

PEDAGOGY

Using TPSR as a Teaching Strategy in Health Classes

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Abstract

Health education and physical education are essential components of a school's coordinated health and physical education (HPE) curriculum. Traditionally, teachers have taught the subject matters in these programs using a skill development approach to enhance students' personal and social responsibility. Physical education teachers have been using the teaching personal and social responsibility (TPSR) model as a teaching strategy in physical education programs to develop student responsibility for several years (Hellison, 2003, 2011; Hellison & McBride, 1986; McBride & Hellison, 1986). The TPSR model addresses issues related to challenging and encouraging students to take responsibility for their own physical, emotional, and social needs and is therefore a natural fit as an instructional model in the HPE curriculum. However, few instances of using TPSR in health education have been documented. The purpose of this article was to describe the exploration of TPSR-based health education and the essential aspects of TPSR-based health education derived from this process.

The teaching personal and social responsibility (TPSR) model had its genesis in the 1970s (Hellison, 1978). Don Hellison developed the TPSR model while teaching a physical education class of 50 boys in a Chicago inner-city high school. The essential aim of the TPSR program is to guide the participants (i.e., the students) in

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developing positive relationships with each other, teach life skills through a physical medium in small groups, teach self-reflection, empower youth to make personally and socially responsible decisions, and enable them to transfer these skills beyond the gym (or classroom). The TPSR model engages the participants in five levels of personal choice and responsibility, which are intended to provide a framework for students to learn personal and social responsibility. These levels also provide a way to demonstrate to students what their responsibilities are as a member of a class or program:

- Level 1: Respect for the rights and feelings of others
- Level 2: Effort and teamwork
- Level 3: Self-direction and setting goals
- Level 4: Helping and leadership
- Level 5: Transferring these four goals outside the gym

Physical education classes are ideal venues for TPSR because responsibility and physical activity are pursued at the same time (Hellison, 2011). Typically, when TPSR is used within a physical education program, it is embedded in the planned activities of the lesson. In addition to teaching in the physical education curriculum, many physical educators have shared teaching duties in the health education curriculum. Consequently, the subject matter contained in these programs has been taught using a skill development approach to enhance students' personal and social responsibility.

TPSR has evolved and grown in popularity among physical education programs, after-school programs, and other community-based programs over the last 30 years. In their results of a comprehensive review of small-scale TPSR evaluation studies, Hellison and Walsh (2002) suggested that TPSR is effective in creating a positive learning environment, engaging participants, and increasing responsible behavior in the program setting. Researchers also have suggested that TPSR participants show improvements in goal setting, effort, self-control, and leadership in the classroom and beyond (DeBusk & Hellison, 1989; Hellison & Wright, 2003; Martinek, Schilling, & Johnson, 2001; Wright & Burton, 2008). Furthermore, TPSR participants benefit from seeing their peers take responsibility roles (Wright, Li, Ding, & Pickering, 2010).

TPSR-Based Health Education

Health education and physical education are essential components of a coordinated school health program, so using the TPSR model as a teaching method in health education appears to be a natural progression. Health education encompasses the physical, mental, emotional, and social dimensions of health and promotes knowledge, attitudes, and skills (Connolly, 2012). In summary, these are important components of a coordinated school health program.

Many physical educators are familiar with TPSR because of its growth in popularity over the last few decades. TPSR and health education appear to be compatible because TPSR addresses taking responsibility for one's physical, emotional, and social needs. Research supports using social skill development as an effective health education teaching strategy (Murray, 2007). Few cases of physical education teachers using TPSR in the health education classroom have been documented. For example, Hellison (2003, 2011) described how one high school health education teacher implemented awareness talks, discussions, and reflection time and integrated a modified version of the levels of responsibility to all topics taught. Another high school teacher created his own levels of responsibility for his classes to establish an empowering climate for his students to make positive health-related decisions for themselves (Hellison, 2003). Several years ago Hellison and McBride (1986) taught physical education and health education as one course using the TPSR framework. They introduced health concepts in awareness talks and went to the gym to experience the concepts. Group meetings and reflection time were used after lessons, and the class participated in community action projects as a result of their experiences. Although TPSR appears to be an effective approach to teaching health education, only a few documented cases of TPSR within health education have appeared (Hellison, 2003, 2011; Hellison & McBride, 1986). Furthermore, empirical evidence needs to be available to support the usefulness of TPSR in health education. Thus, the purpose of this article was to describe the exploration of TPSR-based health education and the essential aspects that were derived from this process.

Service-Bonded Inquiry

The exploration process of this curriculum development is described as service-bonded inquiry (SBI; Martinek & Hellison, 1997; Martinek, Hellison, & Walsh, 2004), an approach that provides a framework for answering the many questions that arise when work-

ing in school (Martinek et al., 2004). SBI has flexibility, but guiding steps should be used. First, the investigator works directly with the children to gain a sense of the setting and the students. Second, the investigator comes up with an idea (borrowed, modified, or created) on how to improve the program/curriculum. Third, the investigator tries the idea. Fourth, the investigator reflects and then goes through this process again and again. Finally, the investigator may share his or her story and/or use more traditional methods to determine whether the program/curriculum works (Martinek et al., 2004). These characteristics of SBI are formally described as

- the values and beliefs of the investigator,
- experience in a specific setting,
- developing a plan,
- implementation, and
- dissemination.

SBI helped guide the teacher and researcher through the teaching experience and curriculum development. The above characteristics are described in more detail in the following sections.

Values and Beliefs of the Investigator

Prior to beginning this project, the investigator spent 3 years learning about TPSR (Hellison, 2003) and gained experience implementing the model in after-school programs. The investigator gained a strong appreciation for and valued the model's aims to empower youth by giving them responsibility so they will become more personally and socially responsible.

Research in a Specific Setting

The setting of this project was a health classroom in an alternative middle school in an urban area. The school served a diverse set of students in Grades 6 to 8. Some students had been expelled from their local school, and some students' schools had requested an alternative setting for them. The students were brought to the school by taxis or school buses depending on their home districts' choice of transportation. Students would spend around an hour in each class and then rotate at a scheduled time. The investigator served as the health teacher at the middle school.

Start With an Idea

The main idea of this project was to use TPSR within a health education curriculum for the middle school students. It was evident to the investigator that the students at the middle school were not using the important aspects of health education and applying them to their lives. TPSR seemed to be a great fit to help address health and responsibility in and out of the classroom.

Implementation

This is where the idea of “ready-fire-aim” comes into SBI inquiry. Specifically, this idea refers to implementing a new program idea without working through the nuances, followed by a reflection to fine-tune or change the original plan of action (Martinek et al., 2004). The investigator practiced TPSR for a few years, and it seemed like a perfect fit when working with these students, but the investigator had not used TPSR in a classroom setting. The school had a system to encourage leadership and responsibility while earning rewards such as more privileges during school free time, which created a schoolwide campaign to promote responsibility.

This ready-fire-aim approach required constant monitoring, change, and reflection. The investigator kept a journal of everything that was taught, the students’ reactions, and the investigators’ perceptions of whether the lessons were successful. These notes helped solidify the program goals for the future. The combination of notes, reflections, and student feedback led to the creation of the essential aspects of TPSR health education.

Essential Aspects of TPSR Health Education

It is important to have a strong understanding and belief in TPSR to implement the model effectively in any setting. TPSR aims to empower students by giving them responsibility so they will become more personally and socially responsible. The purpose of TPSR is to teach students to take responsibility for their own well-being and for being sensitive and responsive for the well-being of others. The responsibilities are modified to fit different classrooms and programs. For example, the levels for a health education class that the investigator created are shown in Table 1.

Table 1
Health Education TPSR levels

Level	Description
Level 1: Self-control	Respecting the rights and feelings of others, maintaining appropriate behavior and language in class
Level 2: Self-responsibility	Participating in class discussions, making an effort in classroom assignments, coming to class prepared
Level 3: Self-direction	Developing personal health plans and goals, thinking and acting independent of peers
Level 4: Leadership	Having positive attitudes and behaviors, helping others learn healthy behaviors and being a positive influence
Level 5: Out of the classroom	Using health applications in life, caring about and helping family members and friends

To provide consistency across the lessons and units, Hellison (2003) emphasized using important TPSR themes including integration, transfer, empowerment, and teacher–student relationship. Integration is achieved when every health lesson has TPSR as a core component; the health content is not separate from the learning of personal and social responsibility. That is, every lesson is taught using TPSR as the framework. A goal of TPSR is to have students use the skills, behaviors, and decisions they learn in other areas of their life. This is known as transfer. In other words, the teacher promotes using personal and social responsibility outside of the controlled setting of the classroom. Another crucial aspect of TPSR is empowerment. Empowerment is teaching the students to be aware that they are in charge of the health-related decisions they make in life. The final theme is the teacher–student relationship. This is a relational approach that requires honesty, trust, and communication. This is vital to the model and requires the teacher to build personal relationships where the teacher and student move together as equal partners. For TPSR to be effective, the students need to understand for what they are to be responsible in the classroom.

Introduction to Responsibility

It is important for the development of social and personal responsibility to be the foundation of the health education class to help students assume responsibility for their own health and decision-making process (Anspaugh & Ezell, 2010). Every decision made about the class is dependent of the TPSR framework. Thus, students are given health knowledge, are empowered to make educated decisions, and are encouraged to reflect on their knowledge and decisions. This responsibility process involves students making process-based choices and knowing the consequences. Furthermore, to give the students an understanding of responsibility and how it relates to them and their health, the first unit of the class should be devoted to TPSR.

Components of TPSR

During the first week of the health course, students were introduced to TPSR. The modified levels allow health education to be taught in an empowering way. The levels were described to the students throughout lessons and awareness talks. Self-control was defined as respecting the rights and feelings of others in the class, maintaining appropriate behavior and language in class, using appropriate conflict resolution, and controlling one's own health-related decisions and behavior. Self-responsibility was explained to students as participating in class discussions, making an effort in classroom assignments, coming to class prepared, and taking responsibility for health-related decision making. Self-direction was defined as developing personal health plans and goals, thinking and acting independent of peers, and acting on personal health plans and goals. Leadership includes having positive attitudes and behaviors, helping others learn healthy behaviors, and being a positive influence. Finally, it was explained to students how they could take TPSR out of the classroom by using health applications in life and caring about and helping family members and friends with their health-related decision making. To be an effective health educator, it is essential to teach students to apply their knowledge to decision making of health-related behaviors. These components, already familiar to physical educators, may be extended to focus on health-related decision making.

Daily Format

To aid in implementing TPSR-based health education curriculum and to hold the teacher accountable for having relational time, the same class format was used daily. The daily format included the following elements. At the beginning of class, the health or social concept was discussed casually and is referred to as the awareness talk. The instructor introduced a topic and opened discussion to students, asking what they know about each topic. During this time, students discussed how TPSR relates to the health concept. Next, the instructor used student comments from awareness discussion, topic knowledge, and TPSR to lead into the lesson.

The awareness talk was followed by the daily lesson and activity. The instructor taught the lesson and facilitated further discussion. The teacher also assigned related activities. The lesson had TPSR components built in, as just providing the health education material is not enough. For example, when discussing physical activity and nutrition, students were asked to develop a personal health plan based on a goal developed after learning the nutrition and physical activity content. Students need to experience how to make healthy choices and take responsibility for their health-related behaviors. Thus, all lessons included interactive activities, empowering and encouraging students to make positive health-related choices and adapt healthy behaviors. For example, students were put in charge of organizing their family meals based on the nutrition concepts learned. They used new knowledge about healthy food choices and planned meals for their family for a week. This empowered students to apply their health knowledge and make responsible health-related choices and pass on these choices to their families.

Following each lesson was group discussion and reflection time. This was the time students discussed what they learned about the topic. Students were guided by a few questions the teacher prepared in advance to reflect on the health concept in two paragraphs. As students' knowledge and responsibility increased, they were asked to reflect more deeply on the topic. Students also were asked how they could make responsible choices regarding the topic and to develop personal goals related to topic. Next, the instructor provided feedback on reflections, and students self-evaluated their responsibilities (self-control, self-responsibility, self-direction). This self-evaluation may be verbal or written (Table 2 shows a sample lesson plan).

Table 2

Sample Lesson Plan

Lesson Title: Responsibility and Health

Grade: 7th

National Health Education Standard:

Standard 1: Students will comprehend concepts related to health promotion and disease prevention to enhance health.

National Health Education Standards Performance Indicator:

1.8.1: Analyze the relationship between healthy behaviors and personal health.

Outcomes

- Students will be able to accept responsibility for their health-related choices.
- Students will be able to define health and describe the four factors that influence health.
- Students will be able to list five risk factors to health.
- Students will be able to describe and apply self-control, self-responsibility, self-direction, and leadership and discuss how these apply out of the classroom.

Description of Strategy

1. **Awareness talk:** Discussion of TPSR with the following outline that is posted on wall.
 - Self-control
 - Respecting the rights and feelings of others in the class.
 - Maintaining appropriate behavior and language in class.
 - Using appropriate conflict resolution.
 - Self-responsibility
 - Participating in class discussions.
 - Making an effort in classroom assignments.
 - Coming to class prepared.
 - Self-direction
 - Developing personal health plans and goals.
 - Thinking and acting independent of peers.
 - Leadership
 - Having positive attitudes and behaviors.
 - Helping others learn healthy behaviors and being a positive influence.
 - Out of the classroom
 - Using health applications in life.
 - Caring about and helping family members and friends.
2. **Lesson:** Begin by discussing with the class what health means to them and to you. How does TPSR fit into health?
 - Make comments to tie it all together before you begin lesson.
 - What is health? Lead discussion of health that includes four factors (heredity, health care, random events, and decisions you make). Allow students to create and explain examples of each with an emphasis on the decisions. Next, discuss teen health-related concerns (e.g., car accidents,

Table 2 (cont.)

suicide, cancer) followed by having students list risk factors. This could be done as a small group cooperative activity. Each group is provided with data on cause of death for their age group, and they brainstorm factors that may lead to unhealthiness (risk factors include lack of exercise, diet, tobacco and drug use, poor stress management, not seeking medical care, etc.). Have students take a health risk survey and and reflect on their results.

3. **Group meeting:** As a group, discuss their risk survey results and how their choices led to their results. Ask how they can use strategies such as self-control and self-direction to improve on anything.
4. **Reflection:** Ask students to respond to the following questions in their health journals:
 - Provide examples of how you showed self-responsibility today.
 - How can you make responsible choices related to health?
 - How could you have improved on your attitudes and/or behaviors today?

Assessment

- Students will be able demonstrate their knowledge of health and risk behaviors during discussion and in a quiz.
- Students will be able to demonstrate their understanding of self-control, self-responsibility, self-direction, and leadership in and out of class.

Teacher Reflection

- Was your instructional objective met, and how do you know?
 - What would you change about this lesson?
 - What do you need to improve on?
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Another essential component to the daily framework is relational time. Relational time is one-on-one time with each student to discuss their responsibility level, goals, and life in general. Relational time is ongoing throughout the school day. This includes before school, at lunch, during activities, during health education class, and during physical education. A set amount of class time is not devoted to relational time, so the teacher is required to be present throughout the school day to take advantage of downtimes that allow for relational time. It is difficult in a regular school setting to have sufficient relational time, so the teacher needs to take a relational approach that allows the relational time to expand throughout the school year.

Additional Content Topics

The remaining units covered material that best fit students' and community needs and were aligned with state and national stan-

dards. Specifically, physical fitness, nutrition, substance use and abuse, mental and emotional health, and sex education were covered. Other common health education content areas include community health, consumer health, environmental health, family life, injury prevention and safety, and prevention and control of disease. Students' ability to take responsibility is crucial to each of these topics. All community and school needs are different, but the following is a small sample of the substance use and abuse unit used in the investigator's health classroom.

During the substance use and abuse unit, the teacher–student relationship is critical. Drug education is a crucial subject to cover in a health course. Surveys by the National Institute on Drug Abuse suggest that around 27% of eighth graders reported using alcohol and 63.5% of 12th graders reported alcohol use (Johnston, O'Malley, Bachman, & Schulenberg, 2013). Additionally, marijuana and non-prescription drug use has increased recently along with the perception that these drugs are not harmful. This unit may be challenging to teach because of students' potential experience with drugs and their potential negative health-related choices about drugs. Thus, teachers should not make judgments so students will be more open to hearing how to make positive choices. In the present investigation, relationships were developed between teacher and student, which allowed the students to view the teacher as honest and trustworthy. Therefore, important lessons, discussions, and skill-building activities directly related to what they were doing outside of the classroom were common. As seen through their reflections and conversations, several of the students decided to take more responsibility for their actions and begin to influence some of their peers positively.

This unit began with an overview of drugs, drug use, and drug abuse. The awareness talk began with guided questions leading to a description of how self-control, self-responsibility, and leadership play a role in personal behavior choices. Each following lesson began the same way, but with a specific drug as the lesson's topic. Next, lessons were personalized with stories of local students or students of similar ages and their experiences with these drugs. Cooperative learning activities allowed the students to work together to find knowledge and strategies for coping when put in the position of making a drug-related choice. Each lesson ended with a written reflection time where students wrote in journals about the topic of the day. Questions were designed to have students critically reflect

on TPSR, the topic of the day, and their personal health choices. One lesson used the following reflection questions:

- Why is self-control important when hanging around friends who are smoking and drinking?
- How hard is for you to say no to your friends?

Summary and Conclusions

Physical education and health education are important aspects of a coordinated school health program. Health education is effective only when students learn how to make positive health-related choices that lead to healthy behavior (Anspaugh & Ezell, 2010). This article was intended to provide a way for physical educators to expand the use of TPSR into the health education classroom to aid in developing responsible choices, that is, to help students take personal and social responsibility for their health behaviors. Thus, the popular physical education framework of TPSR is a natural fit for health education.

TPSR may be modified to fit any physical education and health education classroom. The instructor needs to value the framework and decide how to implement it with their own style in their classroom. The consistency between the physical education and health education program and the use of TPSR will advance students' exposure to responsible decision making. Although few cases of using TPSR in the health education classroom have been documented, the opportunities and benefits of integrating TPSR into health education are great.

This article highlighted using SBI in developing a TPSR-based health program. Additional research is needed to support the benefits and use of a TPSR-based health education curriculum. Future studies should explore the curriculum further through a formal evaluation in a school setting. In addition to an evaluation of program outcomes and effectiveness, future studies should include an evaluation of the fidelity of TPSR in the health classroom by using implementation measures. TPSR traditionally has been used in gym-type settings, but as outlined in this SBI exploration, opportunity for use in classroom settings exists as well.

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