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GAHPERD

Journal



The Georgia Association for Health, Physical Education, Recreation and Dance, Inc. is affiliated with the American Alliance for Health, Physical Education, Recreation and Dance

Mission Statement

GAHPERD, Inc. is a non-profit organization for professionals and students in related fields of health, physical education, recreation and dance. GAHPERD, Inc. is dedicated to improving the quality of life for all Georgians by supporting and promoting effective educational practices, quality curriculum, instruction and assessment in the areas of health, physical education, recreation, dance and related fields.



Message from the Editor:

I hope you enjoy what Georgia AHPERD has to offer you for your professional development needs. We continue to receive quality manuscripts for publication, and also incorporate teaching strategies, advertisements, and announcements. I appreciate the strong efforts and contributions by many to the overall professional growth and development through research, teaching, and service.

The **Teaching Tips** section for K-12 health and physical education teachers and coaches in this volume provides refreshing insight from Doris Morris, Eliot Galyean, and Karen Clevenger.

Peer-reviewed articles are from Kennesaw State University, Coastal Carolina, and Georgia Regents University.

Key announcements focus on upcoming workshops and the SHAPE America Southern District Convention.

If you have any questions or comments, please feel free to contact me at bheidorn@westga.edu for more information.

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Football doesn't build character, it reveals character.

Mary Levy



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Georgia Association for Health, Physical Education, Recreation, and Dance

Northwest District

Health and Physical Education Professional Development Workshop

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Presenters

UWG Faculty in Health and Physical Education
K-12 professionals

Brian Devore-Southern District Elementary PE Teacher of the Year
Tasha Guadalupe-Health & PE Coordinator, Fulton County Schools

Topics

Games, FITNESSGRAM, Assessment, Differentiation,
TKES, SLOs, Dance, Instant Activities,
Integrating Technology, Coaching, and more

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The Georgia AHPERD Executive Board is pleased to continue working with **Moving to Success** as a Corporate Sponsor! This K-5 Curriculum Guide received a high PECAT score and provides professionals with a great guide to help instruct students. Dan Young from Moving to Success can also provide staff development presentations to groups. Check out www.movingtosuccess.com for details.



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Journal Submission: How do I submit an article to the GAHPERD Journal?

Publication Guidelines

The GAHPERD Journal is a peer-reviewed professional journal intended to meet the needs of health, physical education, recreation, and dance professionals in Georgia. It is also intended to be a forum for the discussion of new ideas and pertinent issues facing the profession. Before submitting a manuscript to *The GAHPERD Journal*, please be mindful of the following:

- Manuscripts submitted to The GAHPERD Journal must not be submitted to other publications simultaneously.
- Manuscripts with practical implications for educators at all levels are given priority.
- Acceptance is based on originality of material, significance to the profession, validity, and adherence to the prescribed submission requirements.

Manuscript Preparation

Manuscripts should be double-spaced, including all references and quotations, formatted for 8-1/2" x 11" pages, and Times New Roman 12-point font. Manuscripts should be word processed in accordance with the following guidelines:

- Prepare the manuscript in Microsoft Word and submit it as an e-mail attachment.
- Number all pages and lines throughout.
- Submit all tables, photographs and figures as separate documents, not within the body of the manuscript.
- Limit the manuscript to approximately 8 to 12 pages.
- Include a cover page with the title of the manuscript, full name(s) of the author(s), academic degrees, positions, and institutional affiliations. List the corresponding author's address, telephone number, and email address.
- The writing should be simple, straightforward with clear, concise, and logically presented concepts. Use examples, capture the readers' interest, and stimulate the audience's thinking.
- Keep paragraphs short.
- Have a colleague review the manuscript prior to submission.
- Review all references as the authors are responsible for accuracy. For reference style, follow the Publication Manual of the American Psychological Association (APA-6th edition).
- Submit graphs, charts, and tables separately. Clearly label and title all illustrations according to APA guidelines.
- Photographs are encouraged. When submitting photographs, be sure they are digital and at least 300 DPI in a jpg format.

Manuscript Submission

Send all manuscripts to Dr. Brent Heidorn at bheidorn@westga.edu. Manuscripts will be acknowledged by email when received.

The Review Process

The Publications Editor will distribute all manuscripts to three members of the Editorial Board for peer-review.

Publication

Copyright: Accepted manuscripts become the property of the Georgia Association for Health, Physical Education, Recreation and Dance. Upon request, authors receive permission to reprint their own articles. The GAHPERD Journal is listed in the Physical Education Index.

Manuscript Tracking Policy

Manuscripts undergo a blind review using criteria of accuracy and applicability to the practical concerns of the target audience. Authors will receive manuscript acceptance, revision or rejection letters via email in about six weeks. Authors asked to revise their manuscripts will be informed how much time they have for resubmission, always given at least two weeks. Upon acceptance, the Publications Editor will send a formal acceptance email to all corresponding authors whose manuscripts have been accepted for publication. The Publications Editor will select publication dates for all manuscripts based on an established editorial calendar. Authors will be notified in advance, and edited manuscripts will be submitted to authors for comments prior to publication.

Special Message from Past-President, Brian Devore

On Behalf of Georgia AHPERD, congratulations on the start of another school year! I hope that everyone has encountered a smooth beginning and that you are starting to get settled into a routine.

Despite not having our annual fall convention due to co-hosting the Southern District SHAPE America Convention (February, 2015), I encourage you to remain active with our organization throughout the fall. The Northwest District is hosting a workshop this month at the University of West Georgia. Any member, even those from other districts, is welcome to attend. Other districts are also investigating the possibility of holding workshops in their areas. The Southwest GA RESA in Camilla, GA is hosting a two-day health and physical education workshop in October. You can access that info at the following link: http://www.ciclt.net/sn/resa/recl_application.aspx?CL_ID=51003&ClientCode=swresa. In addition, there is a potential workshop to provide professional development for current and future coaches, to be held at Georgia State University on November 1, 2015. More information will be distributed when it becomes available.

If you want to present some of your great ideas, the deadline for a Share the Wealth presentation proposal is October 31. As many of you know, Share the Wealth takes place in Jekyll Island, GA the last weekend in January. Please consider attending or presenting at the many opportunities Georgia AHPERD tries to provide for the members.

Finally, I encourage you to register your school as a Let's Move! Active School. The registration process is easy and this year's school evaluation has been narrowed to nine simple questions. From there, you can address your school needs, find programs to help you fulfill those needs, and search for grants to get the funds to help! If you registered last year, you need to go in and assess your school again to evaluate your improvements.

I look forward to seeing you at one of the many conferences coming up! Do not hesitate to contact me, if I can be of assistance.

Brian Devore
Past-President, Georgia AHPERD
briangahperd@comcast.net



Tips from the Health Division

If you ask people what it means to be healthy, you'll probably get the most common answer of "not being sick".

According to the World Health Organization, the definition of health is a state of complete mental, physical and social well-being, not simply the absence of disease. All too often we tend to focus merely on the physical.

Many students struggle with negative body image. A 2006 study shows that we are exposed to up to 5,000 advertisements a day. Most of these instill in young minds a sense of inferiority. We're not as good-looking or we're not as thin or wealthy as the images we see on TV, magazines, internet or hear of in the lyrics of music. The result is low self-esteem, poor body image and inferiority.

As educators, we can be more in tune with the messages our students are receiving. If we think about it, we're getting the same messages. We definitely don't have to look too hard or too far. Constant exposure to these images has been linked to body dissatisfaction, internalization of the thin ideal and disordered eating. These issues affect our students and the quality of their work in and out of school.

What can we do about it? Here is list of things to look for and/or topics of discussion that can help students fight through the negative image issues they face every day.

- Students who are exceptionally hard on themselves
- Students who are always comparing themselves to others
 - Encourage students to tackle one problem at a time
 - Watch for signs of stress
- Periodically incorporate stress management techniques into class
 - Have students discuss their strengths and attributes
 - Encourage good sleep habits
 - Have a discussion on healthy vs unhealthy relationships
 - Discuss the influence of media on self-image
- Watch for posture. It's amazing how something so simple can reduce a child's chances of being bullied, enhances how they are perceived and instantly change mood.

Special thanks to Doris Morris, VP-Health,
for submitting the content on this page



Tips from the Physical Education Division

Changing the Perceptions of the P.E. Department

Times certainly have changed. This is not the same physical education class you taught 20 years ago, or even 10 years ago. Through the state-mandated FITNESSGRAM testing of every student in a physical education class to the Race to the Top Student Learning Objectives test, our classes have experienced increased expectations of its teachers and its students. Even with the new expectations and rigor, many of you still have teachers within your school who seem to look down on the Physical Education Department or consider you to teach a “lower-class” subject. Unless someone stands by your side and experiences all of the challenges you face during the day and the decisions you have to make, he/she will never fully grasp all that is involved with having a well-organized, standards-based Physical Education Department. Now, we all have those teachers in our schools who will never change their minds and see physical educators as their equals. The current challenge is to continue to change the minds of all the other teachers who just aren’t aware of all we do day in and day out. The following suggestions are a good place to start to foster the change of misconceptions of quality physical education:

Get involved: Yes, you probably have coaching duties and other responsibilities outside of your teaching, but find another area of your school you can be involved in that is typically not in the athletic arena.

Come out of the gym: Some time during your planning or just before school make a point to be seen throughout the school. We should not be an island unto ourselves and give off a perception of seclusion.

Show interest in what other teachers are doing: The old saying still applies, “They don’t care how much you know until they know how much you care”. When other teachers see you genuinely interested in what they are doing in their classrooms, they will show that in return.

As more and more is asked of us as a department, it will be crucial that we have the support of our local administration and regular classroom teachers. We need to do what we can to bring them on our side and not feed the fire of resentment by doing things the “old way”. Changing perceptions won’t happen over night and it won’t be easy, but it is well worth the effort and you will get more out of it than you put in. We just have to make the first move and be the change we want to see in our schools.

Special thanks to Eliot Galyean, VP-Physical Education, for submitting the content on this page.



Tips from the Dance Division

Challenge = Opportunity

As our last graduates have become first year teachers, I have had a few conversations regarding accommodations for students with "special needs":

- *“What if they can’t stay with the beat of the music?”*
- *“But my students don’t understand the difference between a walking step and a triple step”*
- *“I have two students in wheelchairs that need to be included in our square dance unit; how?”*

And, let’s be clear. It’s not that first year teachers haven’t enjoyed a full-bodied teacher preparation program, including planning and implementation for diverse student learners. But, the sudden realization that accountability for the curriculum is now a priority, and they still need our guidance as they experience “on the job” learning.

Perhaps the following suggestions may be of assistance.

As with the very young students, special needs students benefit from activities of creativity and exploration and/or short, vigorous activity followed by interval rest periods; not necessarily finite technique.

The use of music is best when it is focused on different styles /musical instruments as opposed to “recognized” trends; the objective of the music is to inspire the creativity of the movement (ex: drums infer “heavy” movement; violin suggests “smooth flow” movement).

Use laminated pictures of animals to help stimulate the idea of different ways to move across the floor. (ex: kangaroo = jump; elephant = heavy, slow walk; rabbit = hop; cheetah = run; giraffe = walking “tall”)

If a group dance (line, circle, square) is being taught, the student can either propel the motorized chair through the placement patterns, OR a student partner can be helpful in navigating the wheelchair through the required patterns of movement (as with a square of 4 couples). The “calls” of the patterns can be stated by the instructor as opposed to the structured allotment of 8 counts within the original music.

Consider providing an extra donated wheelchair so your other students can experience the adaptation.

Even the **seasoned** teacher experiences a new challenge of creative instruction occasionally. The challenge should be viewed as an opportunity to use verbal and nonverbal directions, and focus on the process rather than the product.

Special thanks to Karen Clevenger, VP-Dance, for submitting the content on this page.



Plant-Based Nutrition: An Argument for Inclusion in Health and Nutrition Curricula

Uncountable myths surround nutrition in our society, and students often arrive in our classes equipped with several of them. One of the most prevalent is the myth that people must consume animal products in order to obtain necessary nutrition. In fact, there is ample evidence that choosing plants as the basis of the diet may be a more healthful choice, leading to a longer life, than consuming foods of animal origin. (Orlich, 2013) As author Michael Pollan wrote, “Eat food. Not too much. Mostly plants.” (Pollan, 2009).

There are many terms for plant-based eating lifestyles. Some of them are: plant-based, WFPB (Whole Food Plant Based), plant-strong, vegetarian, and vegan.

Plant-based lifestyles have recently been prominently featured in the media, with former President Bill Clinton being quite vocal about the health benefits he believes came from his change to a whole food, plant-based lifestyle. The recommendation to focus on whole plant-based foods is also appearing in mainstream medical and nutrition forums. If we are to teach current thought to our students, we must include the benefits of a plant-based lifestyle in the nutrition information we present to them.

There are many reasons why someone might choose to consume a plant-based diet, including religious convictions, ethical convictions such as humane treatment of animals, a desire to promote environmental sustainability, or a desire for health improvements. Recently, there has also been a lot of support for plant-strong diets (where adherents eat small amounts of animal-based foods only occasionally), even in mainstream health communities.

In May, 2011, The United States Department of Agriculture (USDA) published its new recommendations, MyPlate. With them came the statement, “Vegetarian diets can meet all the recommendations for nutrients.” (Tips for Vegetarian, 2013) Despite many myths to the contrary, the new recommendations clarified that it is not necessary to consume animal-derived foods in order to obtain the nutrients our bodies require. In following these recommendations, PS 244, an elementary school in New York City, has taken all meat off the menu this year, while remaining in compliance with USDA standards and staying within their budget. The cafeteria instead offers meatless, multi-ethnic foods to the students (Pennington, 2013) (NYC Schools, 2013). Because of the multi-sensory aspects of food, studying WFPB ethnic meals can be an effective way of teaching about diverse global cultures along with global health and nutrition.

In April, 2013, several pertinent documents began to be disseminated in the United States. One such document was an article written by two Registered Dietitians that was published by the Mayo Clinic in its newsletter. The authors said that people should eat a plant-based diet, although meat can be a source of some nutrients, and concluded, “You don’t have to give [meat] up completely. Keep your quantities small, to less than 20 grams a day.” (Jennifer Nelson, 2013). Twenty grams is just less than one ounce.

Also in the spring, 2013, Kaiser-Permanente published a special report for its physicians, “Nutritional Update for Physicians: Plant-Based Diets.” The abstract for this report stated, “Healthy eating may be best achieved with a plant-based diet, which we define as a

regimen that encourages whole, plant-based foods and discourages meats, dairy products, and eggs as well as all refined and processed foods.” (Tuso, 2013).

In June, 2013, a variety of media sources reported on a study published in the *Journal of the American Medical Association (JAMA)* reporting evidence that regular red meat consumption is linked to increased incidence of Type 2 Diabetes. Dr. An Pan and her team of researchers in the United Kingdom found this association in three Harvard group studies and then followed up over 148,000 men and women (Science News, 2013).

In an editorial published July 1, 2013, in the *Journal of the American Medical Association*, Daniel Ludwig said, “...Americans are consuming billions of gallons of milk a year, presumably under the assumption that their bones would crumble without them.” He continued, “The point is, we can get plenty of calcium from a whole range of food....On a gram for gram basis, cooked kale has more calcium than milk. Sardines, nuts seeds beans, green leafy vegetables are all sources of calcium.” Ludwig is a professor of pediatrics at Harvard Medical School and a professor of nutrition at the Harvard School of Public Health, as well as the director of the New Balance Foundation Obesity Prevention Center at Boston Children’s Hospital. He recommends milk only for those who otherwise consume a poor quality diet (Daniel Ludwig, 2013) (Dahl, 2013).

From observing the popular media, it is clear that the move toward more plant foods and fewer animal foods in order to have a healthful diet has reached the mainstream (Benigas, 2013). Our students should understand that plant-based eating does not necessarily mean you must give up all animal foods, as the Mayo Clinic said. But increasing numbers of professionals in the health and nutrition fields are recommending focusing on whole foods that come from plants.

It is also important to note that eating foods which contain no animal products is, by itself, insufficient for significant health improvements. There is a plethora of “vegan” food available at the grocery store, and we can expect the number of products to increase as more people are convinced to move away from animal-based foods. But processed vegan food may be no more healthful than processed foods containing animal products. Strictly speaking, Oreos, Coca Cola, and French fries are vegan, because they contain no animal products, but none of these products could be considered a healthy choice! Consuming large quantities of unhealthy plant-based foods may negate any gains from other, healthy WFPB choices. It is important to remind our students that all processed foods should be used sparingly or avoided altogether, as recommended by Kaiser-Permanente (Tuso, 2013).

One of the indicators of a healthy body composition, and one of the predictors of future weight loss or maintenance (combined with an appropriate amount of physical activity), is the number of fruits and vegetables a person consumes each day. The more fruits and vegetables, the more likely that person is to have a normal weight and body fat percentage. Tracking fruit and vegetable intake can help in making positive adjustments to current eating behaviors.

According to Annesi and Tennant, “Research suggested that self-reported fruit and vegetable consumption, alone, is an accurate marker of overall caloric consumption and nutritional quality (Epstein LH, 2001) (Rolls BJ, 2004), and a uniquely strong predictor of both weight loss and weight-loss maintenance (Champagne CM, 2011)” (Annesi, in press).

Brendan Brazier, a vegan marathoner and triathlete who has launched a website that offers a free, personalized online program to help people move toward plant-based nutritional plans, emphasizes that people need to concentrate more on what they are adding than on what they are taking away (Brazier, 2013). This is the same advice that many nutritionists and dieticians are now giving their clients, and which we should pass along to our students: Begin by adding more fruits and vegetables to your current diet. As you move forward, continue to adjust your diet, choosing the foods that help you feel well and perform to the best of your abilities. Fruit and vegetable consumption is so important that educators need to focus on it when encouraging students to make positive dietary changes.

Is this another new fad? No. It has been anecdotally reported for decades that vegetarians and vegans live longer, have lower body weight, have fewer risk factors for chronic diseases, and have a longer healthy life expectancy than people who consume animal products. More recently, a 2003 examination of six large cohort studies reported in the *American Journal of Clinical Nutrition* found that there is significant scientific evidence that a long-term vegetarian diet may be associated with increased longevity. Some of the factors identified in the studies included lower cholesterol and triglyceride levels enjoyed by vegetarians. The authors found that adherence to a non-meat diet seems to have greater protective effect after 10-20 years than it does initially, indicating that the earlier meals are built around whole plant foods, the better (Singh, 2003). PS 244 (that elementary school in New York City) appears to be on the right track, and doing its students a great service.

Researchers at Yale University found that, worldwide, women who had the highest animal protein intake had the highest number of hip fractures and osteoporosis (Abelow, 1992) (Hegsted, 1986). These findings contradict the myth that consuming more milk protects bone mass.

Dr. David B. Gordon’s book, *Milk and Mortality*, proposes “milk drinking is a “serous contributor to coronary heart disease” (D. B. Gordon, 1999). Cows’ milk has also been implicated in Type I Diabetes due to antibodies formed in the body against the proteins in the milk (Schrezenmeir J, 2000). A study published early in 2013 examined 61,433 Swedish women, followed for a median of 19 years. The researchers found that women who consumed more than 1400 milligrams of calcium per day had higher death rates from all causes and from cardiovascular disease than those who consumed less (Michaëlsson, 2013).

There is a growing number of scientists and other practitioners who believe the way to better wellness is through exercise and radically improved nutrition such as whole-food and plant-based diets. Moderation just is not having the desired results, and we need to be sure our students have this information before they make their personal dietary choices.

Students frequently ask, “What’s the best food to eat”, or “What diet should I choose?” It is important to realize that going on a diet implies going off the diet at some point in the future. It works the same way the “Principle of Reversibility” works for exercise:

when adherence falters, there is almost always a regain of the weight lost or a return to higher disease risks.

It is very difficult to live in the United States today and not know we should all eat a healthy diet and get more exercise. The problem comes in when we try to decide what lifestyle to embrace and how to get ourselves to do it consistently! Educators are still unsure of the best ways to help their students achieve the required self-management and self-regulatory skills.

Most students want to have some specifics. And if you decide to embark on teaching an active, plant-based lifestyle, you will find yourself answering certain questions...repeatedly. So below are the most Frequently Asked Questions, along with answers.

Where do you get your protein?

Protein is found in every plant. If there were no protein, the plant would be a puddle on the ground, with no structure. Even parsley, which is a fairly low-protein plant, provides 38% of its calories as protein. No one in the United States who consumes sufficient calories from a variety of whole foods is likely to become protein deficient. In addition, protein may be overvalued in the Western world. Beginning with its discovery, protein was seen as the most important nutrient, the very stuff of life (protein, 2013). When recommendations for protein consumption were developed, the researchers often doubled or tripled the amount recommended, to be absolutely sure everyone got enough (Campbell, 2006). In actuality, the human body requires only about 10% of its total caloric requirement to come from protein (Nutrition, 2013) — a far cry from the 40% in some protein bars! That means if you require 2,000 daily calories, your protein must be supplied by around 200 of them.

Where do you get your calcium?

Calcium is abundant in plant foods. The best sources include dark green leafy vegetables, legumes (beans), molasses, and nuts, especially almonds. Even tap water contains some calcium! People in the United States have been bombarded by advertising that leads us to believe we must consume dairy products in order to obtain sufficient calcium to protect us from osteoporosis. However, hip and other bone fractures are more common in societies that consume the most milk, possibly because higher levels of animal protein consumption lead to excretion of more urinary calcium, which is drawn from storage in the bones (Keon, 2010) (Hegsted, 1986). It is hypothesized that this occurs in order to balance the blood pH, which becomes more acidic when animal foods are eaten.

Actually, there may be no need to worry so much about calcium consumption. The Food and Nutrition Board at the Institute of Medicine of the National Academies determined that humans need approximately 550 milligrams of calcium per day. In an attempt to ensure that Americans will get the calcium they need, the FNB then doubled that amount, recommending up to 1,300 milligrams for teenaged women and 1000-1,200 milligrams for adults. England’s National Health Service recommends 700 milligrams a day. Many people across the globe consume less than 300 milligrams a day, and have much less osteoporosis and fewer bone fractures than people in Western countries. In a meta-analysis, lead author Dr. Amy Lanou stated, “27 studies found no relationship between dairy or dietary calcium intake and measures of bone health.” The article abstract concluded, “Scant evidence supports nutrition

product intake...” (Lanou, 2005). Most researchers conclude that the best prevention of osteoporosis is weight-bearing exercise.

Do I have to give up all meats and dairy?

We can remind students that how far they move toward a plant-only diet is up to the individual. A personal diet is the student’s own plan, but it should be designed for success. Additionally, adjustments and alterations can always be made later. After all, the term is “plant-based,” not “meat-free,” although many people ultimately end up giving up animal-derived foods completely. For example, many vegan athletes say they feel they can recover faster and, therefore, train more frequently when they consume a vegan diet.

Why does research show that people’s health can also improve with plans that include sizeable amounts of animal foods?

Many people in the United States eat a very poor diet. Scientists are beginning to talk about our country as unusual in that many people are obese from over-nutrition (eating too many calories), yet sick from under-consuming good nutrition. Poverty is often the cause of under-nutrition (Hewlings, 2011), as are poor dietary choices. If someone who has been following the Standard American Diet switches to any diet that is better, even if it is not optimal, that person’s health may improve. Some researchers believe that explains such phenomena as people’s risk factors for chronic disease improving on the “Mediterranean Diet,” even though it is high in some fats (People on a WFPB diet often find that their risk factors worsen if they switch to the “Mediterranean Diet”). Our goal as educators should be to help our students make any positive behavioral changes to improve their overall wellness, even when those changes are small.

Many people find that they prefer foods that were originally designed to be vegetarian rather than trying to prepare foods using commercial substitutes, such as vegetarian “chicken” tenders or vegan “cheese.” There are numerous delicious ethnic dishes that use whole foods and very little or no animal products, particularly in Asian, Middle Eastern, Indian, Mexican, Native American, and South American cuisine. Other people find the transition easier if they use a few of the substitutions. Anyone converting to a plant-strong diet should be aware that there are unhealthy vegan foods, and should make every effort to use whole foods rather than commercially prepared processed foods.

In his book, *In Defense of Food*, Michael Pollan recommends eating food that your great-grandmother would recognize. Following his advice will help you avoid many processed foods that contain high levels of fat and sugar, as well as foods that are not whole, such as white flour or sugared breakfast cereals. If you are persistent, you can often find an unprocessed or less-processed version of a food you enjoy. Many people who used to eat conventional peanut butter find a natural version, made with only peanuts or just peanuts with a little salt, is even better-tasting than their previous choice. Making homemade salad dressing in a food processor or blender can avoid many additives, reduce cost, and assure quality and good taste.

Another myth is that healthy food is always more expensive. While processed health foods can be expensive, natural, fresh food in season or simple natural dried or frozen produce is usually no more expensive than any other option at your grocery store. In fact, consider that a pound of dried or seasonal fresh beans costs

about 97 cents, whereas hamburger costs between \$3.49 and \$4.50 per pound, beef steak costs between \$4.99 and \$16.99 per pound, and fresh fish costs \$8.99-\$15.99 per pound (Publix, 2013). Typically, a pound of meat in today’s U.S. culture serves four people or fewer, while a pound of cooked dried beans serves eight.

One of the difficulties people encounter when they attempt to change from their childhood diet to a different, healthier plan is that the food may not have the comfort value they crave. This is where our schools can have the greatest effect, by introducing the next generation of children to whole plant foods while they are young and still developing their habits and tastes. Administrators at the New York elementary school that switched to a fully vegetarian lunchroom program found younger students who have been exposed to diverse plant-based foods not only prefer these foods, but they ask for them at home.

Conclusion

As health, fitness, and wellness, and physical educators, we have the opportunity to help our students of any age make positive behavior changes and adhere to healthy lifestyles that can increase their Healthy Life Expectancy. Based on the current research, the WFPB lifestyle should be one of the options we present to them as we attempt to dispel the diet and nutrition myths that are prevalent in our society.

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An Exploratory Study of Yoga Practice, Eating Problems, Depression, Anxiety and Desired Body Size Among Undergraduate Men and Women

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Abstract

In a limited number of studies, yoga practice has been found to counteract self-objectification and the negative psychological outcomes such as depression and eating disorders; therefore, this study examined yoga practice and eating problems, depression, anxiety, and desired body size among undergraduate students. Undergraduate students (n = 382) completed a paper-pencil survey with demographic information, height, current and desired weight, yoga practice reports, and scales for eating problems (Eating Attitudes Test -26), depression (Major Depression Inventory), and anxiety (Generalized Anxiety Disorder -7 Scale). Using gender and yoga participation (yes/no) as independent variables and current BMI as a covariate in a General Linear Model Analysis of Variance, females had higher scores (i.e. greater perceived problems) than males for eating problems (p<.0001), depression (p<.0001), anxiety (p < .0001), and desired BMI (p < .0001). Correlation coefficients revealed anxiety (p < .0001), depression (p < .0001) and yoga practice (p < .05) were positively correlated for all respondents with eating problems (i.e. EAT-26 scores). Results from this study did not find reductions in eating problems scores for those who practiced yoga. Young people drawn to yoga may be struggling with body image issues, anxiety, and depression as a method of coping. Future researchers might examine how eating attitudes might change over time with continued yoga practice.

Introduction

In the United States there are more than 20 million women and 10 million men who at some point in their lives have battled a clinically significant eating disorder. Eating disorders are potentially life-threatening and can affect health, relationships, and ability to function (National Eating Disorders Association [NEDA], 2014a). Eating disorders are characterized by severe disturbances of eating behavior such as restrictive eating, extreme overeating, bingeing and purging, and are accompanied by distress about body weight and shape, low self esteem, depression, and anxiety (NEDA, 2014b).

Body image is defined as the way one views himself or herself when looking in the mirror and the way one feels about his or her body, height, weight, and shape (NEDA, 2014c). A negative body image is a distorted perception of body shape, which in turn leads to feelings of shame, self-consciousness, and anxiety

Psychological, interpersonal, social, and biological factors can all contribute to negative body image and eating disorders; furthermore, poor body image can lead to emotional distress, eating disorders, low self-esteem, dieting, depression, and anxiety (United States Department of Health and Human Services [USDHHS], 2008). Anxiety and depression are two of the most common mental illnesses affecting more than 35 million Americans each year. While anxiety is more prevalent in women than in men, studies are finding that the major gender difference for depression is that women are at higher risk than men to experience a first episode of depression. After that, there is no consistent gender difference in the severity or course of depression (Suicide and Mental Health Association International, 2006).

Anxiety disorders are illnesses marked by persistent, irrational, and uncontrollable unease (Anxiety and Depression Association of America [ADAA], 2014). These disorders include generalized anxiety disorder, obsessive-compulsive disorder, and posttraumatic stress disorder. Depression is a condition in which a person feels discouraged, sad, hopeless, unmotivated, or disinterested in life (ADAA, 2014). Anxiety, depression, anger, stress, or suffering from a distorted body image can be directly correlated to the onset of eating disorders. Interestingly enough, just as these mental illnesses may increase the predisposition for the development of eating disorders, they can also be a result of a pre-existing problem with food, weight, and unhealthy dieting (NEDA, 2014c).

There are many different ways to treat eating disorders and the accompanying side effects. The most successful thus far have been group and family therapy, nutritional counseling, medication, and in severe cases, medical care and monitoring (National Institute of Mental Health [NIMH], 2008). Recently, yoga has received much attention as a means of treatment because of its ability to help in overcoming body image issues and relieving symptoms of anxiety and depression (Haynie, 2007). Yoga is based on creating a mind-body-spirit balance through exercise, breathing, and meditation to help heal, cleanse, and strengthen the body (National Woman's Health Resource Center, 2008). Yoga has been known to improve energy levels, muscle relaxation, and body composition, as well as reduce stress, heart rate, blood pressure, and improve overall physical fitness and strength (NIMH, 2008).

Eating disorder treatment centers such as the Vermont Center for Integrative Therapy (2014) and the Inner Door Center in Michigan (2013) have yoga courses integrated into the treatment process for patients. Based on information found on web pages, The Vermont Center for Integrative Therapy uses yoga with eating disorder patients to promote balance, calm, and compassion (2014) while the Inner Door Center in Michigan offers a yoga therapy program that is mindfulness-based for eating disorder treatment (Inner Door Center, 2013).

Recently, yoga has also been incorporated into some physical education classes around the country. One program, Yoga Ed, is now taught in over 150 schools around the nation. Teachers report students are stronger, more flexible and feel better able to control stress and anger (Jones, 2010). Despite the fact that yoga now is being incorporated into treatment for those with eating disorders, as well as into school curricula, there is a paucity of research on yoga practice and how it may reduce stress and eating disorders (Douglas, 2009; Klein & Cook-Cottone, 2013). For this reason, the purpose of this study was to determine if yoga practice affected eating problems, depression, anxiety, and desired body size among young adults

Methods

Data were collected through a paper and pencil survey distributed to a convenience sample of 386 college-aged students at a Southeastern coastal university. Participants were students enrolled in an introductory yoga course ($n=57$) while others ($n=329$) were enrolled in either introductory health, strength training or group fitness undergraduate courses. Prior to survey administration, this research was approved by the university's Institutional Review Board.

Demographic information. Demographic information obtained from the students consisted of gender, age, height, weight, desired weight, and race.

Current Body Mass Index (BMI) and desired BMI. Height and current and desired weight were self-reported. Height was converted to meters and the two values for weight were converted into kilograms. All values were then used to calculate each participant's current BMI and desired BMI.

BMI is a function of weight adjusted for height and is one of the most commonly used methods of weight categorization (United States Department of Health and Human Services, 1988). BMI has previously been shown to be related to problem eating and body dissatisfaction. After each participant's current BMI value was calculated, they were then placed into BMI categories of underweight, average weight, overweight, and obese. For the purpose of gender comparison in Fisher's Exact test data analysis, these were collapsed into two groups: underweight/average weight and overweight/obese.

Yoga practice. Partakers were asked to respond to the survey item, "How many times a week do you practice yoga?" Answers ranged from 0 times per week to > 5 times per week. Those who responded with "0" times per week were noted as not practicing yoga.

Eating problems. In order to determine if participants had eating problems, the survey included the Eating Attitudes Test (EAT-26) (Garner, Olmsted, Garfinkel, & Bohr, 1982). This 26-question survey screens for behaviors and beliefs that are similar to those with clinical eating disorders. The EAT-26 has an accuracy of at least 90% when used to diagnose those with and without eating disorders (O'Halloran & Mintz, 2000). The test includes statements such as, "I feel that food controls my life.", "I avoid eating when I'm hungry." and "I'm terrified about being overweight." For all responses, there were six answers to choose from: *always, usually, often, some, rarely, and never.*

Depression. To evaluate whether the participants suffered from depression, the Major Depression Inventory (World Health Organization, 2006) was used. The Major Depression Inventory (MDI) is a 12-question self-administered survey, asking participants how often they have felt a certain way. For example, "How much of the time have you felt low in spirits or sad?", "How much of the time have you lost interest in your daily activities?", and "How much of the time have you felt that life wasn't worth living?" There were six answers to choose from, including: *all the time, most of the time, slightly less than half the time, and at no time.* The MDI received a reliability score of a satisfactory 0.89 as indicated with Cronbach's alpha (Smits, Peen, Noteboom, Dekker, & Cuijpers, 2007).

Anxiety. Students were also given the Generalized Anxiety Disorder - 7 Scale to measure for characteristics of anxiety problems (Williams, Spitzer, Lowe, & Kroenke, 2006). Participants were asked how many times over the last two weeks they have acted a certain way, for example, “Worrying too much about certain things”, “Feeling nervous, anxious, or on the edge”, and “Feeling afraid something awful might happen.” There were four answers to choose from: *not at all*, *several days*, *more than half the days*, and *nearly every day*. The consistency of the GAD-7 was exceptional, with a score of .92 using Cronbach’s alpha. Test reliability was also excellent with an intraclass correlation of .83 (Williams et al., 2006).

Data Analysis

Means, frequencies, t-tests, Fisher’s Exact tests, correlation coefficients, and analysis of variance (ANOVA) were used to analyze the data. To assess interactions between the independent variables of gender (male/female), yoga participation (yes/no), and test for equal current BMI slopes, the GLM Analysis of Variance was used for the dependent variables of eating problems, depression, anxiety, and desired BMI. The model was first run with interaction terms for the independent variables and if these were not significant, they were removed and reanalyzed. Least square means were calculated to adjust each dependent for independent variables. Statistical significance was established at $p < .05$.

Results

Demographic. The final sample consisted of 382 college-aged students since four surveys were incomplete. There were 149 men (39%) and 233 women (61%). Race results revealed respondents were 76% Caucasian, 18% African American, and 6% of other ethnicity. Overall, t-tests revealed mean age was not statistically significant by gender (see Table 1 for demographic information).

Table 1. Means and percentages for demographic information for undergraduate students (n = 382).

Characteristic	Male		Female	
	Mean	SD	Mean	SD
Age (y)	20.68	4.13	20.41	2.77
Current BMI*	26.09	4.81	22.57	3.83
Desired BMI*	26.06	3.51	21.06	2.45
	Males %		Female %	
Practice Yoga*	8.16%		33.48%	
Current BMI Categories				
Underweight	14.77%		12.88%	
Average weight	40.94%		66.95%	
Overweight	32.21%		15.45%	
Obese	4.72%		12.08%	

* $p < .0001$

Current Body Mass Index (BMI) and desired BMI. Using a t-test, current and desired BMI scores were found to be significant by gender ($p < .0001$) with females having lower values than males. Current BMI values were collapsed into two categories (Underweight/Average Weight & Overweight/Obese) to examine differences using a Fisher Exact test. Significant differences were found ($p < .05$) meaning the categories were different by gender (see Table 2).

Table 2. Current Body Mass Index (BMI): Categories of weight by gender (n=382).*

	Underweight/Average Weight BMI < 25	Overweight/Obese BMI ≥ 25
Male	55.70% (n=83)	44.30% (n=66)
Female	79.83% (n=186)	20.17% (n=47)

* $\chi^2 (1, n = 382), p < .0001$.

Note: BMI = Body Mass Index (kg/m²)

Yoga practice. Based on self-reports, 76.3% (n=293) of participants did not report yoga practice. Of the remaining participants, 21.6% (n=83) practiced yoga one to three times a week, 1.8% (n=7) practiced yoga four to six times a week, and 0.3% (n=1) practiced seven to ten times a week. Chi Square tests were performed here but not valid because 50% of cells had counts less than five. One-third of women (33.48%) and less than nine percent (8.16%) of men reported yoga practice.

A t-test procedure revealed significant differences in current BMI ($p = 0.0140$) and desired BMI mean scores ($p=0.0003$) by yoga practice. Those who reported practicing yoga had lower means for both current and desired BMI scores (see Table 3).

Table 3. Current and desired BMI by reports of yoga practice (n=374).

	Practice yoga		Do not practice yoga		p-value
	Mean	SD	Mean	SD	
Current BMI*	22.88	3.09	24.29	4.89	0.0140*
Desired BMI*	21.64	2.84	23.43	3.99	0.0003*

* $p < .05$

Depression. For depression scores, General Linear Model analysis of variance revealed significant differences only by gender ($p < .0001$). Females had a significantly higher mean for depression scores of 12.30 (SD= 10.99) compared to males (m=6.99, SD=11.84). This indicates that females scored higher on the MDI than males, showing more incidence of depressive behavior. This does not necessarily mean that women had high

rates of clinical depression because the cutoff score for mild depression, moderate depression, severe depression, and major depression are 14, 20, 27 and 33, respectively. No significant differences were found by yoga practice (yes/no) or current BMI for depression scores.

Anxiety. When using the GLM Analysis of Variance to examine gender, yoga participation, current BMI, and anxiety, there were significant differences in the GAD-7 scores by gender. Females had a significantly higher mean of 5.50 (SD= 4.9) than males' score of 3.38 (SD=5.2, $p < 0.0001$). This indicates that females scored higher on the GAD-7 than males, meaning possible increased anxiety problems.

A significant interaction was also found for current BMI by gender ($p = .0158$). For each unit increase in females' current BMI scores, anxiety scores increased by 27.5%.

Eating problems. Using the GLM Analysis of Variance, there were significant differences in means for eating problems (EAT-26 scores) only by gender. The females had a significantly higher mean of 3.42 on the EAT-26 (SD = 3.35) than males at 1.62 (SD= 3.62, $p < .0001$). This indicates that these women may have increased concern about eating and weight compared to the men.

Desired BMI. Again using the GLM Analysis of Variance, there were significant differences found for both gender and BMI. Females desired a lower BMI ($m = 21.83$, $SD = 1.63$) than males ($m=24.80$, $SD=1.74$, $p < .0001$). For all participants, for every unit increase in current BMI score, values for desired BMI increased by 58.5%, $p < .0001$.

Depression, anxiety, and eating problems. Pearson correlation coefficients were next calculated to determine if eating problems (EAT-26 scores) were significantly correlated with yoga practice, anxiety (GAD-7 scores), depression (MDI scores), and desired BMI. Anxiety and depression were positively correlated with EAT-26 scores having coefficients of .29 ($p < .0001$) and .36 ($p < .0001$), respectively. Desired BMI was negatively correlated with eating problems with a coefficient of -.11 ($p < .05$), meaning as eating problems increased, desired BMI decreased. Yoga practice was positively correlated with a coefficient of .10 ($p < .05$). This indicates as eating problems increased, respondents reported increased yoga practice (see Table 4).

Table 4. Pearson correlations coefficients for eating problems (EAT-26 scores) as compared to anxiety (GAD-7 scores), depression (MDI scores), desired BMI, and reports of yoga practice.

Variables	M	SD	Correlations with eating problems (EAT-26 scores)
Anxiety (GAD-7 scores)	4.3	4.5	0.29*
Depression (MDI scores)	10.1	10.2	0.36*
Desired BMI	23	3.9	-0.11**
Days per week of yoga practice	.23	4.9	0.10**

* $p < 0.0001$

** $p < 0.05$

Discussion

The purpose of this study was to examine the effect of yoga practice on eating problems, depression, anxiety, and desired body size among undergraduate students. Although no significant results were found in direct correlation with yoga reducing eating problems, depression, anxiety, or desired body size, noteworthy results relating to gender differences in these areas are worth reporting.

According to the data collected in this study, it was found that current BMI and desired BMI were statistically significant by gender. The men in the study had higher BMI scores than women and desired a BMI in the overweight category; furthermore, for all participants, as BMI increased, so did their desired BMI. Previously, researchers have found these same gender and weight differences related to body size satisfaction (Anderson, Lundgren, Shapiro, & Paulosky, 2003; Halliwell & Harvey, 2006; Peterson, Paulson, & Williams, 2007). Anderson et al. (2003) found that women had lower BMI goals than men, and non-overweight participants had lower BMI goals than overweight participants. Non-overweight women chose "dream weights" that would require them to lose almost 10% of their current body weight. Non-overweight men chose "dream weights" that would mean an increase in BMI. These gender differences are likely due to women's desire to be thinner and men's desire to be more muscular. When one has rigid standards for beauty and body size, this often leads to body image dissatisfaction and mental health issues.

Eating problems were statistically significant by gender as well. Females scored higher on the EAT-26 than males did, indicating more risk of eating problems. These women expressed more dissatisfaction with their bodies than men and more women than men expressed a desire to weigh less. These findings were in concurrence with previous studies showing women were more likely than men to demonstrate eating problems and symptoms of eating disorders (Mintz, McCaulay, & Glen, 1988; Striegel-Moore et al., 2009).

The results of this study indicated that, in association with eating problems, for this population there were no significant differences among those who reported yoga practice versus those who did not. This finding is similar to a previous study where researchers found yoga practice had no effect on eating disorders (Mitchell, Mazzeo, Rausch, & Cooke, 2007). Mitchell and colleagues recruited body dissatisfied college-age females and randomly assigned them to one of three groups: yoga, cognitive dissonance, and control groups. Post-intervention, the dissonance group was the only group of the three with lower scores on measures of body dissatisfaction, anxiety, desire to be thin, and disordered eating [i.e. less distress in these areas] (2007).

A few researchers have reported that yoga practice increases body satisfaction. One such study found that those who practiced yoga reported greater satisfaction with their appearance and fewer disordered eating attitudes compared to those who did not practice yoga; however, it was also found that for yoga practitioners, more yoga experience, in terms of number of hours practiced per week and level of expertise, was linked with less self-objectification and greater body satisfaction, respectively (Daubenmier, 2005). This is one weakness that may have limited the results of this study; this sample of college-aged men and

women may not have had much experience in yoga, with few practicing yoga more than twice a week. Fifty-seven of the 91 participants who reported yoga practice were enrolled in an introductory, one-credit class; therefore, additional research is needed to determine if continued yoga practice might impact emotional health and eating problems.

Depression and anxiety scores were higher in these college-aged women than in men. Joiner and Blalock (1995) also found comorbid depression and anxiety were approximately 6.6 times more common among women than men. They also reported that mixed anxiety-depression was more prevalent in women than men. According to Nolen-Hoeksema (1987), biological hypotheses suggest that the greater susceptibility among women is due to genetically transmitted causes due to reproductive cycle mood changes (as cited by Joiner & Blalock, 1995).

In this study, depression and eating problems, as well as anxiety and eating problems were significantly correlated. Some of these disorders may have increased the development of an eating disorder and some could be consequences of the disorder. Many times, eating disorders, depression, and anxiety emphasize each other creating a viscous cycle that is difficult to escape.

Conclusion

In conclusion, those working with young adults should be aware of the emotional health needs of females and determine ways to help them cope with possible anxiety, depression, and food/body image issues. Because yoga practice among this college population was significantly correlated with eating problems, this might indicate that young people who enroll in yoga classes may be drawn to take this class as a way to seek body acceptance and to mediate stress. With this in mind, those who teach yoga classes as a part of the physical education curriculum might take care to use body approving statements and educational messages about nurturing your body through proper nutrition and self-care.

There are a few changes to this study that may have impacted the reliability and validity of the results. Techniques used to gain information could be altered for improvement. Using a self-reported, paper and pencil survey to collect data may lead to the risk of over- or under-reporting. Also, including subjects with greater experience in yoga practice would have been a better predictor of yoga's role in the treatment of eating problems and the relationship it has on depression, anxiety, and body image.

Future research should be conducted to determine if certain forms of yoga practice may be more beneficial than others in preventing and treating eating disorders. According to Hanley, there are eight different forms of yoga and each of these forms has multiple variations (2008). For those conducting further research in this area, it would be important to identify which aspects of yoga practice might promote greater body satisfaction and reduce stress and anxiety. Furthermore, a better understanding of the frequency amount of yoga practice needed to promote positive mental health would also be important to explore.

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RSVP by September 15, 2014

Induction of Beginning Physical Education Teachers: Surviving the Early Years

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Introduction

The early years of teaching are a critical time in the professional life of a teacher (O'Sullivan, 1989). It is a major life change from the role of student to teacher and working adult, from one who is guided and directed and stimulated to one who guides, directs, and stimulates (McDonald & Elias, 1983). The novice teacher becomes part of the profession Ryan described as the "ranks of the chalk-soiled, ink-stained, over-challenged, under-supported, memo-ridden, privacy-riddled, patience-worn, school-fatigued, lovers of children and ideas" (1970, p.vi).

"Beginning teachers" is the term used to refer to young teachers at the stage of professional development that lies between the end of their teacher education and their initiation into the profession as autonomously functioning members of a teaching staff (Shoval, Erlich, & Fejgin, 2010). Research shows that this is a critical stage in a teacher's career since it affects a teacher's ability to develop into a capable professional (Joerger and Bremer, 2001).

Similarly, induction has been defined as "a transitional period in teacher education between pre-service preparation and continuing professional development, during which assistance may be provided and/or assessment may be applied to beginning teachers" (Huling-Austin, Odell, Ishler, Kay & Edelfelt, 1989, p.3). Schempp and Graber (1992) defined it as "a time period or phase beginning with entry into the teaching profession and ending when a teacher has developed veteran status." The beginning of the induction phase is standardized for all teachers (i.e. the first day on the job).

Induction is arguably the most difficult time in the professional life of a teacher because new teachers are likely to be charged with carrying out the same responsibilities as veteran teachers with many years of experience. Unlike other occupations, beginning teachers assume responsibilities similar to those who have been teaching for twenty years or more (Feiman-Nemser, 1983; Locke, 1984). They are asked to perform the same tasks as a veteran teacher and are often left to "sink or swim." Indeed, this metaphor is so ingrained in the U.S. teaching culture that it would be difficult to find a teacher unfamiliar with this cliché.

Entering into the profession is especially difficult because the transition from the preparation phase to independent teaching is like "jumping into the water" and starting to swim on one's own. At a certain point the beginning teacher is alone, unaided by a mentor, in front of dozens of students, having to make many important decisions that will determine the quality of the relationship he/she is going to have with each of their students and with the class as a whole (Shoval et al., 2010). After "diving in," the beginning teacher is expected to act as a seasoned veteran, and take full responsibility for teaching, although the resources the beginner possesses in terms of experience and being acquainted with students may be only partially adequate at best, and very limited (Lidstone & Ammon, 2002).

The aforementioned metaphor is more than just a trite saying as nearly every teacher can relate to the difficulties encountered by beginning teachers during the induction years. This is not a new

phenomenon and is widely considered a traditional "rite of passage" that all teachers must endure. In attempting to overcome these inadequacies, the beginning teacher may desperately begin looking for solutions to survive the ordeal. For many, failure or frustration may lead to quitting the profession prematurely (Dewert, Babinski, & Jones, 2006; Goddard & Goddard, 2006).

The beginning teachers resorting to survival strategies may experience "wash-out" when the attitudes and instructional practices they acquired during their teacher education program are progressively eroded during their first years of teaching (Zeichner & Tabachnick, 1981). These principles and skills are meant to provide support for the novices' professional and pedagogical judgment (Joerger & Bremer, 2001). As a result, many beginning teachers revert to previously held beliefs about teaching while pruning away the beliefs and practices acquired during formal teacher education programs. Such pedagogical pruning may be a survival mechanism for beginning teachers and is likely attributed to the host of problems experienced during induction into teaching (Mohr & Townsend, 2001).

Theoretical Framework

Fundamental research on the typical difficulties experienced by beginning teachers at work was conducted by Vonk (1995), who developed a concept to aid novices' induction into the teaching profession and encourage their professional growth. He divided the conceptual framework into three different dimensions: the personal dimension, the professional dimension, and the environmental dimension.

The personal dimension includes the development of the teacher as a person; this area includes the development of the "self" in general and the development of the teacher's professional self-image. Second is the professional dimension, which includes the development of the teacher's theoretical knowledge and professional skills; this area includes pedagogical knowledge, class management skills, and teaching skills. Third is the environmental dimension which deals with adjusting to the school environment, and understanding and adopting the school's value system and culture.

The remaining sections of this article will utilize Vonk's (1995) work with beginning teachers as a conceptual framework to provide an overview of the typical difficulties experienced by beginning teachers in general, and of beginning physical education teachers in particular. A more focused summation of recommendations for beginning physical education teachers to alleviate and/or manage some of the difficulties associated with induction will conclude the article.

Overview of Typical Difficulties Experienced by Beginning Teachers

Personal Dimension

On the personal level of the beginners' teaching experience, research shows many teachers experience intense level of emotions and accompanying stress (Liston, Whitcomb & Borko, 2006), primarily associated with recurring feelings of impaired self-confidence (Reichenberg, Lavosky, & Zeiger, 2000). Many factors shape beginning teachers' emotional experiences. Even

when they are given reasonable teaching assignments, the sheer quantity of the typical teacher's workload is daunting. Unlike experienced teachers, beginning teachers typically have not yet honed efficient and consistent approaches to routine tasks so that they can focus their attention on matters more deserving; thus, every aspect of a teacher's workload is time-consuming and cumulatively, and consequently, it can be exhausting.

Second, the uncertainty and complexity endemic to teaching often stir anxiety. Given that teaching involves managing dilemmas and making hundreds of quick decisions each day, significant uncertainty attends teachers' daily tasks. Beginning teachers are still integrating and consolidating their knowledge of teaching and learning, and they lack the wisdom of experience held by veteran teachers to trust their choices (Liston et al., 2006).

Third, moments of disillusionment often punctuate the induction years. Individuals choose teaching on the basis of powerful visions, ideals, or beliefs about what teaching will be like and the role they will play in learners' lives. These visions, often elaborated during teacher preparation programs, are not easily realized in many contemporary school settings. When the gap between vision and practice remains wide and appears insurmountable, despair sets in (Hammerness, 2006; Liston, 2000).

Finally, although the above examples dwell on the disheartening, the emotionally charged moments when new teachers build rapport with students and when students engage and "get it" are equally intense; they are often what buoy teachers along in the beginning (Liston et al., 2006). The emotional texture of the beginning years has an impact on whether teachers stay in teaching and what kind of teachers they become.

Professional Dimension

The research on the professional side of teaching focuses mainly on the difficulties of the beginners, their inability to deal with discipline problems, and subsequently the feelings of not being in control of the teaching situation (Reichenberg et al., 2000). Typically, beginning teachers experience difficulties in using teaching methods efficiently (Regev & Sagi, 2002), in planning the use of teaching time (Stroot, et al., 1998), in evaluating student work (Greinner-Meikin & Feder, 1996), and in organizing assignments (Kalibanov, 1990).

Similarly, beginning teacher reports of difficulties connected to the teaching process itself have been cited in the literature: teaching heterogeneous classes and meeting the learning needs of diverse students; students' lack of motivation; lack of pedagogical knowledge; assessment of learning; underdeveloped teaching skills; management of students' behaviors; and inadequate lesson preparation (Bezzina, Stanyer, & Bezzina, 2005; Lundeen, 2004; McCann & Johannessen, 2004; Ingersoll & Smith, 2003; McCormack & Thomas, 2003)

Environmental Dimension

Regarding the teaching environment, the research shows that beginning teachers have difficulty integrating into their new work setting. Numerous studies have reported a multitude of difficulties related to general socialization into the profession and reasons why beginning teachers feel overwhelmed during their induction into teaching. In general, such feelings are linked to their school environment and characterized by poor administrative and parental

support, difficult teaching loads (i.e. teaching unfamiliar subjects or classes that include students with known behavioral issues), heavy administrative expectations and additional responsibilities (e.g. supervision of buses, coaching duties), feeling powerless and isolated, a lack of familiarity with district and school policies, and conflicts with colleagues (Ingersoll & Smith, 2003; Liston et al., 2006; McCann & Johannessen, 2004; McCormack & Thomas, 2003).

Conflict can erupt at the interpersonal and the public level. The sting of conflicts with students, colleagues, administrators, or parents often catches beginning teachers off guard. In addition, because public education is a contested enterprise, beginning teachers seem surprised that they must defend their decisions, practices, and the profession itself in many forums (Liston et al., 2006).

Overview of Typical Difficulties Experienced by Beginning Physical Education Teachers

It has been suggested that physical education teachers experience eased entry into the profession due to a lack of accountability and that induction for physical education teachers may be less stressful than induction for their classroom counterparts (Schempp & Graber, 1992). Indeed, studies conducted by Kreider (1985) and O'Sullivan (1989) do not describe anything resembling the "reality shock" or "transition shock" often experienced by teachers of core academic subjects.

Although the research points towards an eased entry into the profession for many physical education teachers (Kreider, 1985; O'Sullivan, 1989; Schempp & Graber, 1992), they still have to deal with some challenges that are unique to their particular area of expertise, in addition to the common difficulties shared with their traditional classroom counterparts. For example, Hill and Brodin (2004) revealed the many challenges that face beginning physical educators, including- 1) problems in class management and maintaining discipline; 2) the difficulties of working with obsolete and unsuitable equipment and facilities; 3) the inability of the school to prevent disruptions to their daily schedule; 4) difficulties in adapting their teaching to a heterogeneous population; 5) personal exhaustion; and 6) problems in communicating with parents and in pupil evaluation.

Personal Dimension

Another significant problem, related to the personal domain, that many beginning physical educators experience is isolation (Mohr & Townsend, 2001). Isolation may be characterized by geographic and/or professional isolation. School teachers are often isolated due to spatial arrangements within the school. For example, the gymnasium or physical education facilities may be located at the far ends of the school. Additionally, teachers, and in particular physical education teachers, have little professional adult interaction during the school day (Stroot, 1996). Accordingly, most of the teacher's time is spent interacting with students. As a result, this isolation may increase the students' influence on the teacher (Schempp & Graber, 1992). Due to such isolation, beginning physical education teachers often feel pressured to "give in" to student desires and use unproven curriculum and instructional methods (Mohr, 2000).

Within the school setting, physical educators are also required to perform many duties and fulfill multiple roles. The compilation of multiple duties and roles in addition to teaching responsibilities often results in colossal workloads. Such relentless workload results in a self-negotiation and pedagogical reprioritization process called role conflict (Mohr & Townsend, 2001).

Role conflict can be a problem for all teachers and represents a significant problem for the beginning teacher. Beginning physical education teachers are particularly vulnerable, as they are often required to coach scholastic teams. Due to the seemingly insurmountable workload, beginning physical education teachers often find themselves treading water and being resolved to situations where sound pedagogical practices and once revered student learning outcomes have taken a backseat to mere survival (Mohr, 2000). These extreme demands often result in a roller coaster of intense emotions and stress much like those revealed in classroom teachers (Liston et al., 2006). And, combined with feelings of frustration with the hard work, lack of motivation, qualms about suitability for the profession, lack of correspondence between the vast preparation and teaching efforts, and the low financial remuneration (Eldar, Ayvazo, Talmar, & Harari, 2011), beginning physical educators can feel emotionally drained.

Professional Dimension

Regarding the professional domain, research indicates that beginning physical education teachers have difficulties with classroom management (particularly coping with discipline problems), teaching knowledge and skills, and the uniqueness of the physical education profession (Elda et al., 2011).

With regard to classroom management and discipline, beginning physical educators have expressed problems related to passive behavior of students, a lack of student motivation or willingness to perform activities, students' refusal to accept authority, and aggressive or violent behavior directed towards the beginning teacher. The discipline problems are often exacerbated by the aforementioned perception of physical education as marginal by parents, teachers and school administration. Thus, heightening the contempt students have for the subject resulting in more frequent disciplinary infractions (Eldar et al., 2011).

Eldar and colleagues (2011) also revealed beginning physical educators' difficulties with teaching knowledge and skills. They found that preparing lesson plans, integrating children with special needs into the regular classroom, and assessment were three general areas of concern for these novices. More specifically, these beginning teachers felt challenged to choose the appropriate content, divide it into instructional units and prepare orderly plans for each lesson. Furthermore, a limited knowledge of special needs students and the ability to apply theory into practice impacted their pedagogical success. As for assessment, the beginning physical educators were challenged by the need to coordinate assessment criteria with other physical education teachers and assess students on individual progress.

Safety problems, which are unique to physical education, also concerned the beginning physical education teachers. Reports discussed occurrences of injuries during activities, mainly due to the difficulty of overseeing many students simultaneously. Physical education, by its very nature, entails risks of injury. This fact requires constant alertness by the teacher, and constitutes another source of tension and stress (Ephraty, Artzi, & Ben Sira, 1995).

Environmental Dimension

It does appear that beginning physical education teachers often encounter frustrations related to institutional messages they receive about the nature and status of physical education as a subject (Eldar et al., 2011; Schempp & Graber, 1992; Sparkes, Templin, & Schempp, 1990; Stroot, Faucette, & Schwager, 1993). This struggle for academic legitimacy in physical education is referred to as "marginalization."

Physical education is not considered a hard-core academic discipline by many, and this is probably one of the reasons for its low status. Students, parents, teachers, and administrators tend to attribute less importance to physical education lessons; they are cancelled more easily and their grades receive less attention (Fejgin, 1999). Many people involved in education perceive physical education as playtime and stereotype physical education teachers as dumb jocks (Stroot, 1996). Again, the same view is often shared by administrators, parents, and the community. The sense of derision physical education radiates, is also projected towards the teacher in many instances. The fact that physical educators are not burdened like others with grading homework, tests, and academic exercises, leads to a perception that physical educators are only part-time teachers. Consequently, many beginning physical education teachers struggle to overcome the negative stigma associated with physical education curriculum and instructional practices. These new teachers are frequently confronted with others' preconceived notions of physical education. Because of this negative stigma, the struggle for academic legitimacy can be particularly troublesome for beginning physical educators and lead many to feel marginalized in the school culture (Schempp, Tan, Sparkes, & Templin, 1996).

Additional professional difficulties documented in the literature include- 1) troublesome relations and communication with other teachers and administration; 2) meddling of home-room teachers in professional matters; 3) augmenting other subject areas at the expense of physical education; 4) and lack of coordination and cooperation among members of the physical education teaching staff- particularly at the high school level (Eldar et al., 2011; Shoval et al., 2010).

Making Induction a More Positive Experience

Clearly, induction is a challenging and often difficult time in the professional life of a teacher in general, and a physical educator in particular, due to the unique personal, professional and environmental demands placed on beginning teachers. Nevertheless, there are some simple strategies that can be employed by beginning physical educators in the early stage of their careers to better able them to "swim" rather than "sink." These three basic recommendations focus specifically on the behaviors and actions of beginning physical education teachers during induction.

Embrace the emotional rollercoaster

First, understanding and anticipating that teaching is a stressful enterprise, particularly in the early years can really help beginning physical educators. The inevitable anxiety, disillusionment and emotional highs and lows associated with teaching can be alleviated and managed more effectively by acknowledging, and therefore strengthening social and emotional skills, to help

beginners cope better with the daily issues and challenges that they are going to face (Liston et al., 2006).

Seek out a support system

Second, although most schools do not offer any orderly system for integrating new teachers, it is important for beginning physical educators to engage in productive dialogue with more experienced faculty members who can act as a mentoring and support system and provide guidance and advice related to disciplinary issues, teaching processes, and classroom management. Indeed, it has been shown that beginning teachers who receive systematic support are able to overcome problems of class management and planning and focus their students' learning earlier than teachers who do not receive such support (Darling-Hammond, 2006).

Engage in school-wide activities

Third, from an environmental perspective, marginalization can be problematic for beginning physical educators. Therefore, it is important for these beginners to become fully integrated into the school as soon as possible by participating in teacher meetings, cooperating with teachers of other subjects, assuming leadership positions with regard to school projects and becoming more involved in school ceremonies and special events. If attendance at meeting and events is compromised due to coaching commitments, a simple follow-up with other faculty and the administration can keep the physical educator abreast of what is happening at the school and ensure critical lines of communication remain open. Indeed, successful induction experiences are often associated with how well the beginning teacher engages within the school's social, political, and cultural circles (Herbert & Worthy, 2001) and depends greatly on how well they are received by principals and the school staff with whom they interact (Chubbuck, Clift, Allard, & Quinlan, 2001; Eldar, Nabel, Schlechter, Talmor, & Mazin, 2003).

Conclusion

Like most occupations, the physical education profession is fraught with concerns and anxieties, but also excitement, opportunity and challenge. Today's physical educator is faced with a variety of factors that facilitate success, failure or a level of performance somewhere in between; that is, difficulties associated with the personal, professional and environmental domains (Vonk, 1995) that can cause chronic emotional responses, on a daily basis and over time. These emotional ups and downs, and twists and turns, as outlined in this article highlight the very real relationship that has been documented between teacher burnout and emotion (Carson, 2009). Thus, emphasizing the need to further examine and investigate physical education teachers' socialization into the workplace and difficulties during the induction years.



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Advocacy Column

Georgia State Board of Education Meeting August 2014

The State Board of Education met on Wednesday, August 20th for committee meetings and Thursday, August 21st for the full Board meeting.

GA SBOE Passes Nutrition Waiver

At its August meeting, the State Board of Education (SBOE) passed a [rule](#) allowing local school districts to deviate from new federal guidelines prohibiting schools from selling snacks which compete with school lunch. The SBOE rule will allow schools to hold snack fundraisers for up to 90 days throughout the school year. School nutritionists from several Georgia school districts addressed the board during the public comment period, arguing that the SBOE rule sacrifices long-term student health over short-term fundraising goals. The speakers included the current [Georgia School Nutrition Association](#) President. A representative from the [Georgia Association for Health, Physical Education, Recreation and Dance](#) urged the board to allow fewer than 90 days of exemptions as many states are doing, or, to consider a graduated exemption rule, allowing fewer days of unhealthy snack sales in elementary schools than in Georgia high schools.

Board discussion on the proposed rule indicated that many state school board members share the nutritionists' concerns regarding student consumption of candy and other unhealthy snacks. One board member suggested that the cafeteria at the US Department of Education should serve only foods prescribed under The Healthy, Hunger-Free Kids Act of 2010. Board members also mentioned that local school superintendents report that the number of students qualifying for federal free-and-reduced lunch is up in addition to the number of uneaten school lunches. Ultimately, state board members' concern regarding federal overreach and desire to allow more local control at the district level prevailed. The board passed the rule with only one dissenting vote.

Updates from Georgia AHPERD

St. Louis, Missouri

This past June, two members of the Georgia AHPERD Executive Board had the opportunity travel to St. Louis, MO, for the SAM-LDC on June 22nd and 23rd. Executive Director, Kim Thompson, and President-Elect Bridgette Stewart participated in national meetings to support the leadership efforts of state associations. Many sessions were offered at the St. Louis meetings, including the following:

- Dr. John Ratey presented on the BOKS program Monday June 23rd
- SHAPE America CEO Paul Roetert, Past President Gale Wiedow, President Dolly Lambdin, and President Elect Steve Jefferies presented on collaboration between states and SHAPE America
- Jayne Greenberg, Executive Director of Physical Education and Health Literacy, Miami-Dade Public Schools presented on Let's Move Active Schools and Presidential Youth Fitness Program efforts
- SHAPE America Senior Director, Cheryl Richardson presented the new physical education standards

Atlanta, Georgia

In addition, several members of the Georgia AHPERD Executive Board participated in working sessions in preparation for the SHAPE America Southern District Convention to be held in Atlanta, in February 2015. At the Southern District Leadership Conference held in Atlanta on August 8th and 9th, sessions included the following:

- Kym Kirby from South Carolina AHPERD presented information on advocacy
- Milton Wilder of the SHAPE America Board of Directors discussed from the national association
- Henry Castelvechi of Virginia AHPERD presented information on Shape America's new Exchange online community
- States representatives worked on setting strategic goals for the upcoming year
- Georgia was represented this year by Jana Forrester, Tasha Guadalupe, Cindy Slayton, Kim Thompson, and Bridgette Stewart
- Southern District had representation on the Southern District Board from Georgia members, including Brian Devore, Bud Reiselt, and Karen Clevenger
- President Elects from Georgia and Alabama started planning the T.A.G summer workshop. This is tentatively scheduled to be a tri-state workshop to be held next summer (2015) for Tennessee, Alabama, and Georgia health and physical education professionals.



Southern District Convention "Moving Forward - Shaping Our Future"

February 18 – 21, 2015
Atlanta, GA



Future Dates

September 25-27 SHAPE Southern District Future Professionals Leadership Development Conference: East Tennessee State University

September 29 Northwest District Workshop: University of West Georgia

November 1 GAHPERD Coaching Workshop: Georgia State University

January 29-31, 2015 Share the Wealth: Jekyll Island, GA

February 18-21, 2015 SDAHPERD Convention: Atlanta, GA

March 17-21, 2015 SHAPE America National Convention and Exposition: Seattle, WA

Membership

Are you interested in health, physical education, recreation or dance? Do you have passion and commitment for physical activity and wellness? Do you believe we can do more to help others and better prepare students for a lifetime of health and physical activity? Do you want to join the advocacy efforts of other dedicated professionals to pave the way toward a healthier generation of individuals? Do you believe in the power of numbers?

Join GAHPERD!

For more information, visit www.gahperd.org, contact Kim Thompson, Executive Director of the Georgia Association for Health, Physical Education, Recreation and Dance (kthompson.gahperd@att.net) or complete the membership form on the next page.

Mission Statement

GAHPERD, Inc. is a non-profit organization for professionals and students in related fields of health, physical education, recreation and dance. GAHPERD, Inc. is dedicated to improving the quality of life for all Georgians by supporting and promoting effective educational practices, quality curriculum, instruction and assessment in the areas of health, physical education, recreation, dance and related fields.

GAHPERD Membership Form

Please print clearly and provide all information requested. This will help us serve you better. Make check payable to GAHPERD and send this form with payment to: Kim Thompson, GAHPERD Executive Director, 9360 Highway 166, Winston, GA, 30187.

Please include all requested information

New: _____ Renewal: _____ Female: _____ Male: _____

Last Name: _____ First Name: _____

Classification and Membership Dues (check one)	1-year	2-year	3-year
_____ Professional (includes full time grad student)	\$25	\$45	\$65
_____ Retired	\$12	n/a	n/a
_____ Future Professional (undergraduate student)	\$8	n/a	n/a

Preferred Mailing Address: (Street, Apt. #)

(City)

(State, Zip)

County of Residence: _____

County of Employment: _____

School/Organization/Employer: _____

Home Phone: _____ Work Phone: _____

Cell Number: : _____ FAX Number: _____

Email Address: _____

Second Email: _____

Employment Classification:

- | | |
|---------------------|---------------------------------|
| _____ Elementary | _____ Two-Year College |
| _____ Middle School | _____ College/University |
| _____ Secondary | _____ City/County Administrator |
| | _____ Other |

Other Memberships:

AAHPERD _____ Yes _____ No GAE _____ Yes _____ No
 Membership #: _____ Membership #: _____

Areas of Interest:

Division (check one)

- _____ Dance
- _____ General
- _____ Health
- _____ Physical Education

Sections (check two)

- _____ College/University
- _____ NAGWS/Men's Athletics
- _____ Recreation
- _____ Future Professional (Students check here)
- _____ Elementary PE
- _____ Middle School PE
- _____ Secondary PE