

**COUPLES WORKGROUP:**  
**Research Materials**  
**on**  
**ALCOHOL AND DRUG ABUSE**



## Highest Level on Record

# Alcohol-Related Family Problems Strike One-Fourth of U.S. Homes

By George Gallup, Jr.

PRINCETON, N.J. — About one-fourth of all American homes have been afflicted by an alcohol-related family problem, according to a new Gallup survey. This is the highest incidence of problem drinking in a Gallup trend dating to 1950 and twice the level recorded in 1974.

The perception of drinking-related family problems appears to be largely unrelated to the overall use of alcoholic beverages, per se, which has varied by only a few percentage points during the last three decades.

This perception, however, has risen sharply in recent years, especially in population groups with relatively fewer drinkers. In the latest survey, for example, 62% of women and 72% of men say they at least occasionally take a drink of beer, wine or liquor. Despite women's comparatively lower level of drinking, they are more apt than men, 29% and 19%, respectively, to say that drinking has been a cause of family trouble.

In the survey, 66% of all respondents report at least occasionally using alcoholic beverages, while 34% are teetotallers. The highest incidence of drinking was recorded in 1976 and 1978, when 71% were drinkers. The lowest level, 55%, was registered in 1958.

In addition to gender, drinking is strongly conditioned by age, education, income, and religious background. Persons under 50, the college educated, the affluent, Catholics and non-evangelicals are more apt to be drinkers than are people from contrasting socio-economic backgrounds. Fewer Southerners are drinkers, reflecting the large number of evangelical Christians living there.

Conversely, perceptions of family drinking problems — which may have been heightened by such widely-publicized events as the nationwide efforts to curb drunken driving and to raise the legal drinking age to 21 — are higher among the less-well educated and less affluent, Protestants and evangelicals, groups with the lowest incidence of drinking.

Among all non-drinkers in the survey, 28% say that drinking has been a cause of family problems; among all drinkers, 23% say the same thing.

### Overindulgence

Three drinkers in 10 (29%) acknowledge that they sometimes drink more than they should, roughly the same level as the 32% reported in 1985, but substantially higher than those found in earlier surveys.

Male drinkers (38%) are twice as likely as female drinkers (19%) to say they sometimes drink too much. Occasional overindulgence also is much more prevalent among younger than older drinkers. For example, 43% of 18-29-year-old drinkers sometimes overindulge; the comparable figure among 30-49-year-olds is 29% and among drinkers 50 and older, 17%.

Following are the questions and trends:

*Do you have occasion to use alcoholic beverages such as liquor, wine, or beer, or are you a total abstainer?*

### Percent Who Drink

1987	66%
1985	67
1984	64
1982	65
1981	70
1979	69
1978	71
1976	71
1974	68
1969	64
1966	65
1964	63
1960	62
1958	55
1957	58
1956	60
1952	60
1951	59
1950	60
1949	58
1947	63
1946	67
1945	67
1939	58

*Has drinking ever been a cause of trouble in your family?*

**Alcohol-Related Family Problems**

1987	24%
1985	21
1984	17
1981	22
1978	22
1976	17
1974	12
1966	12
1950	14

The following table shows the proportions of drinkers in major demographic groups and the percentage in each group perceiving an alcohol-related family problem:

	Percent who drink	Percent perceiving family problem
NATIONAL	66%	24%
Men	72	19
Women	62	29
18-29 years	68	27
30-49 years	74	26
50 & older	58	22
College graduates	86	19
College incomplete	68	26
High school grads.	64	22
Not H.S. grads.	50	33
\$40,000 & over	86	16
\$25,000-\$39,999	70	24
\$15,000-\$24,999	68	28
Under \$15,000	52	30
Protestants	60	25
Catholics	80	19
Evangelicals	51	29
Non-evangelicals	75	22
East	74	19
Midwest	74	22
South	52	27
West	68	29
Non-drinkers	0	28
Drinkers	100	23
Sometimes overindulge	-	29
Never overindulge	-	20

*Do you sometimes drink more than you think you should?*

**Overindulgence  
(Based on drinkers)**

1987	29%
1985	32
1978	23
1974	18

The latest results are based on telephone interviews with 1,015 adults, 18 and older, conducted in scientifically selected localities across the nation during the period March 14-18. For results based on samples of this size, one can say with 95% confidence that the error attributable to sampling and other random effects could be 4 percentage points in either direction.

In addition to sampling error, the reader should bear in mind that question wording and practical difficulties in conducting surveys can introduce error or bias into the findings of opinion polls. *These statements conform to the standards of disclosure of the National Council on Public Polls.*

CALIFORNIA HIGHWAY PATROL  
DRUG/ALCOHOL ABUSE PROGRAMS

- **ENFORCEMENT EFFORTS.** The principal activity of the California Highway Patrol (CHP) related to substance abuse is the apprehension of drivers under the influence of alcohol and/or drugs (DUI). During 1986, CHP officers arrested approximately 140,000 DUI drivers. Although adjudication procedures vary, many of these individuals were subsequently required to participate in local alcohol/drug abuse programs as part of their court-imposed sentences.
- **HOLIDAY DUI REDUCTION PROGRAMS.** The goal of these multi-media public awareness efforts is to reduce the incidence of drunk driving during the Christmas and New Year's holidays. In recent years, the campaigns have emphasized the potential consequences of driving while under the influence.
- **"SOBER GRADUATION" PROGRAM.** This awareness campaign is conducted each spring with the goal of reducing DUI related traffic casualties among graduating high school students. The program utilizes a combination of printed materials, public service announcements, and local appearances by CHP representatives.
- **ONGOING PUBLIC EDUCATION EFFORTS.** Public affairs officers in local CHP Area offices continually present information on driving under the influence of alcohol and/or drugs (DUI) to their respective communities via personal appearances and local news releases. The development of new anti-DUI campaigns, materials (handouts, bumper stickers, television public service announcements, etc.), and information is an ongoing activity of the Department's Office of Public Affairs in Sacramento. Recently, federal funding has made possible the production of Spanish-speaking public service announcements for television.

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
DIVISION OF DRUG PROGRAMS

PREVENTION FUNCTIONS:

The overall purpose and major goal of this critical function is to reduce or eliminate drug experimentation, use, and abuse. This is done through a process of information dissemination, program funding, resource development, training and technical assistance.

One special focus of the prevention unit is the SB 1409 (Garamendi) School/Community Primary Prevention Program (SCPPP). This program and its enabling legislation are a prevention landmark. This historical effort creates the first formal partnership between the State Departments of Alcohol and Drug Programs and Education (SDE). This statewide effort transcends limited county and local efforts for the expressed purpose of preventing drug and alcohol abuse among school age youth and curtailing related criminal activity.

The (SCPPP) is currently operating in twenty-five (25) counties within the state. Twelve (12) of the associated projects are in their fourth year of operation and thirteen projects are in their third year of operation. All other prevention related activities are in various stages of implementation and are proceeding on established schedule.

Other prevention activities of interest include:

- Subvention and oversight of over \$15,000,000 in state and federal funds to counties for the establishment and implementation of local prevention projects
- Establishment and coordination of an interdepartmental committee including all state entities currently involved in prevention planning and programming
- Development of statewide standards for prevention services programs
- Development of a pilot project for certification and credentialing of individual prevention service providers
- Oversight and administrative responsibility for the School Community Primary Prevention Project in 25 counties (with SDE)
- Development, implementation and maintenance of state information clearinghouse and film lending library
- Conduct and/or contract out for research and other information on public health issues (e.g., fentanyl, MPTP, pregnant addicts, AIDS)

- Provision of technical assistance and training to public and private entities and individuals in prevention
- Development, implementation and maintenance of pilot projects focusing on experimental models and/or specially targeted groups (e.g., positive role model program, underserved population program)
- Development and implementation of ongoing Drug Awareness Campaign using information dissemination, mass media, conferences, newsletters, etc., to involve entire communities in prevention
- Development and implementation of a comprehensive management information system to critically analyze current state and local activities
- Cooperate and collaborate with all other public and private agencies and organizations prospectively or currently engaged in prevention activities, (e.g, NIDA, State departments, advisory boards, counties, associations, parents, etc.)

For fiscal year 1985-86 the budget and funding source breakdown for prevention projects are:

<u>Funding Source</u>	<u>Budget</u>
State general funds/ Federal block grant	\$ 40,000
Special Projects	1,091,000
Local Assistance	383,000

Prevention is a rapidly growing multidisciplinary effort. Drug abuse is a diverse and extremely complex problem. Therefore, programs to effectively prevent and reduce drug abuse must draw from many disciplines and involve many concerned experts. Schools, parents, agencies, communities, and concerned individuals are increasing by developing partnerships and working together. In this matter, they develop and implement prevention efforts that address the many variables that contribute to the problems associated with drug experimentation and abuse.



## ALCOHOL PREVENTION ACTIVITIES

COMMUNITY ORGANIZATION

- o Regional alcohol prevention forums were conducted in order to increase community involvement, awareness and support for the concepts outlined in "Framework for Community Initiatives".
- o The Department awarded contracts for demonstration projects to six counties in order to establish community planning for alcohol prevention.
- o The Department will be conducting an assessment of the six demonstration projects in order to enable communities to replicate the most successful strategies, in addition we are developing an evaluation design communities can use to determine effectiveness of prevention planning.
- o The Youth Coordination Program coordinates local and statewide prevention activities to reduce traffic fatalities and injuries associated with youth drinking and driving.
- o ADP is establishing prevention priorities for women, in addition to facilitating a task force whose purpose is to develop a statewide prevention plan for women.

TRAINING, EDUCATION, AND MEDIA

- o The Center for Human Development has been awarded the youth technical assistance contract, which includes a needs assessment, identification of effective youth program models, and identification of barriers to services.
- o A Prevention Resource Directory has been developed and disseminated reprinting of a Fetal Alcohol Syndrome publication has been released for distribution and an Alcohol Prevention Calendar of Events is expected to be published in Summer of 1986. The review, update and purchase of pamphlets, posters, films for the Alcohol Prevention Unit library is an ongoing process.
- o TEENWORK 87, which will provide participants with knowledge and skills to organize and implement alternatives to drinking and driving in their schools and communities, is tentatively scheduled for April, 1987 in Santa Clara.
- o ADP completed six trainings of Fetal Alcohol Syndrome, the participants should now be equipped with the knowledge and skills to begin educating their communities about FAS and FAE.

PUBLIC POLICY

- o Identifying, categorizing, and evaluating all state level alcohol-related public policies and assessing the impact these policies have on the production, marketing, advertising and availability of alcoholic beverages.

ENVIRONMENTAL RISK

- o ADP is finalizing a data base of local planning and zoning ordinances.
- o ADP is facilitating the implementation of two demonstration projects (Salinas, San Diego) to assess the effectiveness of utilizing local zoning ordinances in the prevention of alcohol-related problems.

# Adult Children of Alcoholics/Addicts

by Thomas L. Dixon, CAC

**C**urrent statistics indicate that about 22 million adult Americans had an alcoholic and/or drug-addicted parent(s) as a role model during their formative years as children. And that, essentially, is the definition of Adult Children of Alcoholics (ACAs)—persons who have been raised in families where either or both parents were chemically addicted and who have been subjected to the many *dysfunctional* aspects associated with parental alcohol/drug addiction.

## A Child's Life in an Alcoholic Home

Many adults never had the opportunity to be children, especially if they were the products of an alcoholic/drug addicted parent(s). To be a child or child-like was not acceptable behavior, nor was it convenient. For example, if you were in this situation, how often did you hear, "Stop acting like a child," or "You're being childish"? When, in fact, that is exactly what you were and you knew no other way to behave. Your survival instincts told you that to be yourself, a child, was not what your parents expected of you; and therefore, you had to be something you were not—an adult in a child's body. This is not peculiar to chemically addicted families, it applies to other types of



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*One of the roles a child in a dysfunctional/alcoholic family will assume is that of the "perfect" or "responsible" child.*

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dysfunctional family situations as well. The games that were played were basically the same: parents did not know how to parent successfully, and children were not allowed to behave like children.

The end result, if the child survived, is usually an adult who knows little about being an adult because the healthy adult role model was missing from the child's life.

Children are very perceptive and learn quickly. There may have been more than one child in the chemically dependent household and each will develop his/her own reactions and coping devices to the dysfunctional family situation. These techniques and attitudes are often carried into adulthood where they prove inadequate and totally inappropriate to life as an adult.

One of the roles a child in a dysfunctional/alcoholic family will assume is that of the "perfect" or "responsible" child. This is someone who will take on the usual chores assigned to children plus many of the parents' jobs, like keeping up the lawn, cooking meals, cleaning house, doing laundry and even food shopping. Some of these children will even perfect the art of "bartending," mixing the perfect drink or drinks

for their alcoholic mothers or fathers or both—all of this to promote some semblance of normalcy in the family and perhaps to illicit a little attention and recognition which they seldom get and which is almost always missing altogether. As adults, they work themselves to death trying to "people-please."

Another role is that of "scapegoat." This is the child who is always in trouble, the one the family blames everything on, including the malfunctioning family situation. This is the child who can "never do anything right," the one who will "never amount to anything." This is the child who finds that negative reinforcement from a parent, tongue-lashings, beatings, sexual and verbal abuse, are better than no attention at all. It's little wonder this child grows up with a very low self-esteem and self-confidence and, frequently, running from the law.

A third role these children might take on is that of a "clown." This child will mask the reality of pain in her/his life by making light of every situation. Cutting-up and joking hides the truth not only from the child but from classmates and neighbors or other friends of the family. The feelings become buried so deeply and obscured by fantasy that it often takes the adult a lifetime of therapy to overcome the torment of childhood in the alcoholic family.

Another role is that of the "withdrawn" or "lost" child. "I hope no one sees me." "If I were invisible or not here at all maybe it would be better." This child doesn't really want to fade away into the woodwork, but he/she seems powerless to change anything. The parents pay no attention and when they do, the child gets mixed signals,



"Of course we love you, now go away, I'm busy."

A person needs a sense of "self" in order to measure self-esteem. Children in dysfunctional/addicted families rarely get a chance to develop a true sense of who they are. And who they are is largely based on input from parents and other significant people in their lives. So if family situations create the necessity for a child to develop an unrealistic, improvised being, that child never gets to experience the true, uncorrupted self within.

The worst scenario this model produces is that some of these children are actually killed by a drunken parent. Of those who survive to become adults, many are scarred from sexual abuse, mental and other physical abuse and because that was how they learned about parenting, they perpetuate the cycle with their own progeny. Other adult survivors become sexually dysfunctional, mentally, emotionally and sometimes physically dysfunctional as a result of the abuses experienced in childhood. Everyone who grows up in an environment where unhealthy attitudes and/or violence created pain and remorse will experience a dysfunction, at some level, major or minor, in one or more areas of her or his adult life. Those who recognize the pattern and become willing to break the chain are those who, somewhere along the way, regained enough self-worth and commitment to the idea that there is a better life and have found programs like Alcoholics Anonymous (AA), Adult Children of Alcoholics (ACAs), Adult Children of Dysfunctional Families (ACDF), and/or who sought help from professionals in the mental health field.

#### Dysfunctional Adults

What exactly does "dysfunctional" mean. When broken down, you will see that *dys* has meanings like "abnormal," "difficult," "impaired," and "ill." So a dysfunctional adult is one who is functioning in an impaired manner.

Primary examples of dysfunctioning adults can be seen in those people who:

1. believe that someone else can "fix it" or make life work better. These people have such low self-esteem that they are convinced, from childhood, that they are incapable of having a productive, healthy and happy life without someone else doing it for them.
2. display a great fear of abandonment.

*Children in dysfunctional/addicted families rarely get a chance to develop a true sense of who they are.*

This is usually the basis for the evil serpent, "jealousy." An adult may have been abandoned as a child either by the disap-

pearance or death of one or both parents or some other significant person(s) in his/her life. The unfaithful lover, spouse, etc., may foster the idea that, "I'm not good enough for you and you are going to leave me for someone else."

3. spend money they haven't got trying to find "that thing" which is once and for all, going to "fix it." The "fix-it" part is quite often nothing more than the adult trying to feel better about the self he or she hasn't yet truly discovered. They turn to "things," "other people," or "places" trying to impress others and bolstering their own starved child-like egos.

4. become addicted to chemicals, food, sex, spending/gambling, and a host of other unhealthy addictive habits. These people are all looking for substitutes from the outside rather than trying to repair the damage that was done on the inside when they were children.

Substitutes do not work. The answers are found inside the individual—not outside and certainly not in someone else. The secret to making life work lies more in our reactions than it does to the experiences themselves.

For example: A lover dies of AIDS and the remaining partner becomes reclusive and begins to drink heavily feeling that sense of abandonment, one more time. This kind of *reaction* to a life situation is a throw-back to a learned response in childhood. It is neither healthful nor is it productive. It is simply a device employed to put off dealing with the reality of the situation. A more appropriate reaction might be to allow oneself to experience all the various feelings, express those feelings to someone who will understand, get involved in a grief recovery group, stay in touch with

the friends and family who love and care about you and avoid excessive chemicals—they *never* permanently improve a bad situation.

Another inappropriate reaction might show up when a person gets an overdraft notice from the bank. The reaction might be one of rage and lots of name-calling, etc., ending up with the person creating a scene in the bank and closing the account. This would be a typical reaction from the child "scapegoat." "The bank is using me, it's their error, etc." Instead of taking responsibility for not balancing the checkbook and addressing the bank civilly, she/he overreacts and looks pretty silly when the bank points out the error in the checkbook.

So it is not the situation which renders us dysfunctional, but it is our reaction to that situation that puts the label on us.

Many ACA's have come to know and understand themselves and their relations

to life through programs that are specifically geared to the needs of the "Adult Child." These self-help groups are programs which are founded on the basic traditions and philosophies of the program of Alcoholics Anonymous and can be found throughout the United States and Canada. Their primary purpose is to help the adult child uncover the wreckage of his or her past, take the necessary steps to begin putting the past in perspective and then get on with a more useful, productive, healthy and happy life.

If you were a product of an alcoholic home or dysfunctional family and want help becoming that better person you know you can be, contact the Adult Children of Alcoholics main office at 213/464-4423 or for meeting information, call 213/466-7297. There are "mixed" meetings as well as meetings specifically for gays and lesbians and everyone is welcome.

## RISK FACTORS FOR ADOLESCENT SUBSTANCE ABUSE\*

The risk factors for adolescent drug abuse are reviewed below. This is a summary of work by Drs. J. David Hawkins and Richard F. Catalano as part of their research into the causes of drug abuse. These risk factors should be interpreted like risk factors for heart or lung disease. That is, if your child or your family has one of these characteristics it increases your child's chances of developing a problem with alcohol or drug use. However, having one of these risk factors does not mean that your child will become a drug abuser, just that the risk is increased.

### 1. Family History of Alcoholism

Research has demonstrated a link between family drinking problems and adolescent alcohol and other drug abuse. The presence of any alcoholic family member approximately doubles the risk that a male child will abuse alcohol or other drugs.

### 2. Family Management Problems

Poor family management practices increases the risk that children will abuse alcohol and other drugs. These family problems include unclear or inconsistent rules for behavior, inconsistent reactions to children's behaviors, lax supervision or monitoring of children's behavior, excessively severe discipline, and negative communication patterns including constant criticism ("nattering") and an absence of praise.

### 3. Early Antisocial Behavior

In inner-city studies, a relationship has been found between childhood conduct disorders in early elementary school and teenage drug abuse. These conduct disorders include aggression, especially when coupled with shyness among males, hyperactivity, nervousness, inattentiveness, impulsiveness, and acting defiant and negative. Evidence suggests the presence of these behaviors before elementary school is not predictive of later drug abuse since these behaviors may be part of normal preschool development.

### 4. Parental Drug Use and Positive Attitudes Towards Use

Parental use of drugs other than alcohol may increase the risk that children will initiate the use of drugs. There is clear evidence that parent modeling of use, such as when parents involve their children in drug use (like asking your son to get a beer for you from the refrigerator or allowing a child to light your cigarette) increases the likelihood that children will see themselves as future users of alcohol, cigarettes, and marijuana. Favorable parental attitudes towards alcohol and drug use also increase the likelihood of children's use of these substances.

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\*Source: R. David Hawkins, Ph.D., Center for Social Welfare Research, University of Washington.

5. Academic Failure

Children who fail to achieve in mid to late elementary school are at risk of becoming teenage drug abusers. Children who fail in school for whatever reason: boredom, lack of ability, a mismatch with a poorly skilled teacher, are most likely to experiment early with drugs and to become regular users of drugs in adolescence.

6. Little Commitment to School

Students who are not committed to school and getting an education are more likely to use drugs. Use of strong drugs, like cocaine, stimulants and hallucinogens, is significantly lower among high school students who expect to go to college.

7. Alienation, Rebelliousness, and Lack of Social Bonding to Society

In middle or junior high school, those students who do not buy into the dominant social values, who rebel against authority--particularly their parents, and school officials--and who don't attend church tend to be at higher risk for drug abuse than those who are bonded to the primary social groups of family, school, and church.

8. Antisocial Behavior in Early Adolescence

A wide variety of antisocial behaviors in adolescence, including school misbehavior, a low sense of social responsibility, fighting, sensation seeking and general aggressiveness have been shown to be related to drug abuse.

9. Friends Who Use Drugs

Association with drug using friends during adolescence is among the strongest predictors of adolescent drug use. The evidence is clear that initiation into drug use happens most frequently through the influence of close friends rather than from drug offers from strangers.

10. Favorable Attitudes Towards Drug Use

Children often have health conscious anti-drug attitudes in late elementary school. When these attitudes change to become favorable toward the use of alcohol, tobacco, and marijuana, children are more likely to begin to initiate drug use.

11. Early First Use of Drugs

Beginning to drink or use other drugs at an early age increases the risk of drug problems. Using drugs before age 15 greatly increases the risk of later drug abuse.

Chapter	Section
3. Negotiated Net Amount Contracts Pilot Project [New] .....	11758.10
4. Skills for Adolescence Program [New] .....	11759

CHAPTER 1. GENERAL PROVISIONS [NEW]

- Section
- 11750. Existence of department.
- 11751. Director.
- 11751.1. Powers of director.
- 11751.2. Divisions.
- 11751.4. Legislative intent.
- 11751.6 to 11751.8. Repealed.
- 11751.9. Appointment of officers and employees.
- 11752. Department; director.
- 11752.1. Repealed.
- 11753. Repealed.
- 11754. Designation of department as single state agency for receipt of federal funds.
- 11755. Departmental duties.
- 11756. Statewide alcohol program: departmental duties.
- 11757, 11758. Repealed.

Heading of Chapter 1 was added by Stats.1937, c. 1438, § 1.

§ 11750. Existence of department

There is in state government in the Health and Welfare Agency a State Department of Alcohol and Drug Programs.

(Added by Stats.1979, c. 679, p. 2092, § 4.)

1979 Legislation.

Former § 11750, relating to the existence of the State Department of Alcohol and Drug Abuse, added by Stats. 1977, c. 1252, p. 4394, § 301, was repealed by Stats.1979, c. 679, p. 2092, § 3.

Derivation: Former § 11750, added by Stats.1977, c. 1252, p. 4394, § 301.

Welf. & Inst.Code former § 11901, added by Stats.1970, c. 1021, p. 1828, § 1.

Welf. & Inst.Code former § 19903, added by Stats.1975, c. 1128, p. 2757, § 13.

Library References

- Chemical Dependents ⇨ 1.
- C.J.S. Drugs and Narcotics § 230.
- C.J.S. Drunkards §§ 6 to 12.

§ 11751. Director

The State Department of Alcohol and Drug Programs is under the control of an executive officer known as the Director of Alcohol and Drug Programs, who shall be appointed by the Governor, subject to confirmation by the Senate, and holds office at the pleasure of the Governor. The director shall receive the annual salary provided by Article 1 (commencing with Section 11550) of Chapter 6 of Part 1 of Division 3 of Title 2 of the Government Code.

(Added by Stats.1979, c. 679, p. 2092, § 4.)

1979 Legislation.

Former § 11751, relating to the Director of Alcohol and Drug Abuse, added by Stats.1977, c. 1252, p. 4394, § 301, was repealed by Stats.1979, c. 679, p. 2092, § 3.

Derivation: Former § 11751, added by Stats.1977, c. 1252, p. 4394, § 301.

Notes of Decisions

1. In general

Providers of services under federally funded state alcohol or drug abuse programs are prohibited by federal laws and regulations, except upon the conditions and specifications therein expressly provided, from reporting child abuse information pursuant to the California Child Abuse Reporting Law (Pen.C. §§ 11165 to 11174). 67 Ops.Atty.Gen. 225, 6-1-84.

Welf. & Inst.Code former § 19901, added by Stats.1970, c. 1021, p. 1828, § 1.

Welf. & Inst.Code former § 19903, added by Stats.1975, c. 1128, p. 2757, § 13.

§ 11751.1. Powers of director

The Director of Alcohol and Drug Programs shall have the powers of a head of a department pursuant to Chapter 2 (commencing with Section 11150) of Part 1 of Division 3 of Title 2 of the Government Code.

(Added by Stats.1979, c. 679, p. 2092, § 4.)

Derivation: Former § 11752, added by Stats.1977, c. 1252, p. 4394, § 301.

§ 11751.2. Divisions

There is in the State Department of Alcohol and Drug Programs, a Division of Alcohol Programs, a Division of Drug Programs, a Division of Administration, and such other divisions, as established by the department to the extent authorized by existing law.

(Added by Stats.1979, c. 679, p. 2092, § 4.)

Derivation: Former § 11752.1, added by Stats.1977, c. 1252, p. 4394, § 301, amended by Stats.1978, c. 429, p. 1401, § 137.5.

§ 11751.4. Legislative intent

It is in the intent of the Legislature to assure the integrity and separate identity of state alcohol and drug programs.

(Added by Stats.1979, c. 679, p. 2093, § 4. Amended by Stats.1984, c. 1328, § 2.)

Derivation: Former § 11753, added by Stats.1977, c. 1252, p. 4394, § 301, amended by Stats.1978, c. 429, p. 1401, § 137.6. Stats.1975, c. 1128, p. 2771, § 4.

§§ 11751.6 to 11751.8. Repealed by Stats.1984, c. 1328, §§ 3 to 5

The repealed sections, added by Stats.1979, c. 679, p. 2093, § 4, derived from former §§ 11754 to 11756, added by Stats.1977, c. 1252, p. 4394, § 301, related to, respectively, use of funds, transfer of personnel, and possession and control of records, equipment, supplies, funds and property.

Sections 11751.7, 11751.8, were also derived from Stats. 1975, c. 1128, p. 2771, § 14.

§ 11751.9. Appointment of officers and employees

All officers or employees of the State Department of Alcohol and Drug Programs \* \* \* shall be appointed by the Director of Alcohol and Drug Programs.

(Added by Stats.1979, c. 679, p. 2093, § 4. Amended by Stats.1984, c. 1328, § 6.)

Derivation: Former § 11757, added by Stats.1977, c. 1252, p. 4394, § 301. Welf. & Inst.Code former § 11903.7, added by Stats.1975, c. 1128, p. 2759, § 13.

§ 11752. Department; director

As used in this division, "department" means the State Department of Alcohol and Drug Programs and "director" means the Director of the State Department of Alcohol and Drug Programs.

(Added by Stats.1979, c. 679, p. 2093, § 4.)

1979 Legislation.

Former § 11752, relating to powers of Director of Alcohol and Drug Abuse, added by Stats.1977, c. 1252, p. 4394, § 301, was repealed by Stats.1979, c. 679, p. 2092, § 3. See, now, § 11751.1.

Derivation: Former § 11758, added by Stats.1977, c. 1252, p. 4394, § 301

§ 11752.1. Repealed by Stats.1979, c. 679, p. 2092, § 3

The repealed section, added by Stats.1977, c. 1252, p. 394, § 301, amended by Stats.1978, c. 429, p. 1401.

§ 137.5, specified the divisions contained in the state department. See, now, § 11751.2.

§ 11753. Repealed by Stats.1984, c. 1328, § 7

Former § 11753, relating to the succession of the State Department of Alcohol and Drug Abuse to the powers and duties of the Office of Alcoholism, added by Stats.1977, c. 252, p. 4394, § 301 and amended by Stats.1978, c. 429, p. 401, § 137.6, was repealed by Stats.1979, c. 679, p. 2092, § 3. See, now, § 11751.4.

The repealed section, added by Stats.1979, c. 679, p. 2093, § 4, derived from former § 11759, added by Stats.1978, c. 429, p. 1401, § 138, related to regulations.

§ 11754. Designation of department as single state agency for receipt of federal funds

(a) The . . . department shall be the single state agency authorized to receive any federal funds payable directly to the state by the . . . Alcohol, Drug Abuse, and Mental Health Administration to implement programs which provide services to alleviate the problems related to the inappropriate use of alcoholic beverages.

(b) The . . . department shall be the single state agency authorized to receive any federal funds payable directly to the state by the Alcohol, Drug Abuse, and Mental Health Administration to implement programs which provide services to alleviate the problems related to the use of other drugs.

(c) The . . . department may receive other federal funds and expend them pursuant to the provisions of this division, the Budget Act, or other statutes.

Added by Stats.1979, c. 679, p. 2094, § 4. Amended by Stats.1980, c. 1089, p. 3489, § 1.2; Stats.1984, c. 1328, § 8.)

1979 Legislation.  
Former § 11754, relating to use of funds, added by Stats.1977, c. 1252, p. 4394, § 301, was repealed by Stats.1979, c. 679, p. 2092, § 3. See, now, § 11751.6.

Derivation: Gov.C. former § 12803.7, added by Stats.1969, c. 1472, p. 3015, § 1.5, amended by Stats.1972, c. 333, p. 626, § 5.

§ 11755. Departmental duties

The department shall do all of the following:

- (a) Adopt regulations pursuant to Section 11152 of the Government Code.
- (b) Employ administrative, technical, and other personnel as may be necessary for the performance of its powers and duties.
- (c) Do or perform any of the acts which may be necessary, desirable, or proper to carry out the purpose of this part.
- (d) Provide funds to counties for the planning and implementation of local programs to alleviate problems related to inappropriate alcohol and drug use.
- (e) Review and approve or disapprove county alcohol program plans and county drug program plans submitted for state and federal funds allocated by the department.
- (f) Provide for technical assistance and training to local alcohol and drug programs to assist in the planning and implementation of quality services. The department may charge a fee to cover the cost of providing technical assistance to alcohol and drug programs.
- (g) Review research in, and serve as a resource to provide information relating to, alcohol and drug programs.
- (h) In cooperation with the Department of Personnel Administration, encourage training in other state agencies to assist the agencies to recognize employee problems relating to inappropriate alcohol use or drug use which affect job performance and encourage the employees to seek appropriate

(i) Develop and implement a statewide plan to alleviate problems related to inappropriate alcohol use and to overcome the barriers to their solution and to develop and implement a statewide plan to alleviate problems related to inappropriate drug use and to overcome the barriers to their solution. These plans shall be revised annually. The State Advisory Board on Alcohol-Related Problems shall review and make recommendations to the department on the development of the statewide alcohol plan. The State Advisory Board on Drug Programs shall review and make recommendations to the department on the development of the statewide drug plan. In order to avoid duplication of efforts in developing statewide alcohol and drug plans, the department shall consult with the Office of Statewide Health Planning and Development and the Advisory Health Council to adopt a uniform format, and policy for the development of the statewide alcohol plan and statewide drug plan to facilitate its incorporation into the state health plan.

(j) Assist and cooperate with the Office of Statewide Health Planning and Development and the Advisory Health Council in the drafting and adoption of the state health plan to assure inclusion of appropriate provisions relating to alcohol problems and drug problems.

(k) In the same manner and subject to the same conditions as other state agencies, develop and submit annually to the Department of Finance a program budget for the state-funded alcohol program and the state-funded drug program which shall include expenditures proposed to be made under this division, and may include expenditures proposed to be made by any other state agency relating to alcohol or drug problems, pursuant to an interagency agreement with the department.

(l) Review and certify alcohol programs meeting state standards pursuant to Chapter 7 (commencing with Section 11830), and review and certify drug abuse treatment programs pursuant to Section 11994.

(m) Develop standards for assuring minimal statewide levels of service quality provided by alcohol and drug service programs.

(n) Review and license methadone treatment programs.

(o) Develop and implement, in partnership with the counties, alcohol and drug prevention strategies especially designed for youth.

(Added by Stats.1984, c. 1328, § 9.)

1979 Legislation.  
Former § 11755, added by Stats.1977, c. 1252, p. 4395, § 301, relating to transfer of personnel to the Department of Alcohol and Drug Abuse, was repealed by Stats.1979, c. 679, p. 2092, § 3.

Welf. & Inst. C. former §§ 19901 to 19903, added by Stats.1970, c. 1021, pp. 1828, 1829, § 1.  
Welf. & Inst. C. former § 19903.5, added by Stats.1975, c. 1128, p. 2757, § 13.

Library References  
Chemical Dependents § 1.  
C.J.S. Drugs and Narcotics § 230.  
C.J.S. Drunkards §§ 6 to 12.

Derivation: Former § 11770, added by Stats.1979, c. 679, p. 2096, § 6, amended by Stats.1982, c. 1013, § 1.

§ 11756. Statewide alcohol program; departmental duties

The department relative to the statewide alcohol program, in addition to the duties provided for in Section 11755, shall do all of the following:

- (a) Cooperate with other governmental agencies and the private sector in establishing, conducting, and coordinating alcohol programs and projects pursuant to Chapter 2 (commencing with Section 11775).
- (b) Cooperate with other state agencies to encourage appropriate health facilities to recognize, without discrimination, persons with alcohol problems who also require medical care and to provide them with adequate and appropriate services.
- (c) Encourage counties to coordinate alcohol services, where appropriate, with county health and social service programs, or with regional health programs pursuant to Article 2 (commencing with Section 11821) of Chapter 5.
- (d) Encourage the utilization, support, assistance, and dedication of interested persons in the community in order to increase the number of persons with alcohol problems who voluntarily seek appropriate services to alleviate those problems.
- (e) Evaluate or require the evaluation, including the collection of appropriate and necessary information, of alcohol programs pursuant to Chapter 6 (commencing with Section 11825).



ART 2. STATE GOVERNMENT'S ROLE TO ALLEVIATE PROBLEMS RELATED TO THE INAPPROPRIATE USE OF ALCOHOLIC BEVERAGES

Chapter Section
General Provisions 11760
Relationship of the Department to Other Governmental Agencies and the Private Sector 11775
Research 11785
State-County Partnership 11795
State and County Relationships to Health Planning Agencies 11820
Evaluation 11825
Quality Assurance 11830
5. Licensing 11834.10
Regulations 11835
Services to Persons Convicted for Driving While Under the Influence of Alcohol 11837
General Financial Provisions 11840

Part 2 was added by Stats.1979, c. 679, p. 2094, § 6.

Former Part 2, added by Stats.1977, c. 1252, p. 4394, § 301, was repealed by Stats.1979, c. 679, p. 2094, § 5.

The heading of former Part 2, "Alcoholism", was amended by Stats.1978, c. 429, p. 1401, § 133.5, to read "Alcohol Abuse and Alcoholism".

CHAPTER 1. GENERAL PROVISIONS

Article Section
Statement of Problems Related to the Inappropriate Use of Alcoholic Beverages and the Reasons for and Limitations on State Government's Role 11760
Definitions 11765
Departmental Powers and Duties and Limitations Thereof 11770

Chapter 1 was added by Stats.1979, c. 679, p. 2094, § 6.

ARTICLE 1. STATEMENT OF PROBLEMS RELATED TO THE INAPPROPRIATE USE OF ALCOHOLIC BEVERAGES AND THE REASONS FOR AND LIMITATIONS ON STATE GOVERNMENT'S ROLE

Section
11760. Problems of inappropriate use of alcoholic beverages; legislative findings and declaration.
11760.1. Hindrance of efforts to address problems related to inappropriate alcohol use; legislative recognition.
11760.2. Affirmative role of state government; legislative findings.
11760.3. Limitation of role of state government; legislative recognition.
11760.4. Responsibility and authority for programs and projects in one state department; legislative findings.

Article 1 was added by Stats.1979, c. 679, p. 2094, § 6.

11760. Problems of inappropriate use of alcoholic beverages; legislative findings and declaration

The Legislature finds and declares that problems related to the inappropriate use of alcoholic beverages adversely affect the general welfare of the people of California. These problems, which constitute the most serious drug problem in California, include, but are not limited, to the following:

(a) Substantial facilities, permanent disability, and personal damage which result from driving

(b) Alcoholism in the individual, which is an addiction to the drug alcohol, with its attendant deterioration of physical and emotional health and social well-being.

(c) Alcoholism in the family with its attendant deterioration of all relationships and the well-being of family members.

(d) A risk of increased susceptibility to serious illnesses and other major health problems which ultimately create a burden on both public and private health facilities and resources.

(e) A risk of fetal alcohol syndrome.

(f) Losses in production and tax revenues due to absenteeism, unemployment, and industrial accidents.

(Added by Stats.1979, c. 679, p. 2094, § 6.)

1979 Legislation.

The introduction to Stats.1979, c. 679, p. 2094, § 5, reads: "Part 2 (commencing with Section 11760) of Division 10.5 of the Health and Safety Code is repealed."

Derivation: Former § 11776, added by Stats.1977, c. 1252, p. 4394, § 301.

Welf. & Inst.Code former § 19900, added by Stats.1970, c. 1021, p. 1828, § 1.

Welf. & Inst.Code former § 19901, added by Stats.1975, c. 1128, p. 2757, § 13.

Library References

- Chemical Dependents 1.
C.J.S. Drugs and Narcotics § 230.
C.J.S. Drunkards §§ 6 to 12.

§ 11760.1. Hindrance of efforts to address problems related to inappropriate alcohol use; legislative recognition

The Legislature recognizes that any efforts to address the problems related to inappropriate alcohol use are greatly hindered by:

(a) The stigmatization of persons who have alcohol problems.

(b) Denial by the individual and the community, especially among members of the professional community, sometimes referred to as gatekeepers, regarding the nature and scope of alcohol problems.

(c) Services which, if uncoordinated, often are conflicting, inappropriate, ineffective, duplicative, and wasteful of limited public and private resources.

(d) Actions and attitudes which encourage consumption of alcoholic beverages in California, which lead to alcohol problems.

(Added by Stats.1979, c. 679, p. 2095, § 6.)

§ 11760.2. Affirmative role of state government; legislative findings

The Legislature finds that state government has an affirmative role in alleviating problems related to the inappropriate use of alcoholic beverages and that its major objective is protection of the public health and safety, particularly where problems related to inappropriate alcohol use are likely to cause harm to individuals, families and the community.

(Added by Stats.1979, c. 679, p. 2095, § 6.)

§ 11760.3. Limitation of role of state government; legislative recognition

The Legislature recognizes that state government's role should be limited for several reasons including, but not restricted to:

(a) State government should intervene in the activities of individuals only where such individuals' inappropriate use of alcoholic beverages is likely to cause significant harm to other persons, families or the community; and

(b) The resources available to alleviate problems related to inappropriate alcohol use are limited and

(c) Significant private resources, economic incentives, and voluntary actions of individuals and the community should be utilized and encouraged to include the

**Cross References**

Licensure regulations for alcoholism recovery facilities, consistency with this section, see § 11834.14.

**§ 11760.4. Responsibility and authority for programs and projects in one state department; legislative findings**

(a) The Legislature finds that, in order to utilize effectively the limited state funds available for programs whose purpose is to alleviate the problems related to inappropriate alcohol use and to overcome the barriers to their solution as described in Section 11760.1, the responsibility and authority for the encouragement of the planning for and the establishment of county-based programs and statewide alcohol projects be concentrated primarily in one state department.

(b) The Legislature further recognizes the department's limited role in state government in trying to alleviate the problems related to inappropriate alcohol use because of:

(1) The department's limited budget and staff; and

(2) The important role played by other state agencies in trying to alleviate the problems related to inappropriate alcohol use.

(Added by Stats.1979, c. 679, p. 2095, § 6.)

Derivation: Former § 11775, added by Stats.1977, c. 1252, p. 4394, § 301.

**§ 11980. Legislative finding and declaration**

The Legislature hereby finds and declares that it is essential to the health and welfare of the people of this state that action be taken by state government to effectively and economically utilize federal and state funds for narcotic and drug abuse prevention, care, treatment and rehabilitation services. To achieve this, it is necessary that:

(a) Existing fragmented, uncoordinated, and duplicative narcotic and drug abuse programs be molded into a comprehensive and integrated statewide program for the prevention of narcotic and drug abuse and for the care, treatment, and rehabilitation of narcotic addicts and drug abusers.

(b) Responsibility and authority for planning programs and activities for prevention, care, treatment, and rehabilitation of narcotic addicts be concentrated in the State Department of Alcohol and Drug Abuse. It is hereby declared to be the intent of the Legislature to assign responsibility and grant authority for planning narcotic and drug abuse prevention, care, treatment, and rehabilitation programs to the State Department of Alcohol and Drug Abuse whose functions shall be subject to periodic review by the Legislature and appropriate federal agencies.

(c) The State Department of Alcohol and Drug Abuse succeeds to, and is vested with, all the duties, powers, purposes, responsibilities, and jurisdiction with regard to substance abuse formerly vested in the State Department of Health.

(Added by Stats.1977, c. 1252, p. 4419, § 301, operative July 1, 1978.)

**COUPLES WORKGROUP:**  
**Research Materials**  
**on**  
**FAMILY LIFE EDUCATION**

Family Life/  
*Sex Education*

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**GUIDELINES**

EXCERPTS

CALIFORNIA STATE DEPARTMENT OF EDUCATION  
Bill Honig Superintendent of Public Instruction  
Sacramento, 1987

# California State Board of Education

## Policy Statement

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WHEREAS, the California Constitution prescribes "moral improvement" as one of the principal purposes of the public schools;

WHEREAS, the traditional institutional sources of family and sexual information and guidance for young people are often inadequate or absent;

WHEREAS, the local public schools as one social institution accessible to all young people reflect broad community support and, with sufficient intellectual and material resources, can aid substantially in the development of sound individual codes of family life and sexual behavior;

WHEREAS, too much misinformation is being learned by our children who receive no formal instruction in family life/sex education, and many are truly damaged emotionally, psychologically, and physically;

WHEREAS, preadolescent and adolescent sexual intercourse is unlawful in many cases and often results in a loss of self-esteem, school dropout, and an increased risk of contracting sexually transmitted disease as well as, among women, unintended pregnancy and/or sterility; now therefore be it

RESOLVED, that a Family Life and Health Education Program that encourages kindergarten through grade twelve students to be abstinent and establishes sexual behavior in the ethical and moral context of marriage be included as a necessary part of our overall educational system in order to aid in the carrying out of the full intent of the Constitution; and

BE IT FURTHER RESOLVED, that the local school district maintain the local control over materials and methods needed in achieving this program in its proper perspective and fulfillment for the needs of the community by utilizing guidelines, as recommended by the State Board of Education.

1. The primary responsibility for sex education is that of the home. However, the school, along with the church, has a secondary role in supporting and supplementing the home's responsibility.
2. Instruction related to family life/sex education should be built around the concepts and objectives in the section on "Family Health" (pages 26—31) in the *Health Instruction Framework for California Public Schools*, 1978 Edition, published by the California State Department of Education. The full range of topics, including parenting, birth control, abortion, and other topics, shall be addressed in the context of the broad moral and ethical issues and family values.
3. Teachers who provide instruction on family life/sex education or any other programs related to sexual behavior *must* have professional preparation in the subject area either at the preservice or in-service level. In addition to or as part of such preparation, teachers shall become familiar with the *Health Instruction Framework for California Public Schools*, 1978 Edition, and the State Board of Education's resolution pertaining to family life/sex education.
4. All curriculum and resource materials to be used should be studied by a community advisory committee, with avoidance of materials not approved. Suggested members of the committees include:
  - a. Medical doctor(s) approved by a local medical society and/or public health department
  - b. School nurse, health educator, or teacher, with preparation to teach family life/sex education
  - c. Representative(s) of administration and school boards of districts
  - d. Representative(s) of PTA and other parent groups
  - e. Representative(s) of student body
  - f. Representative(s) of clergy (all major faiths)
  - g. Representative(s) of police departments, especially juvenile probation officers



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- h. Other community members, as may be selected
  5. Programs dealing with sex education should be voluntary, not mandatory.
  6. Harmful effects of preadolescent and adolescent sex, and so forth, and a code of ethics should be emphasized, with no derogatory instruction relative to an individual's religious beliefs and morals and to parents' beliefs and teachings. The family unit, including moral values, should be supported and emphasized.
  7. Prior to participation in such a program, all speakers or resource persons and any materials they propose to use in connection with sex education programs or other programs dealing with sexual behavior shall be approved and authorized in writing by the superintendent of the district or delegated authority.
  8. Earliest instruction relative to human reproduction should not be introduced prior to the fourth grade.
  9. Parents shall be invited to review all materials to be used in family life/sex education in classes their child(ren) attend(s) and provided for in *Education Code* Section 51550. Material to which parents object shall be reevaluated by school personnel.
  10. Districts should ensure that parents are, in fact, notified of any course offering in the area of family life/sex education. Notification by U.S. mail is preferred. If notification is sent with the pupil, the parent(s) should either be notified by telephone as well or required to return a slip indicating their approval or disapproval to have their child(ren) participate in the program. (See *Education Code* Section 51550.)
  11. Evaluation of family life/sex education, as well as in-service training of personnel involved, should be a continuing process.

# Criteria for Evaluation of Family Life/Sex Education Materials

Overall Tone	Degree to Which Criterion Is Met			
	Completely	To Some Degree	Not at All	Does Not Apply
1. The material promotes the commonly held values of our society, such as honesty, decency, morality, responsibility, fidelity, dignity, excellence, love of knowledge, self-esteem, and respect for others.				
2. The material respects the privacy of students and their families and does not contain questions about students' personal sexual habits or religious beliefs or those of their families.				
3. The material emphasizes that the student has the power to control personal behavior. Students are encouraged to base their actions on reasoning, self-discipline, sense of responsibility, self-control, and ethical considerations, such as respect for one's self and others.				
4. The material is supportive of the family's role as the primary provider of sex education and morality. The material encourages communication between parents and children.				
5. The material avoids stereotyping genders, ethnic groups, older adults, or members of any other group.				
6. The exercise of responsible parenthood is presented as one of life's greatest joys and most meaningful experiences. A view of parenthood which assumes that one's responsibility begins before a child is conceived is encouraged. The psychological, economic, practical, and physiological reasons for not getting pregnant and for not causing pregnancy during one's preteens and teenage years are discussed.				
Overall Content and Focus	Degree to Which Criterion Is Met			
	Completely	To Some Degree	Not at All	Does Not Apply
7. The material is, or can be, integrated in the district's health curriculum and is consistent with the concepts presented in the <i>Health Instructional Framework for California Public Schools, 1978 Edition</i> , as well as with related curricula, such as home economics, science, social studies, and ethics. The material flows through the levels from kindergarten to grade twelve.				
8. The material complies with all relevant codes and regulations (see Appendix A).				
9. Distinctions are made among different types of love; e.g., familial, marital, and friendship. Students are taught that love and sexual intercourse are not synonymous. A differentiation is made between infatuation, casual sex, and mature love.				

## Criteria for Evaluation of Family Life/Sex Education Materials

Overall Content and Focus—Continued	Degree to Which Criterion Is Met			
	Completely	To Some Degree	Not at All	Does Not Apply
10. The material encourages students to delay initial sexual intercourse. The material does not contain the assumption that sexual intercourse among youth is the norm. Pregnancy is presented as a possible outcome of sexual intercourse.				
11. Physical and emotional consequences of premature sexual intercourse are discussed.				
12. The material teaches students to not make sexual advances and how to say no to unwanted sexual advances. Students are taught that it is wrong to take advantage of or exploit another person. The material encourages youth to resist negative peer pressure.				
13. The material differentiates between sexual behavior based on instinct and sexual behavior based on human reason and values.				
14. The personal, societal, and health benefits of abstinence are outlined to encourage sexually active students to reevaluate their behavior.				
15. The material informs students of current laws regarding human sexuality and minors; rights and responsibilities are delineated.				
Sexually Transmitted Diseases	Degree to Which Criterion Is Met			
	Completely	To Some Degree	Not at All	Does Not Apply
16. The symptoms and etiologies of common sexually transmitted diseases (STDs) are taught, including gonorrhea, pelvic inflammatory disease (PID), chlamydia, syphilis, herpes, and acquired immune deficiency syndrome (AIDS). STDs are presented as serious possible hazards of sexual intercourse. Prevention, including abstinence and monogamy, and treatments are explained. Local health resources are presented, and medical confidentiality is emphasized.				
17. Instruction about STDs is consistent with the State Department of Education's current teaching resource guide on STDs.				
18. Misconceptions about the transmission, signs, symptoms, prevention, and treatment of sexually transmitted diseases, including AIDS, are clarified. There is no safe sex. Safer versus unsafe sexual practices and the dangers of promiscuity are discussed. Abstinence and monogamy are stressed when sexual practices are discussed.				

## Criteria for Evaluation of Family Life/Sex Education Materials

Homosexuality	Degree to Which Criterion Is Met			
	Completely	To Some Degree	Not at All	Does Not Apply
19. The material allows a factual, substantiated discussion of homosexuality, including the historical view and legal ramifications. This topic should not be introduced before the seventh grade. There could be a limited discussion in junior high school and a more comprehensive discussion in high school. However, local needs will have to be accommodated. Family values and monogamous, heterosexual relationships are affirmed throughout the program, as well as the dignity of all individuals. The implications of promiscuity for the spread of AIDS and other sexually transmitted diseases should be clearly explained. Young people should be helped to understand that feelings of affection for persons of the same sex are not necessarily an indication of homosexuality. Furthermore, students should be reminded that early experiences of a homosexual type do not indicate that one is a homosexual.				
Contraception	Degree to Which Criterion Is Met			
	Completely	To Some Degree	Not at All	Does Not Apply
20. The full range of family planning and contraceptive measures are discussed. It is pointed out that the effectiveness of different methods of birth control vary. Abstinence is stressed as the best birth control method, and it is presented as the only contraceptive method which is 100 percent effective.				
Abortion	Degree to Which Criterion Is Met			
	Completely	To Some Degree	Not at All	Does Not Apply
21. Abortion is discussed as a medical intervention which terminates a pregnancy and should not be presented as a method of birth control. The serious medical and psychological consequences of abortion and repeated abortion are covered. The teacher, school, and material avoid either advocating or censuring abortion. Students should be encouraged to discuss the ethics of abortion with their parents.				
Masturbation	Degree to Which Criterion Is Met			
	Completely	To Some Degree	Not at All	Does Not Apply
22. Masturbation is discussed in such a way as to dispel common myths associated with it; e.g., a cause of sterility, blindness, or feeble-mindedness.				

# Appendix A

## Related Legislation

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Many state code sections and several sections of the *Constitution of the State of California* relate to family life education programs in the public schools. District-level and school site personnel, as well as the Family Life Education Advisory Committee, can look to California state codes for guidance in designing and implementing local sex education programs. Sections of California's *Education*, *Civil*, and *Penal* codes that relate to youth and adolescent sexuality are reprinted here. Within this appendix, Part A contains code sections grouped according to four categories: (1) laws regarding a family life education course of study, including content requirements for instructional materials; (2) requirements for notifying parents or guardians; (3) rights of minors for medical care; and (4) *Penal Code* sections regarding unlawful sexual intercourse. Part B contains sections of the *Constitution of the State of California* that relate to family life education. It follows the reprinted state code sections.

### A. California State Codes

#### 1. The Family Life Education Course of Study

The *Education Code* provides clear direction for inclusion of family life education in the total public school instructional program. According to the Comprehensive Health Education Act of 1977, "family health and child development, including the legal and financial aspects and responsibilities of marriage and parenthood," is one of ten subject areas of the comprehensive health program to be offered in kindergarten and grades one through twelve (*Education Code* Section 51890). Instruction in the principles and practices of family health is addressed in *Education Code* Section 51210, and instruction about sexually transmitted diseases appears in Section 51202. The 1984 Family Relationships and Parenting Legislation calls for schools to provide parenting education "that promotes respect for parental values, self-esteem, mutual respect and decision making" (*Education Code* Section 8850). In addition, *Education Code* Section 44806 stipulates that teachers shall provide instruction on morals.

Comprehensive Health Education Programs  
*Education Code* Sections 51890 and 51891

##### "Comprehensive Health Education Programs"

51890. For the purposes of this chapter, "comprehensive health education programs" are defined as all educational programs offered in kindergarten and grades 1 through 12, inclusive, in the public school

system, including in-class and out-of-class activities designed to ensure that:

- (a) Pupils will receive instruction to aid them in making decisions in matters of personal, family, and community health, to include the following subjects:
  - (1) The use of health care services and products.
  - (2) Mental and emotional health and development.
  - (3) Drug use and misuse, including the misuse of tobacco and alcohol.
  - (4) Family health and child development, including the legal and financial aspects and responsibilities of marriage and parenthood.
  - (5) Oral health, vision, and hearing.
  - (6) Nutrition.
  - (7) Exercise, rest, and posture.
  - (8) Diseases and disorders, including sickle cell anemia and related genetic diseases and disorders.
  - (9) Environmental health and safety.
  - (10) Community health.
- (b) To the maximum extent possible, the instruction in health is structured to provide comprehensive education in health to include all the subjects in subdivision (a).
- (c) There is the maximum community participation in the teaching of health, including classroom participation by practicing professional health and safety personnel in the community.
- (d) Pupils gain appreciation for the importance and value of lifelong health and the need for each individual's personal responsibility for his or her own health.

##### "Community Participation"

51891. As used in this chapter, "community participation" means the active participation in the planning, implementation, and evaluation of comprehensive health education by parents, professional practicing health care and public safety personnel, and public and private health care and service agencies.

Family Relationships and Parenting Education  
*Education Code* Sections 8850 and 8850.5

##### §8850. Legislative findings

The Legislature finds all of the following:

- (a) The family is our most fundamental social institution, and the institution which plays the most influential role in the growth of each individual human being.
- (b) It is within the family context that a person first learns the values, assumptions, rules, attitudes, and skills necessary for functioning in society, acquires a sense of self and of self-worth, and forms the primary bond which, to a substantial extent, determines the nature and quality of subsequent personal and social relations.



- (c) The character, presence, awareness, knowledge, and skills of persons who are parents profoundly affects the healthy growth and development of the children of the family.
- (d) Scientific research increasingly indicates that child abuse—the opposite of healthy parenting—is one of the root causes of violence in our society.
- (e) There is now developing a body of knowledge about healthy child and human development that would prove useful and valuable for persons undertaking the responsibilities of parenthood.
- (f) It is crucial to teach parenting skills to our children while they are in their formative years in order to enable them to have the greatest possibility of success in being parents.
- (g) Good family relationships and parenting education shall seek to accomplish all of the following:
  - (1) To have a positive impact on increasing knowledge, self-awareness, self-esteem, and decision-making skills.
  - (2) To promote respect for parental values.
  - (3) To promote realistic expectations of children that are appropriate to the age and developmental level of the child.
  - (4) To increase interpersonal communication skills.
  - (5) To promote individual self-worth.
  - (6) To promote respect for each other.
  - (7) To educate the parents of current students as well as the students themselves.
- (h) Successful family relationships and parenting education requires a strong base of parent and community involvement and partnership, and recognizes and supports parents as the primary life educators.
- (i) There are exemplary family relationships and parenting education programs in some school districts in our state, while other school districts have either less comprehensive programs or no programs at all. The Legislature does not intend to supplant existing programs, but to further develop these programs, as well as to assist in the development of new programs.
- (j) It would be beneficial to school districts interested in creating or improving their family relationships and parenting education programs to have the State Department of Education assist them with development, technical, and financial assistance.

**§8850.5 Family relationships and parenting education**

"Family relationships and parenting education," as used in this chapter, means an instructional program designed to provide pupils at all grade levels with age-appropriate components, including all of the following:

- (a) Development of an understanding of the physical, mental, emotional, social, economic, and psychological aspects of themselves and others, and of the physiological, psychological, and cultural foundations of human development.
- (b) The opportunity to acquire knowledge which will support the development of responsible family relationships, strengthen the pupil's current family life, and further the understanding of the role of the parent.

- (c) Development of an understanding of the consequences of decisions and actions upon personal, family, and peer relationships.
- (d) Recognition of, and attention to, the significance of healthy self-esteem in the growth and development of healthy human beings.

**Courses of Study for Grades One to Six  
Education Code Section 51210**

**§51210. Areas of study**

The adopted course of study for grades 1 through 6 shall include instruction, beginning in grade 1 and continuing through grade 6, in the following areas of study:

- (a) English, including knowledge of, and appreciation for literature and the language, as well as the skills of speaking, reading, listening, spelling, handwriting, and composition.
- (b) Mathematics, including concepts, operational skills, and problem solving.
- (c) Social sciences, drawing upon the disciplines of anthropology, economics, geography, history, political science, psychology, and sociology, designed to fit the maturity of the pupils. Instruction shall provide a foundation for understanding the history, resources, development, and government of California and the United States of America; the development of the American economic system, including the role of the entrepreneur and labor; man's relations to his human and natural environment; eastern and western cultures and civilizations; and contemporary issues.
- (d) Science, including the biological and physical aspects, with emphasis on the processes of experimental inquiry and on man's place in ecological systems.
- (e) Fine arts, including instruction in the subjects of art and music, aimed at the development of aesthetic appreciation and the skills of creative expression.
- (f) Health, including instruction in the principles and practices of individual, family, and community health.
- (g) Physical education, with emphasis upon such physical activities for the pupils as may be conducive to health and vigor of body and mind, for a total period of time of not less than 200 minutes each 10 schooldays, exclusive of recesses and the lunch period.
- (h) Such other studies as may be prescribed by the governing board.

**Courses of Study for Grades Seven to Twelve  
Education Code Section 51220**

**§ 51220. Areas of study; grades 7 to 12**

Text of section operative on repeal of Stats. 1986, c.1339, § 3.

The adopted course of study for grades 7 to 12, inclusive, shall offer courses in the following areas of study:

- (a) English, including knowledge of and appreciation for literature, language, and composition, and the skills of reading, listening, and speaking.
- (b) Social sciences, drawing upon the disciplines of anthropology, economics, geography, history, political science, psy-

chology, and sociology, designed to fit the maturity of the pupils. Instruction shall provide a foundation for understanding the history, resources, development, and government of California and the United States of America; instruction in our American legal system, the operation of the juvenile and adult criminal justice systems, and the rights and duties of citizens under the criminal and civil law and the State and Federal Constitutions; the development of the American economic system including the role of the entrepreneur and labor; man's relations to his human and natural environment; eastern and western cultures and civilizations; human rights issues, with particular attention to the study of the inhumanity of genocide; and contemporary issues.

- (c) Foreign language or languages, beginning not later than grade 7, designed to develop a facility for understanding, speaking, reading, and writing the particular language.
- (d) Physical education, with emphasis given to such physical activities as may be conducive to health and to vigor of body and mind.
- (e) Science, including the physical and biological aspects, with emphasis on basic concepts, theories, and processes of scientific investigation and on man's place in ecological systems, and with appropriate applications of the interrelation and interdependence of the sciences.
- (f) Mathematics, including instruction designed to develop mathematical understandings, operational skills, and insight into problem-solving procedures.
- (g) Fine arts, including art, music, or drama, with emphasis upon development of aesthetic appreciation and the skills of creative expression.
- (h) Applied arts, including instruction in the areas of consumer and homemaking education, industrial arts, general business education, or general agriculture.
- (i) Vocational-technical education designed and conducted for the purpose of preparing youth for gainful employment in such occupations and in such numbers as appropriate to the manpower needs of the state and the community served and relevant to the career desires and needs of the students.
- (j) Automobile driver education, designed to develop a knowledge of the provisions of the Vehicle Code and other laws of this state relating to the operation of motor vehicles, a proper acceptance of personal responsibility in traffic, a true appreciation of the causes, seriousness and consequences of traffic accidents, and to develop the knowledge and attitudes necessary for the safe operation of motor vehicles. A course in automobile driver education shall include education in the safe operation of motorcycles.
- (k) Such other studies as may be prescribed by the governing board.

(Amended by Stats.1985, c. 1222, p.—, § 2.)

#### Instruction in Personal and Public Health and Safety *Education Code Section 51202*

##### 51202. Instruction in personal and public health and safety

The adopted course of study shall provide instruction at the appropriate elementary and secondary grade levels and subject areas treatment for poisoning, resuscitation techniques, and cardiopulmo-

nary resuscitation when appropriate equipment is available; fire prevention; the protection and conservation of resources, including the necessity for the protection of our environment; and health, including venereal disease and the effects of alcohol, narcotics, drugs, and tobacco upon the human body.

#### Instruction in Morals, Manners, and Citizenship *Education Code Section 44806*

§44806. Duty concerning instruction of pupils concerning morals, manners, and citizenship

Each teacher shall endeavor to impress upon the minds of the pupils the principles of morality, truth, justice, patriotism, and a true comprehension of the rights, duties, and dignity of American citizenship, including kindness toward domestic pets and the humane treatment of living creatures, to teach them to avoid idleness, profanity, and falsehood, and to instruct them in manners and morals and the principles of a free government.

In developing or selecting a course of study, districts are to develop programs that meet pupil needs and also respect the personal beliefs, race, sex, color, creed, and ancestry of students. The recommendation that local districts, within state guidelines, develop or adopt programs that fit the needs of students is addressed by *Education Code* sections 51002, 51204, 60045, and 51050. Safeguards that prohibit the use of instructional strategies or materials that reflect adversely on persons are specified in sections 60044, 60047, 51500, and 51501. Student and parental personal beliefs and practices about sex, family life, morality, and religion cannot be assessed through questionnaire or examination without written permission of the parents (*Education Code Section 60650*).

#### Development of Local Programs Within Guidelines *Education Code Section 51002*

§51002. Development of local programs within guidelines

The Legislature hereby recognizes that, because of the common needs and interests of the citizens of this state and the nation, there is a need to establish a common state curriculum for the public schools, but that, because of economic, geographic, physical, political and social diversity, there is a need for the development of educational programs at the local level, with the guidance of competent and experienced educators and citizens. Therefore, it is the intent of the Legislature to set broad minimum standards and guidelines for educational programs, and to encourage local districts to develop programs that will best fit the needs and interests of the pupils, pursuant to stated philosophy, goals, and objectives.

#### Course of Study Designed for Pupils' Needs *Education Code Section 51204*

§51204. Course of study designed for pupils' needs

Any course of study adopted pursuant to this division shall be designed to fit the needs of the pupils for which the course of study is prescribed.

## Content Requirements for Instructional Materials

### *Education Code* Sections 60044, 60045, 60047

#### §60044. Prohibited instructional materials

No instructional materials shall be adopted by any governing board for use in the schools which, in its determination, contains:

- (a) Any matter reflecting adversely upon persons because of their race, color, creed, national origin, ancestry, sex or occupation.
- (b) Any sectarian or denominational doctrine or propaganda contrary to law.

§60045. Required to be accurate, objective, current, and suited to needs and comprehension of pupils at respective grade levels

All instructional materials adopted by any governing board for use in the schools shall be, to the satisfaction of the governing board, accurate, objective, and current and suited to the needs and comprehension of pupils at their respective grade levels.

§60047. Limited use of instructional materials found in violation of article

In the event that after the good faith acquisition of instructional materials by a governing board, the instructional materials are found to be in violation of this article and the governing board is unable to acquire other instructional materials which meet the requirements of this article in time for them to be used when the acquired materials were planned to be used, the governing board may use the acquired materials but only for that academic year.

### District Enforcement of Course of Study, Textbooks *Education Code* Section 51050

#### §51050. Enforcement of courses of study and use of textbooks

The governing board of every school district shall enforce in its schools the courses of study and the use of textbooks and other instructional materials prescribed and adopted by the proper authority.

### Prohibited Instruction

#### *Education Code* Sections 51500 and 51501

#### §51500. Prohibited instruction or activity

No teacher shall give instruction, nor shall a school district sponsor any activity which reflects adversely upon persons because of their race, sex, color, creed, national origin or ancestry.

#### §51501. Prohibited means of instruction

No textbook, or other instructional materials shall be adopted by the state board or by any governing board for use in the public schools which contains any matter reflecting adversely upon persons because of their race, sex, color, creed, national origin or ancestry.

### Personal Beliefs of Pupils and Parents

#### *Education Code* Section 60650

#### §60650. Personal beliefs

No test, questionnaire, survey, or examination containing any questions about the pupil's personal beliefs or practices in sex, family life, morality and religion, or any questions about his parents', or guardians' beliefs and practices in sex, family life, morality and religion, shall be administered to any pupil in kindergarten or grade 1 through grade 12, inclusive, unless the parent or guardian of the pupil is notified in writing that such test, questionnaire, survey, or examination is to be administered and the parent or guardian of the pupil gives written permission for the pupil to take such test, questionnaire, survey, or examination.

## 2. Parent Notification

Parents are to be notified of and be provided the opportunity to review sex education or family life education materials used in class. The parent can request in writing that his or her child not attend the class and that parent's request must be honored by the school district. The related laws are in *Education Code* sections 48980, 48985, 51550, 51551, and 51820.

### Notification of Parents

#### *Education Code* Sections 48980 and 48985

§48980. Required notification of rights and availability of nutrition and individualized instruction programs.

- (a) At the beginning of the first semester or quarter of the regular school term, the governing board of each school district shall notify the parent or guardian of its minor pupils regarding the right or responsibility of the parent or guardian under Sections 32390, 46014, 48205, 48207, 48208, 49403, 49423, 49451, 49472, 51240, and 51550, and Article 3 (commencing with Section 56030) of Chapter 1 of Part 30.
- (b) The notification shall also advise the parent or guardian of the availability of individualized instruction as prescribed by Section 48206.3, and of the program prescribed by Article 9 (commencing with Section 49510) of Chapter 9.

### Notes of Decisions

#### 1. In general

Public school officials have the authority to excuse a pupil from regularly scheduled classes to obtain medical services, including an abortion; however, public school officials are under no legal duty to notify the parents or guardian of a public school pupil who is excused from school early to obtain medical services even if such medical services are the obtaining of an abortion. 66 Ops. Atty. Gen. 244, 7-28-83.

#### § 48985. Notices to parents in language other than English

When 15 percent or more of the pupils enrolled in a public school that provides instruction in kindergarten or any of grades 1 through 12 speak a single primary language other than English, as determined from the census data submitted to the Department of Education pursuant to Section 52164 in the preceding year, all notices, reports, statements, or records sent to the parent or guardian of any such pupil

by the school or school district shall, in addition to being written in English, be written in such primary language, and may be responded to either in English or the primary language.

**Parent Notification of Sex Education Course of Study  
Education Code Sections 51550 and 51551**

**§51550. Sex education course**

No governing board of a public elementary or secondary school may require pupils to attend any class in which human reproductive organs and their functions and processes are described, illustrated or discussed, whether such class be part of a course designated "sex education" or "family life education" or by some similar term, or part of any other course which pupils are required to attend.

If classes are offered in public elementary and secondary schools in which human reproductive organs and their functions and processes are described, illustrated or discussed, the parent or guardian of each pupil enrolled in such class shall first be notified in writing of the class. Sending the required notice through the regular United States mail, or any other method which such local school district commonly uses to communicate individually in writing to all parents, meets the notification requirements of this paragraph.

Opportunity shall be provided to each parent or guardian to request in writing that his child not attend the class. Such requests shall be valid for the school year in which they are submitted but may be withdrawn by the parent or guardian at any time. No child may attend a class if a request that he not attend the class has been received by the school.

Any written or audiovisual material to be used in a class in which human reproductive organs and their functions and processes are described, illustrated, or discussed shall be available for inspection by the parent or guardian at reasonable times and places prior to the holding of a course which includes such classes. The parent or guardian shall be notified in writing of his opportunity to inspect and review such materials.

This section shall not apply to description or illustration of human reproductive organs which may appear in a textbook, adopted pursuant to law, on physiology, biology, zoology, general science, personal hygiene, or health.

Nothing in this section shall be construed as encouraging the description, illustration, or discussion of human reproductive organs and their functions and processes in the public elementary and secondary schools.

The certification document of any person charged with the responsibility of making any instructional material available for inspection under this section or who is charged with the responsibility of notifying a parent or guardian of any class conducted within the purview of this section, and who knowingly and willfully fails to make such instructional material available for inspection or to notify such parent or guardian, may be revoked or suspended because of such act. The certification document of any person who knowingly and willfully requires a pupil to attend a class within the purview of this section when a request that the pupil not attend has been received from the parent or guardian may be revoked or suspended because of such act.

**§51551. Inapplicability of Section 51550**

The provisions of Section 51550 shall not apply to any venereal disease education classes conducted pursuant to Section 51820.

**Sexually Transmitted Disease Education Classes  
Education Code Section 51820**

**§51820. Venereal disease instruction; written notification to parent; inspection of instructional material; consensual pupil participation**

The governing board of any district maintaining elementary or secondary schools may offer units of instruction in venereal disease education in such schools with the assistance and guidance of the State Department of Education. The grade level at which such instruction shall be given shall be determined by the governing board of the School District.

Nothing in this section shall be construed as prohibiting or limiting any right provided for in Section 51240.

If venereal disease education classes are offered, the parent or guardian of each pupil enrolled or to be enrolled therein shall be notified in writing of the instructional program. Such notice shall be given at least 15 days prior to the commencement of the instructional program. The notice shall also advise the parent or guardian of his right to inspect the instructional materials to be used in such class and of his right to request the school authorities that his child not attend any such class.

Sending the required notice through the regular United States mail or any other method of delivery which the school district commonly uses to communicate individually in writing to all parents, meets the notification requirements of this section.

The parent or guardian may request that his child not participate in a venereal disease instruction program. Such request shall be in writing, but may be withdrawn by the parent or guardian at any time. No pupil may attend any class in venereal disease education, if a request that he not attend the class has been received by the school in the manner provided in this section.

The parent or guardian of any pupil enrolled or to be enrolled in any venereal disease education class shall be provided the opportunity to inspect the textbooks, audiovisual aids, and any other instructional materials to be used in such classes.

**Excuse from Health Instruction and Family Life  
and Sex Education Due to Religious Beliefs  
Education Code Section 51240**

**§ 51240. Excuse from health instruction and family life and sex education due to religious beliefs**

Whenever any part of the instruction in health, family life education, and sex education conflicts with the religious training and beliefs of the parent or guardian of any pupil, the pupil, on written request of the parent or guardian, shall be excused from the part of the training which conflicts with such religious training and beliefs.

As used in this section, "religious training and beliefs" includes personal moral convictions.

(Stats.1976, c. 1010, § 2, operative April 30, 1977.)

### 3. Rights of Minors for Medical Care

The *California Civil Code* provides for right of access to types of medical care by minors, emancipated minors, unmarried pregnant minors, and married minors. Section 34.7 indicates minors twelve years of age or older can receive treatment for communicable diseases, including sexually transmitted diseases, without parental consent. An unmarried pregnant minor can receive medical care related to her pregnancy without parental consent (*Civil Code* Section 34.5). Married minors and emancipated minors (those fifteen or older living apart from parents and managing their own financial affairs) can receive medical care without parental permission (*Civil Code* Sections 25.6 and 34.6).

#### Minors and Medical Care for Sexually Transmitted Diseases *Civil Code* Section 34.7

§34.7. [Hospital, medical and surgical care for contagious, etc. diseases: Consent of minor: Nonliability of parent]

Notwithstanding any other provision of law, a minor 12 years of age or older who may have come into contact with any infectious, contagious, or communicable disease may give consent to the furnishing of hospital, medical and surgical care related to the diagnosis or treatment of such disease, if the disease or condition is one which is required by law or regulation adopted pursuant to law to be reported to the local health officer, or a related sexually transmitted disease, as may be determined by the State Director of Health Services. Such consent shall not be subject to disaffirmance because of minority. The consent of the parent, parents, or legal guardian of such minor shall not be necessary to authorize hospital, medical and surgical care related to such disease and such parent, parents, or legal guardian shall not be liable for payment for any care rendered pursuant to this section.

Amended Stats 1980 ch 152 § 1.

#### Married Minors *Civil Code* Section 25.6

§25.6. [Minor's consent to furnishing medical, etc., care: Where minor married: Right to consent: Absence of right to disaffirm: Absence of necessity of parent's consent: Absence of effect of subsequent judgment of dissolution of marriage]

Notwithstanding any other provision of the law, any minor who has contracted a lawful marriage may give consent to the furnishing of hospital, medical and surgical care to such minor, and such consent shall not be subject to disaffirmance because of minority. The consent of the parent, or parents, of such person shall not be necessary in order to authorize hospital, medical and surgical care. For the purposes of this section only, subsequent judgment of dissolution of marriage shall not deprive such person of his adult status once attained.

#### Unmarried Pregnant Minors and Medical Care *Civil Code* Section 34.5

§34.5. [Furnishing hospital, medical and surgical care to unmarried minor: Consent]

Notwithstanding any other provision of the law, an unmarried minor may give consent to the furnishing of hospital, medical and surgical care related to the prevention or treatment of pregnancy, and such consent shall not be subject to disaffirmance because of minority. The consent of the parent or parents of such minor shall not be necessary in order to authorize such hospital, medical and surgical care.

The provisions of this section shall not be construed to authorize a minor to be sterilized without the consent of his or her parent or guardian.

Amended Stats 1975 ch 820 § 1.

#### Emancipated Minors and Medical Care *Civil Code* Section 34.6

§34.6. [Hospital, medical and dental care: Consent of minor: nonliability of parent: Notice to parent]

Notwithstanding any other provision of law, a minor 15 years of age or older who is living separate and apart from his parents or legal guardian, whether with or without the consent of a parent or guardian and regardless of the duration of such separate residence, and who is managing his own financial affairs, regardless of the source of his income, may give consent to hospital care or any X-ray examination, anesthetic, or medical or surgical diagnosis or treatment to be rendered by a physician and surgeon licensed under the provisions of the State Medical Practice Act, or to hospital care or any X-ray examination, anesthetic, dental or surgical diagnosis or treatment to be rendered by a dentist licensed under the provisions of the Dental Practice Act. Such consent shall not be subject to disaffirmance because of minority.

The consent of the parent, parents or legal guardian of such a minor shall not be necessary in order to authorize such hospital, medical, dental, or surgical care and such parent, parents or legal guardian shall not be liable for any care rendered pursuant to this section.

A physician and surgeon or dentist may, with or without the consent of the minor patient, advise the parents, parent or legal guardian of such minor of the treatment given or needed if the physician and surgeon or dentist has reason to know, on the basis of the information given him by the minor, the whereabouts of the parents, parent or legal guardian.

### 4. Unlawful Sexual Intercourse

The *California Penal Code* provides regulations concerning unlawful sexual intercourse. Section 261.5 stipulates "sexual intercourse accomplished with a female not the wife of the perpetrator where the female is under 18 years of age" is unlawful. *Penal Code* Sections 11165 and 11166, which mandate that child abuse be reported, state sexual assault of a person under 18 years of age is a form of child abuse.

#### Unlawful Sexual Intercourse *Penal Code* Section 261.5

§261.5. Unlawful sexual intercourse with female under age 18

Unlawful sexual intercourse is an act of sexual intercourse accomplished with a female not the wife of the perpetrator, where the female is under the age of 18 years.

**Mandatory Reporting of Child Abuse**  
**Penal Code Sections 11165 and 11166**

**§11165 [Definitions]**

As used in this article:

- (a) "Child" means a person under the age of 18 years.
- (b) "Sexual abuse" means sexual assault or sexual exploitation as defined by the following:
  - (1) "Sexual assault" means conduct in violation of one or more of the following sections of this code: Section 261 (rape), 264.1 (rape in concert), 285 (incest), 286 (sodomy), subdivision (a) or (b) of Section 288 (lewd or lascivious acts upon a child under 14 years of age), 288a (oral copulation), 289 (penetration of a genital or anal opening by a foreign object), or 647a (child molestation).
  - (2) "Sexual exploitation" refers to any of the following:
    - (A) Conduct involving matter depicting a minor engaged in obscene acts in violation of Section 311.2 (preparing, selling, or distributing obscene matter) or subdivision (a) of Section 311.4 (employment of minor to perform obscene acts).
    - (B) Any person who knowingly promotes, aids, or assists, employs, uses, persuades, induces, or coerces a child, or any parent or guardian of a child under his or her control who knowingly permits or encourages a child to engage in, or assist others to engage in, prostitution or to either pose or model alone or with others for purposes of preparing a film, photograph, negative, slide, or live performance involving obscene sexual conduct for commercial purposes.
    - (C) Any person who depicts a child in, or who knowingly develops, duplicates, prints, or exchanges, any film, photograph, videotape, negative, or slide in which a child is engaged in an act of obscene sexual conduct, except for those activities by law enforcement and prosecution agencies and other persons described in subdivisions (c) and (e) of Section 311.3.
- (c) "Neglect" means the negligent treatment or the maltreatment of a child by a person responsible for the child's welfare under circumstances indicating harm or threatened harm to the child's health or welfare. The term includes both acts and omissions on the part of the responsible person.
  - (1) "Severe neglect" means the negligent failure of a person having the care or custody of a child to protect the child from severe malnutrition or medically diagnosed nonorganic failure to thrive. "Severe neglect" also means those situations of neglect where any person having the care or custody of a child willfully causes or permits the person or health of the child to be

placed in a situation such that his or her person or health is endangered, as proscribed by subdivision (d), including the intentional failure to provide adequate food, clothing, shelter, or medical care.

- (2) "General neglect" means the negligent failure of a person having the care or custody of a child to provide adequate food, clothing, shelter, medical care, or supervision where no physical injury to the child has occurred.

For the purposes of this chapter, a child receiving treatment by spiritual means as provided in Section 16509.1 of the Welfare and Institutions Code or not receiving specified medical treatment for religious reasons, shall not for that reason alone be considered a neglected child. An informed and appropriate medical decision made by parent or guardian after consultation with a physician or physicians who have examined the minor shall not constitute neglect.

- (d) "Willful cruelty or unjustifiable punishment of a child" means a situation where any person willfully causes or permits any child to suffer, or inflicts thereon, unjustifiable physical pain or mental suffering, or having the care or custody of any child, willfully causes or permits the person or health of the child to be placed in a situation such that his or her person or health is endangered.
- (e) "Corporal punishment or injury" means a situation where any person willfully inflicts upon any child any cruel or inhuman corporal punishment or injury resulting in a traumatic condition.
- (f) "Abuse in out-of-home care" means a situation of physical injury on a child which is inflicted by other than accidental means, or of sexual abuse or neglect, or corporal punishment or injury, or the willful cruelty or unjustifiable punishment of a child, as defined in this article, where the person responsible for the child's welfare is a licensee, administrator, or employee of a licensed community care or child day care facility, or the administrator or an employee of a public or private school, or other institution or agency.
- (g) "Child abuse" means a physical injury which is inflicted by other than accidental means on a child by another person. "Child abuse" also means the sexual abuse of a child or any act or omission proscribed by section 273a (willful cruelty or unjustifiable punishment of a child) or 273d (corporal punishment or injury). "Child abuse" also means the neglect of a child or abuse in out-of-home care, as defined in this article.
- (h) "Child care custodian" means a teacher, administrative officer, supervisor of child welfare and attendance, or certificated pupil personnel employee of any public or private school; an administrator of a public or private day camp; a licensee, an administrator, or an employee of a community care facility licensed to care for children; headstart teacher; a licensing worker or licensing evaluator; public assistance worker; an employee of a child care institution, including, but not limited to, foster parents, group home personnel and personnel of residential care facilities; a social worker or a probation officer or any person who is an administrator or

presenter of, or a counselor in, a child abuse presentation program in any public or private school.

- (i) "Medical practitioner" means a physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the *Business and Professions Code*, any emergency medical technician I or II, paramedic, or other person certified pursuant to Division 2.5 (commencing with Section 1797) of the *Health and Safety Code*, or a psychological assistant registered pursuant to Section 2913 of the *Business and Professions Code*.
- (j) "Nonmedical practitioner" means a state or county public health employee who treats a minor for venereal disease or any other condition; a coroner; a marriage, family, or child counselor; or a religious practitioner who diagnoses, examines, or treats children.
- (k) "Child protective agency" means a police or sheriff's department, a county probation department, or a county welfare department.
- (l) "Commercial film and photographic print processor" means any person who develops exposed photographic film into negatives, slides, or prints, or who makes prints from negatives or slides, for compensation. The term includes any employee of such a person; it does not include a person who develops film or makes prints for a public agency.

§ 11166. [Duty of observer]

- (a) Except as provided in subdivision (b), any child care custodian, medical practitioner, nonmedical practitioner, or employee of a child protective agency who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of child abuse shall report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and shall prepare and send a written report thereof within 36 hours of receiving the information concerning the incident. For the purpose of this article, "reasonable suspicion" means that it is objectively reasonable for a person to entertain such a suspicion, based upon facts that could cause a reasonable person in a like position, drawing when appropriate on his or her training and experience, to suspect child abuse.
- (b) Any child care custodian, medical practitioner, nonmedical practitioner, or employee of a child protective agency who has knowledge of or who reasonably suspects that mental suffering has been inflicted on a child or his or her emotional well-being is endangered in any other way, may report such known or suspected instance of child abuse to a child protective agency.
- (c) Any commercial film and photographic print processor who has knowledge of or observes, within the scope of his or her professional capacity or employment; any film, photograph, video tape, negative or slide depicting a child under the age of 14 years engaged in an act of sexual conduct, shall report such instance of suspected child abuse to the law enforce-

ment agency having jurisdiction over the case immediately or as soon as practically possible by telephone and shall prepare and send a written report of it with a copy of the film, photograph, video tape, negative or slide attached within 36 hours of receiving the information concerning the incident. As used in this subdivision, "sexual conduct" means any of the following:

- (1) Sexual intercourse, including genital-genital, oral-genital, anal-genital, or oral-anal, whether between persons of the same or opposite sex or between humans and animals.
  - (2) Penetration of the vagina or rectum by any object.
  - (3) Masturbation, for the purpose of sexual stimulation of the viewer.
  - (4) Sadoomasochistic abuse for the purpose of sexual stimulation of the viewer.
  - (5) Exhibition of the genitals, pubic or rectal areas of any person for the purpose of sexual stimulation of the viewer.
- (d) Any other person who has knowledge of or observes a child whom he or she knows or reasonably suspects has been a victim of child abuse may report the known or suspected instance of child abuse to a child protective agency.
  - (e) When two or more persons who are required to report are present and jointly have knowledge of a known or suspected instance of child abuse, and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement and a single report may be made and signed by such selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so, shall thereafter make the report.
  - (f) The reporting duties under this section are individual, and no supervisor or administrator may impede or inhibit the reporting duties and no person making such a report shall be subject to any sanction for making the report. However, internal procedures to facilitate reporting and apprise supervisors and administrators of reports may be established provided that they are not inconsistent with the provisions of this article.

The internal procedures shall not require any employee required to make reports by this article to disclose his or her identity to the employer.

- (g) A county probation or welfare department shall immediately or as soon as practically possible report by telephone to the law enforcement agency having jurisdiction over the case, to the agency given the responsibility for investigation of cases under Section 300 of the *Welfare and Institutions Code*, and to the district attorney's office every known or suspected instance of child abuse as defined in Section 11165, except acts or omissions coming within the provisions of paragraph (2) of subdivision (c) of Section 11165, which shall only be reported to the county welfare department. A county probation or welfare department shall also send a written report thereof within 36 hours of receiving the information concerning the incident to any agency to which it is required to make a telephone report under this subdivision.

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A law enforcement agency shall immediately or as soon as practically possible report by telephone to the county welfare department, the agency given responsibility for investigation of cases under Section 300 of the *Welfare and Institutions Code*, and to the district attorney's office every known or suspected instance of child abuse reported to it, except acts or omissions coming within the provisions of paragraph (2) of subdivision (c) of Section 11165, which shall only be reported to the county welfare department. A law enforcement agency shall also send a written report thereof within 36 hours of receiving the information concerning the incident to any agency to which it is required to make a telephone report under this subdivision.

Intellectual and Moral Development  
Article IX, Section 1

Legislative Policy

Section 1. A general diffusion of knowledge and intelligence being essential to the preservation of the rights and liberties of the people, the Legislature shall encourage by all suitable means the promotion of intellectual, scientific, moral, and agricultural improvement.

Sectarian or Denominational Doctrine  
Shall Not Be Taught  
Article IX, Section 8

[Sectarian Schools—Public Money—Doctrines]

—SEC. 8. No public money shall ever be appropriated for the support of any sectarian or denominational school, or any school not under the exclusive control of the officers of the public schools; nor shall any sectarian or denominational doctrine be taught, or instruction thereon be permitted, directly or indirectly, in any of the common schools of this State.

## B. Constitution of the State of California

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The *Constitution of the State of California* also provides policy related to family life education. Reprinted here, Section 1 charges education to promote moral as well as intellectual development, while Section 8 states that sectarian or denominational doctrine shall not be taught in public schools.



Introduced by Senator Russell.  
(Coauthors: Assembly Members Frizzelle, Lancaster,  
Longshore, and Wyman)

*The people of the State of California do enact as follows:*

1 SECTION 1. The Legislature finds and declares all of  
2 the following:

3 (a) Sixty-four percent of male teens and 44 percent of  
4 female teens have had sexual intercourse by age 18.

5 (b) Each year, one in seven teens contracts a sexually  
6 transmitted disease.

7 (c) The teen pregnancy rate for California's 15 to 19  
8 year-olds--the sum of births, abortions, and  
9 miscarriages--has increased by 32.9 percent in California  
10 from 1970 to 1985.

11 (d) The abortion rate for teens 15 to 19 years of age has  
12 more than tripled from 1970 to 1985 and now exceeds the  
13 rate of births among California women under 20 by 38  
14 percent.

15 (e) California's abortion rate for 15 to 19 year-olds is  
16 64.8 percent higher than the national average.

17 (f) California's Superintendent of Public Instruction  
18 and the California State Board of Education have issued  
19 the Family Life/Sex Education Guidelines which affirm  
20 sexual abstinence outside the context of marriage.

21 (g) Sex education programs which do not emphasize  
22 sexual abstinence are inconsistent with society's concern  
23 for reducing unwanted teenage pregnancy, AIDS, and  
24 other sexually transmitted diseases.

25 SEC. 2. Section 51551 is added to the Education Code,  
26 to read:

27 51551. (a) All public elementary, junior high, and  
28 senior high school classes that teach sex education and  
29 discuss sexual intercourse shall emphasize that  
30 abstinence from sexual intercourse is the only protection  
31 that is 100 percent effective against unwanted teenage  
32 pregnancy, sexually transmitted diseases, and acquired  
33 immune deficiency syndrome (AIDS) when transmitted  
34 sexually. All material and instruction in classes that teach  
35 sex education and discuss sexual intercourse shall be age  
36 appropriate.

37 (b) All sex education courses that discuss sexual  
38 intercourse shall satisfy the following criteria:

1 (1) Course material and instruction shall be age  
2 appropriate.

3 (2) Course material and instruction shall stress that  
4 abstinence is the only contraceptive method which is 100  
5 percent effective, and that all other methods of  
6 contraception carry a risk of failure in preventing  
7 unwanted teenage pregnancy. Statistics based on the  
8 latest medical information shall be provided to pupils  
9 citing the failure and success rates of condoms and other  
10 contraceptives in preventing pregnancy.

11 (3) Course material and instruction shall stress that  
12 sexually transmitted diseases are serious possible hazards  
13 of sexual intercourse. Pupils shall be provided with  
14 statistics based on the latest medical information citing  
15 the failure and success rates of condoms in preventing  
16 AIDS and other sexually transmitted diseases.

17 (4) Course material and instruction shall include a  
18 discussion of the possible emotional and psychological  
19 consequences of preadolescent and adolescent sexual  
20 intercourse outside of marriage and the consequences of  
21 unwanted adolescent pregnancy.

22 (5) Course material and instruction shall stress that  
23 pupils should abstain from sexual intercourse *until they*  
24 *are ready for marriage.*

25 (6) Course material and instruction shall teach honor  
26 and respect for *monogamous heterosexual* marriage?

27 (7) Course material and instruction shall advise pupils  
28 of the laws pertaining to their financial responsibility to  
29 children born in and out of wedlock.

30 (8) Course material and instruction shall advise pupils  
31 that it is unlawful for males of any age to have sexual  
32 relations with females under the age of 18 to whom they  
33 are not married pursuant to Section 261.5 of the Penal  
34 Code.

35 (9) Course material and instruction shall emphasize  
36 that the pupil has the power to control personal behavior.  
37 Pupils shall be encouraged to base their actions on  
38 reasoning, self-discipline, sense of responsibility,  
39 self-control, and ethical considerations, such as respect  
40 for one's self and others.

1 (10) Course material and instruction shall teach pupils  
2 to not make unwanted physical and verbal sexual  
3 advances and how to say no to unwanted sexual advances.  
4 Pupils shall be taught that it is wrong to take advantage  
5 of, or to exploit, another person. The material and  
6 instruction shall also encourage youth to resist negative  
7 peer pressure.

8 (c) This section shall become operative July 1, 1989.

# Assembly OKs Bill Requiring the Teaching of Sex Abstinence

By RICHARD C. PADDOCK and JERRY GILLAM,  
*Times Staff Writers*

SACRAMENTO—Facing election-year pressure to address issues of moral conduct, the Assembly passed legislation Thursday that would require sex education teachers to instruct their students to abstain from sexual intercourse "until they are ready for marriage."

At the same time, fundamentalist religious activists suffered a setback in the Senate when President Pro Tem David A. Roberti sidetracked a separate measure that would give local communities more power to crack down on pornography. The Los Angeles Democrat charged that the bill would "chill free expression" of authors, artists and movie producers.

The two bills dealing with sex and pornography represent an effort by Republicans and conservative Democrats to implement their moral agenda and shape the issues that will be debated in the November legislative elections.

In the Assembly, where all 80 seats are up for election, the abstinence measure passed on a bipartisan vote of 47-21. In prescribing sex education teachings, the bill also would require that instructors teach their students to "honor and respect" the institution of monogamous, heterosexual marriage.

## Stage Set for Battle

But in the Senate, where only half the 40 seats are subject to election this year, Roberti attempted to put the brakes on the pornography measure, setting the stage for a continuing battle over the sensitive issue of curbing pornography at the expense of freedom of expression.

The two bills were among hundreds of measures considered by the Assembly and Senate as they approach the Aug. 31 deadline for adjournment. Members of both houses sought to clear their desks of as many bills as possible before they take a weeklong recess during the Republican National Convention.

Among the bills approved by the Senate was a measure that would require farmers to raise veal cattle in enclosures that do not severely restrict the animals' movement. Approved by a vote of 24-6 and sent back to the Assembly for final approval, the measure was designed to abolish the current system of raising calves that animal activists charge is cruel and inhumane.

The sex education bill, sponsored by Sen. Newton R. Russell (R-Glendale), would require teachers to stress that abstinence from sexual intercourse is the only 100% effective protection against unwanted pregnancies, AIDS, and other sexually transmitted diseases.

The measure also would require discussion with students of the possible emotional and psychological consequences of unwanted pregnancies and adolescent sexual intercourse outside of marriage. In addition, teachers would be required to instruct students against making unwarranted physical and verbal sexual advances, and how to refuse such unwanted advances.

Assemblywoman Marian W. La Follette (R-Northridge), who carried the legislation on the lower house floor, insisted that it was necessary to help fight the AIDS epidemic.

Friday, August 12, 1988

Los Angeles Times

# ASSEMBLY: Bill on Sex Abstinence OKd

Continued from Page 3

"We should do everything in our power to educate our young people to be prepared to protect themselves and help us to curtail the spread of this epidemic," she said.

Opponents of the bill argued that the Legislature should not attempt to impose certain moral views on the public.

"This bill represents one particular group's view of morality," said Assemblyman Terry Friedman (D-Tarzana), who voted against the bill. "We need to teach our young people how to save their lives. That's what's at stake here—not private morality."

Assemblyman Tom Hayden (D-Santa Monica) charged that the proposed law would be "ineffective" and "laughed at" by students. Hayden did not vote on the bill.

## Community Authority

Del Weber, a spokesman for the California Teachers Assn., said the bill could undermine the authority that individual communities already have over sex education.

"Our position is parents and teachers in each individual community should set up the curriculum in family life and sex education classes to meet the needs of the students in each community," he said. "This bill would weaken that local control."

Thirty-four Republicans and 13 Democrats voted yes on the bill; 21

Democrats voted no. The measure now goes back to the Senate for concurrence in Assembly changes. The upper house previously approved a similar version of the bill by a 27-4 margin.

Roberti's action to send the pornography measure back to the Rules Committee came as the bill's advocates said they had the 21 votes needed for passage. The Senate leader's move, which did not require a Senate vote, means the committee will decide whether to bottle up the bill, modify it or refer it to another committee.

Ultra-conservative Sen. H. L. Richardson (R-Glendora), a backer of the legislation, said he will mobilize fundamentalist religious groups throughout the state to pressure members of the committee to approve the legislation.

The bill, authored by Sen. Wadie P. Deddeh (D-Chula Vista), would allow individual communities to set their own standards of what constitutes obscenity, rather than follow the prevailing statewide standard.

## Easier Prosecution

Supporters of the legislation say it would make it easier for prosecutors to convict pornographers in communities that set stricter standards.

But Roberti and other opponents of the measure contend that allowing each community to set its own standard would lead to uneven

enforcement of pornography laws and inhibit the production of movies, books and art.

"I like the bill but with a statewide standard so you don't put publishers, movie producers and broadcasters in the position of having to tailor every literary or artistic effort to innumerable communities in California," the Senate leader said. "The net effect of that is to chill free expression and render it impractical for people to publish or to produce works of art."

Among those opposing the measure are the Motion Picture Assn. of America, the California Broadcasters Assn., the California Newspaper Publishers Assn., the California Library Assn. and the American Civil Liberties Union.

The bill has broad support among religious groups. More than 4,000 backers of the bill demonstrated on the capital steps last week as the Assembly approved the measure by a vote of 57 to 11.

Richardson said supporters will now focus their lobbying efforts on Sen. Henry J. Mello (D-Watsonville), considered the key vote on the five-member Rules Committee. Richardson said he will rely on his computerized mailing lists and a network of religious groups to begin a letter-writing campaign aimed at Mello.

"The moral movement in the state of California, much if it ema-

Please see ASSEMBLY, Page 33

# ASSEMBLY: Requiring Sex Abstinence Lessons Approved

Continued from Page 32

nating from the Christian churches, have been developing far more sophisticated knowledge of the legislative process and how to contact their legislators," he said.

Mello said he supported the bill

in an earlier version when it relied on a statewide standard of obscenity, but he has taken no position on the amended version.

Roberti said he would favor a version of the bill that would make it easier to win convictions in pornography cases but does not

interfere with the movie and publishing industries.

"I'm trying to find a [compromise] that addresses the issue of pornography but doesn't put us in a position of locking in the censors and the book burners," he said. "I think we can do both."

# High-Schoolers Are Taught the Realities of Marriage

By MARILYN GARDNER, *Christian Science Monitor*

They are young and married and successful.

Successful enough, at least, to walk into a real estate office on a Saturday morning as newlyweds and buy a house, just like that.

But then, why not?

After all, he's a brain surgeon. She's a lawyer. And life is meant to be lived. Now.

Well, maybe not immediately.

Because in reality Kristen Krupski and Billy Woodman are still seniors at Needham High School in a western suburb of Boston. Their "wedding," "new house," and "high-paying careers" are mere fantasies—dreamed up as part of a unit on marriage in their psychology-sociology class.

## Economics and Emotions

By giving students "real-life" assignments like this, rather than textbook examples, teachers hope to encourage them to think about the economic and emotional realities of marriage.

Kenneth Holt, a social studies teacher who developed this course in 1969, cites a 50% divorce rate as evidence that some education—some practical preparation—for marriage is badly needed.

There are classroom seminars about such special topics as children, sexuality, dual-career couples, and finances. Values are introduced into the discussion by visiting members of the clergy.

But it is outside projects—

centering on budgets, housing, and groceries—that often provide the best lessons. Here, says teacher Alan Otis, students learn the first lesson of marriage—seeing choices from the other person's point of view.

Thinking of "we" instead of "I" doesn't rule out thinking expensive—and this may be a commentary on American middle-class values. While Kristen and Billy were choosing their house, Amy Prensky and her "husband" were selecting a Jaguar.

Tom Griffin and his "wife" included such "entertainment necessities" as a 60-inch television, a Jacuzzi, and a video camcorder as they shopped for appliances. And classmates Kim Patkin and Tom Dorgan filled a grocery cart with \$179 worth of food for a week.

Profligate spending may not be exactly what Otis had in mind when he gave the assignment. But these high-flying dreams in this

middle-class suburb are consistent with a growing sense of economic power and entitlement evident among teen-agers throughout the country.

In a survey conducted last fall under the auspices of the American Council on Education, three-quarters of college freshmen listed being "very well off financially" as a "very important" reason for going to college. Twenty years ago, by contrast, 83% of students listed "developing a meaningful philosophy of life" as very important.

## Attitudes Changing

Holt confirms the changing attitudes.

"Our students are much more money-oriented now," he says. "They want lavish homes and expensive cars. Cars are very important to them as status symbols. They talk about 50-year mortgages and say, 'It's just rent.' In the early

'70s they followed the model of their parents, which was to pay off the mortgage. That was an accomplishment of married life."

Behind the dream houses, the fantasy cars, the wishful thinking about huge salaries, Holt and Otis detect far more serious student concerns, often expressed in a wariness about marriage.

Holt recalls a conversation a year or two ago in which one boy told him, "I always thought my mother and father were the ideal marriage, and that's what I wanted. Then they got divorced. Now I'm not sure I can trust marriage."

"Kids see no reason to trust marriage as a lifetime commitment," Holt says. "So they enter it talking about 'what if,' instead of something that will be part of the joy of the rest of your life."

In Holt's early years of teaching the course, teen-agers seldom discussed living together. Now, in classroom polls slightly more than 50% of students claim living together is a valid test for a marriage.

Students are also interested in premarital contracts, a subject that never came up earlier. "They're very conscious of what's 'mine' rather than what's 'ours,'" Holt says.

Even in the form of "let's pretend," the game sobered up the big spenders as they went along. Kristen says, "Before this, I had no idea what you would do to start to buy a house. And when we walked out of

to live in a place like Needham today, they're shocked."

In some instances, that shock translates into a renewed appreciation for students' own families, and finally an awareness that what it takes to support a family goes far beyond finances.

the real estate office, we said, 'Oh, my gosh, how could we ever raise that much money?'"

For all their talk about top-of-the-line purchases, teens are more conscious of budgets than they were a decade ago, Otis reports. "When they see what it would cost

## Library to Preview Children's Movies

The Los Angeles County Public Library, in conjunction with the Children's Film and Television Center of America, will present a series of children's film screenings this month, to preview films under consideration for the Children's International Film Festival scheduled for August in Los Angeles.

Public libraries in the following communities will participate: Claremont, April 19; Huntington Park, April 20; La Canada Flintridge, April 21; Temple City, April 23; La Crescenta, April 23; Manhattan Beach, April 29; Canyon Country, to be announced. For information, call (213) 940-8458.

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# Teens Get Some Straight Talk About Sex

By ELIZABETH MEHREN, Times Staff Writer

7-17-86

NEW YORK—In a setting usually reserved for youthful revelry, the subject was a sobering one: teen pregnancy. Amid the depressing statistics, though, came word that at least one program aimed at better educating teen-agers about sexuality is making small but definite inroads across the nation.

But first, the statistics:

Every 2.1 minutes in the United States, another adolescent conceives. This translates to more than

1.1 million unintended teen pregnancies each year. Since about half these pregnancies end in abortion or miscarriage, more than 500,000 babies are born to teen mothers in this country each year.

More than 50% of pregnant teens are unmarried, and 93% of teens bearing children choose to keep their babies rather than give them up for adoption. Seventy percent of pregnant teen-agers fail to finish high school.

One in 10 American teen-age girls becomes pregnant each year; by age 20, 40% of today's 14-year-olds will be pregnant. In the United States, the teen pregnancy rate is twice that of Canada, England or France; seven times that of The Netherlands. In fact, the United States is the only developed country where teen-age pregnancy has been increasing. A 1985 study by the Center for Population Options revealed that teen-age childbearing cost the nation \$16.6 billion that year alone.

Not at all coincidentally, the musical background for these facts and figures was "What's Love Got to Do With It?" The tape blared through a popular teen hangout here, the Hard Rock Cafe, where one day recently, the videoscreens were not filled with rock groups or teen idols, but with teen parents.

Please see PROGRAM, Page 4

"It was one time," said a girl with long blond hair, "and that's all it takes."

And from another young woman, a girl maybe 16 years old: "Nobody actually sat down and explained it to me, so I had to find out for myself."

Although 85% of Americans told a 1985 Harris Poll survey that they believed sex education should be taught in schools, Roberta Nusim told this early morning gathering at the Hard Rock, only 10% of this country's schools actually offer such a program.

"Finally," said Nusim, announcing "Straight Talk," a classroom education program on sexuality and contraception, "we have at least a beginning."

Former New York City-area high school teacher Nusim is president of Lifetime Learning Systems Inc., a Fairfield, Conn.-based concern that creates educational materials. With funding from the Ortho Pharmaceutical Corp., the firm has launched the country's first nationwide program on sexuality and contraception. Offered free and on a request basis beginning this spring, the seven-installment, multimedia program is geared toward tenth through twelfth graders. Along with sexuality education and discussions of contraception, the course also features an examination of sexually transmitted diseases, including AIDS. The program is "frank," Nusim stressed, but "not sexually explicit." Already, "Straight Talk" has appeared in 650 schools in 11 cities

"Interactive" in nature. "Straight Talk," Nusim said, "addresses teens' risk-taking behavior, the glamorization of pregnancy and the pressures of growing up in the '80s," and "aims to involve the community directly in helping to solve this problem."

"Telling teens to stop having sex isn't going to work," said Allison Smith, a 16-year-old TV actress recruited to help publicize "Straight Talk." Said high school junior Smith: "We desperately need information."

As Jennie on "Kate & Allie," "I spend most of the time talking about one of my favorite subjects, boys," Smith said. In real life, she said, "many of the guys in my school think that protection is not their problem."

"I'd like to remind all boys," Smith went on, "that it takes two to make a baby."

Early in her practice, said Dr. Nancy Banks, an obstetrician-gynecologist in suburban New York, "I delivered the child of a 17-year-old girl. This was not so shocking," Banks said, "except that

it was her fourth child."

Banks was quick to sign on as one of 40 physicians involved in this pilot teen sexuality education effort.

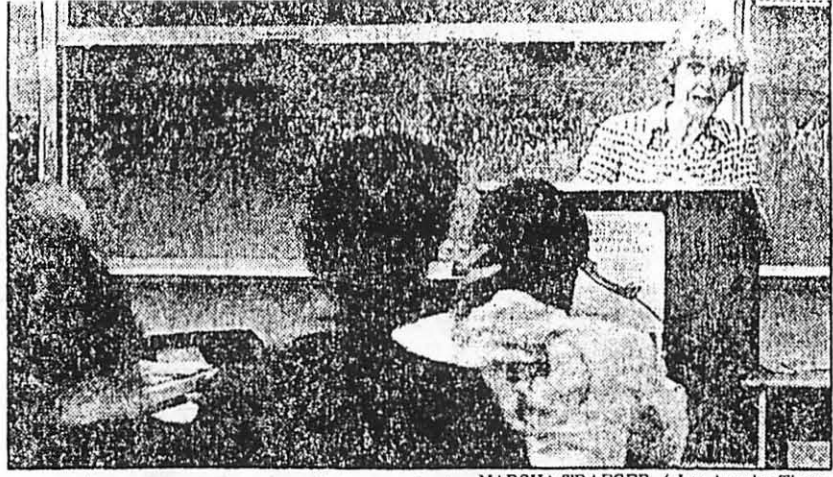
"Part of teen-agers' unwillingness to use contraception comes from misinformation and fears about what's available," Banks said. "The whole point of the physician visit is to let them know what's available to them, and how to get it."

Teen-agers are confused about this issue, Banks said, and "we can help convince teens that no one is going to make fun of them or put them down because of their confusion."

To date, Nusim said she had heard of no opposition to the program from the communities where it has been employed. As to the argument sometimes voiced by opponents of sexuality education—that telling teen-agers the facts about sex may encourage them to try it—"The statistics already prove that the students are involved," Banks said, "so I don't think we're encouraging it."



# Students Learn About Sex—Then About AIDS



MARSHA TRAEGER / Los Angeles Times

Sara Eisner teaching her health class at Fairfax High School.

Before they learn about AIDS—before they learn that sex can kill—Cathy Gollhofer's seventh-graders learn the proverbial birds and bees.

The grim lesson on "diseases and disorders" follows the lesson on "growing and maturing" in Gollhofer's health class at Walter Reed Junior High in North Hollywood. Human reproduction is explained independently of AIDS and other sexually transmitted diseases (STDs) because, as the teacher explains, "sex itself is not necessarily a bad thing."

But when the class gets to its next lesson, she adds, "We stress abstinence, that the one way you're not going to get STDs is not to engage in sex."

Gollhofer's approach reflects the philosophy that the Los Angeles Unified School District Board of Education embraced in October, when it became one of the nation's first school systems to require an AIDS curriculum for students in grades seven through 12.

As a practical matter, instruction about acquired immune deficiency syndrome varies according to the grade level and sophistication of students. The 11- and 12-year-old pupils in Gollhofer's classes "don't really know much about sex, although some of them think they do," she said.

"But they're very interested. Of course, most have heard the term AIDS, but most don't know much about it, as most adults really don't."

The curriculum covers how AIDS is and isn't transmitted and discusses sex and intravenous drug abuse. Sometimes the instruction is vague and euphemistic. After emphasizing abstinence, for example, the curriculum advocates the use of condoms and "avoiding risky sexual practices."

If a student asks what that means, Gollhofer says she will explain about anal sex: "That the anus is not designed for intercourse, that vaginal tissue is designed for it and anal tissue is not. . . . But I don't usually say that unless somebody asks. The teacher has to understand the needs of the children and what is appropriate for them."

The emphasis on abstinence also reflects the approach being recommended by the California Department of Education, which is ex-

pected to unveil a revised health curriculum in early 1987 that encompasses AIDS.

In California, individual school districts decide how, or whether, to teach students about sex and its possible consequences. Each district is required by law to notify parents about any planned sex education, and parents have the right to withhold their children from such instruction.

However, fewer than 1% of students' parents in the Los Angeles school system have exercised that option in recent years, said Ruth Rich, the district's health education supervisor.

"Teaching about AIDS is not all that big a deal," said Gus Dalis, a health education consultant for the Los Angeles County Board of Education. "The primary focus is to view it as a disease, and it just happens to be sexually transmitted."

Several California school districts include AIDS in their curriculums, Dalis said. The level of

instruction may range from the detailed to the cursory.

AIDS education in the Los Angeles district—widely viewed as a pioneer effort—has generated little controversy, even though unlike instruction about other sexually transmitted diseases, the AIDS curriculum necessarily includes information about homosexuality. The school board considered it such a priority that it ordered a special two-period lesson for all junior and senior high school students.

In addition, the school board declared October as AIDS Awareness Month, which included a range of special programs at different schools and the dissemination of district-funded prevention brochures in English and Spanish.

Frank discussions about homosexuality are more likely on the high school level, when students are more likely to be experimenting with sex and drugs and may be struggling with their sexual identity.

"We're very explicit about it," said Sara Eisner, a health teacher

at Fairfax High School. "We talk about anal and oral. I don't pull any punches."

Fairfax, for example, even has a year-old counseling program for gay and lesbian students, believed to be unique among the nation's secondary schools. It is known as Project 10 because of estimates by researchers that 10% of the general population is either homosexual or bisexual. Health instructor Virginia Uribe said she conceived the program after witnessing the ostracism of openly homosexual students on campus.

Last year, more than 200 students on the 2,400-student campus visited her office for information, including about 35 who identified themselves as homosexual, she said.

"I just make myself available," the instructor said. "The impression I get is that they're very socially isolated."

Uribe said she tries to provide emotional support for such students and occasionally will discuss AIDS and safe sex practices, especially with male students, even though she does not believe that they are as sexually active as their classmates.

"Just because they're homosexual doesn't mean they're having sex. . . . For the boys who are openly gay, AIDS is very frightening. It just scares them to death."

love is...



... following where your heart leads.

## About Women

# Effect of Sex Education on Teen-agers

By JANICE MALL

Many conservatives believe that sex education causes teen-agers to have sex. Many liberals believe that such education causes teens to make more responsible decisions about sex. Most people believe that teen-agers are not particularly susceptible to advice about their personal relationships.

It turns out that most people are right about the latter premise. Analyses of two major national surveys on how sex education affects the sexual behavior of teen-agers show that a majority of American young people do receive some formal sex education during their teen-age years and that this education seems to have no influence on their decisions about becoming sexually active.

The studies were conducted by Johns Hopkins University and Ohio State University. Both were published in *Family Planning Perspectives*, the journal of the Alan Guttmacher Institute, the research affiliate of Planned Parenthood. The source of the Ohio State material is a massive longitudinal study of youth being conducted by the U.S. Labor Department.

When a 15-year-old girl decides whether to initiate sexual activity, both studies found, prior sex education has a weaker influence on her decision than every other variable in her life. Much more influential on her decision are religion and family life. The Johns Hopkins research found that weekly church attendance reduces the odds that a teen-ager of any age will choose to be sexually active and that having a mother with 12 years or more of education and both parents in the home through the age of 14 reduce the odds that a girl will begin her sexual life at the ages of 14 through 16.

In the matter of teen-age pregnancy, the most serious aspect of early sexual behavior, both studies concluded that education about contraception can be effective. Teen-agers who received instruction about

contraception were more likely to use it. Not only was sex education effective in promoting the use of contraception, it was the only factor in the teen-agers' lives that was found to significantly increase the likelihood that they would use contraceptives.

However, such education is probably too little and too late for a majority of young people. Fewer than half of teen-agers receive course instruction about contraception before they have intercourse for the first time. At the youngest ages studied, teens who were 15 and under at first intercourse, only about one in seven boys and one in three girls had been taught about contraception. Even among those teens who postponed their first sexual experience until they were 18, it was found that fewer than half had already had contraception education.

Although found to be effective in stemming the tide of teen-age pregnancy, contraception is also the most controversial public policy issue in sex education. Many more teen-agers receive instruction on "neutral" issues such as how the reproductive system works than receive lessons on contraception, and much contraception education is "passive"—providing information to teen-agers about types of contraceptives, but not about how to obtain them, the Ohio State study said.

A positive aspect of sex education found by both studies was that young women who have had courses about sex, pregnancy and contraception were more likely to talk to their parents about these issues.

The researchers emphasized that much more needs to be learned about how sex education can help teen-agers. The content and quality of classes vary across the country and are difficult to measure. Teen-agers themselves are difficult to measure; their sexual activity and the incidence of abortion are probably under-reported in existing studies.

## Big Sisters to Hold Annual Bazaar, Sale

Big Sisters of Los Angeles will hold its annual bazaar and rummage sale from 9:30 a.m. to 5 p.m. Oct. 18 in the Department of Motor Vehicles parking lot, 11400 Washington Blvd., Culver City. Among sale articles will be autographed celebrity items and new clothes.

Proceeds go to the Big Sisters organization, which serves disadvantaged girls aged 6 to 16 by pairing them with volunteer adult women who act as role models.



**RECENT LEGISLATIVE REFORM**  
**of**  
**Educational and Liscensing Requirements**  
**for**  
**Marriage, Family, and Child Counselors**

**Assembly Bill No. 3657**  
**Sponsored by:**

**Assemblyman John Vasconcellos**

**Approved by Governor**  
**on September 29, 1986**

## MARRIAGE, FAMILY, AND CHILD COUNSELORS

Assembly Bill No. 3657

### CHAPTER 1365

An act to repeal and add Chapter 13 (commencing with Section 4980) of Division 2 of the Business and Professions Code, relating to marriage, family, and child counselors, and making an appropriation therefor.

[Approved by Governor September 29, 1986. Filed with Secretary of State September 30, 1986.]

*The people of the State of California do enact as follows:*

SECTION 1. (a) The Legislature intends by this act to move California forward toward having the finest mental health system in the world; and in particular to assure that marriage, family, and child counselors, through enhanced preparation, become a model for all therapeutic professionals in the field.

(b) In constructing this licensing legislation, it is crucial and essential to recognize the balance between competing and legitimate perspectives. In this respect, this act attempts to achieve the following goals:

(1) To provide solid and credible professional training while allowing for innovation, individuality, and ever-expanding knowledge of effective therapeutic modalities.

(2) To encourage breaking new ground while building on traditional and tested values.

(3) To recognize the identity and distinctive scope of practice of various therapeutic professions, and at the same time seeking to overcome self-created and artificial limitations between these professions.

(4) To make appropriate accommodations for personal and financial investments made by marriage, family and child therapists in regard to their chosen career, and at the same time seeking to keep the profession viable and evolving as regards its scope of practice and innovative growth.

(5) To develop a cooperative administrative model as it affects the Board of Behavioral Science Examiners, professional associations, educational institutions, supervisors, licensees, interns, trainees, and the consuming public, working together to create the very best mental health system by intention.

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12 Cal. Leg. Serv. '86-15

(6) To assure inclusion of distinct and individual subject areas as academic requirements while encouraging the interpretation and holistic preservation of competency areas across the entire scope of professional education.

(c) As a model professional licensing standard, it is further the intent of the Legislature to continue to upgrade all other mental health professions and to apply these standards as may be appropriate to those professions.

SEC. 2. The Legislature finds and declares that:

(a) Healthy individuals, healthy families, and healthy relationships are inherently beneficial and crucial to a healthy society, and are our most precious and valuable natural resources. The well-being of the State of California depends greatly upon the healthiness and success of its families, and the State of California values the family, marriage, and healthy human relationships.

(b) Many California families and many individual Californians are experiencing difficulty and distress, and are in need of wise, competent, caring, compassionate, and effective counseling in order to enable them to grow more insightful and healthy and capable of improving and maintaining healthy family relationships.

(c) There is a vital public need for competent therapists with a broad range of psychotherapeutic skills who are not necessarily research-oriented, and marriage, family, and child counselors best meet that need. Those therapists provide a crucial support for the well-being of the people and the State of California.

(d) The State of California therefore licenses persons as marriage, family, and child counselors, in order to make counseling available to families and individuals in need, and to help assure needing families and individuals that persons so licensed are substantially educated toward being able to provide valuable and effective counseling services.

(e) Because that need was not being otherwise adequately met, the Legislature authorized the California Board of Behavioral Science Examiners to regulate and administer the licensing laws of the marriage, family, and child counseling profession.

(f) There has recently arisen substantial concern regarding whether the current licensing law and its application and implementation have been effectively operated to assure, as best practicable, the competency of persons holding the marriage, family, and child counseling license.

(g) Toward addressing that concern, the Board of Behavioral Science Examiners has recently reviewed its operations and is reforming its regulations in an effort to improve the assurance of quality in the education of persons licensed by the board as marriage, family, and child counselors.

(h) Sufficient changes have occurred since the last major revision of the licensing laws for the marriage, family, and child therapy profession both in the state and condition of our society and in our understanding of healthy human growth, development, and relationships that there is now a major state and public interest in rewriting, reforming, and improving those laws.

(i) There is also a legitimate concern among the persons who hold the license as marriage, family, and child counselors or therapists that their education, preparation, testing, and licensing be of such rigor that they and other interested parties can be assured of their likely competence and stature as professionals.

(j) It is also in the public interest to do so in order to provide the public some level of assurance that a person holding such license is well educated and likely to be able to provide effective assistance.

(k) It is also in the public interest to do so in order that the profession of marriage, family, and child therapy be credible, both in the eyes of the public who are searching for that counseling, and for other concerned parties (including insurance carriers and prepaid health plans) who need to know that persons holding the license are professionally competent to provide that assistance. Third-party reimbursement for counseling services by the marriage, family, and child therapy profession should be permitted and encouraged. Health maintenance organizations and self-funded plans should recognize and compensate for these essential interventions to relieve distress and to help lest the problems become greater.

(l) There are a wide array of human problems, symptoms, and needs. Therefore, there needs to be a wide range of competencies, and as well there is much changing of family situations in our rapidly changing society, and discovery of how better to provide effective healthy marriage, family, and child counseling. So it is crucial that any licensing law, its operation and regulation, be tailored to those facts and be innovative, open, and flexible, at the same time providing some quality assurance.

(m) It must be recognized that a person, a human being, a personality, a relationship, and a family are each and all so unique and complex that they cannot readily be fixed much less should they be thought of or tried to be made uniform. The goal of counseling may be defined as the restoration of health or the development of effective capacities as defined by the individual and his or her own culture (rather than the imposition of culturally limiting notions and values about health).

(n) It is crucial that the Legislature recognize the centrality and essentiality of the human dimension and qualities of the counseling relationship and enact a licensing law which serves to encourage, support, and nurture those human qualities in the counselors or therapists, instead of one that becomes so overly mechanistic and measurement-oriented, that in training for it, we instead have the effect of lessening those essential human qualities for human interactions that are facilitative and effective and growthful.

(o) There is a vital public interest in discerning and articulating, to the extent it is practical to do so, how to produce caring, compassionate, competent marriage, family, and child counselors, and therapists.

(p) It is only more recently that society has begun to recognize and to assess the crucial competencies for a licensed marriage, family, and child counselor. The most effective competency is the

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ability to facilitate a person's obtaining the assistance he or she needs or wants and is seeking; that ability likely includes the personal qualities of personal presence, integrity, openness, insight, concern, assurance, comfort, encouragement, and invitation. These qualities enable the counselor or therapist to provide a climate within which his or her counselee may grow and become more competent in his or her marriage and family relationships. Licensing laws should encourage the applicants and the institutions which educate and prepare them to attend to the development of those qualities and capacities, instead of negating those qualities in persons seeking to become counselors and therapists.

(q) A counselor needs to possess and be able to apply knowledge of, and appreciation for, these skills with respect to both individual and family relationships and systems.

(r) In this uncertain realm the best way to assure the appropriate and sufficient preparation, education, and development of competencies of prospective marriage, family, and child counselors is to build the structure of the licensing law and goals to assess and seek to assure broad minimal competencies agreed upon by practitioners and persons in the field, educators, and other concerned parties. With respect both academic and clinical experience and preparation there is a need to ascertain as best as can be done what are the competencies required to be obtained in the classroom and in the clinic, and what are the minimum competencies and levels thereof which are deemed sufficient to qualify a person to obtain a license and practice marriage, family, and child counseling in California.

(s) It is neither possible nor wise to have the intention or to prescribe any single theory or system of therapy to the exclusion of others for individuals and families.

(t) It is desirable in enacting a law and designing assessment means to try for balance between solidity and credibility on the one hand, and diversity, flexibility, innovativeness, and creativity on the other.

(u) Mental health promotion and mental illness prevention are crucial components of the practice of marriage, family, and child counseling.

(v) To the greatest extent feasible, licensing laws and regulations should assure the candidate's intellectual, emotional, and experiential qualifications for practice.

(w) Certainly a person, to become a competent counselor, therefore needs preparation in both academic theory and clinical practice and experience, and therefore his or her education should be part in class and part out.

(x) Any person seeking to gain a license should have knowledge, experience, and appreciation of all that is crucial to healthy human beings, including, but not limited to, individual health, family relationships, emotions, feelings, somatics, spiritual awareness, and the healthy interrelationship and appropriate integration of them all.

(y) A marriage, family, and child counselor should have experience (by means of an internship) in seeing and working with families.

(z) As a model licensing law for all the psychotherapeutic professions, the Legislature finds that there is the highest value in encouraging all applicants for license to themselves partake of the psychotherapeutic process.

(aa) It is therefore valuable for all institutions providing education and all persons providing supervision seeking to prepare applicants for examination and otherwise qualifying for a license, to encourage all persons who intend to become marriage, family, and child counselors to undergo personal counseling or psychotherapy, individual or group, as may be appropriate.

It is therefore the intention of the Legislature to update and improve the statutes regarding the licensing of marriage, family, and child counselors so as to assure the public and other concerned parties that persons holding this license are, to the extent that can be determined, predicted, and assured via a licensing law qualified, competent, and caring.

SEC. 3. Chapter 13 (commencing with Section 4980) of Division 2 of the Business and Professions Code is repealed.

SEC. 4. Chapter 13 (commencing with Section 4980) is added to Division 2 of the Business and Professions Code, to read:

## CHAPTER 13. MARRIAGE, FAMILY AND CHILD COUNSELORS

### Article 1. Regulation

4980. (a) Many California families and many individual Californians are experiencing difficulty and distress, and are in need of wise, competent, caring, compassionate, and effective counseling in order to enable them to improve and maintain healthy family relationships.

Healthy individuals and healthy families and healthy relationships are inherently beneficial and crucial to a healthy society, and are our most precious and valuable natural resource. Marriage, family, and child counselors provide a crucial support for the well-being of the people and the State of California.

(b) No person may for remuneration engage in the practice of marriage, family, and child counseling as defined by Section 4980.02, unless he or she holds a valid license as a marriage, family, and child counselor, or unless he or she is specifically exempted from that requirement, nor may any person advertise himself or herself as performing the services of a marriage, family, child, domestic, or marital consultant, or in any way use these or any similar titles to imply that he or she performs these services without a license as provided by this chapter. Persons licensed under Article 4 (commencing with Section 4996) of Chapter 14 of Division 2, or under Chapter 6.6 (commencing with Section 2900) may engage in such practice or advertise that they practice marriage, family, and child counseling but may not advertise that they hold the marriage, family, and child counselor's license.

4980.01. Nothing in this chapter shall be construed to constrict, limit, or withdraw the Medical Practice Act, the Social Work

Licensing Law, the Nursing Practice Act, or the Psychology Licensing Act.

This chapter shall not apply to any priest, rabbi, or minister of the gospel of any religious denomination when performing counseling services as part of his or her pastoral or professional duties, or to any person who is admitted to practice law in the state, or who is licensed to practice medicine, when providing counseling services as part of his or her professional practice.

This chapter shall not apply to an employee of a governmental entity or of a school, college, or university, or of an institution both nonprofit and charitable if his or her practice is performed solely under the supervision of the entity, school, or organization by which he or she is employed, and if he or she performs such functions as part of the position for which he or she is employed.

4980.02. For the purposes of this chapter, the practice of marriage, family, and child counseling shall mean that service performed with individuals, couples, or groups wherein interpersonal relationships are examined for the purpose of achieving more adequate, satisfying, and productive marriage and family adjustments. This practice includes relationship and premarriage counseling.

The applications of marriage, family and child counseling principles and methods includes, but is not limited to, the use of applied psychotherapeutic techniques, to enable individuals to mature and grow within marriage and the family, and the provision of explanations and interpretations of the psychosexual and psychosocial aspects of relationships.

A marriage, family, and child counselor may use hypnosis in the course of performing marriage, family, and child counseling provided that he or she can demonstrate experience in the clinical use of hypnosis which satisfies the criteria established by the board. The criteria shall include evidence of (a) coursework in hypnosis from qualified instructors and (b) experience in a clinical setting using hypnosis under the supervision of a physician, dentist, licensed psychologist, or a licensed marriage, family, and child counselor who holds a certificate in hypnosis issued by the board.

4980.03. (a) "Board," as used in this chapter, means the Board of Behavioral Science Examiners.

(b) "Intern," as used in this chapter, means an unlicensed person who has earned his or her master's or doctor's degree qualifying him or her for licensure and is registered with the board.

(c) "Trainee," as used in this chapter, means one who is enrolled in a master's or doctor's degree program, as specified in Section 4980.40.

(d) "Advertise," as used in this chapter, includes, but is not limited to, the issuance of any card, sign, or device to any person, or the causing, permitting, or allowing of any sign or marking on, or in, any building or structure, or in any newspaper or magazine or in any directory, or any printed matter whatsoever, with or without any limiting qualification. It also includes business solicitations communicated by radio or television broadcasting. Signs within

church buildings or notices in church bulletins mailed to a congregation shall not be construed as advertising within the meaning of this chapter.

4980.07. The board shall administer the provisions of this chapter.

4980.10. A person engages in the practice of marriage, family, and child counseling who performs or offers to perform or holds himself or herself out as able to perform such a service for remuneration in any form, including donations.

4980.30. Except as otherwise provided herein, a person desiring to practice and to advertise the performance of marriage, family, and child counseling services shall apply to the board for a license and shall pay the license fee required by this chapter.

4980.34. It is the intent of the Legislature that the board employ its resources for each and all of the following functions:

(a) The licensing of marriage, family, and child counselors, clinical social workers, and educational psychologists.

(b) The development and administration of written and oral licensing examinations and examination procedures consistent with prevailing standards for the validation and use of licensing and certification tests. Examinations shall measure knowledge and abilities demonstrably important to the safe, effective practice of the profession.

(c) Enforcement of laws designed to protect the public from incompetent, unethical, or unprofessional practitioners.

(d) Consumer education.

4980.35. (a) The Legislature acknowledges that the basic obligation to provide a complete and accurate application for a marriage, family, and child counseling license lies with the applicant. At the same time, the Legislature recognizes that an effort should be made by the board to assure that persons who enter degree programs and supervisorial training settings that meet the requirements of this chapter are enabled to discern the requirements for licensing and to take the examination when they have completed their educational and experience requirements.

(b) In order that the board, the educational institutions, and the supervisors who monitor the education and experience of applicants for licensure may develop greater cooperation, the board shall do all of the following:

(1) Apply a portion of its limited resources specifically to the task of communicating information about its activities, the requirements and qualifications for licensure, and the practice of marriage, family, and child counseling to the relevant educational institutions, supervisors, professional associations, applicants, trainees, interns, and the consuming public.

(2) Develop policies and procedures to assist educational institutions in meeting curricula requirements of Section 4980.40 and any regulations promulgated pursuant to that section, so that those educational institutions may better provide assurance to their students that the curriculum offered to fulfill the educational requirements for licensure will meet those requirements at the time of the student's application for licensure.

(3) Notify applicants in the application procedure when applications are incomplete, inaccurate, or deficient, and inform applicants of any remediation, reconsideration, or appeal procedures that may be applicable.

(4) Undertake, or cause to be undertaken, a comprehensive review, in consultation with educational institutions, professional associations, supervisors, interns, and trainees, of the supervision of interns and trainees, which shall include, but not be limited to, the following, and shall, no later than July 1, 1988, propose regulations regarding the supervision of interns and trainees which may include, but not be limited to, the following:

- (A) Supervisor qualifications.
- (B) Continuing education requirements of supervisors.
- (C) Registration or licensing of supervisors, or both.
- (D) Responsibilities of supervisors in general.
- (E) The board's authority in cases of noncompliance or negligence by supervisors.
- (F) The intern's and trainee's need for guidance in selecting well-balanced and high quality professional training opportunities within his or her community.

(G) The role of the supervisor in advising and encouraging his or her intern or trainee regarding the necessity or value and appropriateness of the intern or trainee engaging in personal psychotherapy, so as to enable such intern or trainee to become a more competent marriage, family, and child counselor.

4980.37. In order to provide an integrated course of study and appropriate professional training, while allowing for innovation and individuality in the education of marriage, family, and child counselors, a degree program which meets the educational qualifications for licensure shall include all of the following:

(a) Provide an integrated course of study that trains students generally in the diagnosis, assessment, prognosis, and treatment of mental disorders.

(b) Prepare students to be familiar with the broad range of matters that may arise within marriage and family relationships.

(c) Train students specifically in the application of marriage and family relationship counseling principles and methods.

(d) Encourage students to develop those personal qualities that are intimately related to the counseling situation such as integrity, sensitivity, flexibility, insight, compassion, and personal presence.

(e) Teach students a variety of effective psychotherapeutic techniques and modalities that may be utilized to improve, restore, or maintain healthy individual, couple, and family relationships.

(f) Permit an emphasis or specialization that may address any one or more of the unique and complex array of human problems, symptoms, and needs of Californians served by marriage, family, and child counselors.

(g) Prepare students to be familiar with cross-cultural mores and values, including a familiarity with the wide range of racial and ethnic backgrounds common among California's population,

including, but not limited to, Blacks, Hispanics, Asians, and Native Americans.

4980.38. (a) Each educational institution preparing applicants to qualify for licensing shall notify each of its students by means of its public documents or otherwise in writing that its degree program is designed to meet the requirement of Section 4980.37 and shall certify to the board that it has so notified its students.

(b) In addition to all the other requirements for licensure, each applicant shall submit to the board a certification by the chief academic officer, or his or her designee, of the applicant's educational institution that the applicant has fulfilled the requirements enumerated in Sections 4980.37 and 4980.40.

4980.40. To qualify for a license an applicant shall have all the following qualifications:

(a) Applicants applying for licensure on or after January 1, 1988, shall possess a doctor's or master's degree in marriage, family, and child counseling, marital and family therapy, psychology, clinical psychology, counseling psychology, counseling with an emphasis in marriage, family, and child counseling, or social work with an emphasis in clinical social work, obtained from a school, college, or university accredited by the Western Association of Schools and Colleges, the Northwest Association of Secondary and Higher Schools, or an essentially equivalent accrediting agency, as determined by the board, or approved by the Superintendent of Public Instruction, pursuant to subdivision (b) of Section 94310 of the Education Code. In order to qualify for licensure, pursuant to this subdivision, any doctor's or master's degree program shall contain no less than 48 semester or 72 quarter units of instruction. The instruction shall include no less than 12 semester units or 18 quarter units of coursework in the areas of marriage, family, and child counseling and marital and family systems approaches to treatment.

The coursework shall, include all of the following areas:

(1) The salient theories of a variety of psychotherapeutic orientations directly related to marriage, family, and child counseling, and marital and family systems approaches to treatment.

(2) Theories of marriage and family therapy and how they can be utilized in order to intervene therapeutically with couples, families, adults, children, and groups.

(3) Developmental issues and life events from infancy to old age and their affect upon individuals, couples, and family relationships. This may include coursework that focuses on specific family life events and the psychological, psychotherapeutic, and health implications that arise within couples and families, including, but not limited to, childbirth, child rearing, childhood, adolescence, adulthood, marriage, divorce, blended families, stepparenting, and geropsychology.

(4) A variety of approaches to the treatment of children.

The board may, by regulation, further define the content requirements of required courses specified in this subdivision.

(b) In addition to the 12 semester or 18 quarter units of coursework specified above, the doctor's or master's degree program



shall contain not less than six semester or nine quarter units of supervised practicum in applied psychotherapeutic techniques, assessment, diagnosis, prognosis, and treatment of premarital, couple, family, and child relationships, including dysfunctions and healthy functioning and health promotion and illness prevention, in a supervised clinical placement that provides supervised fieldwork experience within the scope of practice of a marriage, family, and child counselor.

(1) Supervised practicum hours, as specified in this subdivision, shall be evaluated, accepted, and credited as hours for trainee experience by the board.

(2) Educational institutions and trainees are encouraged to design the practica to include marriage, family, and child counseling experience in low-income and multicultural mental health settings.

(3) The practicum hours shall be considered as part of the 48 semester or 72 quarter unit requirement.

(c) As an alternative to meeting the qualifications specified in subdivision (a), the board shall accept as equivalent degrees, those master's or doctor's degrees granted by educational institutions whose degree program is approved by the Commission on Accreditation for Marriage and Family Therapy Education.

(d) All applicants shall, in addition, complete the coursework or training specified in Section 4980.41.

(e) All applicants shall be at least 18 years of age.

(f) All applicants shall have at least two years' experience, in interpersonal relationships, marriage, family, and child counseling and psychotherapy under the supervision of a licensed marriage, family, and child counselor, licensed clinical social worker, licensed psychologist, or licensed physician certified in psychiatry, or the equivalent as determined by the board.

(1) All experience shall be at all times under the supervision of the supervisor who shall, with the person being supervised, be responsible for ensuring that the extent, kind, and quality of counseling performed is consistent with the training and experience of the person being supervised, and who shall be responsible to the board for the compliance of all laws, rules, and regulations governing the practice of marriage, family, and child counseling.

(2) Supervision shall include at least one hour of direct supervision for each week of experience claimed.

(3) Any person supervising another pursuant to this subdivision shall have been licensed or certified for at least two years prior to acting as a supervisor, except this requirement shall not affect any supervisory relationship in existence on December 31, 1983.

(4) The supervisor shall consider, advise, and encourage his or her interns and trainees regarding the advisability of his or her undertaking individual or group counseling or psychotherapy as appropriate, and insofar as it is deemed appropriate and is desired by the applicant, the supervisor shall seek to assist the applicant in obtaining such counseling or psychotherapy at a reasonable cost.

(5) The board may prescribe by regulation such other qualifications for supervisors as it deems appropriate.

(g) The applicant shall pass a written examination and an oral examination conducted by the board or their designees.

(h) The applicant shall not have committed acts or crimes constituting grounds for denial of licensure under Section 480.

(i) Applicants applying for licensure on or before December 31, 1987, shall possess all of the qualifications specified in subdivisions (e) to (h), inclusive, and shall possess a doctor's or master's degree in marriage, family, and child counseling, social work, clinical psychology, counseling, counseling psychology, child development and family studies, or a degree determined by the board to be equivalent, obtained from a school, college, or university accredited by the Western Association of Schools and Colleges, the Northwest Association of Secondary and Higher Schools, or an essentially equivalent accrediting agency as determined by the board.

(j) Persons who commenced graduate study, as defined in Section 4980.40, on or before December 31, 1987, shall be governed by subdivisions (i) and (k) of this section only if they apply and qualify for internship registration or licensure examination within five years of their starting such graduate study or by December 31, 1987, whichever is later.

(k) For applicants applying for a license pursuant to subdivisions (i) and (j), the board may make a determination that an applicant's master's or doctor's degree is an equivalent degree if it finds that the degree was issued upon completion of a course of academic study primarily designed to train persons as a marriage, family, and child counselor. The course of study completed by the applicant shall contain not less than 30 semester or 45 quarter units of coursework as follows: (1) human biological, psychological, and social development, (2) human sexuality, (3) psychopathology, (4) cross-cultural mores and values, (5) theories of marriage, family, and child counseling, (6) professional ethics and law, (7) human communication, (8) research methodology, (9) theories and applications of psychological testing, and (10) not less than six semester or nine quarter units of supervised practicum in applied psychotherapeutic techniques, assessment, diagnosis, prognosis, and treatment of premarital, family, and child relationship dysfunctions. The applicant shall submit to the board satisfactory written verification by the chief academic officer of the accredited or approved school, or by an authorized designee, that the applicant has successfully completed courses, including the practicum required by the board. The verification shall include, but need not be limited to, descriptions of the completed courses. The board may request further written verification of course content and academic experience to determine that the applicant's training and experience is equivalent to the course of instruction required by this section.

4980.41. All applicants for licensure shall complete the following coursework or training in order to be eligible to sit for the licensing examinations:

(a) A two semester or three quarter unit course in California law and professional ethics for marriage, family, and child counselors,

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which shall include, but not be limited to, the following areas of study:

- (1) Contemporary professional ethics and statutory, regulatory, and decisional laws that delineate the profession's scope of practice;
- (2) The therapeutic, clinical, and practical considerations involved in the legal and ethical practice of marriage, family, and child counseling, including family law.
- (3) The current legal patterns and trends in the mental health profession.
- (4) The psychotherapist/patient privilege, confidentiality, the patient dangerous to self or others, and the treatment of minors with and without parental consent.
- (5) A recognition and exploration of the relationship between a practitioner's sense of self and human values and his or her professional behavior and ethics.

This course may be considered as part of the 48 semester or 72 quarter unit requirements contained in Section 4980.40.

(b) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28 or any regulations promulgated thereunder.

(c) A minimum of 10 contact hours of training or coursework in human sexuality as specified in Section 25, and any regulations promulgated thereunder. When coursework in a master's or doctor's degree program is acquired to satisfy this requirement, it shall be considered as part of the 48 semester or 72 quarter unit requirement contained in Section 4980.40.

(d) Except for persons who have started graduate study prior to January 1, 1986, a master's or doctor's degree qualifying for licensure shall include specific instruction in alcoholism and other chemical substance dependency as specified in Section 25.5 and any regulations promulgated thereunder. When coursework in a master's or doctor's degree program is acquired to satisfy this requirement, it shall be considered as part of the 48 semester or 72 quarter unit requirement contained in Section 4980.40.

4980.42. (a) Experience for the purpose of satisfying subdivision (f) of Section 4980.40 shall include supervised marriage, family, and child counseling, and up to one-third of the hours may include receiving direct supervision and other professional enrichment activities.

(b) "Professional enrichment activities," for the purposes of this section, may include group or individual psychotherapy received by an applicant as a requirement for licensure. This psychotherapy may include up to 100 hours taken as a trainee or intern and each of such hours shall be triple-counted toward the professional experience requirement.

(c) Each educational institution preparing applicants for licensure pursuant to this chapter shall consider requiring, and at least strongly advising and encouraging, its students to undertake personal psychotherapy as appropriate, and insofar as it is deemed appropriate and is desired by the applicant, the educational

institution shall seek to assist the applicant in locating that psychotherapy and at a reasonably low cost.

(d) The board shall also make recommendations regarding similar provisions for other psychotherapeutic professions under its auspices after study and consultation with those professions.

4980.43. (a) For all applicants, a minimum of two calendar years of supervised experience is required, which experience shall consist of 3,000 hours obtained over a period of not less than 104 weeks. Not less than 1,500 hours of experience shall be gained subsequent to the receipt of the master's or doctor's degree. No hours of experience may be gained prior to becoming a trainee.

(b) Experience as specified in Section 4980.40 may be gained as a trainee in the following settings: a governmental entity, a school, college, or university, a nonprofit and charitable corporation, or a licensed health facility, if the experience is gained by the trainee solely as part of the position for which he or she is employed.

(c) Experience as specified in Section 4980.40 may be gained as an intern as specified in subdivision (b), or when employed in a private practice setting. Employment in a private practice setting shall not commence until the applicant has been registered as an intern. An intern employed in a private practice setting shall not pay his or her employer for supervision and shall receive fair remuneration from his or her employer.

(d) All interns shall register with the board in order to be credited for postdegree hours of experience gained toward licensure, regardless of the setting where those hours are to be gained. Except as provided in subdivision (e), all postdegree hours shall be gained as a registered intern.

(e) Except when employed in a private practice setting, all postdegree hours of experience shall be credited toward licensure so long as the applicant applies for the intern registration, within 90 days of the granting of the qualifying master's or doctor's degree and is thereafter granted the intern registration by the board.

(f) Trainees and interns shall not receive any remuneration from patients or clients, and shall only be paid by their employer.

(g) Trainees and interns shall only perform services at the place where their employer regularly conducts business, and shall have no proprietary interest in that business.

4980.44. An unlicensed marriage, family, and child counselor intern employed under the provision of this chapter shall:

(a) Have earned at least a master's degree as specified in Section 4980.40.

(b) Be registered with the board prior to the intern performing any duties.

(c) File for renewal of registration annually for a maximum of five years after initial registration with the board.

(d) Inform each client or patient prior to performing any professional services that he or she is unlicensed and under the supervision of a licensed marriage, family, and child counselor, licensed clinical social worker, licensed psychologist, or licensed physician certified in psychiatry, whichever is applicable. Continued

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employment as an unlicensed marriage, family, and child counselor intern after six years shall cease unless the requirements of subdivision (g) of Section 4980.40 are met.

4980.45. (a) A licensed professional in private practice who is a marriage, family and child counselor, a psychologist, a clinical social worker, or a physician certified in psychiatry may supervise or employ, at any one time, no more than two unlicensed marriage, family and child counselor registered interns.

(b) A licensed professional in a private practice who is a marriage, family and child counselor, psychologist, clinical social worker, or physician specializing in psychiatry shall, within 30 days of the employment or termination of an intern, notify the board of the employment or termination of employment of the intern. The notice shall include the name of the intern.

4980.50. Every applicant who meets the educational and experience requirements and applies for a license as a marriage, family, and child counselor shall be examined by the board. The examination shall be as set forth in subdivision (g) of 4980.40. The examination shall be given at least twice a year at the time and place and under supervision as the board may determine. The board shall examine the candidate with regard to his or her knowledge and professional skills and his or her judgment in the utilization of appropriate techniques and methods.

The board shall retain all written examinations for at least one year following the date of the examination. The board shall keep an accurate record of all oral examinations for at least one year following the date of examination.

An applicant who has qualified pursuant to the provisions of this chapter shall be issued a license as a marriage, family, and child counselor in the form as the board may deem appropriate.

4980.54. (a) The Legislature recognizes that the education and experience requirements in this chapter constitute only minimal requirements to assure that an applicant is prepared and qualified to take the licensure examination and, if he or she passes that examination, to begin practice.

(b) In order to continuously improve the competence of licensed marriage, family, and child counselors and as a model for all psychotherapeutic professions, the Legislature encourages all licensees to regularly engage in continuing education related to the profession or scope of practice as defined in this chapter.

4980.55. As a model for all therapeutic professions, and to acknowledge respect and regard for the consuming public, all marriage, family, and child counselors are encouraged to provide to each client, at an appropriate time and within the context of the psychotherapeutic relationship, an accurate and informative statement of the therapist's experience, education, specialties, professional orientation, and any other information deemed appropriate by the licensee.

4980.60. The board may adopt those rules and regulations as may be necessary to enable it to carry into effect the provisions of this chapter. The adoption, amendment, or repeal of those rules and

regulations shall be made in accordance with Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

The board may, by rules or regulations, adopt, amend, or repeal rules of advertising and professional conduct appropriate to the establishment and maintenance of a high standard of integrity in the profession, provided such rules or regulations are not inconsistent with Section 4982. Every person who holds a license to practice marriage, family, and child counseling shall be governed by such rules of professional conduct.

4980.70. Except as provided by Section 159.5, the board may employ whatever additional personnel is necessary to carry out the provisions of this chapter.

4980.80. The board may issue a license to any person who, at the time of application, holds a valid license issued by a board of marriage counselor examiners or corresponding authority of any state, provided, in its opinion, the requirements for that licensure are substantially the equivalent of this chapter, and upon payment of the fees specified. Issuance of the license is further conditioned upon the person's completion of the following coursework or training:

(a) A two semester or three quarter unit course in California law and professional ethics for marriage, family, and child counselors which shall include areas of study as specified in Section 4980.41.

(b) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28, and any regulations promulgated thereunder.

(c) A minimum of 10 contact hours of training or coursework in human sexuality, as specified in Section 25, and any regulations promulgated thereunder.

(d) A minimum of 10 contact hours of training or coursework in alcoholism and other chemical substance dependency as specified in Section 25.5, and any regulations promulgated thereunder.

(e) With respect to human sexuality and alcoholism and other chemical substance dependency, the board may accept training or coursework acquired out of state.

4980.90. With respect to those persons who are not licensed in another state, the board may allow any person to be examined who, in its opinion, has met the education and experience requirements for licensure while residing outside of California, or education outside California and experience within California, that are substantially the equivalent of this chapter provided that:

(a) He or she has gained a minimum of 250 hours of supervised experience in direct counseling within California while registered as an intern with the board.

(b) He or she has completed a two semester or three quarter unit course in California law and professional ethics for marriage, family, and child counselors which shall include areas of study as specified in Section 4980.41.

(c) He or she has completed a minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28, and any regulations promulgated thereunder.

**PREMARITAL COUNSELING**

**State Requirements and Services**

Summary by:

Linda Moore  
Family Life Consultant  
Office of  
Senator Newton Russell

July, 1988

PREMARITAL COUNSELING:

State law requires premarital counseling only for those under the age of 18 years of age, if the court deems such counseling necessary. Civil Code Sec. 4101 (c) states:

"... the court shall require the parties to such prospective marriage of a person under the age of 18 years to participate in premarital counseling concerning social, economic, and personal responsibilities incident to marriage, if it deems such counseling necessary. Such parties shall not be required, without their consent, to confer with counselors provided by religious organizations of any denomination..."

CC Sec. 4101 further states that the court shall consider the ability of the parties to pay for such counseling and may impose a fee to cover the cost of any such counseling provided by the county, unless the counseling services are provided by a conciliation court.

Family Court Services provides this counseling service. In Fresno, a sample county, interested persons may contact the County Clerk's Office for a referral to Family Court Services or may call the Family Court Services Office.

Premarital Counseling is also available to those who are not under the age of eighteen as staff time allows. The basic counseling process involves counseling with the couples, both individually and together, and with the couple's parents. In addition to this, the counselor will arrange group counseling for the couple

in areas of family living, such as finances, family planning, sexology and roles and expectations. The purpose of this counseling is to evaluate with the couple whether they are ready for marriage and to help prepare them to enter into a meaningful and constructive marital relationship.

