junior class went as a group to the church, being politely sad. I attended the services with them, and sat through it with a lump of cold lead in my chest and a big resolve growing through me.

I've never forgotten Cliff Evans nor that resolve. He has been my challenge year after year, class after class. I look up and down the rows carefully each September at the unfamiliar faces. I look for veiled eyes or bodies scrounged into a seat in an alien world. "Look, kids," I say silently. "I may not do anything else for you this year, but not one of you is going to come out of here a nobody. I'll work or fight to the bitter end doing battle with society and the school board, but I won't have one of you coming out of here thinking himself into a zero."

Most of the time—not always, but most of the time—I've succeeded.

Source: Reproduced from J. E. Mizer, Cipher in the snow. NEA J. 1964;50:8–10. Reprinted with permission. A movie of this story also exists and has the same title.

The potential for teachers to have a positive influence upon their students is great, as is the need for such influence. School-age children and adolescents spend more time with their teachers at school than they do with their parents. Although it is unrealistic to expect every teacher to successfully help every "Cliff Evans" feel better about himself, there are countless young people who have been, and are yet to be, touched by a special teacher who makes a big difference in their lives. The purpose of this chapter is to give you information and insights into how to be such a teacher.

■ YOU CAN MAKE A DIFFERENCE

Education is all about influencing others. Figure 1-1 depicts our **pyramid of influence** as teachers. It is interesting to note that even though most of our coursework in preparation for entering the teaching profession centers on the tip of the pyramid, it is actually the least influential area. We spend a great deal of energy learning how to write effective objectives and lesson plans, prepare materials, present information, and evaluate student learning. These are vitally important skills for educators. More vital and perhaps overlooked are the larger two areas of the pyramid. The foundation for influencing others is modeling—that is, being an example of what we are trying to teach. This includes the obvious,

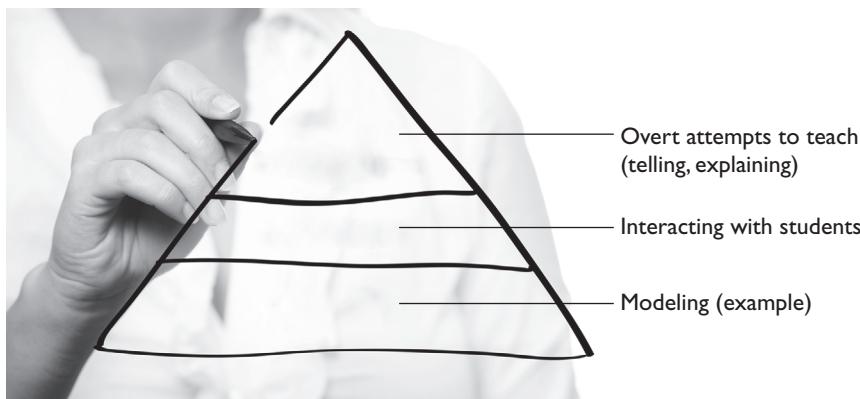


FIGURE 1-1 A teacher's pyramid of influence.

Source: Adapted from Covey SR. *Principle centered leadership*. New York, NY: Fireside; 1990, p. 120.

such as a teacher reading while having students do silent sustained reading or being a nonsmoker while discussing the harmful effects of tobacco. It also includes less obvious and, unfortunately, sometimes negative acts, such as modeling dislike for things or people. The large midsection of the pyramid of influence deals with interacting with or relating to students. Our ability to influence here is exemplified by the saying "I don't care how much you know until I know how much you care." This chapter looks in depth at the bottom two sections of the pyramid. The *Teaching Today's Students* chapter is devoted to the top section.

Now that we have discussed our pyramid of influence, we need to consider our circle of influence. Have you ever stopped to think about your circle of influence? To better understand this concept, do the following activity. On a sheet of paper, draw a large circle and label it your **circle of concern** (see **Figure 1-2**). Inside the circle write everything you are concerned about—from world peace to what you are going to eat for your next meal. Your circle might contain items such as these: kids living in dysfunctional situations, teen pregnancy, hatred, violence, bigotry, drug abuse, poverty, apathy, conflicts with roommates or family members, car problems, money for next semester, lack of parking on campus, an egotistical professor, a family member's health, obtaining a meaningful position within your career, paying bills, meeting deadlines, lack of time, or finding a soul mate. You will find that you can probably easily fill the entire circle with your specific concerns.

Next, draw a smaller circle within this large circle. Label this as your **circle of influence**. This smaller circle represents what you have control over—what you can influence. Now, think about the items within your circle of concern and ask yourself the following questions: Which of these concerns can you personally influence? Which items belong in the circle of influence and which belong in the outer circle of concern? Finally, and most important, ask yourself, "Where do I put most of my efforts, thoughts, and actions? Are they within my circle of influence or within my circle of concern?"

Proactive people (see Chapter 3) focus their thoughts and activities inside their circle of influence. They spend their time and energy on things they can do something about, and as a result their circle of influence naturally grows over time. **Reactive people**, in contrast, spend most of their time in their circle of concern. They focus on the weaknesses of other people, problems in their environment, and circumstances over which they have no control. Their focus creates blaming and accusing attitudes as well as feelings of victimization. Focusing on one's circle of concern causes one's circle of influence to shrink for lack of attention.¹

Teachers often deeply feel the effects of social problems on a very personal level. Within their own classrooms, they witness the devastating effects of dysfunctional homes, poverty, drugs, violence, teen pregnancy, and other problems

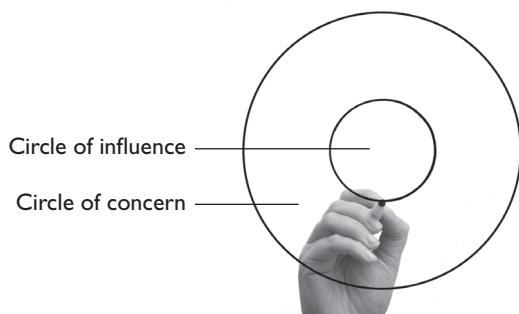


FIGURE 1-2 A teacher's circle of concern and influence.

Source: Adapted from Covey SR. *The eighth habit: from effectiveness to greatness*. New York, NY: Free Press; 2004, p. 132.

affecting our communities and society. Because teachers care about people, they are prone to have very large circles of concern. However, focusing more on one's circle of concern rather than on the inner circle of influence can create feelings of being overwhelmed, disempowered, and "burned out." Novice teachers are especially susceptible to becoming fixated upon their circle of concern as they begin dealing with students and their problems.

Spanish Harlem (New York City) junior high teacher Bill Hall provides an excellent example of how one teacher made a positive difference in the lives of his students by being focused on his circle of influence.² It would have been easy for Bill to fall into the trap of being focused on his circle of concern. He taught in a neighborhood where infant mortality rates were high, where the average male life expectancy was even less than in Bangladesh, and where language and a few walls separated the stark contrast of poverty and affluence. Rather than focusing on these conditions, Bill devoted his energy to what he could do—that is, to his circle of influence. Bill organized an after-school chess club to help students better learn English. Many of his students had recently arrived from Central and South America, Pakistan, and Hong Kong and could speak only minimal English. This chess club became known as the Royal Knights of Harlem.

The members of the club not only learned English, but also grew in confidence as they came to see themselves through Bill's eyes. Their schoolwork improved as they became more proficient at chess. In its first year, the club finished third at the state finals in Syracuse, becoming eligible for the junior high school finals in California. Bill raised funds to fly the team to California, where they finished 17th out of 109 teams in the national competition. Then, his team met a girl from the Soviet Union who was the women's world champion. The team reasoned that if this girl could come all the way from Russia, why couldn't they go there? The team traveled to Russia with the help of corporate sponsors, particularly Pepsi-Cola. There, the Royal Knights of Harlem won about half of their matches and uncovered a home-grown advantage in the special event of speed chess. Remember, these were not chess protégés, but rather students who were selected for their need to learn English.

Bill never dreamed that all of this would happen within a few short years of starting the chess club. Neither did he foresee the day that his junior high auditorium would be chosen by a Soviet dance troupe as the site of a New York performance because of his chess club's tour in Russia. But all of this did happen—and it happened because Bill chose to be circle-of-influence focused. As time passed, his circle of influence naturally grew. When the Royal Knights were asked by one interviewer what they were doing before Bill Hall and chess playing had come into their lives, one boy said, "Hanging out in the street and feeling like shit." "Taking lunch money from younger kids and a few drugs now and then," admitted another. "Just laying on my bed, reading comics, and getting yelled at by my father for being lazy," said a third. When asked if there was anything in their schoolbooks that made a difference, one explained to the agreement of all, "Not until Mr. Hall thought we were smart and then we were."^{2(p.139)}

They were smart and Bill Hall helped them discover their potential. Others, too, came to realize it. When they were ready to graduate from junior high, the Royal Knights members received numerous offers from high schools to join their "gifted" student programs. One private school from California even provided a full-ride scholarship. At the time of junior high graduation, club members were convinced that they could do anything and had career aspirations of law, accounting, teaching, and computer science.

It is common for educators to wish that we could take our students out of less than ideal circumstances. But this is rarely possible. Bill Hall made a difference by working within his circle of influence—by showing his students that they had the power within themselves to rise above their circumstances. We can all expand our ability to influence, and thereby make a difference, by focusing on what we can do—not on what others should be doing.

■ MODELING: PERSONAL AND PROFESSIONAL CHARACTERISTICS OF EFFECTIVE TEACHERS

The importance of modeling healthy and ethical behaviors cannot be overemphasized. Modeling is a major means by which skills are taught and learned. Observing how others act provides a pattern for youth to follow when in similar circumstances. Next to parents, educators—whose behavior patterns are watched and imitated—are often the most influential adults in a young person's life. Students often learn more from what we do than what we say. The way an educator reacts to frustration or stress can make a lasting impression on a young person. Both displays of positive coping skills and negative responses have modeling effects. Therefore, educators must give serious attention to their emotional health and to their own practices and skills.

Consider which behaviors you model, what you might be teaching students. Do you model healthy behaviors including eating lots of fruits and vegetables, watching your weight, and being physically active? Do you abstain from tobacco and other drug abuse? Do you consistently wear a seat belt? Do you model professional ethical behaviors including acting with integrity, respect, and confidentiality? Do you refrain from gossip and negative discussion of others, including students? Do you interact with students with sensitivity to their needs and diversity? Reviewing the characteristics in **Box 1-1** will help you assess the characteristics you model to your students.

Characteristics of Effective Teachers

Effective teachers:

- ◆ Are caring, warm, and very interested in students' total well-being.
- ◆ Are organized, prepared, and clear.
- ◆ Have deep preparation in and infectious enthusiasm for the subject and teaching.
- ◆ Maintain high standards of conduct and create a sense of belonging.
- ◆ Have high academic expectations for their students and are able to inspire and motivate students effectively with their expectations.
- ◆ Make coursework relevant, meaningful, and important to students.
- ◆ Use a variety of teaching methods and are creative in helping students learn.
- ◆ Inject humor.
- ◆ Demonstrate a willingness to admit mistakes.
- ◆ Demonstrate fairness in grading and respect in their interactions.

INTERACTING WITH STUDENTS

How we interact with students affects the degree of our influence in and out of the classroom. Frank O'Malley, an English professor at Notre Dame for four decades, was a teacher who made a difference in the lives of his students. He taught reading, writing, and *caring*. At the beginning of each semester, O'Malley would memorize each student's name and have everyone submit a brief autobiography so that he could understand each student better. He focused on the fact that as a teacher he was assisting the growth of unique minds and spirits. He read each paper closely and covered it with red-inked comments of both criticism and praise. O'Malley taught his students to exceed their own expectations under his prodding. He gave them a vision of great literature, but also a vision of how they could excel.³

We need more Frank O'Malleys in education today—that is, teachers who know and care for each of their students (not just the standouts), teachers who set high behavior and academic standards for all their students and who take the time and energy to help students achieve that higher expectation. As William Glasser said, "When you study great teachers . . . you will learn much more from their caring and hard work than from their style."^{4(p.38)}

While serving as Secretary of Education, William Bennett took the sound advice of his wife to get out of his office and get into the schools. He chose to visit schools weekly that had been identified as exemplary. These schools were located in all sorts of settings, including many from poorly funded inner cities. Bennett visited these schools for the purpose of finding out why they were successful. Two children at Garrison Elementary School in the South Bronx, New York, summed up Bennett's key findings for what makes for a successful school when they told him they went to "America's greatest school" because "(1) there's no messin' around, (2) there's no foolin' around, and (3) everybody loves you."^{5(p.75)} Research has consistently shown what these two children knew: that effective teachers and schools interact with students in ways that (1) create high academic expectations, (2) maintain high behavioral expectations, and (3) communicate a feeling of love, belonging, and community.

The importance of **connectedness**—a belief held by students that the adults and peers at their school care about their learning and about them as individuals—cannot be overemphasized. Students who feel connected to their school are more likely to engage in healthy behaviors and succeed academically. In particular, connected students are less likely to use alcohol and other drugs, miss school, have sex at an early age, or be involved in violence or behaviors that increase their risk for injury (such as drinking and driving).⁶

Expectations

Expectations can lead people to form negative or positive self-fulfilling prophecies. **Self-fulfilling prophecies** are expectations about future behavior and performance that emanate from labels and self-image. Children who are labeled "dumb" are likely to live up to that expectation, just as children labeled "bright" are likely to prove that prophecy correct.

A teacher can formulate labels and expectations for new students even before the beginning of an academic year. For example, a label can form in a teacher's mind through subconscious stereotyping or prejudices based on attractiveness, ethnicity,



Teachers who make a difference create high academic and behavioral expectations and communicate a feeling of love and belonging.



How a teacher interacts with just one student influences that teacher's relationship with each student in the classroom.

socioeconomic level, or gender. Teachers can also attach labels to students based on discussions with previous teachers, school administrators, students, or parents. The reputations that older siblings establish in school get passed on to younger brothers and sisters. School records of performance and teachers' impressions are also sources of predetermined labels. Cliff Evans, in the story at the beginning of this chapter, is an example of the tragic effect that negative labels and expectations can have.

Rosenthal and Jacobson conducted some of the early work relating teacher expectations to student performance and behavior in school.⁷ In their study, students in an elementary school were given the "Test for Intellectual Blooming." In each of the classes, an average of 20% of the children were identified as having test scores that suggested they would show unusual academic gains during the school year. The identified children had actually been picked at random from the total population taking the test. Eight months later, all the children in the school were retested. Those children whom the teachers expected to show greater intellectual growth had significantly higher scores than other children in the school. This outcome resulted, apparently, from the teachers interacting more positively and favorably with the "brighter" children.

Although Rosenthal's original expectancy research has been criticized for shortcomings in design and methodology, none of the criticisms have denied that teacher expectations have a significant influence on student performance, a fact supported

by many subsequent studies. Hamachek cites studies that demonstrate that teachers tend to expect, and therefore get, the same performance from younger siblings that they had come to expect from older brothers and sisters.⁸ Hamachek also reviews how children whose IQs have been overestimated by teachers demonstrated higher reading achievement. This relationship was especially evident with first-grade teachers who expected the girls to outperform the boys. In contrast, teachers who did not have this expectation found no significant difference between the sexes in aptitude for learning to read.

Physical attractiveness also influences teacher expectations and interactions. Teachers are more likely to interact with and respond more positively to attractive children. Some research studies show that even the academic grades assigned to students are influenced by the attractiveness of the students. An example of this is when athletes receive higher grades than their schoolwork merits.

Physical attractiveness also affects how students interact with one another. Early in life, children learn the high value that society places on beauty. Popular children's stories (e.g., *The Ugly Duckling*, *Sleeping Beauty*, *Rudolph the Red-Nosed Reindeer*, *Dumbo the Elephant*, *Snow White and the Seven Dwarfs*, and *Cinderella*) reinforce this value, showing the errors of this way of thinking. Unattractive children are often mocked and teased by other children. During adolescence—a period of rapid changes in body appearance, form, and size—youth often become fixated on physical appearance. They want to look like the media images of firm, sleek, beautiful bodies displayed everywhere. This is a time when peer perceptions become dominant, when expectations for conformity are intense, and when deviations are not easily tolerated.

Teachers must be careful regarding the nonverbal messages they send to their students concerning their students' competence and loveliness. First, teachers must be honest with themselves about any negative feelings or expectations they have. Although you would never dream of telling a student that he or she is "dumb" or "ugly," these perceptions can be communicated nonverbally without your even knowing it. Communication experts tell us that more than half of what we communicate is conveyed by our body posture and facial expressions and that the tone of voice is by far the most important part of our verbal message.

As a teacher, you should take a hard look at the expectations you have for your students. Strive to remove negative labels that have been established by previous experiences, teachers, or older siblings, and try to replace negative expectations with positive ones. It is critical to realize that many children in our school systems have rarely or never been viewed in a positive light by a significant adult. The likelihood of positive performance in children increases when they feel warmth from others and believe that they are regarded as capable.

Discipline and Procedures

Erroneously, discipline is often thought to be synonymous with punishment. The true purpose of **discipline**, however, is the training of self-control. Having and maintaining classroom policies and procedures (e.g., when and how to speak, leave your seat, line up, turn in homework, do make-up work) helps students learn self-discipline. Effective teachers spend the first weeks of school teaching procedures and having their students practice these procedures. This takes classroom time in the beginning, but it saves a great deal of time, and teacher energy, over the course of the school year.

Self-control is best learned from people who exemplify it. Therefore, the key to positive and effective discipline lies in the character of the teacher. Disciplinary efforts tend to be unfair and ineffective when teachers display angry or harsh behavior. Teachers who have unstructured classrooms and who do not enforce classroom rules nurture unpleasant and unruly environments. Successful teachers demonstrate warm, friendly attitudes toward students. They have an air of self-assurance that demands respect and have well-defined behavioral expectations of their students. Such teachers have classroom environments wherein students are comfortable and ready to learn.

Teacher Behavior

We usually think of discipline in terms of student conduct. Before addressing student behavior, please carefully review these rules for teacher behavior that effective teachers live by.

Teachers' 10 Commandments

1. Know students' names. Call students by name, become familiar with their interests and talents, and show respect for each student.
2. Ask, "So what?" when preparing lessons. Make learning and the subject matter relevant, challenging, and fun to students.
3. Establish and maintain routines and procedures for taking attendance, opening class, and so on. Begin class promptly.
4. Use the three F's for good discipline: be firm, fair, and friendly.
5. Don't expect problems; don't look for them. Expect students to be competent, capable, and eager to learn. It is better to be proved wrong than to have students live up to negative expectations.
6. When problems arise, handle them immediately and consistently before they escalate into larger ones. For example, you can walk toward, stop, and look at or call a misbehaving student by his or her last name. Don't use major "artillery" for minor infractions.
7. Correct students in private whenever possible.

8. Avoid sarcasm, ridicule, and belittling remarks, and help students do likewise.
9. Encourage hydraulic-lift experiences in and out of the classroom.
10. Involve students in the setting of individual academic goals.

Student Behavior

Now let us address behavioral expectations for students. Establishing and maintaining classroom procedures for things such as group work, coming to attention, or computer use helps students know what they are to do and how to do it. Procedures are steps to be followed, not rules that can be broken. When a student doesn't enact a procedure, the teacher can simply say, "What is the procedure for . . . ?" After the student articulates the procedure, the teacher can then say, "Show me."⁹ Having procedures facilitates students becoming responsible for their behavior and allows teachers to manage rather than discipline their classroom.

Clearly defining rules for student behavior at the beginning of the academic year is also important. Rules can give students a sense of security and can curtail discipline problems. It has been said that cows in a new pasture will seek out the fences to see how far they can roam. So it is with students. For this reason, it is imperative that teachers clearly define the boundaries. It is inevitable that some students will test the "fences" to see how strong they are (in other words, whether the teacher will, in fact, enforce the established rules). A student contract is often useful in establishing classroom rules. **Box 1-2** contains an example of a student behavior contract that has been used in a junior high setting. Note item 7; the teacher who developed and used this form felt it was the most important item in the list.

Many teachers believe that students are more willing to follow rules that they are part of developing. It is often helpful to involve students in a discussion about classroom rules on the first day of class. Encouraging their input enhances the children's sense of having some control. Rules can be printed on a large sheet of paper and hung in a prominent place in the classroom. The process by which rules are developed is perhaps not as important as making sure that they are clearly defined from the beginning and that they are consistently and fairly enforced.

1-2

Classroom Policies

1. Bring pencil/pen and notebook daily. Sharpening of pencils is to be done before class, never during a lecture or discussion.
2. Be in your seat when the bell rings, or have a late excuse. Take care of drinks and restroom needs during class changes.
3. When you have been absent, it is *your* responsibility to follow established procedures to acquire missed information, turn in assignments, and make up tests.
4. The bell does not dismiss students; I do.
5. Do *not* touch any equipment unless I authorize you to do so.
6. If you are failing in your coursework or are not turning in assignments, I will notify your parents.
7. No student is prejudged. That is, I do not read student files beforehand to see who and what problems may be coming in. I assume all students are capable of A work. I also assume that no student is a behavioral problem. If there are any such problem students, those persons will have to show me and the class who they are. Problems, should there be any, will be dealt with accordingly.
8. These behaviors will result in points being subtracted from your grades:
 - a. Excessive talking
 - b. Disruptive/disrespectful behavior
 - c. Failure to follow instructions
 - d. Unexcused tardiness

Student Contract

I have listened to and read the classroom policies regarding citizenship, behavior, and coursework. I agree to adhere to this contract and understand that each violation will result in losing 5 points. This will be reflected in my final grade.

Signed: _____

Date: _____

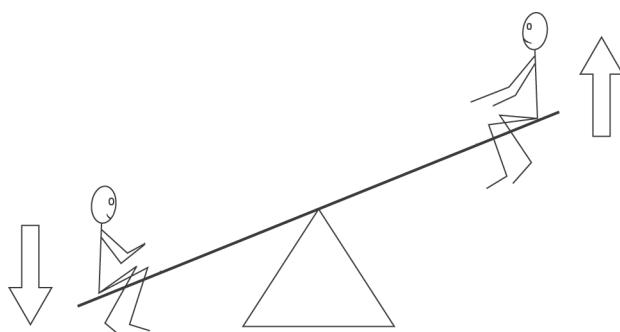


FIGURE 1-3 Teeter-tottering. Teeter-tottering is putting another down in an effort to feel better about yourself.

Teeter-Tottering and Hydraulic Lifts

As was stressed earlier in the chapter, effective teachers create classrooms where students feel that they are loved, they belong, and there is a sense of community. Effective teachers not only exemplify a caring positive attitude toward each student, but also insist their students interact with one another in the same way. They teach their students how to treat one another with respect and genuine regard.

Put-down or harassment-type comments and behaviors can destroy the positive emotional climate of a school faster than almost anything else. How often have you heard comments such as “What an idiot!” “I hate her!” “That is so gay!” or “Get lost!” Children are obvious and to the point with their put-downs. As we grow older we become more subtle and sophisticated, but are equally cutting: “I’d never do that,” “He is nice, but . . .”. Sexual harassment, bigotry, bullying, giving the silent treatment, and excluding people are also pervasive forms of put-down behavior.

It is very important to understand why we and our students spend time and energy trying to undermine others: we do so in a futile effort to try and raise our own insecure sense of worth. This behavior can be easily understood by depicting it with a **teeter-totter** or see-saw (Figure 1-3). It is as though we were sitting on a teeter-totter and watching for someone to sit on the other end. We put others down to feel “up,” or on a higher level. Feeling superior to others is a false “high” and very short lived. Have you ever been elevated on a real teeter-totter when the other person suddenly got off? You might have skinned the inside of your ankles as you came crashing down. In the same way we “crash” when we figuratively teeter-totter. Then, we look around for someone else to put down, to once again raise our relative sense of worth. Teeter-tottering can become such a pervasive way of thinking, acting, and speaking that we do it with fanlike speed. Adolescence is typically a time of rapid change and insecurity. As a result, this stage of life is particularly vulnerable to frequent teeter-tottering.

Teeter-tottering can easily become epidemic at school—and teachers are not immune. This type of behavior naturally occurs because we have become a society that is very proficient at put-downs. TV programs often glamorize put-down behaviors, and “putting someone in their place” is depicted as very “cool.” Young people mimic being “cool” by gossiping, spreading malicious rumors, and excluding the “noncool.” In too many homes, put-downs are the predominant form of communication. Some children have become so calloused by this type of behavior that they don’t even recognize it is wrong.

Reverse teeter-tottering is also harmful. In this behavior, people develop the habit of putting themselves down as they elevate others. In reverse teeter-tottering, toxic thought habits can erode a person’s sense of worth and that individual’s ability to reach his or her potential. Reverse teeter-tottering is often done by women in abusive relationships.

How do we break out of the **teeter-totter syndrome**? First, we have to recognize when we are caught up in it. Just as we take our temperature to see if we are ill, so we can check our emotional health by observing how often we teeter-totter. Be sure to take the time to do the application exercise found in **Box 1-3**. We have repeatedly been told that this is one of the most impacting assignments students have every completed in their lives.

You can help your students learn about the teeter-totter principle depicted in Figure 1-3 by drawing this simple diagram on the board and discussing how teeter-tottering works, or, more accurately, how it does not work. Assign students to do the Marks on You activity in Box 1-3 to help them become more aware of their teeter-tottering habits. This activity can easily be modified for younger children.

Students don’t appreciate being put down and are very willing to give up teeter-tottering to create a classroom (school) where they feel emotionally safe and accepted. Your classroom (school) can be designated as a teeter-totter-free zone. This does not mean that teeter-tottering will immediately disappear, but it will greatly diminish. Then, whenever you overhear a put-down, you can just make a teeter-totter hand motion. Students appreciate this gentle reminder and will quickly comply with the rule because they want to be in an emotionally safe environment.

Behavior scientists tell us we cannot successfully eliminate a behavior without replacing it with something else. As we work at deleting put-downs, we need to replace teeter-tottering remarks with hydraulic lifts (Figure 1-4). A **hydraulic lift** is the act of raising someone else with kind acts or comments. When we are kind to another person, we cannot help but feel better about ourselves. It is as if we were sitting on a hydraulic lift. As we show kindness, we rise along with whomever we are trying to lift. This positive action creates a genuine “high” and a more lasting sense of self-worth.

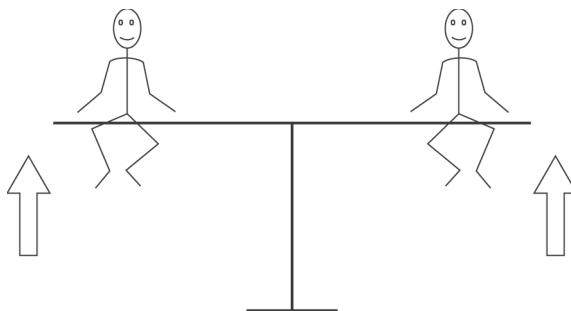


FIGURE 1-4 Hydraulic lift. When you lift another, you too are lifted.

Helping children learn self-control by replacing teeter-totters with hydraulic lifts is the single most effective way to create an emotionally supportive climate in a classroom or school. It also alleviates many discipline problems. Be sure to review the many ways teachers can assign students to practice being kind to each other in the activities at the end of the chapter.

Sensitivity to Diversity

We live in an exciting world where diversity of peoples and cultures abounds. In our public schools today, about half of the students are minority (Hispanic, African American, Asian/Pacific Islander, and American Indian/Alaska Native).¹⁰ As educators, we must model sensitivity to diversity for our students and strive to view individuals from various cultures from their perspectives rather than from our own perspectives. We must be sensitive to students who are struggling to learn a new language and adapt to a new culture. How we treat each student affects our relationship with every other student in the classroom. Being respectful and positive creates a classroom climate of understanding and sensitivity to diverse cultures, ethnicities, races, and needs.

Ethnocentric, racist, or stereotypic attitudes held by teachers and students serve as critical barriers to learning and establishing sensitivity toward various cultures and ethnic groups. **Ethnocentrism** involves the attitude that one's own ethnic group or culture is better than others or failure to recognize the existence or validity of other ethnic/cultural groups and their customs, values, beliefs, and norms. **Racism** expresses an attitude that defines certain cultural or ethnic groups as inherently inferior to others and legitimately subject to exploitation, discrimination, and various types of abuse. **Stereotypes** reflect conscious or unconscious attribution of exaggerated characteristics or oversimplified opinions, attitudes, or judgments regarding members of a given ethnic group or culture. A **prejudice** is a negative attitude toward a specific group based on comparison using the individual's own group as a positive reference point. Teachers have



1-3 Application Exercise

Marks on You

The Marks on You activity was inspired by a very wise mother whose popular, bright teenage daughter was critically injured. Joni and her friends hopped a fence and ran across an interstate to get to a mall. Her friends made it, but Joni was hit by a car. By the time Joni got out of the hospital and was able to return to school, her friends had graduated. The once-popular cheerleader found herself in special education classes instead of honors courses. She became depressed and withdrawn. Her mother helped her become happy again by having her change her focus. She asked Joni to make a mark on the back of her hand every time she was able to make someone in the class smile. This helped Joni focus on lifting others. After school, Joni told her mother the story behind each mark on her hand and again experienced the joy of lifting others.

Doing the following will help you see yourself more clearly and help you identify your teeter-totter and hydraulic lift habits. For four days, make a small mark on your left hand for every "teeter-tottering" remark/act/thought you have. At the same time, make marks on your right hand for every "hydraulic lift" remark/act/thought you have. If you don't want to mark your hands, keep a tally on a 3×5 card. We know it is impossible to become aware of everything you say, do, or think, but the more you try to become aware of these things and record them, the more you will get out of this exercise.

At the end of each day, tally up both your teeter-totter and hydraulic lift marks and then write a summary paragraph of what happened that day. After completing the four-day tallies and summary paragraphs, write a one-page reaction paper about the entire experience—what you observed and learned by doing it.

a professional responsibility to not let their personal attitudes, stereotypes, and prejudices interfere with their teaching. For example, a teacher raised in one cultural group may have stereotypes or prejudices against another cultural group. This teacher would need to overcome these stereotypes and prejudices to teach students of this cultural group successfully. Of course, stereotypes and prejudices are not confined to just cultural or ethnic groups. For example, some people may have stereotypes of and prejudices toward impaired individuals, the aged, or a variety of other conditions or types of people.

Teachers can build cultural and ethnic sensitivity in numerous ways. They should strive to display appropriate interpersonal skills, including showing warmth, respect, sincerity, concern, and caring for people of all cultures. Beyond this, it is critical to develop cross-cultural understanding in the communities where we serve and live. Recognizing culturally determined viewpoints and standards of behavior, including specific knowledge of and respect for differences, is important. Beyond developing personal cross-cultural understanding, emphasis should be given in the curriculum to developing cross-cultural competency among students.

It is also important to pay attention to culturally/ethnically appropriate learning and problem-solving styles. This involves recognition that a variety of strategies and approaches can be employed to complete a given task. To some extent, learning and problem-solving styles are culturally determined; thus a broad array of approaches should be encouraged to improve learning. Learning is also facilitated by appropriate style, manner, and content of communication for a particular cultural group. This includes the use of ethnically and culturally appropriate nonverbal skills such as eye contact, body language, and physical closeness.

■ STUDENTS WITH SPECIAL NEEDS

It is easy to become overwhelmed when working with the many students who have special needs. Many of these needs are complex problems that pose multiple difficulties in the lives of the affected children and for the school systems of which they are a part. Schools often have various staff in place to help students with special needs, such as guidance counselors, psychologists, learning specialists, social workers, special education teachers, and school nurses. A key to success when working with students with special needs seems to be the ability of these personnel and teachers to work together in a supportive team approach. The support given to those with special needs also benefits the entire student body as they learn from the adults' modeled behaviors and attitudes.

Emotional Needs

An example of emotional needs present in schools and the way in which a supportive team approach can help comes from Francis Scott Key Elementary and Middle School in Baltimore, Maryland, where Melissa Grady works as a mental health therapist. Grady sees four dozen children every week, some for the first time and others whom she has been counseling for years. Some are victims of sexual or physical abuse, have witnessed domestic violence, or have dysfunctional parents who suffer from drug addiction or alcoholism. Others have been traumatized by family disruptions such as divorce or unstable living arrangements.

"The huge thing is a lack of parental guidance," says Grady. "It's symptomatic of society. The children are not getting enough of what they need at home, they're not being taught the coping skills, the social skills. So, of course, all that's spilling out into the school system and the children are unavailable to learn or are disrupting others."¹¹

Grady set up a student-support team consisting of herself, a school psychologist, a counselor, a social worker, and teachers representing the elementary and middle schools. The team meets once a week to review the academic performance and special needs of the student body. They are proactive in looking out for students in need, such as those who are acting out, depressed, withdrawn, or displaying sudden changes in behavior or significant decline in grades or attendance. When a child with a special need is identified, the student-support team arranges one-on-one sessions with the student, parent meetings and counseling, and adequate follow-up. This consistent, vigilant student-support team effort is responsible for helping students improve their grades and cope with a variety of special needs. Teachers at the schools are thrilled that the student-support team is in place and have seen a reduction in the severity of the discipline problems they face in their classrooms. A seasoned teacher at the school, who has taught at seven other schools, commented, "You can really teach here."

In coming chapters you will read more about how to deal with various emotional concerns in your classroom, including depression, family stress, and divorce (the *Stress Management Skills* chapter); eating disorders (the *Promoting Healthy Eating and Physical Activity* chapter); substance abuse and addiction for individuals and families (the *Promoting a Tobacco-Free and Drug-Free Lifestyle* chapter); abuse and neglect (the *Violence Prevention and Safety Promotion* chapter); and suicide, self-injury, and terminal illness (the *Dealing with Crises and Critical Issues* chapter). Ideally, you will be able to set up student-support teams in the schools where you teach that will help you better meet the emotional concerns of your students.

English Language Needs

Students for whom English is a second language (ESL) have to learn not only how to speak English, but also how to read and write it. ESL students demonstrate large variations in their skill levels. Misbehavior and indifferent attitudes can be masks for students who don't feel confident in their ability to succeed in the classroom.



Students with English deficiencies or learning disabilities can find simple learning tasks difficult and stressful.

Teachers can help ESL students succeed by doing the same things that help all students learn. Show them you care by establishing a personal relationship with them and their family. Pronounce their names correctly and demonstrate interest in their cultures. Come to know their individual levels of understanding. Make sure they know what is going on in the class through interviews and assessments. Assign them learning “buddies.” Teach with energy and help make lessons relevant to them by bringing their culture into the class and telling stories that they can relate to. Obtain free health materials that come in Spanish and other languages from health agencies and governmental sources. Demonstrate patience and give extra time as needed for completing assignments and tests.

Learning Needs

A **learning disability (LD)** is a disorder that affects a person’s ability either to interpret what he or she sees and hears or to link information from different parts of the brain. These limitations can show up in many ways: as specific difficulties with spoken and written language, coordination, self-control, or attention. They can impede the ability to read or write, do math, or learn other important skills. They can also affect how students behave, how students perceive themselves, and how students interact with classmates.

It is not exactly clear how many students experience learning disabilities. Some experts estimate that roughly 1 of every 100 school-age children has some form of learning disability; others estimate that this proportion is almost one-third of all school-age children. What is clear is that many more boys than girls are affected. Many kinds of learning disabilities exist, including speech and language disorders (difficulty in producing or interpreting communication), academic skills disorders (reading, writing, or arithmetic skill problems), and miscellaneous learning disabilities (fine motor skills problems, nonverbal learning disorder, and others).

Teachers can help children with learning disabilities by first recognizing the problem. All too often, children with learning disabilities are labeled as “dumb” or “unmotivated.” It is essential that these children be identified early, before they begin to see themselves as stupid and failing. Be suspicious if a fairly bright child has trouble learning certain skills. In such a case, you can make a referral to a school counselor or special education instructor. Every school district has its policy for screening learning disabilities. With the right help, most children with learning disabilities can overcome them. It is helpful to remember the following famous people who had learning disabilities: Albert Einstein, Thomas Edison, Nelson Rockefeller, Ludwig van Beethoven, Winston Churchill, Bruce Jenner, George Patton, Leonardo da Vinci, and Woodrow Wilson. Be mindful that as you interact with students with learning disabilities that you are, in fact, teaching all of your students attitudes and behaviors that they will mirror. You can facilitate your students in learning compassion and understanding for individuals with learning disabilities by doing the activities found at the end of the chapter.

Attention-Deficit/Hyperactivity Disorder

Attention-deficit/hyperactivity disorder (ADHD) is a common, chronic behavioral disorder characterized by inattention, hyperactivity, and impulsivity. **Inattention** is described as failure to finish tasks started, easy distractibility, seeming lack of attention, and difficulty concentrating on tasks requiring sustained attention. **Hyperactivity** is described as difficulty staying seated and sitting still, and excessive running or climbing. **Impulsivity** is described as acting before thinking, difficulty taking turns, problems organizing work, and constant shifting from one activity to another.

ADHD is believed to affect 5% to 10% of all school-age children worldwide. On average, at least one child in each classroom needs help with this disorder. It is diagnosed three times more frequently in boys than in girls. Some controversies have emerged regarding the prevalence of the ADHD diagnosis and drug treatment. The diagnosis is commonly made by a health professional who “draws a line” on a continuum scale of normal behavior indicating that he or she perceives the child’s behavior to be extreme. Many recommend additional psychological testing to look for and confirm cognitive impairment before making such a diagnosis.¹²

The cause of ADHD is unknown. Nevertheless, some evidence indicates that ADHD is the result of a developmental failure in the brain circuitry that controls attention, inhibition, and self-control, with dopamine playing a role. There is no known cure for ADHD. Hyperactivity and impulsivity decrease with age, but problems with inattentiveness persist. Approximately two-thirds of children with ADHD continue to exhibit significant levels of inattentiveness and impairment into adolescence.¹²

Helping Students with ADHD

Children with ADHD have a variety of needs.* Some children are too hyperactive or inattentive to function in a regular classroom, even with medication and a behavior management plan. Such children may be placed in a special education class for all or part of the day. In some schools, the special education teacher teams with the classroom teacher to meet each child’s unique needs. However, most children are able to stay in the regular classroom. Whenever possible, educators prefer not to segregate children, but rather to let them learn along with their peers.

Children with ADHD often need some special accommodations to help them learn. For example, the teacher may seat the child in an area with few distractions, provide an area where the child can move around and release excess energy, or establish a clearly posted system of rules and reward appropriate behavior. Sometimes just keeping a card or a picture on the desk can serve as a visual reminder to use the right school behavior, like raising a hand instead of shouting out or staying in a seat instead of wandering around the room. Giving a child with ADHD extra time on tests can make the difference between his or her passing and failing, and it provides the student with a fairer chance to show what has been learned. Reviewing instructions or writing assignments on the board, and even listing the books and materials they will need for the task, may make it possible for disorganized, inattentive children to complete their work. Many of the strategies of special education are simply good teaching methods. Telling students in advance what they will learn, providing visual aids, and giving written as well as oral instructions are all ways to help students focus and remember the key parts of the lesson.

Students with ADHD often need to learn techniques for monitoring and controlling their own attention and behavior. For example, students can be taught alternatives for what to do when they lose track of what they are supposed to be doing—look for instructions on the blackboard, raise their hand, or quietly ask another child. The process of finding alternatives to interrupting the teacher makes a student more self-sufficient and cooperative. In addition, because there is less interrupting, a student begins to get more praise than reprimands. **Box 1-4** contains resources that can help you become more effective at teaching students with ADHD.

Drug Treatment for ADHD

Stimulant drug treatment has been found to be very effective at helping individuals with ADHD concentrate, but there are some questions about the efficacy of using these drugs over the long term.¹² Stimulants such as **Ritalin** (methylphenidate) and **Dexedrine** (dextroamphetamine) have been used for some time. Newer drug formulations, such as **Adderall**



1-4

Internet Support

Internet Support for ADHD

Numerous online resources can help teachers be more effective while working with students with ADHD. Here are a few sites that provide many varied resources.

- ◆ [HELPGUIDE.org](http://www.HELPGUIDE.org) has information on ADHD causes, diagnosis, and treatment; parenting tips; and ways to help children with ADHD succeed in school, which includes tips for teachers.
- ◆ [ADD in School](http://www.addinschool.com) (<http://www.addinschool.com>) is a comprehensive website that provides teachers with classroom interventions and tips for working with youth with ADHD in elementary and secondary schools.

*Data from National Institute of Mental Health, *Attention Deficit Hyperactivity Disorder* (NIH Publication No. 96-3572), 2002. Available at <http://www.nimh.nih.gov/publicat/adhd.cfm>.

(a combination of four amphetamines, including Dexedrine) and **Concerta** (methylphenidate extended-release tablets), are popular because of their longer-acting properties. These pills can be taken by a child or adolescent once a day, instead of two or three times a day, eliminating the need for a dose to be taken at school.

As with all medications, there is the potential for side effects. While on these medications, some children may lose weight, have less appetite, and temporarily grow more slowly. Others may have problems falling asleep. Other side effects can include irritability, agitation, nervousness, and periods of sadness. Serious side effects include facial tics and muscle twitching. Most of the side effects that do occur can often be handled by reducing the dosage.

One important concern about stimulant drugs is their potential for abuse. When these powerful stimulant drugs are abused, abusers have suffered psychotic episodes, violent behavior, and severe psychological dependence on the stimulant. Stimulants used to treat ADHD are classified by the Drug Enforcement Agency (DEA) as Schedule II drugs, the most highly addictive drugs that are still legal. According to the DEA, drugs to treat ADHD rank among today's most-stolen prescriptions and most-abused legal drugs. Most abusers, DEA officials say, are children. Most dealers are children who are prescribed the drugs to treat ADHD. Parents of ADHD-affected children have also been found to abuse the stimulant drugs.

■ COMMON K-12 HEALTH PROBLEMS

Health problems that commonly show up in schools today include infectious and chronic health problems, accidents, and bullying. Teachers need to become well informed regarding student health problems and how to deal with them. We will now look at communicable and chronic health conditions. The *Violence Prevention and Safety Promotion* chapter deals with accidents and bullying.

Communicable Health Conditions

Common health conditions that can spread from one student to another include colds, strep throat, flu, conjunctivitis, diarrhea, impetigo, and lice. Teachers need to model and teach vigilant habits of hand washing and covering the mouth with something other than our hands when we sneeze or cough. Students need to understand that it is important to stay at home when they are sick so that they do not spread their illness to others. Teachers also need to develop the practice of disinfecting commonly touched items in the classroom and teach students not to share combs and hats.

The Centers for Disease Control and Prevention (CDC) has issued the following guidelines for precautions against the spread of viruses. Following and teaching these measures will minimize the spread of infectious diseases in schools.

- ◆ *Avoid close contact.* Avoid close contact with people who are sick; keep your distance from others to protect them from getting sick, too.
- ◆ *Stay home when you are sick.* If possible, stay home from work, school, and errands when you are sick. You will help prevent others from catching your illness.
- ◆ *Cover your mouth and nose.* Cover your mouth and nose with a tissue when coughing or sneezing. This behavior may prevent those around you from getting sick.



Students of all ages need to be reminded to frequently wash their hands.

- ◆ *Clean your hands.* Washing your hands often will help protect you from germs.
- ◆ *Avoid touching your eyes, nose, or mouth.* Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.
- ◆ *Practice other good health habits.* Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious food.

Today we are grateful to have immunizations for many of the communicable diseases that debilitated and killed our ancestors, but we are still vulnerable. The H1N1 virus (swine flu) outbreak that originated in Mexico in April 2009 highlighted how concerned scientists are that a microbe will one day emerge that is as devastating as the 1918 virus flu pandemic, which killed 50 million people worldwide.¹³ Influenza viruses and other microorganisms are constantly mutating. Every year scientists try to predict which new strains of flu viruses will be problematic and formulate flu shots to help us be prepared for our encounters with them. Unfortunately, indiscriminate use of antibiotics both in the United States and abroad creates a breeding ground for the growth of drug-resistant microorganisms, known as “super-germs.” We need to be careful personally not to abuse antibiotics and to teach our students that antibiotics don’t help when we are infected with viruses.¹⁴

As of 2013, the Department of Health and Human Services recommended that children receive the following immunizations by the time they enter school: hepatitis B, rotavirus, diphtheria/tetanus/pertussis (DTaP), *Haemophilus influenzae* type b (Hib), inactivated poliovirus (IPV), measles/mumps/rubella (MMR), and varicella. The following immunizations are recommended for certain high-risk groups: pneumococcal (PCV), hepatitis A, and meningococcal (MCV). Influenza vaccination is recommended yearly. For children age 11 or 12 and 13 to 18, the following immunization and boosters are recommended: tetanus/diphtheria/pertussis (Tdap), human papillomavirus (HPV), and meningococcal virus (MCV).¹⁵

Chronic Health Conditions

The term **chronic** refers to illnesses or conditions that are long-lasting. When a person has a chronic illness, the symptoms of the illness may be reduced or even go away for periods of time, but the person still has the same underlying condition.

Most teachers will encounter children with chronic health conditions in their classroom because more than 5 million school-age youth are affected by chronic health conditions.¹⁶ The chronic health conditions most commonly seen in students are defined briefly here. **Asthma**, the most common chronic disease of childhood, periodically causes breathing difficulties that result from the constriction of the airways in the lungs. In **diabetes**, the body does not absorb the sugar in food as a result of the failure of the pancreas gland to produce the hormone insulin. **Epilepsy** is a general term used to describe different types of seizure disorders or temporary disruptions of electrical impulses in the brain that result in seizures. **Cerebral palsy** is a term used to describe a group of chronic conditions caused by damage to the brain that affects body movements and muscle coordination. Such damage usually occurs during fetal development or during infancy, but it can also occur before, during, or shortly following birth. **Congenital heart disease** is the result of a defect in the heart that is present at birth, whereas **acquired heart disease** develops during childhood, usually as the result of a viral or bacterial infection. **Cancer** refers to several diseases in which cells grow in an out-of-control manner, develop abnormal sizes and shapes, destroy neighboring cells, and can spread to other organs and tissues. Leukemia, lymphoma, and brain cancer are the most common childhood cancers. **Spina bifida** is a birth defect resulting from incorrect development of the spinal cord that can leave the spinal cord exposed after birth.

Children with chronic health conditions have special challenges and concerns. They want to be like everyone else and worry about being rejected by their classmates. They worry about being teased and excluded. In addition to these stresses, they must cope with the effects of the illness and the treatments that they undergo. Often these factors make it difficult to put all of their energy into schoolwork. For their part, teachers worry about these students and about their own competence in responding appropriately to any medical emergencies that might arise in the classroom. They ask themselves: What should I do if an epileptic child has a seizure in my classroom? What should I do if a diabetic child has a diabetic emergency? It is critical, then, that school personnel working with students with chronic health conditions have an understanding of the various health conditions and emergency management procedures of their students. The following are some tips:

- ◆ Your attitude of kindness, empathy, and acceptance toward others generates similar attitudes in the classroom. Your students will watch you and model your behavior.
- ◆ Know the protocol for possible emergencies. Make sure that the school nurse provides you with sufficient information about the medical conditions of students in your classroom.
- ◆ Be sensitive to when not to show concern, such as when a child with cystic fibrosis is coughing. The cough is important to clear the lungs. Paying too much attention to a symptom often makes it worse and reinforces a child’s sense of shame.
- ◆ Children with medical problems are often overly sensitive. Don’t perceive their behavior as babyish or immature or as a serious emotional problem. By reinforcing positive age-appropriate behavior, you are most likely to increase it.

When school personnel, parents, and health professionals work in partnership and in a creative manner, having children with chronic health conditions in the classroom can be a stimulus for the growth of everyone in the classroom environment. An example is a second-grade student with spina bifida who asked for classmates to receive orientation about his disease after classmates teased him when he had urine leakage. During the session, classmates asked many questions, including whether he would have children and whether he would live. Because of the careful preparation and support, he was not surprised by the questions and could answer them honestly. Once the children understood his condition, he was seen as “normal” and accepted with no further teasing.

1-5

Activities for Creating a Warm Emotional Climate

These activities and others found later at the end of Chapter 3 can help you create a warm caring classroom and school environment. Each activity can be embellished and modified to meet varying grade levels. We have identified the likely appropriate grade level(s) for use:

P: primary, kindergarten through third grade
I: intermediate, fourth through sixth grade
J: junior high
H: high school

Susan Boyle

Play a clip of Susan Boyle’s performance on the TV show *Britain’s Got Talent*. Discuss the audience’s reaction before and after she sang—how and why their judgment of her changed. She touches us because we can all in some way identify with her. Discuss how we all might not be able to sing, but we all have talents, and that we all benefit when we encourage one another other to develop our unique talents. (P, I, J, H)

Admirable Graffiti

Wrap your classroom door with construction paper. Tell students that they can write on the door whenever they want to record an admired action or attitude they have observed in one of their classmates. (P, I, J, H)

Positive Tattle Telling

- ◆ Have students draw and display posters showing good things (helping, comforting, complimenting, being kind) that they catch somebody doing.
- ◆ Have students write good things that they catch classmates doing on pieces of paper and place the papers in a “tattle box.” Read the papers at the end of the day or week.
- ◆ Include parents by having them catch and record their child doing good at home. Parents can then share through e-mail, letters, or phone interviews. (P, I)

Activities for Building LD Empathy

You can help your student acquire empathy for those struggling with learning disabilities by doing the following activities.

- ◆ Have students try to write a sentence with the hand they normally don’t use for writing.
- ◆ Have students hold a piece of paper up to a mirror and try to write their names, a short story, or do a math problem while only looking in the mirror.
- ◆ Retype a story or text page with all the *b* and *d*, *c* and *e*, and *m* and *n* letters switched. Have students try to read it quickly.
- ◆ Give students a timed math quiz where all the numbers have been written on their papers in mirror image format. (P, I)

(Additional hydraulic-lift-type activities can be found in Box 3-4 in Chapter 3.)

KEY TERMS

pyramid of influence 2
circle of concern 3
circle of influence 3
proactive people 3
reactive people 3
connectedness 5
self-fulfilling prophecies 5
discipline 7
teeter-totter 9
reverse teeter-tottering 9
teeter-totter syndrome 9
hydraulic lift 9
ethnocentricity 10
racism 10
stereotypes 10
prejudice 10
learning disability (LD) 12

attention-deficit/hyperactivity disorder (ADHD) 12
inattention 12
hyperactivity 12
impulsivity 12
Ritalin 13
Dexedrine 13
Adderall 13
Concerta 14
chronic 15
asthma 15
diabetes 15
epilepsy 15
cerebral palsy 15
congenital heart disease 15
acquired heart disease 15
cancer 15
spina bifida 15

KNOWLEDGE CHECK!

1. Define, differentiate, and discuss the key terms and their relative importance in this chapter.
2. Identify the three major areas of a teacher's pyramid of influence. Discuss each pyramid area by relating concepts discussed in the chapter that relate to it.
3. Discuss the principle behind the circle of concern and the circle of influence, and cite some examples from the chapter. What can you specifically do to enlarge your circle of influence?
4. Describe the characteristics of effective teachers, including the healthy and ethical behaviors they model. What do you exemplify and what do you need to work on?
5. What did Frank O'Malley do that made him such an effective teacher?
6. Which three key things did William Bennett find were characteristic of exemplary classrooms? What are "connected" students less likely to do?
7. Discuss how negative and positive labeling takes place at school and how labeling affects student behavior and learning. Discuss how teachers communicate their expectations for their students and how teachers can overcome negative scripting.
8. Explain why classroom policies and procedures are important, when they should be taught, and what a teacher can do when a procedure is not followed.
9. Explain why teacher self-discipline is important, and identify the Teachers' 10 Commandments.
10. Discuss how classroom rules should be enacted, communicated, and enforced.
11. Discuss the habits and effects of teeter-tottering and hydraulic lifts. Explain how teachers can make their classrooms teeter-totter-free zones.
12. Describe how you can celebrate diversity in your classroom and be ethnically sensitive.
13. Explain how schools can best meet the emotional needs of students.
14. Identify things that teachers can do to help ESL students in the classroom.
15. Describe the various forms of learning disabilities, explain how teachers can help students with learning disabilities, and describe how teachers can teach empathy for LD individuals.
16. Identify the signs of ADHD and explain what teachers can do to help children with ADHD.
17. Discuss ADHD drug treatment, including its controversies.
18. Identify infectious health conditions commonly found among K–12 students and the CDC's precaution guidelines.
19. Identify recommended immunizations for K–12 students.
20. Discuss the chronic health conditions that teachers are most likely to encounter in their students, and explain how teachers can help children with chronic health problems.

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