



West Islip Health & Wellness Alliance

<http://www.wi.k12.ny.us>

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Parents Be on the Look-Out: Synthetic Drugs in our Neighborhood!

Parents should know that young adults are quickly emerging as victims of a popular new drug trend - and it's being sold in our community. This new drug goes by the names Hydro, K2, Salvia, Spice and Potpourri, is a mixture of herbal and chemical by-products, which mimic the effects of marijuana. In order to mimic the effects of marijuana, herbs and spices are sprayed with different man-made chemicals.

Teenagers refer to it as "fake" weed, giving it the misnomer that it's harmless. Nothing could be further from the truth. It is gravely dangerous and in recent occurrences some users have met with death.

This drug creates a volatile high depending upon which chemicals are used in manufacturing. The high is similar to cocaine or LSD. These products were originally made in China, India and other Asian nations. However, recently they have appeared on our local home front, and in our own neighborhood.

Hydro, K2, Spice and other brands have recently been sold as incense, and even though most packages list that it's not intended for human consumption, teenagers are doing exactly that.

Local hospitals have seen an alarming increase of young adults presenting themselves with blood pressure problems, vomiting, hallucinations, paranoia and anxiety. Since this is a relatively new "drug", long-term effects have not yet been defined and no studies are available - but irreversible brain damage is suspected.

Teenagers mistakenly believe it to be safe because it's openly sold as an herbal smoking blend. However, this is a dangerous product and you and your children should be aware of its harmful effects. Children deal with peer pressure on a daily basis and we need to be their support system.

Knowledge is power and we have to be vigilant in guiding our children through dangerous perils.

Bullies and Victims: Information for Parents

Bullying occurs when a student is repeatedly harmed, psychologically and/or physically, by another student or a group of students. Bullies are typically physically, psychologically, or socially stronger than the children they bully. It is important to realize that bullying may present itself in different forms, including, but not limited to, physical assaults or aggressions, verbal and/or physical threats, intentional exclusion from a group, spreading rumors, menacing gestures or faces, or repeated name calling.

Both boys and girls engage in bullying behavior, but some differences are evident. Boys, for example, typically engage in direct, overt bullying behaviors, including physical assaults or verbal taunts and threats. Girls often use more indirect, discreet means to bully others, such as intentionally leaving someone out of activities or spreading rumors.

One common misconception is that bullying is an unavoidable part of childhood and adolescence. For this reason, bullying behaviors may be ignored or not noticed. Teachers and parents may not recognize certain behaviors as "bullying." However, there may be serious consequences to dismissing such detrimental behaviors as commonplace. Chronic victims of bullying report physical and mental health problems, may develop depression or low self-esteem, may bring weapons to school, and may contemplate suicide more often than their non-bullied peers. Bullying can create a climate of fear and anxiety, not only for the direct victims, but for the bystanders as well. This negative climate may limit students' opportunity for a safe, healthy learning environment. The future for

bullies is also quite grim. Along with a higher likelihood of underachievement in academic settings, bullies are more likely to become abusive spouses or parents and to engage in criminal activities as adults.

It is clear that bullying is a significant problem that affects many children and deserves the attention of both educators and parents.

The best strategy to address the problem of bullying is prevention... if parents suspect or learn of bullying behavior, then there are several things they can do to intervene.

Be Alert to Warning Signs of Bullying

Watch for warning signs that your child might be engaging in bullying behavior. Here are some questions to ask yourself:

- Has my child ever been accused of being a bully at school or elsewhere?
- Has my child gotten into trouble for fighting (physically or verbally) with other children at school?
- Does my child become easily frustrated when he does not get his way? Is my child defiant or oppositional?
- Who are my child's friends? How does my child interact with others? Have I witnessed my child with other children? Is she dominant or aggressive?
- What does my child do with spare time? What are my child's hobbies?
- Does my child speak about other children as "stupid" or use other negative terms to describe others?
- Does my child talk about certain children "deserving" bad things to happen to them or showing little concern for others

in bad situations?

Be Alert to Warning Signs of Victimization

Watch for warning signs that your child might be the victim of bullying. Here are some questions to ask yourself:

- Does my child fear going to school? Is my child anxious about school? Has my child been out sick a lot? Does my child often complain about not feeling well as a way of avoiding school?
- Have I noticed bruises on my child? When I ask my child about the bruises, what is the response?
- Does my child have friends? Who are the friends? Have I seen the way that they interact? Is my child submissive or withdrawn with other children?
- Does my child seem unhappy or insecure? Does my child talk about "nobody liking her" or "not having any friends?" Does my child talk about wanting to hurt someone or get back at someone?
- Does my child seem to have low self-esteem or self-confidence?
- Does my child have difficulty being assertive?

For ways to help your child if you suspect they may be bullying or a victim of bullying, contact your school social worker.

Adapted from an article written by Kari A. Sassu, MEd, Mahri J. Elinoff, MA, Melissa A. Bray, PhD, NCSP, & Thomas J. Kehle, PhD University of Connecticut

For the complete article visit: www.nasonline.org/resources/hanouts/revisedPDFs/bulliesvictims.pdf

Hypertrophic cardiomyopathy (HCM) is a disease in which the heart muscle (myocardium) becomes abnormally thick — or hypertrophied. This thickened heart muscle can make it harder for the heart to pump blood. HCM may also affect the heart's electrical system and often goes undiagnosed, because many of those with HCM have few, if any, symptoms

Learn more about HCM and take the **Sudden Cardiac Arrest Risk in the Young Assessment** available on the District website at <http://www.wi.k12.ny.us/pdf/athletics/hcm.pdf>.



Depression in Children and Adolescents:

Information for Parents and Educators

By Ralph E. "Gene" Cash, PhD, NCSP
Nova Southeastern University

Depression is a serious health problem that can affect people of all ages, including children and adolescents. It is generally defined as a persistent experience of a sad or irritable mood as well as anhedonia, a loss of the ability to experience pleasure in nearly all activities.

It also includes a range of other symptoms such as change in appetite, disrupted sleep patterns, increased or diminished activity level, impaired attention and concentration, and markedly decreased feelings of self-worth.

Major depressive disorder, often called clinical depression, is more than just feeling down or having a bad day. It is different from the normal feelings of grief that usually follow an important loss, such as a death in the family. It is a form of mental illness that affects the entire person. It changes the way the person feels, thinks, and acts and is not a personal weakness or a character flaw.

Children and youth with depression cannot just snap out of it on their own. If left untreated, depression can lead to school failure, conduct disorder and delinquency, anorexia and bulimia, school phobia, panic attacks, substance abuse, or even suicide.

Signs and Symptoms

Characteristics of depression that usually occur in children, adolescents, and adults include:

- Persistent sad and irritable mood
- Loss of interest or pleasure in activities once enjoyed
- Significant change in appetite and body weight
- Difficulty sleeping or oversleeping
- Physical signs of agitation or excessive lethargy and loss of energy
- Feelings of worthlessness or inappropriate guilt

- Difficulty concentrating
- Recurrent thoughts of death or suicide

Characteristics of Childhood Depression

The way symptoms are expressed varies with the developmental level of the youngster.

Symptoms associated with depression more commonly in children and adolescents than in adults include:

- Frequent vague, nonspecific physical complaints (headaches, stomachaches)
- Frequent absences from school or unusually poor school performance
- School refusal or excessive separation anxiety
- Outbursts of shouting, complaining, unexplained irritability, or crying
- Chronic boredom or apathy
- Lack of interest in playing with friends
- Alcohol or drug abuse
- Withdrawal, social isolation, and poor communication
- Excessive fear of or preoccupation with death
- Extreme sensitivity to rejection or failure
- Unusual temper tantrums, defiance, or oppositional behavior
- Reckless behavior
- Difficulty maintaining relationships
- Regression (acting babyish, resumption of wetting or soiling after toilet training)
- Increased risk-taking behavior

The presence of one or even all of these signs and symptoms does not necessarily mean that a particular person is clinically depressed. If several of the above characteristics are present, however, it could be a cause for concern and may suggest the need for professional evaluation.

Alcohol Use and the Developing Teen Brain

By Karen Sossin, MS, CDN

Mounting research suggests that alcohol causes more damage to the developing brains of teenagers than was previously thought, injuring them significantly more than it does adult brain. This makes sense given what we now know about the changes going on in the teen brain. Not only do they react differently to the initial effects of alcohol, studies suggest that teens who repeatedly use alcohol can suffer long-term effects. Preliminary studies using rats have shown that those with repeated alcohol exposure during adolescence are more sensitive to alcohol-induced impairments later in life (White, 2001). Research on humans by Brown, et al. (2000) has shown the first concrete evidence that heavy, on-going alcohol use by adolescents can impair brain functioning. Brown's research on 15 and 16 year olds showed cognitive impairments in teen alcohol abusers, compared with non-abusing peers, even weeks after they stop drinking. This suggests that abuse of alcohol by teens may have long-term negative effects on the make up of their brains. Alcohol also appears to damage the areas in the adolescent brain that are crucial for controlling impulses and thinking through consequences of intended actions.

In a 2002 e-mail survey of 772 Duke undergraduates, Dr. White and Dr. Swartzwelder found that 51 percent of those who drank at all had had at least one blackout in their drinking lifetimes; they reported an average of three blackouts apiece. Dr. Swartzwelder said it was likely that in teenagers, certain brain mechanisms might explain alcohol "blackouts" — a lack of memory for events that occur during a night of heavy drinking without a loss of consciousness. Blackouts were once thought to be a symptom of advanced adult alcoholism, but researchers have recently discovered just how frequent they are among teenagers as well. Duke University scientists say "the available research suggests that adolescents are more vulnerable than adults to the effects of alcohol on learning and memory (White, 2001). "We definitely didn't know 5 or 10 years ago that alcohol affected the teen brain differently," said Dr. White, "Now there's a sense of urgency. "Clearly, something is changed in the brain by early alcohol exposure." Dr. Swartzwelder said in an interview. "It's a double-edged sword and both of the edges are bad. "Teenagers can drink far more than adults before they get sleepy enough to stop, but along the way they're impairing their cognitive functions much more powerfully." If the choices adolescents make about using drugs and alcohol and engaging in or avoiding challenging learning tasks have long-term and irreversible consequences for the development of their brains, then discouraging harmful choices and encouraging healthy ones is all the more urgent.

If you believe your child may be at risk for childhood depression, call 574-3924 to speak to one of our district Clinical Social Workers to get more information and help.

Bullying Awareness Committee Update

The Bullying Awareness Committee conducts monthly meetings in the Udall MS library. The meetings are attended by a cross-section of both the schools and the community, having representation from nearly all nine schools. We have roughly 15 members, and continue to grow each month. We work closely with the school staff and Parent-Teacher Associations to look for ways to address concerns that arise from bullying and to support ways in which our schools and community can promote a positive school culture.

In the past three years we have taken several proactive steps to accomplish our goals:

- We have created and distributed a bullying pamphlet that contained research-based information to help educate parents on how to identify if

their child is being bullied, what actions parents can take to support their child's social and emotional well-being, and the school resources that are available to assistance to parents.

- We conducted a "Cyber-Safety and Teen Suicide Awareness Night" for the community. This event featured guest speaker, John Halligan, who lost his son Ryan to suicide after being bullied online. Mr. Halligan shared his own family's experiences with bullying and how important it is for parents to be aware of their child's "digital personality."
- We had representatives from our Committee set up a booth at the West Islip Summit Coalition at West Islip High School, and the Suffolk County Technology Fair at Stony Brook University.

- We worked with the Positive Behavior Support Teams in some schools to advise on the creation of advisory lessons and character education initiatives. Some of our members have visited other school districts to collaborate on effective strategies to combat bullying and to investigate programs that may be applicable in our district.
- In addition, a cadre of our members met with NYS Representative Phil Boyle to offer input into the recently passed Dignity for All Students Act.

Recently, we have created a district-wide Citizenship Award, where monthly we will select student recipients from the Elementary, Middle, and High School levels who personify integrity, selflessness, altruism, courage, and honesty in their respective schools.



5K Fun Run, Walk, Jogathon and Kids' Dash Sunday, March 4, 2012



Registration Form - 5K Fun Run - Sunday, March 4, 2012, 11:00 AM start

Participant's name #1 _____ Age School _____
 Family member #2 _____ Age School _____
 Family member #3 _____ Age School _____
 Family member #4 _____ Age School _____
 Total participants _____ @ \$5 (or \$8 day of event) each = \$ _____ Total amount enclosed \$ _____
 Family of four or more @ \$15 (or \$20 the day of the event) = \$ _____
 Address: _____
 Phone _____

5K Registration Fees: If postmarked by Feb. 13th: \$5 per person or \$15 for families of four or more.

If registered between Feb. 14th-24th and day of the race: \$8 per person or \$20 for families of four or more.

Kids' Dash: Children 12 and under, free. Register day of race, 9:00 AM - 10:00 AM in the girls' gym.
 Race begins promptly at 10:15 AM.

Senior Citizens: Free

Make check or money order payable to: West Islip School District

Mail to: West Islip School District, 5K Run, 100 Sherman Avenue, West Islip, NY 11795

Note: Parental permission is required for all entrants under the age of 18.

Parent/Guardian Signature: _____

No skateboards, bicycles or rollerblades.

(Please mail before Feb. 13, 2012.) This event will be held rain or shine.

Prizes will be awarded to three elementary schools with the most participants.

No skateboards, bicycles or rollerblades.

Must sign: I waive and release any and all claims for damages against sponsors, race committee members, supporters, and volunteers for injuries suffered by me or a family member participating in the Health & Wellness 5K Fun Run, Walk & Jogathon and/or The Kids' Dash on Sunday, March 4, 2012.

Adult 5K Participant Signature: _____

Free T Shirt: The first 1,000 participants to pre register for the 5K Fun Run will receive a souvenir T shirt, which can be picked up between 9:00 AM - 11:00 AM on the day of the race in the West Islip High School Girls' Gym.



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participants to pre register for the 5K Fun Run

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COMPASS Health and Wellness Alliance - Mission Statement

COMPASS Health and Wellness Alliance strives to inspire the West Islip community to mobilize, unify and coordinate its resources to ensure the health and well-being of all residents.

COMPASS Health and Wellness Alliance of West Islip unites to...

...reduce substance abuse among youth

...create a strong collaboration within the community

...cultivate healthy attitudes and behaviors.

Visit us on the web at:

<http://www.wi.k12.ny.us/wellness/compass.htm>

<http://www.wi.k12.ny.us/safety.htm>

West Islip School District

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