California Association for Health, Physical Education, Recreation and Dance

e-Journal

Inside this Issue

CAHPERD
2017-2018 BOARD OF DIRECTORS

EXECUTIVE COMMITTEE

Cindy Lederer, President
Brent Powell, Past President
Tim Hamel, President-Elect
Joanie Verderber, Treasurer
Barbara Ann Buckalew, Executive Director

Vice Presidents

Health Education: Kimberly Ohara

Physical Education: Chris Gentry
VP Elect: Ken Dyar

Recreation: Barbara Hupp
VP Elect: Rose Kwok

Dance: Carrie Woodson
VP Elect: Christine Berni-Ramos

Interscholastic Athletics: Lawrence Trigg
VP Elect: Ashley Sunamoto

District Coordinators

Bay District: Kathy Tronvig
North Central District: James Clemmer
Southern District: Chad Fenwick
Northern District: Vacant
South Central District: Kristine Jacobson

Parliamentarian

Robin Ballard

House of Regions Chair

Julie Kuehl-Kitchen

House of Representatives Chair

Maureen Ferrel

Seniors/Retired Members

Betty Hennessy

Future Professionals

Damian MacDonald

State Office Staff

Barbara Ann Buckalew
Executive Director
Shelby Heinlein
Administrative Assistant

President's Message

Fall 2017
From an educator's desk…..

The fall for me was always a time to start thinking about my program and how I can do more for my students. Some of the questions I would ask myself include:

- How can I change and add to my lessons to show evidence that my students really understand content?
- Do I need to change my classroom management and/or add new information about the campus to fit student needs?
- What Health and PE projects can I give my students that are relevant to them today?
- How will I integrate more technology in my content?
- How can I do a better job of infusing Health Related Fitness content within my lessons?

Most of the answers to my questions came from ideas that I learned at workshops, clinics and conferences during the year. It was important to me to grow as an educator. When attending these different events, it felt good to be learning new things for my students, while surrounded by others who felt the same way. This is what I believe a Professional Educator should do. So I asked myself, "What really makes a Professional Educator?"

Next I googled the "Definition of a Professional Educator." This led me to a list from the Arkansas State Teachers Association, by Gene Bedley, (1986 PTA National Educator of the Year and 1994 Milken Foundation National Educator) on "What is a Professional Educator." (http://www.astapro.org/index.php/about-us/the-professional-educator) The article was not dated, but a few things that he listed stood out to me:

- "Professional educators recognize that change is the norm. They are growth-oriented and consider themselves life long learners and contributors."
- "Professional educators are catalysts in promoting calculated risks that advance their profession and enable everyone access to success."
- "Professional educators are accountable to their clients, community, parents and students, providing a quality educational program for all children."
- "Professional educators belong to an organization that promotes their profession above personal gain."

I could not have said it better myself. Thank you Mr. Bedley.

I wish all of you the "BEST" for this school year. Hope to see all of you in February at CAHPERD 2018, in Oakland!

Cindy Lederer
2017-18 CAHPERD President

Editor's Message

The collection of health, physical education, recreation, and dance leaders that make CAHPERD what it is today should be reflected in every aspect of the association. This includes the journal. You will note that not all peer-reviewed articles within this publication are original research articles. Although this type of article is valuable and should be a central part of the CAHPERD Journal, it is not the only type of article we intend to publish. This journal is not intended to be the voice of higher education alone. As a result, we encourage CAHPERD members from all areas to consider submitting articles. These may include original research in the HPERD disciplines, literature reviews (especially those that summarize California literature), or practical manuscripts related to the HPERD discipline.

The collection of authors in this issue are professors in higher education and graduate students and future educators. If you have quality information that could make an impact for others in your field we would like to consider what you may provide. If you would like to be inspired by what this journal might be with your support, consider the publications produced in the Journal of Physical Education Recreation and Dance (SHAPE America, 2017). This SHAPE America Publication is a valuable resource because it includes relevant information from individuals across the spectrum of SHAPE America members.

Perhaps I am biased because I get to see the excellent sessions that occur at the CAHPERD State Conference and other regional conferences, but I believe that this journal will thrive if the readers will consider how they might contribute to this publication. The slogans of the 2017 CAHPERD Conference (STRONGER) and the 2018 CAHPERD Conference (FEEL THE CHANGE) are appropriate slogans for this growing journal. With your support, this journal will help to make CAHPERD STRONGER, which I believe will result in positive CHANGEs in our state. Thank you for your time, and for reading and considering the Journal.

Sincerely,

Editor-In-Chief
Chris Gentry
VP of Physical Education
Department of Kinesiology
CSU, San Bernardino

Associate Editor
Cindy Lederer
President

Associate Editor
Tim Hamel
President-Elect
Department of Kinesiology
CSU, Fresno

COMING TOGETHER IN MEMORIAM

Robert M. Flavin

Robert "Bob" Flavin loved CAHPERD and its members. In turn, we certainly appreciated him. Our 56th CAHPERD president was a recipient of the esteemed Verne Landreth Award, as well as the Phyllis Blatz Exemplary Leadership and Honor awards. The CAHPERD state conference, held in Monterey during his presidency, was a memorable one. Years later, he shared his experience when he joined the Ontario Conference Committee and helped to plan the 80th anniversary celebration. Bob always seemed to be serving on a CAHPERD committee. He was dedicated to the Jump Rope for Heart efforts, and also served as Budget Chair for three years.

On the home front, Bob and his wife Ginny raised a family of nine. This Fullerton resident enjoyed keeping us informed as his family expanded to include 19 grandchildren, 10 great grandchildren and 5 great-great grandchildren. Needless to say, as his family expanded, we realized that we, too, enjoyed many wonderful years together at various CAHPERD meetings and conferences. CAHPERD members could always expect to hear a good Irish joke, said with an appealing Irish smile and accent.

As a World War II veteran, Bob, in 2015, was invited by the Honor Flight Network of Orange County to visit the WWII Memorial in our nation's capital. He had enlisted in the U.S. Army in 1943 while a senior at Loyola High School. After graduation, he was on his way to Amarillo, Texas for Basic Training. Trained in Basic Radio and Radar, he was eventually transferred to the Army Signal Corps for further training in Navy radar. When serving on the United States Victory Ship SR -1, he operated the radar and radio on the bridge of the ship and slept on the "poop deck."

Upon returning to civilian life in 1949, Bob majored in physical education and history at Whittier College. He accepted a position with the Montebello School District where he taught physical education to junior high school students, coached, and worked in the afterschool and summer programs. After completing his master's degree at Whittier College, Bob was assigned to the district office in 1964. In 1973, he became District Consultant in Physical Education and Recreation.

Always a contributor to the organization, Bob Flavin was often referred to as the "Godfather of CAHPERD" because of his knowledge of our history, membership, and Constitution and Bylaws. He is deeply missed.

Peer Reviewed Article

The Influence of Adventure-Based Learning / Social Skill Instruction on 5th Grade Students' Behaviors During Physical Education

Amaury Samalot-Rivera, Ph.D., CAPE
Department of Kinesiology
The College of Brockport
State University of New York

Paul T. Stuhr, Ph.D, RFSA
Department of Kinesiology
California State University,
San Marcos

Esther Ortiz-Stuhr, Ph.D.
Department of Kinesiology
California State University,
San Marcos

Takahiro Sato, Ph.D., CAPE
School of Teaching, Learning
and Curriculum Studies
Kent State University

ABSTRACT

The purpose of this behavior analysis study was to examine the effect of adventure-based learning (ABL) and social skills instruction on the acquisition and maintenance of appropriate behaviors of elementary children during regular and inclusive physical education (PE). Participants were four 5th grade students (one female and three males – one with special needs) from California and Puerto Rico. An Applied Behavioral Analysis (ABA) Reversal design was used to evaluate the effects of the ABL unit of instruction on appropriate and inappropriate behaviors during PE across acquisition and maintenance (Cooper, Heron, & Heward, 2007). Instructional sessions occurred three times per week and were between 20 and 35-minutes in duration for a period of 5 weeks. Two elementary physical educators were trained and then taught a 10-session (California) and 8-session (Puerto Rico) ABL unit to their 5th grade students at their respective sites. Four social relationship skills (responsibility, caring, helping others, and respect) were identified and practiced during the ABL activities. Results of this applied behavior analysis study showed that ABL/social skills instruction was an effective strategy to increase appropriate behaviors and decrease inappropriate ones for the participating 5th grade students during PE.

Keywords: social skills, disability, adventure-based learning, 5th grade physical education, applied behavioral analysis

Introduction

Lack of discipline and control has been cited as major obstacle for effective instruction in physical education (PE) (Lavay, French, & Henderson, 2006). Lack of social skills can play a role in misbehavior for students in PE (Samalot – Rivera & Porretta, 2012). Social skills are learned behaviors necessary for individuals to get along successfully with others in both school and community settings (Sheridan, 2000). Ormrod (1999) asserted that most behaviors are learned and thus direct instruction can be used to teach appropriate social behaviors. In general, social skills training have been reported as representing a potentially effective approach to enhancing behavior, especially with regard to facilitating integration into general education classes.

PE and sport settings offer unique venues where students can learn to exhibit appropriate

social skills. Typically, students participate in small or large groups and are expected to socially interact. Yet, while these settings offer unique educational experiences where students can act socially, the development of social skills does not happen automatically (Hellison, 2011). Appropriate social behavior can improve when interventions are implemented (Balderson & Sharpe, 2005). According to Buchanan (2001), specific instructional strategies need to be used to develop social skills in PE. A number of investigators have used various interventions to improve social skills in physical activity contexts on individuals with and without disabilities (Vidoni & Ward 2009, Samalot-Rivera & Porretta, 2012, Madrid-Lopez, et al., 2016). However, few research studies have been conducted to enhance the social skills of students in inclusive settings during PE (Samalot-Rivera & Porretta, 2012). Samalot-Rivera and Porretta (2012) studied the effectiveness of a social skill curriculum intervention on the acquisition and transfer of appropriate social behaviors through PE on students with emotional disturbance. The intervention consisted of three sets of social skills: appropriate behaviors when winning, appropriate behaviors when loosing and appropriate behaviors during the game. Results demonstrated that the intervention was effective in increasing appropriate behavior and decreasing inappropriate behavior during PE. Furthermore, social validity data demonstrated that parents and teachers valued the program intervention. Vidoni and Ward (2009) examined the effects of Fair Play Instruction on middle school physical education classes during a tag rugby unit. The Fair Play intervention consisted of: (a) students developing a chart with fair play cues to be accomplished during the lesson, (b) teacher's prompts and praise during the lesson related to fair play behaviors, and (c) positive pinpointing of fair play behaviors used by students during the lesson closure. Fair Play Instruction was consistently effective in increasing students' active participation, and in decreasing waiting time for all participants. Also, it was effective in decreasing the number of harmful behaviors. Further, social validity data from this study provided strong evidence that teachers and students valued the intervention.

The purpose of this study was to examine the effect of adventure-based learning (ABL) /social skills instruction on the acquisition and maintenance of appropriate behaviors of 5th grade elementary children during a general and an inclusive PE classroom in California and Puerto Rico. ABL has been used in PE to help students develop intrapersonal and interpersonal relationships (Sutherland, Ressler, & Stuhr, 2009). ABL is a type of student-centered curriculum that uses physical teambuilding activities to promote the development of social skills (Cosgriff, 2000; Dyson & Sutherland, 2014). This non-traditional PE curriculum model allows students to focus on the social "processes" used in completing the activity rather than solely on getting to the outcome (Dyson & Sutherland, 2014). De-emphasizing a win-at-all-costs mentality with ABL activities promotes student utilization of social skills that have been introduced by the instructor, with the goal of further development of such said skills. A large and critical component to an ABL curriculum is the use of a debrief (i.e., teacher-guided reflection) at the end of the activity. The debrief allows for the students to reflect on the social skills taught and potentially used during the lesson. The ABL curriculum was used along with the social skills instruction as a means to help promote appropriate student behavior.

Methods

Participants

The four participants in this study were two Caucasians students (one female and one male) from California and two Hispanic students (both males) from Puerto Rico attending 5th grade at their respective schools. Participants for this study were identified and selected by the PE teacher using the following selection criteria: students who lack social skills and misbehave in PE (see table 1), and students with a diagnosed disability that affects their social interactions. The school in Puerto Rico was located in an urban setting from low social economic background in the town of Bayamon, Puerto Rico. Two students from 5th grade inclusive PE class were selected by the classroom teacher. One of these two students had an Individualized Education Plan (IEP) due to learning disabilities. The second student was selected because he was identified with a lack of social skills during PE. The school in California was in a suburban middle social economic status area from Southern California. Two students from a general 5th

grade PE class participated. One was selected because he previously showed a lack of social skills during PE. The second student selected did not show any lack of social skills. Researcher in California wanted to see if there were any differences between the student who demonstrated appropriate social skills and the one who showed lack of such said skills.

Design

An ABA Reversal design was used to evaluate the effects of an ABL/social skills unit of instruction on appropriate and inappropriate behaviors during PE across acquisition and maintenance (Cooper, Heron, & Heward, 2007). ABA is a type of single-case design used to examine the effect of a treatment on the behavior of a single participant. ABA design involves establishing a baseline condition, introducing and experimental treatment, and then returning to the baseline to see what effects the intervention had on the targeted behaviors. Definition of appropriate and inappropriate behaviors during PE are provided in table. 1.

See Table 1.

Instructional sessions took place three times per week and were between 20 and 35-minutes in duration. Two elementary physical educators were trained and then taught a 10-session (California) and 8-session (Puerto Rico) ABL unit to their 5th grade students at their respective sites. The physical education teacher from Puerto Rico was considered by many one of the best teachers in the region. This teacher had a master's degree in PE and had taught for more than 20 years. Further, this teacher served as a cooperating teacher for one of the teacher preparation programs on the island. In California, the physical educator had over 25 years of teaching experience. She had a master's degree in PE and was a National Board Certified Teacher.

Four social relationship skills (responsibility, caring, helping others, and respect) were defined and practiced during the ABL activities. A valid social validity questionnaire was used and administered to the teachers and classroom aids to assess their attitudes and perceptions about the validity of the intervention (Samalot-Rivera & Porretta, 2012).

Baseline

Participants were observed for occurrence of all dependent variables (appropriate and inappropriate physical or verbal behaviors) during PE prior to intervention in each research school site. Once a relatively steady state of responding was achieved, the intervention was introduced. Since participants were observed in sessions offering a variety of activities, it was impossible for absolute stability to be achieved.

Training

Researchers trained teachers to deliver the intervention by providing them with the necessary knowledge and resources to be prepared and feel comfortable implementing the intervention. A total of 5 training meetings occurred. During training, teachers were introduced to each one of the target social skills and implementation strategies to be used during the study. Four social relationship skills (caring, helping others, respect, and responsibility) were defined with examples (see table 2) and discussed during training. Each teacher was given a complete set of the ABL lessons to be used as part of the intervention. Because the teachers were unfamiliar with ABL, they were provided with videos that showed 10 ABL activities being facilitated. The purpose of these videos was to provide the teachers with a visual on what some of the ABL activities actually looked like in action. The teachers were instructed to watch these videos on their own time. The videos provided the teachers with a sample of how the ABL activities could be facilitated.

See Table 2.

Intervention

Each teacher used detailed lesson plans provided by the investigators, which were modified from curriculum developed and used by Samalot-Rivera and Porretta (2009; 2012). The lesson plans included the following parts: lesson objective (including the intended social skill outcome, introduction to the social skill to be discussed / taught (demonstration of appropriate and inappropriate examples of the target social skill), ABL activity to participate in, debrief questions for the reflection and equipment to be used (see table 3). Following the social skill instruction, students had a

chance to practice the social skill during the ABL activities during PE. Feedback and prompts were provided by the teacher during the class. The feedback was specific to the lesson focus. For example, when students were not using the discussed social skill of "caring", a prompt as a reminder was provided (e.g., *"class, remember to congratulate others,*" *"be sure to pick up all the equipment," "did you say thank you"*).
See Table 3.

At the end of each lesson, the teachers conducted a reflection using the Sunday Afternoon Drive debrief model (Sutherland, Stuhr, & Ressler, 2012; Stuhr & Sutherland, 2013). The reflection/ debrief was used to discuss the social skill, the implementation of it during class situations, and how students could apply the social skill outside the class (i.e., transfer of learning). The Sunday Afternoon Drive debrief model is based upon Kolb's (1984) experiential learning cycle, and provides opportunity during the debrief for student-centered reflection. The aim of the model is to offer facilitators tools that promote the transfer of social skills, for students beyond PE. The model is comprised of eight features/techniques: frontloading, choice of vehicle, who sits where, co-pilot, start the car, GPS recalculating, nearing the final destination, and final destination. The Sunday Afternoon Drive debrief model has been shown to be a credible tool in promoting robust and effective student-centered reflection (Sutherland, Stuhr, & Ressler, 2012; Stuhr & Sutherland, 2013). Please see Sutherland et al. (2012) or Stuhr & Sutherland (2013) for a more extensive/in-depth discussion of how the model can be implemented at the K-12 level.

Maintenance

The maintenance phase began following the completion of the intervention for all participants at both sites. In the maintenance phase, the intervention was withdrawn while target behaviors continued to be observed for the following two sessions.

Procedures

Data were gathered from videotaped sessions in the PE class for both sites. One video camera was placed outside the activity area and strategically positioned to capture both video and audio information. It is important to mention that students were not wearing microphones and were too far from the video camera, so most of the behaviors coded were physical, especially for the California site. Teachers and observers (teacher, master degree students in physical education and a college professor) were trained to code the dependent variables exhibited by the participants during the different phases of the study. For the purpose of data collection, the dependent variables of this study were appropriate and inappropriate physical or verbal behaviors during the PE lessons (see table 1). Every occurrence on the videos that was appropriate and inappropriate was coded. Interobserver reliability data were collected by the principal investigator and trained independent observers during randomly selected sessions. Procedural integrity was established through videotaped sessions to ensure that the independent variable was implemented as intended. Social validity data were obtained from teachers and parents to assess the social importance of the instruction to daily living. Social validity assesses the social acceptability of the target behaviors and intervention (Cooper et al., 2007). Visual analysis of the target behaviors was performed using a graphical representation of the data. Data analysis consisted of a trend analysis, which allows one to inspect each participant's behaviors across time. In addition, mean increases and decreases of appropriate and inappropriate behaviors were presented.

Results

Interobserver agreement

Interobserver agreement (IOA) was conducted on 30% of randomly selected sessions. IOA was calculated by dividing the smaller number of behaviors by the greater number of behaviors and multiplying the result by 100 (Cooper, Heron, & Heward, 2007). The IOA across all participants were (82.5%) for Puerto Rico and (84.9%) for California. These percentages exceed the recommended average of 75% as specified by Cooper et al. (2007) when multiple behaviors are evaluated by 2 or more observers. Videotapes from the physical education baseline were used to practice coding the dependent variables.

Procedural Integrity

To ensure that the intervention was applied in an accurate and consistent manner, random intervention sessions were evaluated using a procedural integrity checklist with the following criteria: the teacher explains the social skill of the day, teacher provides examples of the social skill, teacher asks students about their experiences using or not using the social skill, teacher provides appropriate examples and models how to use the social skill in PE, teacher provides inappropriate examples of the social skill in PE, teacher provides feedback and prompts to students during class, and the teacher concludes class with a debrief session. In Puerto Rico, the average for procedural integrity was 93% and in California 95%, both acceptable percentages. During intervention, the investigator provided feedback to the teacher on how to maintain and improve the intervention protocol.

Participant 1

See Figure 1.

Figure 1 illustrates the number of appropriate and inappropriate behaviors for each session during baseline, intervention, and maintenance. The mean numbers of appropriate behaviors were as follows: baseline – 1.3, intervention – 4.7, and maintenance – 12.5. The mean numbers of inappropriate behaviors were as follows: baseline – 12.5, intervention – 3.4, and maintenance – 2.0.

Participant 2

Figure 2: Student 2 (Puerto Rico) Male with Special Needs. **See Figure 2.**

Figure 2 illustrates the number of appropriate and inappropriate behaviors for each session during baseline, intervention and maintenance. The mean numbers of appropriate behaviors were as follows: baseline – 1.5, intervention – 3.7, and maintenance – 9.5. The mean numbers of inappropriate behaviors were as follows: baseline – 0.75, intervention – 0.71, and maintenance – 0.5.

Participant 3

Figure 3: Student 3 (California) Male. **See Figure 3.**

Figure 3 illustrates the number of appropriate and inappropriate behaviors for each session during baseline, intervention and maintenance. The mean numbers of appropriate behaviors were as follows: baseline – 14.8, intervention – 19.9, and maintenance – 16.0. The mean numbers of inappropriate behaviors were as follows: baseline – 33.5, intervention – 4.7, and maintenance – 6.5.

Participant 4

Figure 4: Student 4 (California) Female. **See Figure 4.**

Figure 4 illustrates the number of appropriate and inappropriate behaviors for each session during baseline, intervention and maintenance. The mean numbers of appropriate behaviors were as follows: baseline – 24.8, intervention – 19.1, and maintenance – 11.5. The mean numbers of inappropriate behaviors were as follows: baseline – 8.25, intervention – 2.1, and maintenance – 2.5.

Discussion

The social skills intervention resulted in three of four participants (75%) increasing their appropriate behaviors during intervention phase. All four participants (100%) decreased their inappropriate behaviors during intervention phase. Overall, the ABL/social skills intervention was effective in changing social behaviors in the PE setting during the intervention phase.

Upon further inspection, behavior changes during the maintenance phase were effective. Participants 1 and 2 (Puerto Rico) had a slight decrease on appropriate behaviors once the intervention was withdrawn. Further inappropriate behaviors slightly increased in comparison with intervention phase demonstrating the effectiveness of intervention on behavior change. However, after reviewing videotapes, the researchers noticed that the teacher providing the intervention in Puerto Rico did not withdraw positive reinforcement and prompting during the second session of maintenance causing appropriate behaviors to increase. For participants 3 and 4, appropriate behaviors slightly decreased during maintenance phase and inappropriate behaviors slightly increased providing evidence that the intervention had an effect on students' behavior change.

Data obtained from the social validity questionnaire provides support for the intervention used in this study. The instruction was seen by

teachers and parents as a positive and effective manner to teach students appropriate ways to behave in PE. Overall, respondents believed that the intervention was effective in increasing appropriate behaviors and decreasing inappropriate ones. The purpose of this study was to examine the effect of ABL/social skills instruction on the acquisition and maintenance of appropriate behaviors of elementary children during general and inclusive PE classrooms. The instruction consisted of teaching participants' appropriate ways to behave in the PE class focusing on four social relationship skills (responsibility, caring, helping others, and respect). The Sunday Afternoon Drive Model (Sutherland et al., 2012) was used during the reflective period (i.e., debrief) at the end of each session to help the participants develop each social skill further. Elements of social skill (Samalot- Rivera & Porretta, 2012) were incorporated into the intervention. These elements were: (a) modeling, (b) feedback, (c) guided practice, (d) role playing, and (e) reinforcement. It is interesting to note that social skill elements included in this intervention were effective in changing student behavior supporting other intervention studies where positive social skill changes took place (Moore, Cartledge, & Heckman, 1995: Samalot-Rivera & Porretta, 2012). Based on the visual analyses of the data, results show that the social skills instruction had a positive effect by increasing appropriate behaviors and decreasing inappropriate ones in the PE setting.

Limitations and Recommendations

A limitation of this study was that the training videos that provided samples of ABL instruction were not used in Puerto Rico. Instead, one of the researchers explained and then provided a demonstration to the teacher on how to facilitate the ABL activities. It is recommended that for future studies that training protocol is identical for both sites. Also in one of the sites (Puerto Rico) there was an issue in which the teacher continued providing positive reinforcements and prompts to the students during the second session of maintenance. This could have been avoided if procedural integrity was conducted during the first session of maintenance. It is recommended for future studies that procedural integrity be conducted in the first session of each phase to avoid this type of situation. After analyzing the results of this study there are some suggestions for future research in the PE field. Based on the positive results of this study, we recommend that the ABL/social skills curriculum be used in PE class from early ages to develop a solid base of social development and appropriate behavior during PE and sports. We also recommend and emphasize the importance of explicitly teaching social skills that can lead to increased appropriate behaviors and decreased inappropriate behaviors in PE (Samalot-Rivera & Porretta, 2012).

Conclusion

Results of this study demonstrated that ABL/social skills instruction was an effective strategy to increase appropriate behaviors and decrease inappropriate ones for the 5th grade participants during PE class. These results are aligned with basic principles of social skills in that people learn from one another when they observe, imitate, and model behaviors (Samalot-Rivera & Porretta, 2009). In general, these results support previous research on ABL and social skills instruction in PE for regular and inclusive settings. That is, appropriate social behavior can be defined, explicitly taught, and assessed as content in PE (Samalot & Porretta,2012: Vidoni, 2003: Vidoni & Ward, 2009).

References

Balderson, D., & Sharpe, T. (2005). The effects of personal accountability and personal responsibility instruction on select off-task and positive social behaviors. *Journal of Teaching in Physical Education, 24*, 66–87. https://doi.org/10.1123/jtpe.24.1.66

Buchanan, A. M. (2001). Contextual challenges to teaching responsibility in a sport camp. *Journal of Teaching in Physical Education*, *20,* 155-171. https://doi.org/10.1123/jtpe.20.2.155

Cooper, J. O., Heron, T. E., & Heward, W. L. (2007). *Applied Behavior Analysis 2nd ed.* Columbus, OH: Merrill.

Cosgriff, M. (2000). Walking our talk: Adventure based learning and physical education. *Journal of Physical Education New Zealand*, Special millennium issue: A tribute to teachers, 33(2), 89-98.

Dyson, B., & Sutherland, S. (2014). Adventure education in your physical education program. In: Lund, J., &Tannehill, D. (Eds), *Standards-Based Physical Education Curriculum Development* (5th ed.) (pp. 229-254). Burlington, MA: Jones and Bartlett Learning.

Hellison, D. (2011). *Teaching responsibility through physical activity* (3rd ed.) Champaign, IL: Human Kinetics.

Kolb, D. A. (1984). *Experiential learning*. Englewood Cliffs, NJ: Prentice Hall.

Lavay, B.W., French, R., & Henderson, H.L. (2006). *Positive behavior management in physical activity settings* (2nd ed.). Champaign, IL: Human Kinetics.

Madrid-Lopez, P., Prieto-Ayuso, A., Samalot-Rivera, A. & Gil-Madrona, P.(2016). An extracurricular proposal for the promotion of appropriate attitudes in physical education and sports. *Retos*, 30,36-43.

Moore, R.J. , Cartledge, G. & Heckman, K. (1995). The effects of social skill instruction and self- monitoring on game-related behaviors of adolescents with emotional disorders. *Behavioral Disorders, 20*, 253-266.

Ormrod, J. E. (1999). *Human learning* (3rd ed.).Upper Saddle River, NJ: Pertinence Hall.

Samalot-Rivera, A. & Porretta, D.L. (2009). Perceptions and practices of adapted physical educators on the teaching of social skills. *Adapted Physical Activity Quarterly, 26*, 172-186. https://doi.org/10.1123/apaq.26.2.172

Samalot-Rivera, A. & Porretta, D.L. (2012). The influence of social skills instruction on sport and game related behaviors of students with emotional or behavioral disorders. *Physical Education and Sport Pedagogy, 17,* 1-16.

Sheridan, S. (2000). Tough kid social skill book. Longmont, CO: Sopris West.

Stuhr, P. T., & Sutherland, S. (2013). Undergraduate perceptions regarding the debrief process in adventure-based learning: Exploring the credibility of the Sunday afternoon drive debrief model. *Journal of Outdoor Recreation, Education, and Leadership, 5*(1), 18-36.

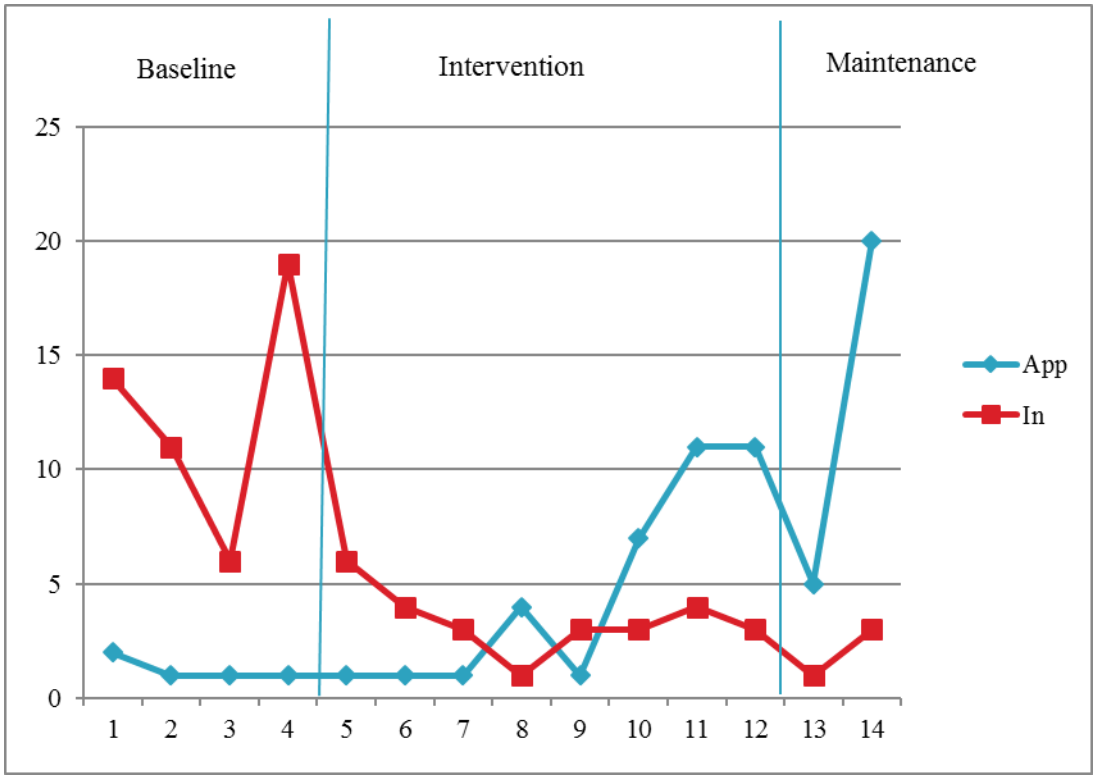
Sutherland, S., Stuhr, P.T., & Ressler, J. (2012). The Sunday afternoon drive debrief model. *Journal of the International Society for Comparative Physical Education and Sport, 34*(2), 5-12.

Vidoni, C. (2003).Teaching your class social skills: An explicit strategy. *Teaching Elementary Physical Education*, *14* (6), 20-23.

Vidoni, C. & Ward, P. (2009). Effects of fair play instruction on student social skills during a middle school sport education unit. *Physical Education and Sport Pedagogy, 14*, 285-310. https://doi.org/10.1080/17408980802225818

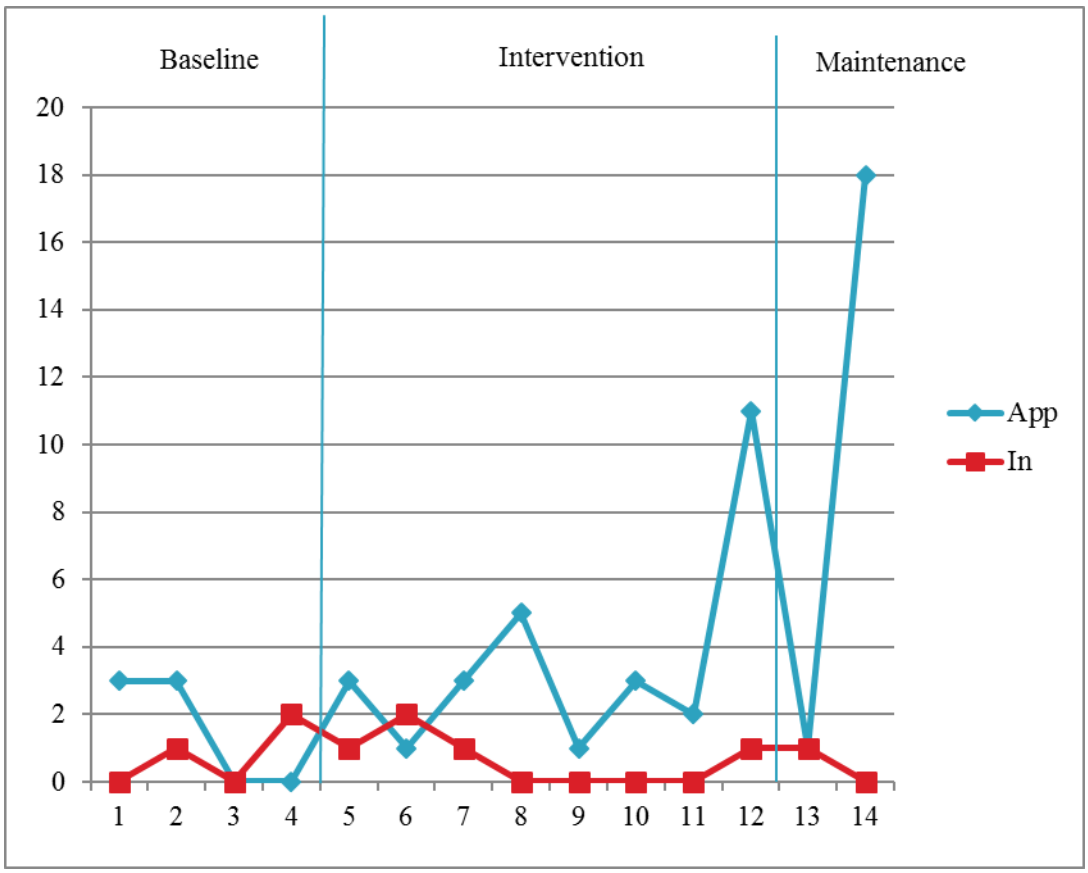
Participant 1

Figure 1: Student 1 (Puerto Rico) Male



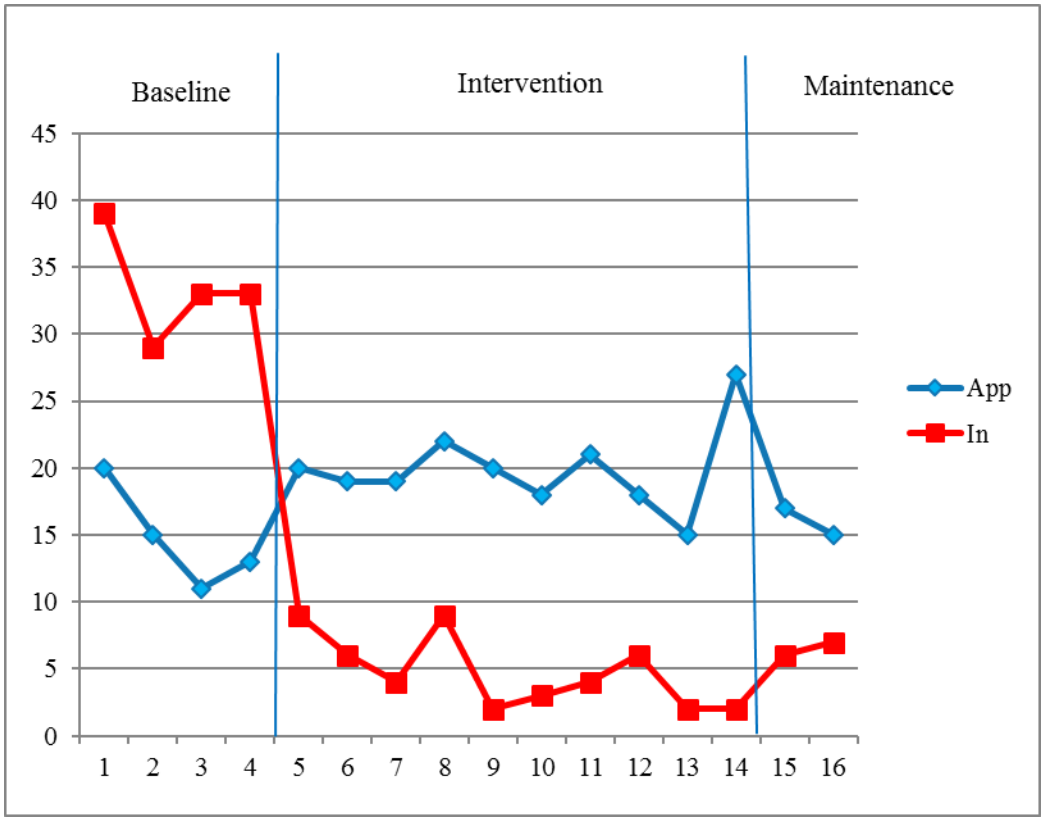
Participant 2

Figure 2: Student 2 (Puerto Rico) Male with Special Needs



Participant 3

Figure 3: Student 3 (California) Male



Participant 4

Figure 4: Student 4 (California) Female

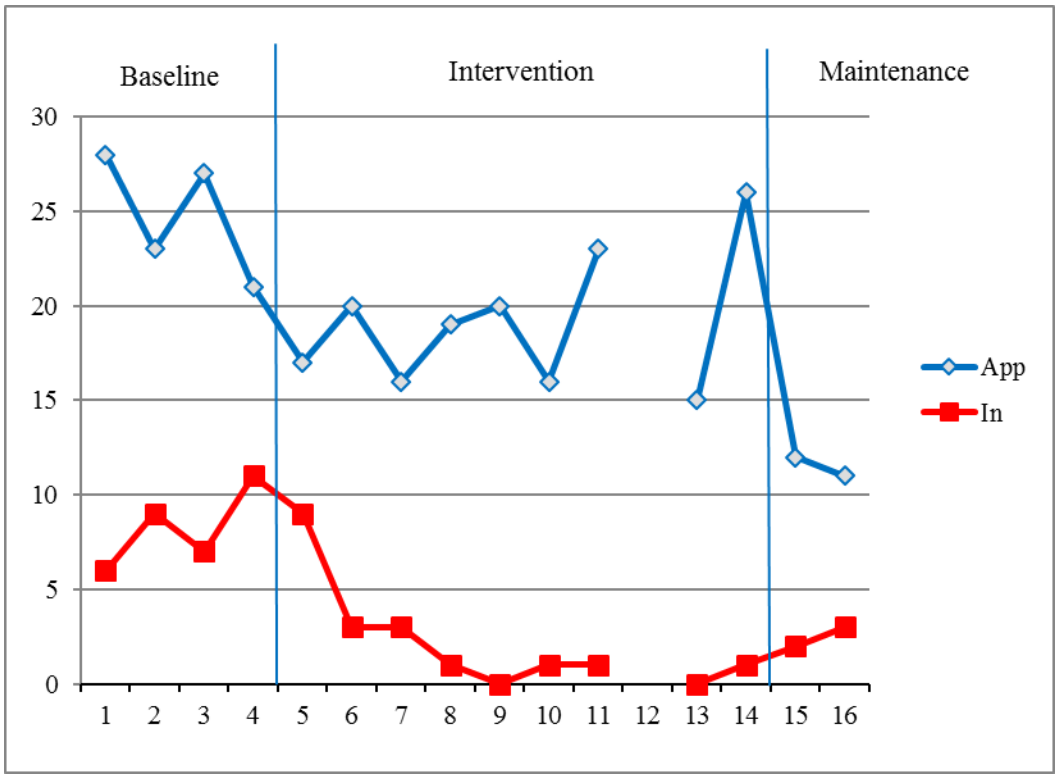


Table 1. Definitions for Appropriate and Inappropriate Classroom Behavior

Appropriate Behavior. Any physical, verbal or gestural positive behavior directed towards another classmate.
Student not responding to peers trying to make them angry, attempting to resolve a situation through discussion, walking away from a conflict, and /or seeking help from an authority figure. Student offering a congratulatory comment such as "nice game" or "good contest"; offers a "thank you"; and /or displays a pleasant affect as demonstrated by the absence of frowns, cowling, or other unpleasant looks indicative of negative feelings. Student acknowledging a classmate's performance by giving "high fives", hugs, pointing index finger up in signal of a victory, or verbally say "good job", I like the way you did that, etc.", during an activity (Moore et al., 1995). Other examples of appropriate behavior include: student following rules, making positive statements to other students, helping other students during the class lesson, working cooperatively, listening to the teacher and other students.
Inappropriate Behavior. Any physical, verbal or gestural negative behaviors directed towards a classmate.
Display of physical aggression such as hitting, pushing, kicking, spitting, or tripping another person, as well as verbal aggression such as name- calling, taunting, teasing, or using profanity would be considered inappropriate behavior (Moore et al., 1995). Student refusing to shake hands; verbally denigrating the opponent(s); and/or making nonverbal gestures such as scowling, giving the finger, or other nonverbal actions intended to put- down another classmate would be inappropriate behavior (Moore et al., 1995). Other examples of inappropriate behavior include: student making taunting comments to the loser such as "you are a looser" or "I always beat you", refuses to shake the opponent(s) hands or make inappropriate physical gestures after winning a game (Moore et al., 1995).

Table 2. Social Skill Definitions

Social Skill	Appropriate (A) and Inappropriate (I) Behaviors of the Social Skill	Definition and Examples
Caring	A: Student offering a congratulatory comment such as "nice game" or "good contest"; offers a "thank you"; and/or displays a pleasant affect as demonstrated by the absence of frowns, scowling, or other unpleasant looks indicative of negative feelings. I: Any physical, verbal or gestural negative behaviors directed towards a classmate. Display of physical aggression such as hitting, pushing, kicking, spitting, or tripping another person, as well as verbal aggression such as name- calling, taunting, teasing, or using profanity would be considered inappropriate behavior.	Displaying kindness and concern for others - Physical education example: helping a classmate up who has fallen to the ground or making an appropriate tag, a tag that is gentle and not too forceful.
Helping Others	A: Student acknowledging a classmate's performance by giving "high fives", hugs, pointing index finger up in signal of a victory, or verbally say "good job", I like the way you did that, etc", during an activity. Helping getting up after a fall. I: Student refusing to shake hands; verbally denigrating the opponent(s); and/or making nonverbal gestures such as scowling, giving the finger, or other nonverbal actions intended to put- down another classmate would be inappropriate behavior. Ignoring someone when needed of help.	To make easier, support, or provide assistance to someone - Physical education example: explaining the rules of the activity to another student or showing another student how to complete part of the activity successfully.

Table 2. Social Skill Definitions - *Continued*

Respect	A: Attempting to resolve a situation through discussion, Student not responding to peers trying to make them angry, walking away from a conflict, and /or seeking help from an authority figure on moments of conflict. Avoiding making fun of others and providing words of support. I: Student making taunting comments to the loser such as "you are a loser" or "I always beat you", refuses to shake the opponent(s) hands or make inappropriate physical gestures after winning a game.	To treat others as though you would like to be treated - Physical education example: working cooperatively or using active listening one another classmate is speaking.
Responsibility	A: Student following rules, making positive statements to other students, helping other students during the class lesson, working cooperatively, listening to the teacher and other students and taking good care of the equipment. I: Students not following rules and making negative statement about other students during the activities. Making inappropriate use of the equipment and destroying others property.	To deal with or complete what is required - Physical education example: Following the rules of the activity or acting in a manner that the teacher has instructed.

Table 3. Adventure-Based Learning Sample Lesson Plan

Social Skill Focus: Helping Others

I. Student Learning Outcome:

Provide students with the opportunity to interact with peers and to demonstrate caring behavior associated with helping others, through different Adventure-based learning activities.

II. Introduction and examples of appropriate and inappropriate behaviors of the social skill:

Helping others during physical education means that you will be willing to assist a classmate when needed during an activity. This could be by explaining something they don't understand or actually physically assisting them in case is needed. Ignoring and not providing help when needed will be an inappropriate example of this behavior. Some examples of appropriate ways to help other will be:

Identify if other player need assistance.

Ask the other person if he or she needs help.

Listen carefully to what the person needs.

Offer to help in ways you can.

Do what you agree to do for that person.

If the other person is hurt, provide immediate assistance.

III. Activities:

A. Activity: Dead Ant Tag

As a community to ants it is our job to try and keep each other safe in this game. During the game you are trying to escape from a sleeping spray. If an ant gets tagged we will all try and rescue that ant.

Choose two students to be the sleeping spray. These students will hold a fleece ball as identification (it is not for throwing). You can use a pinney instead of a ball.

The taggers job is to tag as many ants as possible – tag gently on back

When an ant is tagged they lie down on their backs and put their legs and feet in the air and yell "dead ant, dead ant, dead ant, dead ant".

The injured an begins to revive when four other ants come and take one limb each and carefully carry the ant to hospital (a hula hoop). As they carry the injured ant the four ants make the sound of an ambulance.

Once the ant is inside the hoop they are cured. 5 Hula-hoops are spread out in the playing area.

Ants who are carrying another ant cannot be tagged.

Table 3. Adventure-Based Learning Sample Lesson Plan - *Continued*

B. Activity: Car and Driver (a.k.a. Bumper Cars)

Setup: Ask the class to break up into pairs. Create a boundary that will enable the pairs to drive within a designated area.

Framing: Ask students, "Have you ever driven a car? Would you like to? This activity will give you a chance to drive a car. You will need to keep the car very safe, which means you may not crash into any other person."

Safety Tip: Have each car have both hands up in front of them. Call this, "Bumpers Up." In the case that two cars come into contact.

1. Each pair selects who will be the "car" and who will be the "driver." The car will keep his or her eyes open or closed (depending on how comfortable they are with their partner) while driving around.
2. The driver's goal is to drive around in a safe and controlled fashion. Because cars do not talk, no talking is allowed. The signals that driver can use are both hands on the shoulder of their partner. Both hands on to go forward, both hands off to stop, tap the right shoulder to go right, tap the left shoulder to go left, and tap both shoulders to go in reverse.
3. Give each driver about two minutes of driving time and then switch roles.

IV. Final Reflection: Debriefing

Possible "Start the Car" Debrief Strategy: The Magic Circle

Debrief Questions:

What does it mean to look out for others?

Did you feel most of your classmates were looking after each other during both activities? Why or Why not?

Were you able to persevere today? If so, how or in what way did you persevere?

Have you been able to persevere at home? If so, how?

V. Equipment: Cones for boundaries, 2-3 foam noodles and 6 hula-hoops for "Dead Ant Tag"

Peer Reviewed Article

Ingredients for Enhanced Health Curriculum: Service-Learning; Community; and Students

Brent Powell, Ph.D., CHES
Department of Kinesiology
California State University, Stanislaus

Eric Conrad, M.S., CHES
Department of Health Science
The University of Alabama

ABSTRACT

College courses provide an ideal setting for addressing professional preparation concerning the application of the Areas of Responsibility for Health Education Specialists. University instructors and future professionals will be presented with an evidence-based approach to building a service-learning project grounded in these health education principles.

Objectives: Following the pedagogical implementation of the service-learning project, college students will be able to demonstrate integration of the NCHEC Seven Areas of Responsibility; design, implement, and evaluate a health promotion intervention; and assess the potential impact of service-learning.

Target Audience: College students in the field of health education/promotion and has the capacity to extend to general health courses

Introduction

Service-learning integrates methods of teaching and learning into a synergistic concept. By applying what is learned in the classroom through service to the community, the students benefit from a deeper understanding of course material (Cashman & Seifer, 2008). Service-learning allows for students to understand how to intervene on factors affecting the health and well-being of a population. Furthermore, the community participants should benefit through the service provided by the students (Deeley, 2010). As a pedagogical strategy that seeks to fuse traditional academic curriculum with community involvement, service-learning enhances the learning environment of the student through meaningful service. Service-learning increases student understanding of course content and learning of intervention techniques related to health disparities (Cashman & Seifer). Additionally, service-learning in a health education curriculum can increase relationships between the undergraduate health education experience and community agencies or public school districts. This is accomplished when undergraduate students are integrated into public school programs at an earlier stage in their college courses with increased frequency of exposure (Hodges & Videto, 2008).

Health education students enhance their comprehension and skills related to the seven areas of responsibility of a health educator when exposed to field experience through service-learning. Students may not fully understand the health education responsibilities unless provided with an opportunity to experience their application and to describe from first-hand experience the skills needed to successfully implement the areas of responsibility (Hodges and Videto, 2008).

Instruction of such health education courses incorporating service-learning benefit from the pedagogical method of “flipping the classroom”. Instead of delivery by lecture only and assigning homework or projects that are done outside of class, class time is used for the development and

application of homework related to a service-learning project that serves to enhance the subject matter. The implementation of a service-learning project within course curriculum will require oversight and facilitation by the instructor that may initially seem arduous, but with continual modification and evaluation, the process becomes less laborious; but the experiential learning and application provided to the students is invaluable.

Objectives

By the end of this service-learning project, students will be able to:

- design, implement, and evaluate a health education event.
- assign responsibilities and expectations for group members throughout the duration of the project.
- identify stakeholders for inclusion in the planning stages.
- utilize process evaluation to modify implementation.
- assess university community participant knowledge.
- evaluate the course.
- assess the potential impact of service-learning.
- demonstrate integration of the NCHEC Seven Areas of Responsibility for Health Education Specialist

Materials and Resources

- CIPP (Context, Input, Process, and Product Evaluation) Model
- NCHEC Seven Areas of Responsibility for Health Education Specialists
- Characteristics of service-learning (table 1)
- Instruments for course evaluation and assessment of community knowledge
- Tri-fold boards
- Event promotional material

Primary Audience

The example project targeted college students in a general education, drug course, but can be modified for any general education health course.

Procedures

Engaging students to understand the application of health education is a struggle if they are not majoring in the subject matter. Service-learning can be used as a bridge that synergistically balances the needs of the students in the course, as well as the need of the university community that they serve. Prior to implementation, this project requires fundamental knowledge of service-learning and the seven areas of responsibility for health education specialists to link project and course outcomes. The project aims to systematically utilize components of service-learning and the areas of responsibility to identify and apply learned concepts, culminating in the eventual implementation and evaluation of the project. Preparation for course implementation should include the following steps.

Step 1: pick the community you wish to have the students work with. In addition, identify the location, date, and time for the service-learning event. The example project used the college campus population as the community and identified a date in November to hold a drug and alcohol health fair that was titled “Just Say NO!vember”.

Step 2: develop evaluation strategies in order to assess objectives and determine the impact of the implementation within course curriculum. While evaluation is often associated as the terminal step in an effective service-learning program, evaluation can be adequately incorporated at every stage of service -learning projects (Zhang et al., 2011).

Step 3: a framework or model should be used by the instructor as a step-by-step guide to strengthen and improve the service-learning program (Stufflebeam, 2003). One such framework that provides specific guidance in assessing a service-learning program is the CIPP Model (Context, Input, Process, and Product Evaluation). These components are designed to identify specific needs and barriers within a community, develop a program to address those needs, effectively monitor program progress, and assess the effectiveness of program outcomes. The first three components of the CIPP model seek to improve the planning and implementation while the last component provides an outcome evaluation of the program (Frye & Hemmer, 2012).

Context Evaluation of the CIPP Model

Context evaluation guides the planning stages of a service-learning project. This component also seeks to define the educational as well as community needs and identify potential problems or barriers that would prevent needs from being met (Zhang et al., 2011). Additionally, context evaluation allows for identification of expertise and resources available as well as potential funding opportunities or administrative support. By using evaluation to anticipate potential shortcomings, goals and objectives can be defined to effectively utilize resources and partnerships to impact the needs of the students as well the community (Frye & Hemmer, 2012). Remember, that many of the following context steps may take place over multiple weeks. This is not in place of general educational content, but rather in addition to existing curriculum. The following is based on a 15 week semester course for implementation.

Week 1: Provide an overview of the NCHEC Seven Areas of Responsibility for the Health Education Specialist to provide a foundation for the field of health promotion and eventual application of components through service-learning. The seven areas of responsibility are identified as:

- Area I: Assess Needs, Assets and Capacity for Health Education
- Area II: Plan Health Education
- Area III: Implement Health Education
- Area IV: Conduct Evaluation and Research Related to Health Education
- Area V: Administer and Manage Health Education
- Area VI: Serve as a Health Education Resource Person
- Area VII: Communicate and Advocate for Health and Health Education

Explain there are many competencies and sub-competencies to NCHEC roles and responsibilities, but it is important for students to understand how each area articulates with specific components of designing a health intervention or project.

Week 2: It is important to explain the components of service-learning.

- Service-learning component 1: an effective service-learning program must provide meaningful experiences that will foster personal-social attributes such as leadership, teamwork, and cooperation among all involved.
- Service-learning component 2: effective service-learning also provides students the opportunity to apply knowledge to address community needs that are multifaceted in nature as compared to traditional classroom instruction where student application of course content is more generalized or abstract.
- Service-learning component 3: reflection and evaluation of the service must take place by the stakeholders involved, including the instructor, students, and the community being served in order to be meaningful.

Week 3: Students should be separated into groups. It is important that the instructor assume responsibility of the group selection process to ensure a level of group diversity that may mimic real world settings. This may be accomplished through a random selection process or the active selection of participants who have minimal interaction with each other. Ensuring an adequate level of diversity within each group affords the instructor the opportunity to illustrate productive processes necessary to facilitate group cohesion. In the example project, the DISC personality test was used. The DISC personality test categorizes participants as: Dominance - relating to control, power and assertiveness; Influence - relating to social situations and communication; Steadiness (submission) - relating to patience, persistence, and thoughtfulness; Conscientiousness (or caution) - relating to structure and organization. Students were divided using this method in order to characterize and experience differing personality styles that might be encountered in a professional group setting and facilitate opportunities to identify and utilize individual strengths to achieve group success.

Week 4: Groups should be developed by a representative of each personality type as identified by the personality test administered. Each group will assign roles for every member such as station leader, marketing leader, supply organizer, and station presenter. Additionally, groups should assign job descriptions to the assigned roles, and develop a contract of work ethic, expectations, and consequences. This contract should be signed by each group member.

Week 5: As the instructor, you have previously identified the community you wish to work with. In the example project the university population served as the community. Present the community you have previously selected to the class. Instruct the groups to identify the need of the selected community. In the example project, the need was established through a literature review of college drug and alcohol use.

Week 6: Each group should establish a topic they wish to design an educational health fair booth around. In the example project, the topics were related to drugs and alcohol. Each group should select a topic with no two groups having the same topic. Topics chosen in the example project included: cocaine, marijuana, alcohol effects on sexuality, sport enhancers, etc.

Weeks 7-8: Groups should identify key stakeholders to collaborate with in the implementation of the service-learning event. In the example project, the student health center, kinesiology club, and the student government organization was partnered with for the implementation.

Input

The input evaluation of the CIPP model focuses on assessing diverse approaches to implementation of a program with the goal of determining an optimal method that effectively addresses the needs identified through the previous context evaluation (Frye & Hemmer, 2012). The purpose of input evaluation is to weigh all available options, taking into account the cost-effectiveness or feasibility of proposed approaches to clearly identify an optimal strategy to meet the needs of students and the community (Stufflebeam, 2003). During the input evaluation, the utilization of turning the classroom "inside-out" assures that students have a voice in the development of the service-learning project. Students will be able to voice their opinions individually and collectively. Additionally, students should learn the application of working with all stakeholders to develop a university community service-learning project (Zhang et al., 2011, p. 65).

Weeks 9-11: Each group is responsible for the following: a poster board with educational information; an original handout with educational information; an educational activity that reinforces the information; an evaluation tool for their "booth" completed by community participants; as well as prizes for the community participants. The marketing leaders of each group were tasked with devising promotional strategies to maximize student university community participation. The example project, "Just Say NO!vember" used promotion through emails, flyers, posters, shirts, word of mouth and social media websites such as Facebook. In addition, through work with stakeholders the example project used the event as a required drug and alcohol education event for all club and other campus student organization officers.

Assessment

Process

Process evaluation occurs throughout the duration of the service-learning course, allowing for reevaluation and adjustment of resources or objectives if they are found to be suboptimal for achieving program goals. Due to the dynamic nature of process evaluations, adjustment can be made on-site during an implementation based on feedback received from the evaluation (Zhang et al., 2011). This on-site evaluation allows the instructor to guide in-process revisions that may result from inadequate equipment, space, or participants not carrying out their roles. Process evaluation may also be implemented in retrospect as a tool to assess the

actual implementation as it happened in order to alter future implementations to increase effectiveness (Frye & Hemmer, 2012). Methods to assess the implementation include observation, reflection from students and participants, surveys, records analysis, and document review (Zhang et al., 2011).

Week 12: As a way to provide formative evaluation for each group's project, a trial run-through should be organized in order for all student groups to present their information for instructor feedback prior to the actual service-learning event. This feedback should be incorporated to allow for correction of mistakes and/or organizational structure of group poster boards and handouts. The feedback will address issues such as organization and accuracy of information. Emphasis should also be placed on appropriate in-text citation of sources and the presenter's mastery of subject material in order to serve as a resource for community participants. Students should also practice the activity selected to enforce subject matter content at their respective booth.

Week 13: The implementation of the project should take place at the pre-selected location, date, and time. The implementation should be actively evaluated to ensure that stakeholder roles are carried out. This includes ensuring all equipment needed for the event is present. Additionally, the instructor should continue to assess potential needs of collaborating stakeholders and address them. The community member participation should be monitored by the instructor in order to address issues of flow throughout the venue. Each group should administer their previously developed assessment as well as serve as a resource for any questions they may have. Finally a count of community member participation should be assessed.

Product

Week 14: As the instructor, it is necessary to evaluate if project objectives have been met. Many of the formative objectives are met through the design and implementation of the service-learning project leaving only summative objectives to be assessed. Additionally, the community participants' assessment administered by each group during the event should be analyzed. A survey can be utilized to assess the impact of the service-learning project on student comprehension and application as presented in table 2. Finally, students should evaluate group members through a rubric and the opportunity to provide anonymous feedback. An example of this rubric can be found in table 3.

References

Cashman, S. B., & Seifer, S. D. (2008). Service-learning: an integral part of undergraduate public health. *American Journal of Preventive Medicine*, *35*(3), 273-278.

Deeley, S. J. (2010). Service-learning: Thinking outside the box. *Active Learning in Higher Education, 11,* 43-53.

Frye, A. W., & Hemmer, P. A. (2012). Program evaluation models and related theories: AMEE guide no. 67. *Medical Teacher*, *34*(5), 288-299.

Hodges, B. C., & Videto, D. M. (2008). Service learning. *American Journal of Health Education, 39*(1), 44-54.

National Commission for Health Education Credentialing, Inc. (2010). *Responsibilities and competencies for health education specialists.* Retrieved from ttp://www.nchec.org/credentialing/responsibilities/

Stufflebeam, D. L. (2003). The CIPP model for evaluation. In D. L. Stufflebeam & T. Kellaghan (Eds.), *The international handbook of educational evaluation* (Chapter 2). Boston, MA: Kluwer Academic Publishers.

Zhang, G., Zeller, N., Griffith, R., Metcalf, D., Williams, J., Shea, C., & Misulis, K. (2011). Using the context, input, process, product evaluation model (cipp) as a comprehensive framework to guide the planning, implementation,

Table 1: Quality service-learning program characteristics

High quality service to the community
Integrated learning between the service activity and the classroom
Reflection by the student to assist in incorporating service experiences with academics
Enhance students' role in planning and implementing the learning activities
Collaboration to ensure benefits for all
Evaluation to effectively assess progress toward both the learning and service goals

(Anderson, Swick, & Yff, 2001)

Table 2: Course Student Evaluations

Questions (1-18) will be answered:
(1 strongly disagree, 2 somewhat disagree, 3 neither agree/nor disagree, 4 somewhat agree, 5 strongly agree)
This course:
1. Enhanced my learning of the subject matter
2. Motivated me to work harder in this course
3. Created a learning environment different than other courses within kinesiology
4. Allowed for a more self-guided learning experience independent from traditional lecture
5. Increased my interest in the subject
6. Was closely related to the objectives of the course
7. Was fun
8. Was time consuming
9. Was needed on campus
10. Enhanced my ability to work in a group
11. Enhanced my ability to work with other personalities
12. Enhanced my confidence
13. Enhanced my leadership skills
14. Enhanced my organizational skills
15. Enhanced my creative skills
16. Enhanced my problem solving skills
17. Enhanced my public speaking skills
18. Enhanced my knowledge of health promotion (planning, organizing, marketing, working with others, evaluating)
19. What was your role within the group? 1. Station Leader; 2. Marketing Leader; 3. Supply Organizer; 4. Station Presenter; 5. Other (Please describe)

Table 3: Group Member Rating Rubric

Provide a rating of 1-5 for the following:
(1 strongly disagree, 2 somewhat disagree, 3 neither agree/nor disagree, 4 somewhat agree, 5 strongly agree)

The group member:

____1. Followed instructions

____2. Asked meaningful questions

____3. Contributed ideas and information

____4. Stayed on task and meeting deadlines

____5. Shared responsibilities

____6. Respected others

____7. Explained things to others

____8. Solved problems within the group

____9. Consistent effort

____10. Produced a quality product

Provide comments for scores less than a five "5":

Peer Reviewed Article

The Importance of Physical Fitness in Youths, Including Youths with Disabilities

Steven J. Taylor, B.S.
Department of Kinesiology
California State University,
San Bernardino

Hyun-Kyoung Oh, Ph.D
Department of Kinesiology
California State University,
San Bernardino

Christopher R. Gentry, Ph.D.
Department of Kinesiology
California State University,
San Bernardino

ABSTRACT

With obesity levels rising, including the decline of health-related fitness in school-aged youth, it is imperative that practices change in order to support the development of a life-long fitness mindset in youth. Activities that emphasize physical fitness that can be performed with limited to single participants are particularly important for individuals to be versed in prior to entering adulthood. Youths with disabilities should also be participating more in health-related fitness activities for physiological as well as cognitive benefits. The benefits of a transition to health-related activity choices as the norm will also help to develop in students with orthopedic and cognitive impairments the strength to work side-by-side with their peers during physical activities.

Keywords: health-related physical fitness, intellectual impairment, intellectual disabilities, orthopedic impairments, adapted physical education, autism-spectrum disorders.

Introduction

In current practice, students in physical education courses throughout the nation are being presented with a blueprint for developing and maintaining personal health and fitness in the form of highly social group-focused sport activities. This is in the hopes that they will continue these activities after they leave the public school setting. However, the number of children who have reached the point of being overweight or obese in the U.S. has more than tripled, and in some cases, quadrupled since the 1960s and 1970s (Fryar, Carroll, Ogden ,2016, p.1). Students are not being taught enough in school about how important health-related physical fitness is for long-term happiness and productivity. Instead, the focus of PE is presented as a way to assist students in developing conversational and team working skills that should be being developed throughout all of their school and social activities throughout their daily lives.

If we hope to curtail the obesity epidemic prevalent in American society today, children need to become accustomed to performing activities that develop their health-related physical fitness on a daily basis. This idea also needs to spread over into Adapted Physical Education, as students within this group are at an even higher risk of missing out on physical activity time needed to develop their fitness levels. For example, according to a study which monitored the activity levels of both students with Autism Spectrum Disorder (ASD), as well as students without ASD, it was found that only 37% of participants with Autism performed 60 minutes of

moderate to vigorous physical activity (MVPA) per day compared to 60% of typical development (TD) students (Pan et al., 2016, p. 515).

Children without intellectual impairments are facing difficulties similar to students with these forms of disabilities in regards to developing and maintaining their health-related physical fitness. Considering students with orthopedic impairments, studies have even been done on youths with disabilities that are active in sports. In a study completed by Piva da Cunha Furtado, Morato, Potenza and Guitierrez (2016), it was found that only 5% of active goalball players were able to reach the fitness standards on all levels of the Brockport Physical Fitness Test (BPFT), a test designed to determine health related physical fitness in individuals with disabilities (p. 263). Just being active in a sport does not guarantee that any individual, with or without disabilities, will be able to develop and maintain their health-related physical fitness.

With regards to physical education specifically, current inclusion practices have Adapted Physical Education Specialists scrambling to develop skills in all sports throughout the curriculum, in an effort to be able to move students back into the general education PE classes as quickly as possible. This is a good thing to be able to do, as being within the general education setting is where the students will be able to develop social skills with their peers. However, the lack of general strength, balance and endurance are the basic factors that tend to limit many students' abilities in PE. Not only do these students need health related fitness activities for the sake of their own health, but they also require these abilities in order to be able to more effectively participate with their peers in mainstream physical education.

Factors that Effect the Issue

For individuals with a disability, having decreased health-related physical fitness in and of itself makes day to day life much more strenuous than it has to be. According to a study completed which included the testing of 10-17-year-old youths with visual impairments, "the need to be in good health is of greater importance for individuals who are visually impaired than for the general population owing to the increased exertion necessary for activities of daily living" (Lieberman, Byrne, Heidi, Mattern, Watt, Fernández-Vivó, 2010, p. 349). Not only should individuals with visual impairments be participating in regular, health-related fitness activities, it is even more important for this population to stay active in this way than it is for the general population! Physical education teachers are in the perfect position to provide the sense of security that young students with visual impairments need in order to put forth their best effort in activities requiring them to navigate the world around them. It is during this time, when the students have a trained educator present to support them, that teachers and support personnel can provide the most benefit for the student's increasing confidence. This can be done by taking part in fitness activities that they will need to participate in for the rest of their lives in order to maintain and increase their personal health.

For individuals with intellectual disabilities and even for typical developing students as well, many sports can have a number of confusing, and unnecessary rules and techniques. The length of time it takes to explain and demonstrate all of the intricacies can cause activities to slow to a halt in an attempt to develop all of the individual mechanical components of the movements. This may cause students with difficulties in comprehension or memory to feel frustrated, exhausted and defeated, when trying to participate in sports that most adults tend to move away from after they are no longer with their peer groups in structured activity settings (i.e. within their physical education classes and sports youth groups). By placing a greater emphasis on more basic physical activities, such as running, weight training, swimming and callisthenic-like movements, students can develop the skills and knowledge necessary to stay active for a lifetime, regardless of their environment.

When it comes to the activities, Adapted Physical Education Specialists seem to focus on the technique aspects of the activities too often. For instance, when testing students in APE using tools like the Test of Gross Motor Development (1, 2 or 3), which emphasizes sport skills, students are asked to complete each component of a movement correctly before they can pass and be re-designated into

general PE (GPE). This means that in order to say that a student can throw a ball well enough to join his peers, they must complete pieces such as starting their throw with a wind-up (bringing the ball down into a low arc), rotate their body until they are almost perpendicular to their target, take a weight shift step with their front foot before initiating the full throw, and then follow through with the throw by allowing the throwing arm to release the ball as it flows across the body towards the opposite side… One can find students as well as adults who do not complete these motions with all of the necessary components, yet they are participating with their peers and family thanks to their ability to handle the exertion of the game play with or without proper technique. However, students are prevented from building the endurance and strength to run and throw throughout a game of baseball, while they are held back to the sidelines during session after session of one-on-one instruction because they cannot remember to bring the ball all the way up by their ear first…

The individual techniques and skill parts are less important than having the active exercise time with their peers. If the focus of APE is to develop a student's sport skills in order to help them join in with their peers in the mainstream PE classes, they are sure to find it extremely difficult to participate in games that require endurance and strength, like soccer. Having the best corner kick in school will not matter if they do not have the endurance necessary to perform the constant running required to participate in the sport throughout the duration of a class or game.

Implications

If I was an APE specialist in California, and a student was selected to take part in the assessment procedures to determine their status in and/or eligibility for APE, and the assessment process was agreed to by the student's parents, I would begin with a test designed to determine the student's level of health-related physical fitness. The main test used for the purpose of testing physical fitness in older students (age 10-17), is the Brockport Physical Fitness Test (BPFT). This test includes multiple choices for determining an older student's strength, endurance, flexibility and body composition. For students as young as five years old, an alternative test, focused on activities such as isometric push-ups, the sit-and-reach and aerobic exercise, known as the Kansas Adapted/Special Physical Education Test that could be used (Block, Horvat, Kelly, 2007, p.134-135).

With inclusion still an important goal of Adapted Physical Education, the students' program should be designed in a way that maximizes physical activity during APE sessions, while emphasizing continued activity during general education or home settings. I would design my lesson plans with more focus on activities from within the "fitness component" category. Wheel chair users can lift weights or even play "Bocce Ball", with weighted balls, in order to develop their upper body strength. Racing and tag-like games can be used as fun and exciting activities to get students active quickly while focusing on the development of their cardiovascular strength. Students with intellectual impairments can benefit from a number of health-related fitness activities as well.

Students with intellectual disorders are also highly benefitted through an increased focus on health-related fitness. Students with Autism Spectrum Disorders (ASD) can be kept more attentive and participatory if the activities presented include the use of large, gross motor movements. Activities like "Star Jumps", in which the student curls their body down towards their feet and springs into the air while spreading his/her limbs, are great exercises to include in warm-ups for these students. Such activities require a great deal of muscular effort when compared to skill based exercises like kicking and throwing, and can be a great deal of fun for the student! Research has found that general aerobic exercise, such as jogging, helps to improve attention span and impulse control in children with ASD (Menear, Neumeier 2017, p.45). This means that games like "tag", as well as more basic exercises, like running itself, will not only boost these student's activity levels and cardiovascular health, but can also lead to classroom benefits as well.

Recommendations

In order to best serve the needs of a population in which health-related norms, especially in terms of a healthy body composition, are declining, physical educators must begin to see themselves as a barrier between their students and obesity. Although to a certain respect, students are set in the ways of their particular personalities, and activity choices may need to be adapted for particular disabilities, all students should be able to reach within the acceptable range of health-related physical fitness under the guidance of professionals within the subject matter. Those professionals are we, the physical educators, who work with these students on a daily basis, and who have studied the science behind human physical activity and well-being. Therefore it is imperative that we place an increased emphasis on the health-related physical fitness of our students, at least for the time being, while we work our society back into shape.

In order to bring about this change, educators and health professionals should begin to place more emphasis on the items that are already being tested for on a regular basis, the health and fitness related skills. If students are going to be tested on their physical fitness in general physical education classes, it is only logical that physical fitness goals should be of high priority during APE programming and class sessions. Include fitness activities as a staple piece of each session, by having students perform traditional activities like push-ups and sit-ups for those without orthopedic impairments or medicine ball and resistance band activities for students with less movement abilities. Use activities like bocce ball to add strength building pieces to lesson plans. And always remember to push students to put in their best efforts toward all activities.

Summary

Although physical education classes can provide students with a way to develop their social skills with classmates, it cannot be forgotten that it is a class on “Physical” Education. For many students, this might be the only time that they have set aside for physical activity, and for individuals with disabilities, it may also be the only time that they feel safe performing physical activities. Therefore it is the duty of the physical educator to maximize the health benefits of the limited activity time that students of all ages and ability levels receive in school during their youth. At the moment, whether in APE or GPE, students are not reaching the fitness standards in place for them. With more time spent on developing students’ abilities in the area of health-related physical fitness, perhaps the dream of having everyone participate in a lifetime of physical activity could still become a reality.

References

Block, M.E., Horvat, M., & Kelly, L. E. (2007). *Developmental and adapted physical activity assessment.* Champaign, IL: Human Kinetics.

Colgan, J.C., Bopp, M. J., Starkoff, B.E., & Lieberman L.J. (2016). Fitness wearables and youths with visual impairments: Implications for practice and application*, Journal of Visual Impairments & Blindness, 116,* 335-348.

Da Cunha Furtado, O. L. P., Morato, M. P., Potenza, M.,& Gutierrez, G. L. (2016). Health-related physical fitness among young goalball players with visual impairments. *Journal of Visual Impairment & Blindness, 116,* 257-267.

Fryar, C. D., Carroll, M. D., & Ogden, C. L. (2016). Prevalence of overweight and obesity among children and adolescents aged 2–19 years: United States, 1963–1965 through 2013–2014. *Centers for Disease control and Prevention Websites, 1-6.* Retrieved from: https://www.cdc.gov/nchs/data/hestat/obesity_child_11_12/obesity_child_11_12.pdf

Gerber, M., Endes, K., Brand, S., Herrmann, C., Colledge, F., Donath, L., et al. (2017) In 6- to 8-year-old children, cardiorespiratory fitness moderates the relationship between severity of life events and health-related quality of life. *Qualify of Life Research, 26,* 695-706.

Klein, E., & Hollingshead, A. (2015). Collaboration between special and physical education: The benefits of a healthy lifestyle for all students. *Teaching Exceptional Children, 47*(3), 163-171.

Lieberman, L. J., Byrne, H., Mattern, C. O., Watt, C. A., & Fernández-Vivó, M. (2010). Health-related fitness of youths with visual impairments. *Journal of Visual Impairment & Blindness*, *104*, 349-359.

Menear, K. S., & Neumeier, W. H. (2015). Promoting physical activity for students with autism spectrum disorder: Barriers, benefits, and strategies for success. *Journal of Physical Education, Recreation & Dance,* 86(3), 43-48.

Pan, C. Y., Tsai, C. L., Chu, C. H., Sung, M.C., Ma, W.Y., & Huang, C. Y. (2016). Objectively measured physical activity and health-related physical fitness in secondary school-aged male students with autism spectrum disorders. *Physical Therapy, 96,* 511-520.

California Association for Health, Physical Education, Recreation and Dance
1501 El Camino Avenue - Suite 3, Sacramento, CA 95815
916-922-3596 ◆ 916-922-0133 (Fax) ◆ www.cahperd.org

August 25, 2017

Dear Health Education CFCC Members,

The CAHPERD Health team has reviewed the Health Education Curriculum Framework draft and wants to thank you for your hard work and dedication. We appreciate your true passion for education and the time you have put into creating a framework for a healthier and happier society. The California Association for Health, Physical Education, Recreation and Dance (CAHPERD) is a non-profit whose diverse group's mission is the "passionate promotion of active, healthy lifestyles." Members take a strong stand for quality programs in Health, Physical Education, Recreation, Dance, Athletics and other movement-related activities vital to the residents of California.

We support the Health Education Curriculum Framework Draft.

Here are some of the highlights we are excited to see:

- The framework supports evidence based health curriculum and standards-based instruction.
- It addresses the need for health education in all California K-12 schools, "An effective school health program can be one of the single most cost-effective investments a nation can make to simultaneously improve education and health." (WHO, 2017)
- Inclusive and comprehensive health recommendations throughout all grade levels that meets the needs of all students.
- The framework aligns with California Ed Code 51225.6 supporting first aid and hands only CPR instruction in the classroom.
- The framework aligns with new ED code California Healthy Youth Act 2016 on integrated, comprehensive, medically accurate, and unbiased comprehensive sexual health and HIV prevention education.
- The framework aligns with up-to-date medically accurate information such as using the California Department of Education (CDE) Sexual Health website and California Department of Correction's Youth Risk Behavior Survey.
- Sexual health and relationship instruction must recognize diverse sexual orientations and include examples of these relationships when discussing dating relationships.
- The language in the framework is medically accurate and includes the teaching of gender, gender expression, gender identity and the harmful outcomes that may occur from stigma and/or negative gender stereotypes.
- The framework provides details on how to implement instruction on the dangers of human trafficking.
- The Human Trafficking Appendix serves as a vital guide in educating staff, community and students, on how to teach, observe the warning signs of abuse, on where to get help and properly report abuse when suspected.
- Throughout the framework, learning activities and classroom examples are relevant, include 21st Century skills, and are easy for health educators to implement into their classroom.
- The framework provides an excellent guide to all stakeholders in education.

Thank you again for your time and dedication in writing the framework draft. Thank you for having the best interest of all students in mind. We applaud the thoroughness of the framework and are excited to see the final draft.

Sincerely,

Kimberly Ohara
VP, Health Education

3 Reasons to Attend

the CAHPERD 2018 State Conference

February 22-24 - Oakland, CA

Social and Emotional Learning

- Linking content standards to life-skills
- Setting and achieving SMART, positive goals
- Accessing and creating learning environments and physical spaces that supports learning
- Working and interacting effectively with others
- Communicate and advocate clearly for the needs of teachers and students

Standards and Skills-Based Instruction

- Learn to apply skill based instruction concerning content standards and common core
- Authentic assessment
- Pedagogical methods to teaching physical and health literacy
- Engaging students in learning
- Use of planned and sequential framework to instruction

21st Century Learning

- Ideas you can modify to provide personalized learning
- Innovative learning methods that use supportive technology, and higher-order thinking
- Balancing technology-based formative and summative assessments
- Teaching 21st-century skills and technology within and across subject matters

Call for Papers

The California Association for Health, Physical Education, Recreation, and Dance issues this call for papers anticipated to appear in the Winter 2018 or Fall 2018 editions of the CAHPERD e-Journal. The e-Journal contains two types of articles: (a) practical manuscripts related to teaching, professional practice or performance, (b) research articles in the HPERD disciplines. All submissions will be subject to a blind peer review process. Authors who are professionally engaged in the study of HPERD and related fields, including professors, teachers, and others, are encouraged to submit articles for review and potential publication. Authors need not be professional writers. Graduate students in the HPERD disciplines are also encouraged to submit. The editors will give priority consideration to those articles that relate directly to HPERD issues confronting California professionals. This includes articles that provide expert teaching strategies. Authors may not submit the same article to this e-Journal and other publications for simultaneous review. Previously published content should not be submitted.

Authors seeking publication in the e-Journal should include the following materials: (1) Cover letter indicating the desire to have materials reviewed for possible publication. The cover letter should indicate acknowledgement that CAHPERD will hold the copyright to all information published in the e-Journal. (2) Email attachment of the desired publication as a word document only. (3) Biographical information about the author(s) (not to exceed 25 words).

Manuscripts should not exceed 2500 words (not including references or graphics). Authors are expected to follow APA formatting. The order of information included in the manuscript should be as follows: (1) Cover letter, (2) Title Page, (3) Title page with author(s) and affiliation information, (4) Abstract, (5) Text, (6) References, (7) Tables, (8) Figures, and (9) Acknowledgements, if appropriate.

Manuscripts for the upcoming issues may be submitted electronically to Chris Gentry at cgentry@csusb.edu

Submission deadline for consideration in Winter 2018 is January 10th. All other submissions will be considered for the Fall.