



# Helping Hand

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## Working Together To Help Students Say 'No' to Smoking

In order to help young people avoid using tobacco, experts recommend that parents, teachers, and other adults in the community need to address the issue head-on and work together to keep students smoke-free. To address the powerful factors that influence kids to smoke, teachers, parents and other caring adults can take the following actions:

- **Show students how cigarette ads and images are designed to manipulate them.** Adults can reduce the powerful impact of all the cigarette ads and positive-smoking images that confront kids every day by talking with children about the ads' false ideas of glamour, maturity, coolness, and beauty, and about how the tobacco companies try to manipulate children into becoming their future addicted consumers.
  
- **Make your schools tobacco-free.** Adults can work together to try to make sure that the schools follow effective anti-smoking policies such as:
  - Prohibiting all smoking on school property or at school events.
  - Not accepting any funding, curricula, or other materials from the tobacco industry.
  - Educating students about the short- and long-term negative consequences of tobacco use, and providing peer-pressure refusal skills.
  - Providing prevention education in kindergarten through 12<sup>th</sup> grade, with intensive education in junior high or middle school and reinforcement in high school.
  - Providing tobacco-prevention training for teachers.
  - Encouraging parental support of school-based tobacco-prevention programs.
  - Offering assistance to both staff and student smokers who wish to quit.
  
- **Check out online resources for tips and information.** Another way to take action and keep informed is to visit the Action Center or the Campaign for Tobacco-Free Kids' website.

The Campaign's website is at: [www.tobaccofreekids.org](http://www.tobaccofreekids.org)  
and the Action Center is at: <http://tfktakeaction.policy.net>

# Coach's Corner: Defending Your Goals!

Just because a student is involved with athletics, it does not guarantee that they are smoke-free. However, the athletic field is a great place for adults to pass on a no-smoking message. Coaches can be one of the school's best assets in tobacco use prevention. Here are some quick conversation points coaches can use with their student athletes to promote a no-smoking message.

**-You smoke, you choke.** Staying smoke-free gives you more stamina and makes you an asset to your team. The only thing you'll be smoking is defenders. Smoking slows down lung growth and reduces lung function. That can leave you gulping for air when you need it most!

**-Throughout America, 3,900 young people will start smoking every day.** Identify a group of 20 kids. Have six or seven of those kids stand up to indicate who will die from tobacco use.

**-Three out of four teens who are daily smokers say they keep smoking because it's really hard to quit. Why be hooked on nicotine when you can be hooked on sports? Aren't you already hooked on breathing?** Have youth hold their breath for 45 seconds. After 30 seconds, they will feel how a smoker feels after running the length of a soccer field. After 40 seconds, they will feel how a smoker feels after running twice the length of the soccer field.

# How Schools Can 'Step Up' and Prevent Childhood Obesity

Many people think that preventing childhood obesity is the sole responsibility of a child's parent or guardian. However, according to the Center of Disease Control (CDC), there are many strategies that schools can use to help prevent childhood obesity. You can make a difference at your school this year by following these steps:

**Step 1:** See what you can do to get started. Find other students, parents, teachers, or administrators who also want your school to be a healthy school.

**Step 2:** Choose one of the ten key strategies below and implement it.

1. Address physical activity and nutrition through a Coordinated School Health Program (CSHP).
2. Designate a school health coordinator and maintain an active school health council.
3. Assess the school's health policies and programs and develop a plan for improvements.
4. Strengthen the school's nutrition and physical activity policies.
5. Implement a high-quality health promotion program for school staff.
6. Implement a high-quality course of study in health education.
7. Implement a high-quality course of study in physical education.
8. Increase opportunities for students to engage in physical activity.
9. Implement a quality school meals program.
10. Ensure that students have appealing, healthy choices in foods and beverages offered outside of the school meals program.

**Step 3:** Share your success story so others can learn new ways to improve the health of young people at school!

## Children Can Still Buy M-Rated Games

In 2008, the Federal Trade Commission released the results of its latest nationwide undercover shop of movie theaters and movie, music, and video game retailers. The FTC conducted a survey with 13- to-16-year-old undercover shoppers to collect data about the extent to which retailers prevent unaccompanied children from buying tickets to R-rated movies, R-rated DVDs, Unrated DVDs of movies that were R-rated in theaters, M-rated video games, and music CDs labeled with a Parental Advisory Label – “PAL” – for explicit content.

The survey found that 20% of underage teenage shoppers were able to buy M-rated video games, a major improvement from all prior surveys, and down from 42% in 2006. With regard to M-rated video games, Game Stop rejected an impressive 94% of underage shoppers, while Wal-Mart and Best Buy spurned 80% of them. Some stores had very different results for different media. For example, while Best Buy rejected 80% of underage buyers of video games, it turned away underage shoppers for PAL music only 47% of the time, R-rated movie DVDs only 38% of the time, and unrated movie DVDs only 17% of the time. Similarly, Target refused to sell M-rated games to underage buyers 71% of the time, but refused sales of PAL music only 40% of the time.

What’s the best way to make sure children are buying age-appropriate games? Go shopping with them. Check out what games they have at home. Learn about the games they are playing and make sure they are all appropriate for you child’s age group.

## There’s A New Kid In Town: Assisting Transfer Students

It doesn’t matter whether a child has moved across town or cross-country to attend a new school—a move signifies change in a student’s life. Academic changes are a critical issue, but the social aspects of transferring to a new school in the middle of the year can be even more overwhelming.

New students can feel isolated and alone, which can affect their self-esteem and their grades. As caring adults, it is the responsibility of teachers, counselors, and student assistant professionals to make the transition easier for students who transfer mid-year.

Here are some tips to help make the transition easier for students who transfer midyear:

1. *Assign a peer mentor.* A peer guide can inform the student of the layout of the land, from the location of classes, to the social groups that exist within the school. A peer guide will be able to provide the new student with information that they might not get from a handbook and help them to feel less isolated.

2. *Familiarize yourself with the student’s academic standing.* Make sure all the student’s new teachers are familiar with the transfer student’s academic record and standing at their past school. If a student seems to be having a difficult time in class, find out whether the student is academically challenged, or simply having a tough time concentrating because of all of the change in his or her life.

3. *Become informed of the child's home life.* It is important to be aware of any extenuating circumstances in a student's life. Home issues obviously affect a child at school. Counselors should inform teachers if a student is a foster child, if their parents recently have divorced, or if the child has moved because of neglect or abuse. All of the issues will likely affect a child's performance.

4. *Talk it out.* It may sound simple, but in the busy, day-to-day life of teaching, it may be easy to forget just how challenging this mid-year change may be for a student. Keep the communication lines open with the new student. Check in with them to see how they are really doing. Schedule a conference to meet their parent(s) or caregivers.

## **ADHD: Making the Diagnosis**

ADHD may be suspected by a parent or caretaker or may go unnoticed until the child runs into problems at school. Given that ADHD tends to affect functioning most strongly in school, sometimes the teacher is the first to recognize that a child is hyperactive or inattentive and may point it out to the parents and/or consult with the school psychologist.

Because teachers work with many children, they come to know how "average" children behave in learning situations that require attention and self-control. However, teachers sometimes fail to notice the needs of children who may be more inattentive and passive yet who are quiet and cooperative, such as those with the predominantly inattentive form of ADHD.

If ADHD is suspected, the diagnosis should be made by a professional with training in ADHD. This includes child psychiatrists, psychologists, developmental/behavioral pediatricians, behavioral neurologists, and clinical social workers. After ruling out other possible reasons for the child's behavior, the specialist checks the child's school and medical records and talks to teachers and parents who have filled out a behavior rating scale for the child. A diagnosis is made only after all this information has been considered. The family can start by talking with the child's pediatrician or their family doctor. Some pediatricians may do the assessment themselves, but often they refer the family to an appropriate mental health specialist they know and trust.

### **ADHD or Bad Vision?**

Poor concentration, reduced attention span, and high level of distractibility mistakes are recognized signs of Attention-Deficient Hyperactivity Disorder (ADHD), but commonly overlooked vision problems can actually cause many of the exact same behaviors in the classroom. Vision does not only incorporate sight, but also the ability of the person to understand, process and respond to the visual stimulus.

To prevent this from happening, all children should have their sight assessed before school age to allow for treatment of the problem and encourage normal development. Symptoms of poor vision include: difficulty reading, losing their place, squinting, headaches, complaining of sore eyes, frequently rubbing their eyes, poor coordination, and bad handwriting.

## **Quick Tips for Better Classroom Management:**

**Identify the specifics of the problem behavior and the conditions that prompt and reinforce it.** Every teacher experiences difficulty at one time or another in trying to remedy an individual student's behavior problem that is not responsive to preventative efforts. Because research suggests that the success of a behavioral intervention hinges on identifying the specific conditions that prompt and reinforce the problem behavior, it is recommended that teachers carefully observe the conditions in which the problem behavior is likely to occur and not occur.

**Modify the classroom learning environment to decrease problem behavior.** Many effective classroom-focused interventions to decrease students' problematic behavior alter or remove factors that trigger them. These triggers can result from a mismatch between the classroom setting or academic demands and a student's strengths, preferences, or skills. Teachers can reduce the occurrence of inappropriate behavior by revisiting and reinforcing classroom behavioral expectations; rearranging the classroom environment, schedule, or learning activities to meet students' needs.

**Teach and reinforce new skills to increase appropriate behavior and preserve a positive classroom climate.** Teachers should actively teach students socially- and behaviorally-appropriate skills to replace problem behaviors using strategies focused on both individual students and the whole classroom. In doing so, teachers help students with behavior problems learn how, when, and where to use these new skills and increase the opportunities that the students have to exhibit appropriate behaviors.

**Draw on relationships with professional colleagues and students' families for continued guidance and support.** Social relationships and collaborative opportunities can play a critical role in supporting teachers in managing disruptive behavior in their classrooms.

## Sleep for Scholastic Success

According to medical experts, lack of sleep for kids can cause irritable or hyper types of behavior and can also make a condition like attention deficit hyperactivity disorder (ADHD) worse. Adolescents need about 8 to 9.5 hours of sleep per night, but many don't get it. And as they progress through puberty, teens actually need more sleep. Because teens often have schedules packed with school and activities, they're typically chronically sleep deprived (or lacking in a healthy amount of sleep). Sleep deprivation adds up over time, so an hour less per night is like a full night without sleep by the end of the week. Among other things, sleep deprivation can lead to:

- decreased attentiveness
- decreased short-term memory
- inconsistent performance
- delayed response time

These can cause generally bad tempers, problems in school, stimulant use, and driving accidents (more than half of "asleep-at-the-wheel" car accidents are caused by teens).

Adolescents also experience a change in their sleep patterns — their bodies want to stay up late and wake up later, which often leads to them trying to catch up on sleep during the weekend. This sleep schedule irregularity can actually aggravate the problems and make getting to sleep at a reasonable hour during the week even harder.

Ideally, a teenager should try to go to bed at the same time every night and wake up at the same time every morning, allowing for at least 8 to 9 hours of sleep.

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