

Proclamation 2022 Public-Identified Errors

This report lists alleged factual errors submitted by the public and includes the publishers' responses.

Publisher: Goodheart-Wilcox Publisher

Subject: Health Education, Grades 7–8

Texas Health Skills for Middle School - Online Learning Suite

Component Title	ISBN	Page Number	Link	Location of Error	Alleged Factual Error	Explanation or Suggested Correction	Reference or Source for Suggested Correction	Publisher Accept/Reject	Publisher Response
<i>Texas Health Skills for Middle School – TEXT</i>	9781683115267	151	View Link	"People who experience more ACEs are at greater risk of chronic health conditions, substance use disorders, and mental illnesses. ACEs can change how the brain develops and functions, including the parts of the brain in charge of attention, learning, decision making, memory, and stress management. This means it is harder to cope with new stressors."	On page 151, second paragraph below figure 5.17-	According to JAMA Pediatrics, Jan. 25, 2021, "This study suggests that, although ACE scores can forecast mean group differences in health, they have poor accuracy in predicting an individual's risk of later health problems. Therefore, targeting interventions based on ACE screening is likely to be ineffective in preventing poor health outcomes." https://jamanetwork.com/journals/jama-pediatrics/fullarticle/2775420	Research is not clear on the individual effects of ACEs. While ACE scores may be great for predicting where resources might be needed, they are apparently not that great at predicting which individuals may suffer the consequences. (see reference below) Further, since children can do nothing about their backgrounds or what neighborhoods they live in, it could have detrimental effects, including creating expectancies in teachers and students themselves. Suggested correction: remove content on ACEs.	Reject	As described in depth by the Centers for Disease Control and Prevention, in a review of numerous empirical studies, ACEs increase a person's risk of experiencing negative psychological and physical health outcomes, including depression, heart disease, diabetes, cancer, asthma, and suicide. See CDC Adverse Childhood Experience Resources for more information. These empirical findings are strong and consistent. As with all different types of risk factors, from genetic predisposition to environmental factors, it is impossible to predict how a specific person will respond to adverse childhood experiences. Some people may experience numerous ACEs and not develop any mental or physical health problems, whereas others may experience only one or two ACEs and develop such problems. However, the strong and consistent link between ACEs points to the urgent responsibility we all have to take steps to reduce children's risk of experiencing negative events by providing access to high quality childcare, addressing social and economic challenges that put families at risk for ACEs, and helping children build strong and supportive relationships with adults in their community.
<i>Companion Text to Accompany Texas Health Skills for Middle School</i>	9781683115274	627	View Link	Under the "Number of pregnancies expected" the stated number for Fertility Awareness Methods (FAM) is stated as 12-24	Methods of Contraception Blue table Figure 19.23	The CDC https://www.cdc.gov/reproductivehealth/contraception/index.htm Oxford Academic https://academic.oup.com/humrep/article/22/5/1310/2914315 National Library of Medicine https://pubmed.ncbi.nlm.nih.gov/9653695/	https://www.cdc.gov/reproductivehealth/contraception/index.htm The CDC states failure rates for FAM at 2-23. 2 is dramatically different than 12 when it comes to failure rates and should be corrected to give students accurate information based on the latest research.	Accept	The authors of <i>Texas Health Skills for Middle School</i> would like to thank the commenter for pointing out this error. According to the CDC, the range encompassing failure rates for perfect use and less than perfect use of fertility awareness methods (FAM) is 2-23%. Goodheart-Wilcox will update this table with failure rates that match the CDC statistics. This information will also be updated in <i>Texas Health Skills for High School</i> .

Subject: Health I

Texas Health Skills for High School - Online Learning Suite HEALTH I

Component Title	ISBN	Page Number	Link	Location of Error	Alleged Factual Error	Explanation or Suggested Correction	Reference or Source for Suggested Correction	Publisher Accept/Reject	Publisher Response
Texas Health Skills for High School – TEXT	9781683115304	106	View Link	"People who have a family member with major depressive disorder, anxiety disorders, bipolar disorder, schizophrenia spectrum disorder, and other mental illnesses have a greater risk of developing these conditions. This is called a genetic predisposition."	Paragraph that begins with Genetics	<p>Andrew Scull, Cambridge University Press, American psychiatry in the new millennium: a critical appraisal- Cites numerous instances of genetic studies and failures at replication, "Claims to have discovered the genetic basis of schizophrenia have repeatedly failed the test of replication (For example, St Claire et al. 1989; Crowe et al., 1991; Detera-Wadleigh et al., 1989; Johnson et al., 2017; Sherrington et al., 1988; and for documentation of the methodological problems that lay behind and then undermined such claims, see Sullivan, 2008). There is increasing scientific consensus that 'despite our wishing it were so, individual gene variants of large effect appear to have a small to non-existent role in the aetiology of major psychiatric disorders' (Kendler, 2013b: 1065). Repeatedly, researchers prioritised candidate genes that plausibly looked as though they might explain the genetic roots of schizophrenia and major depression. But none of those proposed linkages has survived close scrutiny (Border et al., 2019; Farrell et al., 2015; Johnson et al., 2017)."</p> <p>https://doi.org/10.1017/S0033291721001975</p>	<p>Actually, this is still theory. In recent years, a number of studies related to the genetics of mental illnesses appear to have been discredited.</p> <p>Solution- Clearly express that this is theory, and that despite many attempts, this remains a controversy in psychiatry.</p>	Reject	<p>The evidence for the link between genes and mental disorders is strong and consistent. A 2013 international study with over 33,000 people published in Lancet identified specific variations in two distinct genes that predict five distinct disorders (bipolar, schizophrenia, autism, major depression, ADHD). This analysis revealed variations in two genes that code for the cellular machinery that helps regulate the flow of calcium into neurons, which is known to affect brain circuitry involved in emotion, thinking, attention, and memory (all functions that can be disrupted in those with mental disorders). This study also revealed variations for all five disorders in certain regions of chromosomes 3 and 10.</p> <p>More recent research provides further support for the link between genes and mental disorders. For example, an analysis of 1.5 million people published in the journal Nature Neuroscience in 2021 revealed 579 different locations on various genes that are associated with a predisposition to various different behaviors and disorders related to self-regulation, including opioid use disorder, suicide, and addiction. These findings show that genes do not code for a particular disorder or outcome (e.g., there is no gene for substance use disorder or ADHD), but instead indicates that certain genes influence self-control or impulsivity, which in turn increases genetic liability toward various behaviors and disorders related to self-regulation.</p> <p>However, it is important to note that each of these various genetic associations accounts for only a small amount of risk for mental disorder, meaning that people with a particular genetic variation may not ever develop a disorder. Moreover, no mental disorders have a full 100 percent genetic basis, demonstrating that environmental factors strongly influence the likelihood of developing a particular disorder or not, regardless of genetic factors. Genetic factors therefore cannot be used to predict or diagnose specific conditions.</p> <p>Citations</p> <p>Karlsson Linnér, R., Mallard, T. T., Barr, P. B., Sanchez-Roige, S., Madole, J. W., Driver, M. N., Poore, H. E., de Vlaming, R., Grotzinger, A. D., Tielbeek, J. J., Johnson, E. C., Liu, M., Rosenthal, S. B., Ideker, T., Zhou, H., Kember, R. L., Pasman, J. A., Verweij, K., Liu, D. J., Vrieze, S., ... Dick, D. M. (2021). Multivariate analysis of 1.5 million people identifies genetic associations with traits related to self-regulation and addiction. <i>Nature Neuroscience</i>, 10.1038/s41593-021-00908-3. Advance online publication. https://doi.org/10.1038/s41593-021-00908-3</p> <p>Cross-Disorder Group of the Psychiatric Genomics Consortium, 2013. Identification of risk loci with shared effects on five major psychiatric disorders: a genome-wide analysis. <i>Lancet</i>. 381(9875):1371-1379. https://pubmed.ncbi.nlm.nih.gov/23453885/</p> <p>Cross-Disorder Group of the Psychiatric Genomics Consortium, 2019. Genomic Relationships, Novel Loci, and Pleiotropic Mechanisms across Eight Psychiatric Disorders. <i>Cell</i>. 179(7):1469-1482.e11. https://pubmed.ncbi.nlm.nih.gov/31835028/</p> <p>Rylaarsdam & Guemez-Gamboa, 2019. Genetic Causes and Modifiers of Autism Spectrum Disorder. <i>Front Cell Neurosci</i>. 13:385. https://pubmed.ncbi.nlm.nih.gov/31481879/</p> <p>Gordovez & McMahon, 2020. The genetics of bipolar disorder. <i>Mol Psychiatry</i>. 25(3):544-559. https://pubmed.ncbi.nlm.nih.gov/31907381/</p> <p>Avrampoulos, 2018. Recent Advances in the Genetics of Schizophrenia. <i>Mol Neuropsychiatry</i>. 4(1):35-51. https://pubmed.ncbi.nlm.nih.gov/29998117/</p>