



The Children's Rights of New York, Inc.

# HOTLINE

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### And what about Jaycee Dugard?

While she was imprisoned in her captor's back yard, living as his sex slave from age 11, bearing two of his children, never seeing the outside world, never being allowed to experience childhood, NCMEC was raking in nearly half a billion dollars from Congress.

Does America Need a \$50 Million a Year Missing Children Clearinghouse...

...or, rather, a \$50 Million a Year Missing Children Emergency/Ongoing Response Team?

By Don Austen

The National Center for Missing and Exploited Children, NCMEC, was created out of the publicity generated from the Adam Walsh disappearance and death back in 1981. The claim raised at the time before Congress was that there was no government-affiliated agency in existence to assist the parents of abducted children. The figures at the time portrayed the situation as grim, insisting that tens, if not hundreds of thousands of children a year were abducted by strangers. As it turned out, long-term abductions by strangers figured only in the tens per year.

Since its inception, NCMEC has received millions of dollars each year from Congress. Presently, Congress allocates \$50 million per year to the Center. But how is the money used? And how does NCMEC work? NCMEC describes itself as a Missing Children Clearinghouse, meaning that it disseminates information, but plays no active role in the actual recovery of missing children. Today, NCMEC has hundreds of staff and its salaries alone are running close to \$30 million a year. But what does it do? Well, it gathers information and disseminates it. Does this help when a child goes missing? Perhaps, but not significantly. Basically, what happens is that NCMEC posts a photo of the child on their website. They have partner programs with Wal-mart and with ADVO to distribute photos of parentally abducted children, which have been successful to a small degree. But what about those few children that are actually in peril; the ones that Congress originally intended a national missing children center to be structured for; the kids like Adam Walsh? The answer is, not a whole lot of help gets channeled from NCMEC.

Take the case of Shawn Hornbeck, who had been abducted by a stranger for four years. Or that of Shasta Groene, the little girl, who was abducted after her whole family was murdered. Or Elizabeth Smart, who was with her kidnapper less than a quarter of a mile away from her house with a clear trail any competent

bloodhound handler could find. Where was NCMEC then? Nowhere to be found.

In 1993, when Polly Klaas was abducted (and later murdered), Winona Ryder had done only 15 films. Her net worth at the time was far less than the nearly \$30 million NCMEC admits in its tax returns as having in overages in the bank. Yet in its more than a quarter century of history, whenever a child has been abducted and faces death, the NCMEC has not offered one cent as a reward. What does that say about those that run it?

Let's start with Ernie Allen. According to NCMEC's 990's, Allen earns close to half a million dollars a year for a 28-hour workweek. Yet no one at NCMEC seems to care that their hotline is not listed with directory services. No one there seems bothered by the fact that there are no 24-hour caseworkers in the event

a child goes missing after 5:00 PM weekdays Eastern Time. No one cares, because that isn't what NCMEC apparently is supposed to do. Remember, they're just a clearinghouse. So, when it turned out that Jaycee Lee Dugard had from the age of 11 when she was abducted, spent 18 years as a sex slave to a deranged man, it was apparently not the responsibility of NCMEC to have searched for her. That's not what they do. But what should what they do really cost? Their valuable website could probably be maintained for about \$25,000 a year. Their NetSmartz website is probably worth another \$25,000, but that's a one-time expense. And their Cybertip hotline for the online sexual enticement of minors could be run for pennies. Why? Because the information collected is simply redirected to the FBI. NCMEC does not investigate.

## NonFamily Abduction

### JAYCEE DUGARD



**DOB:** May 3, 1980  
**Missing:** Jun 10, 1991  
**Age Now:** 29  
**Sex:** Female  
**Race:** White  
**Hair:** Blonde  
**Eyes:** Blue  
**Height:** 4'6" (137 cm)  
**Weight:** 80 lbs (36 kg)  
**Missing From:**  
SOUTH LAKE TAHOE  
CA  
United States

### Age Progressed



Child's photo is shown age-progressed to 25 years. She was last seen walking to the bus stop at 8:15 a.m. A two-tone gray, late-model sedan with 2 people inside, was seen making a U-turn on the same street where the child was walking. One person in the car was described as a 30 yr. old female with long, dark hair. The female grabbed the child and pulled her into the vehicle. The child was last seen wearing a pink wind breaker, a white T-shirt, pink stretch pants and white sneakers.



ANYONE HAVING INFORMATION SHOULD CONTACT

National Center for Missing & Exploited Children

**1-800-843-5678 (1-800-THE-LOST)**

El Dorado County Sheriff's Office (California) - Missing Persons Unit 1-530-573-3017

On August 27, 2009, Jaycee Lee Dugard, 29, was recovered by Campus police at UC Berkeley, simply because her abductor had brought her out into the open after 18 years of confinement as his personal sex slave. What had NCMEC done in all that time to attempt to find her? They had put up her photo on their website.

Note that while there is an age-progressed photo (the public has yet to see her now) the description prompts us to search for a woman who is 4'6" tall and weighs 80 lbs. One would assume that with any age-progression, her predicted height and weight at age 29 would be factored in. The poster in one form or another had been up on NCMEC's website for 18 years, two and a half months. In all of that time, not one viable lead came in as a result.

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15 Arbutus Lane, Stony Brook, NY 11790-1408

Phone: 631-751-7840

e-mail: JohnEdwardGill@cs.com

Publisher: John E. Gill

Editor: Ceil Than

Production Manager: Dolores C. Bilges



## Endangered Missing

### KIMBERLY DOSS



**DOB:** Feb 12, 1966  
**Missing:** Sep 1, 1982  
**Age Now:** 43  
**Sex:** Female  
**Race:** White  
**Hair:** Brown  
**Eyes:** Brown  
**Height:** 5'2" (157 cm)  
**Weight:** 120 lbs (54 kg)  
**Missing From:**  
DAVENPORT  
IA  
United States

### Age Progressed



Kimberly's photo is shown age-progressed to 41 years. She was last seen in the Davenport, Iowa area on September 27, 1982. Kimberly has not been seen or heard from since. She may use the alias name of Kimberly Kathleen Gardner. She has a gap between her two front teeth.



ANYONE HAVING INFORMATION SHOULD CONTACT  
National Center for Missing & Exploited Children  
**1-800-843-5678 (1-800-THE-LOST)**

Davenport Police Department (Iowa) - 1-563-326-7979

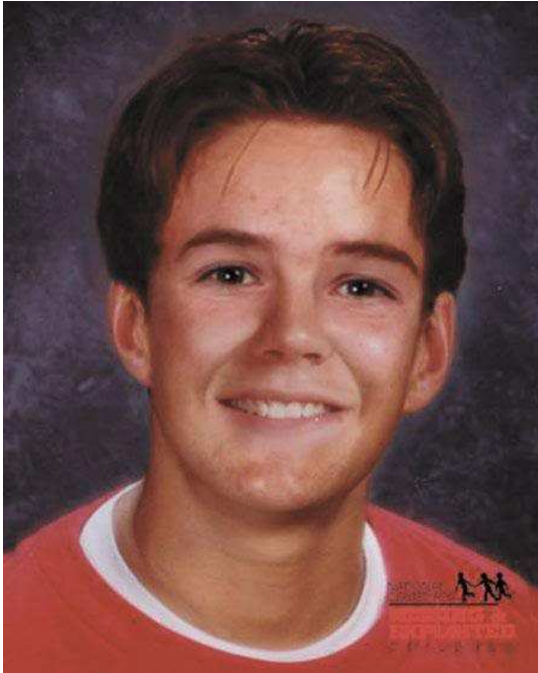
In 1984, Thursday's Child sited a girl believed to be Kimberly Doss, a missing child then listed with NCMEC. However, due to stonewalling by NCMEC and that time, working with Children of the Night, local police authorities were persuaded to drop their search for the girl, who was in plain sight with her pimp. It was only years later that NCMEC admitted their error and now gives her the street name she used at the time of Kimberly Gardner. Doss was never seen again.

NCMEC also does age progressions. Yet compare their age progression of Kimberly Doss with that done by Texas Police.

The NCMEC (color) photo tends to look more like comedian, David Steinberg, than anything Kimberly Doss might resemble should she be alive today. The police enhancement is probably a far more accurate portrayal.



In fact, when abducted Shawn Hornbeck was found by accident, he turned out to look nothing like NCMEC's age-progressed photo. The age-progressed photo of Hornbeck shows him to be more of a Ben Affleck type. Yet Hornbeck (below, right) turned out to look more like Elijah Wood.



So, when the \$50 million a year puts up a poster where the photo is totally wrong, aren't the effects actually counterproductive to any recovery? No one would have recognized Shawn Hornbeck even if they had seen him in person, because he didn't look like NCMEC said he should.

And what about Jaycee? While she was imprisoned in her captor's backyard, living as his sex slave from age 11, bearing two of his children, never seeing the outside world, never being allowed to experience childhood, NCMEC was raking in nearly half a billion dollars from Congress, while their President, Ernie Allen kicked back in a swell home and shook the hand of the United States President that led our nation into ruin.

Why didn't NCMEC search out all the pedophiles in the area where Jaycee Dugart was abducted?

- Why didn't they hire one private investigator to continue the search?
- Why didn't they offer a reward for her recovery?
- Why aren't they listed with directory services?
- Why don't they have 24-hour critical staff?
- Why does no one notice?

The fact of the matter is that only a handful of children like Jaycee are abducted each year and an annual budget of \$50 million dollars (NCMEC also gets an additional \$8 million from private sources) is more than enough to further any search. As it turned out, though, Jaycee and the other were just poster children for Congressional waste.

Editor's Note: This editorial does not represent the views or opinions of Children's Rights of New York, Inc. We welcome comments and suggestions.

HOTLINE



# Backpacks and Back Pain

## by Ceil Than

Santa Claus is known for slinging a hefty sack of toys over his shoulder and carrying it to homes around the world, but should your child be hoisting a bulging backpack onto his or her shoulders and carrying it to school every day? No, says the American Academy of Pediatrics. A child's backpack should never weigh more than 10 to 20 percent of the child's body weight.

"If you are looking at your child and they are leaning forward, that's a sign that the backpack is too heavy," comments Donna Geleroff, a physical therapist at Baptist Hospital, Miami, for a 2005 CBS News report. "Catch it early before it becomes a problem."

### Balance Is Key

In the same CBS News report, Dr. Michael Tidwell, director of the pediatric orthopedic center at Baptist Children's Hospital, explained that when a heavy backpack throws a child off balance it can cause a twisted ankle. Even more frequent are shoulder injuries where the weight of the backpack tears tendons.

"It is a common wives' tale, but heavy backpacks will not cause scoliosis," he said. "Scoliosis is caused by reasons unknown; it just happens."

However, overweight backpacks do strain a child's back and cause pain. An article on the Nemours organization's Web site explains that if a heavy backpack is not balanced properly on a child's shoulders it can pull the child backwards. When the child tries to balance the load, he or she may lean forward at the hips or arch the back which compresses the spine unnaturally leading to pain and conditions ranging from poor posture to serious injury.

### Worse Than Ouch

Pierre d'Hemecourt, MD, a sports medicine specialist at Children's Hospital, Boston, identifies two of the more serious injuries: spondylolysis and

apophysitis. The former has been cited in four to six percent of children who complain of back pain. It is a stress fracture in the back that can be treated with anti-inflammatory medications. The latter is an inflammation of growth cartilage, often located in the heel, treated with rest, a brace, and stretching exercises. Dr. d'Hemecourt adds that arching the back to compensate for the heavy backpack can cause a child to tilt his or her head up to see and that can cause nerve damage in the neck. Slinging the backpack on one shoulder can also cause neck pain, and if the straps are too thin, they can cut into the neck and shoulder muscles and cause nerve damage.

A heavy backpack can also throw a child off balance enough to trip or fall, particularly when climbing stairs. Other students can trip over the backpack when it is placed on the floor of a classroom or hallway.

*Consumer Reports* states that in 2004 among 9 to 16 year olds, 7,600 hospital-treated injuries in the United States were related to backpacks. A 2002 ABCNews.com article reported a fatal accident related to backpack weight when a 9-year-old boy in Hong Kong who was wearing his school backpack leaned over the balcony of his parents' apartment and the weight of the backpack tipped him over the railing causing him to fall 20 stories to his death.

### Weight Guidelines

Claudia Anrig, DC, writing for [www.chiroweb.com](http://www.chiroweb.com), gives these weight guidelines: a child carrying a backpack that weighs more than 10 percent of his or her bodyweight may experience back and neck pain. A child carrying a backpack that weighs more than 15 percent of his or her bodyweight may experience more severe symptoms and injuries. She offers these examples of reasonable backpack weights: a 60-pound child should carry a backpack that weighs less than 9 pounds, an 80-pound child a backpack less than 12 pounds, and a 100-pound pre-adolescent a backpack less than 15 pounds.

[www.bannerhealth.com](http://www.bannerhealth.com) features a Backpack Weight Calculator to help parents figure out if their children's backpacks meet the 10 percent limit. The calculator asks parents to use a sliding ruler to input a child's weight. The recommended backpack weight appears below. Then the parent is asked to drag and

drop virtual school supplies into a virtual backpack. The program keeps a running tab on the weight of the supplies and flashes a “stop” command when the backpack exceeds the recommended weight.

“It’s incredible how much things weigh. I had no idea,” commented Rob Gapper, principal of Placerita Junior High School in Newhall, CA, for the 2002 ABCNews.com article on overstuffed backpacks. “The student planner alone weighs a pound. I was amazed that just a notebook weighs anywhere from a half a pound to three quarters of a pound.”

According to an article by parenting expert Armin Brott for [www.pregnancy.org](http://www.pregnancy.org), the typical overstuffed backpack weighs about 14 pounds, approximately 15 percent or more of a child’s body weight.

### Lighten Up

Placida Junior High School is one of many schools that are committed to reducing backpack weight by issuing one set of textbooks to be kept at school and another to be kept at home. Other schools arrange classes so that students can make frequent trips to their lockers to drop off books and supplies between classes. Still others make the most of the



Internet and electronic sources of information. However, most schools do not eliminate backpacks.

Instead, it’s up to parents and children to eliminate all unnecessary items to lighten the load in the backpack as much as possible. Once that’s done, parents should be conscious of how the backpack is loaded with books and supplies and how the child wears the pack on his or her back.

“The middle of the back is where all the strong muscles are,” Geleroff explains. “Don’t wear [a backpack] loose. I know that hanging it really high looks dorky, but it will be worth it.”

### Pack It Light. Wear It Right

Riley Hospital for Children and the Indiana University Department of Occupational Therapy promotes this slogan for backpack wearers: Pack it light. Wear it right.

The hospital offers these tips for parents and children on how to load the backpack and how to wear it.

- Make sure the backpack itself is as lightweight as possible.
- Make sure the backpack is sized correctly for the child who uses it.
- Make sure the backpack has two wide padded straps.
- Adjust the straps to fit comfortably on the child’s shoulders.
- Make sure the child uses both straps, not just one.
- Adjust the straps so that the pack fits against the child’s back with the bottom resting at the curve of the lower back.
- Put the heaviest items in the backpack first so they lay closest to the child’s back.
- A backpack with a waist belt will help distribute the weight of the contents.
- Try to arrange the contents so they do not shift in the backpack.
- Hand-carry a book or lunchbox to lighten the load.
- Consider a backpack with wheels if your school allows it.

## 1-2-3 – Lift

According to Geleroff, wheeled backpacks aren't always the solution. "It's not really an option if there are two floors [in the school], because carrying it up the stairs is strenuous enough." Many times children also end up carrying the wheeled bag anyway because the pavement is bumpy or the wheels get clogged with snow or mud.

Lifting any backpack improperly can strain a child's back or shoulder muscles. Children's Healthcare of Atlanta describes proper lifting techniques. Children should lift a backpack the way they should lift any heavy object: bend at the knees and use both hands to hold the pack and hoist it to the shoulders. The hospital also encourages activities such as yoga or weight training to help a child strengthen his or her core muscles. Developing a stronger lower back and abdominal muscles will also help a child avoid back injuries.

In the ABCNews.com article, Dr. Bernard Pfiefer, an orthopedist at the Lahey Clinic in Burlington, Ma, suggested another lifting technique: "To pick up a heavy pack safely, place it on the table or desk with the shoulder straps on top. Face backwards, bend the knees, and then lift the pack up onto your back." Backing up to the backpack and crouching down a bit to slip it onto the shoulders eliminates the strain of bending forward to pick it up from the floor then swinging it up onto the back.

Knowing how to pack, wear, and lift a backpack properly can keep it from becoming a pain in the neck.

*Ceil Than is a freelance writer and former teacher.*

ABC News  
7 West 66th Street  
New York, NY 10023  
<http://abcnews.go.com>

American Academy of Pediatrics  
National Headquarters  
141 Northwest Point Boulevard  
Elk Grove Village, IL 60007-1098  
847-434-4000  
[www.aap.org](http://www.aap.org)

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51 West 52 Street  
New York, New York 10019-6188  
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[www.cbsnews.com](http://www.cbsnews.com)

Children's Healthcare of Atlanta  
404-570-9717  
[www.choa.org](http://www.choa.org)  
Backpack Safety Tips from HealthNewsDigest.com

Children's Hospital of Boston  
Division of Sports Medicine  
617-355-3501  
[www.childrenshospital.org/sportsmed](http://www.childrenshospital.org/sportsmed)

Clairan Health (Riley Hospital for Children)  
340 W. 10<sup>th</sup> St.  
P.O. Box 1367  
Indianapolis, IN 46206  
[www.clarian.org](http://www.clarian.org)

Consumer Reports Foundation  
Development Dept.  
101 Truman Ave.  
Yonkers, NY 10703  
800-757-7052  
[www.consumerreports.org](http://www.consumerreports.org)

Nemours Organization  
1600 Rockland Rd.  
P.O. Box 269  
Wilmington, DE 19803  
302-651-4000  
[www.kidshealth.org](http://www.kidshealth.org)

[www.chiroweb.com](http://www.chiroweb.com)  
Editorial dept.  
714-230-3150  
[editorial@mpamedia.com](mailto:editorial@mpamedia.com)

[www.pregnancy.org](http://www.pregnancy.org)

[www.bannerhealth.com](http://www.bannerhealth.com)

**HOTLINE**

# Bypass Surgery Bypassing Children's Obesity

By Ceil Than

It has long been known that an above average weight gain during pregnancy can trigger a host of illnesses for a mother-to-be such as gestational diabetes or hypertension. However, can it also predispose a newborn to childhood obesity? If an already obese mother-to-be undergoes gastric bypass surgery before becoming pregnant, can she increase her newborn's chances of avoiding obesity? Two independent studies answer "yes" to both questions.

The studies built on previous studies that established the link between overweight mothers having overweight babies that are nine times more likely than the normal weight children of normal weight mothers to be obese adults. In addition to linking birth weight and childhood weight gain with the increased likelihood of becoming an obese adult, the studies established that a child's body mass index (BMI) corresponds most closely with his mother's BMI than his father's which suggests that later-in-life risk for obesity is a combination of genetic and intrauterine forces.

## Don't Eat for Two

A 2008 study, entitled "Maternal Obesity at Conception Programs Obesity in the Offspring," conducted by the Arkansas Children's Nutrition Center, Little Rock, and published in the *American Journal of Physiology* observed the offspring of 2 groups of rats. The first group was offspring of female rats who were normal-sized but overfed before pregnancy. The second group was the offspring of female rats who were normal-sized but fed a healthy diet before pregnancy. After 130 days the first group were four times heavier and gained 60 percent more subcutaneous and abdominal fat even though the calorie intake of both groups remained the same.

Thomas M. Badger of the USDA-Arkansas Children's Nutrition Center, an author and researcher in the study, spoke about the study in a Newsweek article: "We think there's a high likelihood that something similar is happening in humans, in terms of programming kids to become overweight later in life."

The key finding of the study was that when the

offspring of both groups of rats were fed a high fat diet after birth, the offspring of the obese mother gained substantially more weight than the offspring of the normal-sized rat: 26 percent greater fat ratio. Even when both groups were fed a control or healthy diet, the offspring of the obese mother had more than 1.6 times the fat ratio.

Researchers involved in the study see the results as a direct caution to women to get into shape before becoming pregnant and maintaining a sensible, healthy diet and moderate weight gain during pregnancy to keep their children from a predisposition to obesity after they are born.

## Fit Mother Fit Child

What happens when an obese woman undergoes gastric bypass surgery, maintains a healthy weight and lifestyle over a period of time, becomes pregnant, and gives birth to a child? She may be giving her baby a chance to escape obesity as a child and eventually as an adult. This is the claim of an article entitled, "Effects of maternal surgical weight loss on intergenerational transmission of obesity," slated to appear in the November 2009 issue of the *Journal of Clinical Endocrinology & Metabolism*.

"Our study confirms previous research showing that the intrauterine environment may be more important than genes and the post-natal environment when it comes to the association between maternal obesity and childhood obesity," said John Kral, MD, PhD, of SUNY Downstate Medical Center in Brooklyn, N.Y. one of the authors of the study. "Any medical or surgical treatment to reduce obesity and existing metabolic disorders before pregnancy can be an investment in the life of future offspring."

The study targeted 49 women and their 111 children, some of whom had been born before their mother's gastric bypass surgery and some of whom had been born after, and compared the growth and development of the children born after the surgery with their siblings born before the surgery. The children born after had reduced birth weight and waist



circumference and were three times less likely to become severely obese. They also had better insulin resistance and lower cholesterol.

American Physiology Society  
9650 Rockville Pike  
Bethesda, MD 20814-3991  
301-634-7164  
www.the-aps.org

The Endocrine Society  
8401 Connecticut Ave.  
Chevy Chase, MD 20815  
301-941-0200  
www.endo-society.org

HOTLINE

## Up in Smoke

By Ceil Than

February 2009 brought a photo of Michael Phelps, winner of eight gold medals for swimming at the 2008 Summer Olympics in Beijing, holding a marijuana bong to his mouth with his right hand and lighting it with his left. Six months later, WWL-TV reported a meeting with young people at Covenant House at which U. S. drug czar Gil Kerlikowske fielded a complaint from a young man who wanted to know why marijuana wasn't legal; after all, it wasn't a drug, just "weed." Is it easier to forgive Phelps because he was just smoking "weed"? Is marijuana just "weed," something akin to chamomile tea?

### Common Misperception

Kerlikowske responded to the complaint by stating, "If you think about who calls for help to a hotline, a drug hotline, more than anyone else it's people who use marijuana ahead of every other drug."

A 2004 report by the National Center on Addiction and Substance Abuse (CASA) at Columbia University, supports Kerlikowske's statement. It states that the proportion of 12 to 17 year olds in treatment for marijuana abuse and dependence rose 142 percent since 1992.

Although it is sometimes brewed as a tea and some varieties are known as Bubble Gum or Juicy Fruit, Marijuana is a potent and dangerous drug. According to the National Institute on Drug Abuse (NIDA), it is the most commonly used illicit drug in the United States. An annual survey conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA) revealed that although 42 percent of 12 to 13 year olds identified smoking marijuana once per month as a great risk, only 24.1 percent of 16 to 17 year olds held the same belief. Couple this with the results of a 2003 Monitoring the Future Survey by NIDA where 46.1 percent of high school Seniors responded that they had used marijuana at some point in their lives, and an August 2009 CASA study where 35 percent of 16 to 17 year olds responded that marijuana was the easiest substance to buy, and the perception that using marijuana is a popular and harmless experience becomes clear.

### What's So Harmful?

Marijuana is a plant known as *cannabis sativa* whose leaves, stems, seeds, and flowers are dried and shredded. Rolled into a cigarette shape and smoked it is called a joint. Stuffed into a hollowed out cigar and smoked it is called a blunt. It can also be smoked through a water pipe called a bong, steeped into a drinkable tea, or mixed into food such as brownies. When it is consumed, a chemical in the plant, delta-9-tetrahydrocannabinol (THC), causes the brain to release dopamine and the user feels "high." The user also feels side effects such as loss of coordination, memory, judgment, and perception. According to NIDA, in 2002, marijuana was the third most commonly abused drug associated with emergency room visits. Loss of coordination, perception, memory, or judgment leads users to take unnecessary and sometimes harmful risks.

When the "high" wears off, usually in two to three hours, so do the side effects, but the user is not back to normal. Marijuana is addictive. Users begin to crave the "high" and continue to use the drug. Heavy users run an increased risk of developing psychosis, and all users experience withdrawal symptoms when they try to stop.

## High THC Levels

The American Council for Drug Education (ACDE) warns that THC levels in marijuana smoked today is 4 percent, 3 percent higher than it was in 1974. In hashish, a resin from the flowers of the female plant, THC levels increase by 5 to 10 percent. Even higher levels of THC are found in a type of marijuana called Sinsemilla made from just the buds and flowering tops of female plants where the THC content ranges from an average of 7.5 percent to a high of 24 percent.

The more THC, the higher the “high,” the stronger the side effects, and the stronger the craving for the next high. Also, joints and blunts often contain other drugs, such as crack cocaine or the hallucinogen phencyclidine (PCP), mixed with the marijuana. Users smoke two drugs at the same time, doubling the possibility for addiction.

## Gateway Drug

Perhaps the most serious consequence of using marijuana is that using marijuana is a first step to using other drugs regardless of whether a joint or blunt also contains another drug. A CASA study reports that teens who smoke pot are 85 times more likely to use cocaine than teens who never smoked pot, and 60 percent of teens who use marijuana before age 15 go on to use cocaine.

David Shep’s 2008 book, *Beautiful Boy: a father’s journey through his son’s addiction*, chronicles his son Nic’s addiction to prescription drugs and crystal meth, an addiction that began when Nic started smoking marijuana in high school.

Julie Myerson’s 2009 book *The Lost Child: A Mother’s Story*, traces her son’s addiction to smoking “skunk,” marijuana with a very high THC content.

“The evidence is overwhelming that marijuana is a dangerous drug,” explains Joseph A. Califano, jr., CASA chairman and former U. S. Secretary of Health, Education and Welfare. “CASA’s latest analysis provides increasing evidence that marijuana is a gateway to other drug use. The more

researchers study the drug and the consequences of its use, the clearer it becomes that teens who smoke pot are playing a dangerous game of Russian roulette, not engaging in a harmless rite of passage.”

American Council for Drug Education (ACDE)  
164 West 74<sup>th</sup> Street  
New York, NY 10023  
acde@phoenixhouse.org

The Baltimore Sun  
501 North Calvert St.  
P.O. Box 1377  
Baltimore, MD 21278  
www.baltimoresun.com

National Center on Addiction and Substance Abuse  
At Columbia University (CASA)  
633 Third Ave. 19<sup>th</sup> Floor  
New York, NY 10017-6706  
212-841-5200  
www.casacolumbia.org

National Institute on Drug Abuse (NIDA)  
National Institutes of Health  
6001 Executive Blvd. Rm. 5213  
Bethesda, MD 20892-9561  
information@nida.nih.gov  
301-443-1124  
www.teensdrugabuse.gov

Substance abuse and Mental Health Services  
Administration (SAMHSA)  
P.O. Box 2345  
Rockville, MD 20847-2345  
877-726-4727  
SHIN@samhsa.hhs.gov  
www.samhsa.gov

WWL-TV  
1024 North Rampart Street  
New Orleans, LA. 70116  
504-529-4444  
www.wltv.com

**HOTLINE**

# Heroin Use Continues to Rise

By Ceil Than

According to a 2008 US News and World Report article, in 2006 the number of 13 to 30 year olds in Massachusetts whose deaths were linked to opiate drugs rose to 5 times above the 1997 levels. A 2006 National Survey on Drug Use and Health (NSDUH) the number of heroin users of all ages in the U.S. increased from 136,000 in 2005 to 338,000 in 2006. Among first time users, 91,000 were age 12 or older. The numbers continue to climb.

“A parent in New York should be very concerned about a drug trend in Dallas, a drug trend in Kansas City, a drug trend anywhere throughout the United States,” Steve Robertson, a special agent with the Drug Enforcement administration in Washington commented for a 2007 CNN.com article on heroin abuse. Robertson pointed out that high use of the Internet as well as cell phones among teenagers helps drug trends spread across the country, and the recent trend is heroin use.

Teens already hooked on prescription drugs such as OxyContin, many times obtained by “pharming” also know as raiding their family’s or friend’s medicine cabinets, switch to heroin when their supplies of prescription drugs run out. A single OxyContin pill costs 60 dollars on the street, while a bag of cheese heroin, a mixture of heroin and over-the-counter medications containing the antihistamine diphenhydramine, costs \$2 dollars for a single hit.

## Gateway to Nowhere

In the U.S. News and World Report article, Douglas Collier, a Drug Enforcement Administration agent in New Jersey, described a distraught mother who discovered that her children were visiting their grandmother to steal the Fentanyl and OxyContin prescribed to ease her suffering from stage three cancer. A 2008 ABC News article profiled a Connecticut teenager who began taking Percocet and OxyContin from her parents’ medicine cabinet and two years later accumulated \$20,000 in debt to support her \$400 a day pill habit before she graduated to heroin.

“People say heroin went away. It’s never gone anywhere,” Collier explained. “But the user group has changed. The old time heroin user was the guy on the street corner. Now we have kids from the suburbs.”

The draw is the cheap cost of the drug as well as the new ease of ingestion. Heroin can be snorted, and removing the need to “shoot up” with a needle made it appealing to a new group of users. Many kids have already snorted OxyContin. At parties, the pills are pulverized and snorted so that the user feels the effect of the opiate all at once. Powdered heroin can be snorted the same way.

A 2005 NPR report focused on a 17-year-old Massachusetts teen who snorted OC at a party and used his entire life savings to keep himself in pills and avoid the low that came every time he tried to stop.

“It was like somebody was inside of your head with a hammer,” he described the feeling. “You feel like you’re going to die. Just laying there in the bed, sweat pouring out of you. . .then five minutes later, you’re freezing. . .then you’d be throwing up.”

According to this teen and others interviewed for the article not only were most of their friends using OC, many were also selling it. One interviewee told about the moment she switched to heroin to avoid withdrawal symptoms. She called one of her friends whom she knew used both OC and heroin.

“I didn’t think if she had heroin I would do it,” she said, “but then when I had the option – to be sick or do this—I did that.”

## Dangerous High

Heroin offers a quick high because, whether snorted or injected, it enters the brain rapidly. This also makes it highly addictive. The brain receives the drug in the opioid receptors located in the brain stem, the part of the brain that controls the automatic body functions, such as breathing and blood pressure that keep people alive. In heroin overdoses, many times



death comes from breathing that has slowed to a stand still. Each time a heroin user gets high, these automatic body functions as well as thinking, memory, and reaction time slow down leaving the user open to other life-threatening behaviors such as driving a car while impaired.

The U.S. News and World Report article states that in 2006 149 teens and twenty-somethings died from opiate use in the small town of Salisbury, MA. The number of heroin addicts entering state-operated drug rehab programs also increased. By 2007, the death toll included the police chief's own son who overdosed on methadone.

"Salisbury is a hardworking, middle-class community with an excellent school system and great people, but we also have a problem with painkillers and heroin, and we recognize it," said David L'Esperance the Salisbury police chief. "Kids are into this stuff, and hell, if it can happen to the police chief, it can happen to anyone."

### Signs of Addiction

A 2008 report by a channel 7 news reporter for TheDenverChannel.com lists the signs of heroin or prescription drug abuse that parents can look for:

Drug paraphernalia such as:

- Crumpled tin foil with burn marks hidden in a car or bedroom
- Lighters
- Pens that have been hollowed out (to make a tube to help snort the drug)

Changes in a teen's behavior or appearance such as:

- Sudden and unexplained weight loss.
- Unexplained disappearance of large amounts of money or valuables
- Unexplained disappearance of or significant reduction in the amount of prescription medications in the medicine cabinet.

### Save My Child

In 2008 The Long Island Press published a two-part cover story on heroin abuse by teens and twenty-somethings. Each of the families interviewed for the story reported the frustration parents encountered trying to get help for their children. Each family discovered that relapse is common and help is often not.

"We hit every roadblock there was," stated Doreen Ciappa, mother of a heroin-addicted daughter. Mrs. Ciappa sought help from doctors, school counselors, psychiatrists, and hospitals that sent her daughter home hours after heroin had slowed her breathing to a near standstill and Mrs. Ciappa was able to call 911. "We were crying. We were saying, 'please keep her here.' You have to save my child. I'm beggin you, please, please. We don't know what to do anymore."

In a 2008 article for Medicinenet.com, Dr. Melissa Conrad Stoppler explains the nature of heroin addiction. She points out that a heroin high may last four to five hours after the drug is inhaled or injected. After a few highs, a user develops a tolerance to the drug and requires increasing amounts of the drug to achieve a high. Physical dependence on the drug can occur after one to two weeks of daily use. The risk of overdose increases and because of the hold the drug has on the user, so does the risk of relapse when use is discontinued.

According to the 1986 NIDA study entitled Relapse and Recovery in Drug Abuse, the probability of post-treatment relapse for heroin abusers is 54 percent. Heroin users were also the quickest to relapse with a mean of 55 days elapsing before post-treatment relapse. It's safe to speculate that in the twenty years since that study the increased potency of the drug probably raises the percent of addicts who relapse and decreases the time between rehab and relapse.

In the case of eighteen-year-old Natalie Ciappa, her parents' continually frustrated attempts to get her professional help and rehab, as well as the strong hold heroin had on her, eventually led to her death.



### Treatment Options

Treatment pairs medically assisted detoxification with behavior therapies. Patients are given medications that take the edge off the withdrawal symptoms to help wean them from the drug. Methadone, a synthetic opiate medication, is the most commonly used. However, it is also addictive, and is distributed only through specialized treatment programs and clinics. Buprenorphine, a weak opioid, can be prescribed through a doctor and lessens withdrawal symptoms.

An MSN.com article on teenage drug habits quotes Oscar Bukstein of the Western Psychiatric Institute and Clinic and the University of Pittsburgh Medical Center: "I really believe in it [buprenorphine] but I also know that it's not perfect." He explains that recovering addicts will fill a prescription for buprenorphine and then sell the medication to get money for what they consider "the good stuff."

The article goes on to explain that suboxone, a newer treatment option, is a combination of buprenorphine and naloxone. Because buprenorphine is a weak opioid recovering addicts sometimes inject it to try to get high. If users inject suboxone seeking the same effect, the naloxone kicks in and causes the very withdrawal symptoms they sought to avoid. If the suboxone helps the addict to withdraw, many can go on to naltrexone (normally used to treat cases of overdose) which blocks the effects of narcotics.

Therapy is part of the equation. Bukstein

explains that treatment programs need to tailor their behavior therapy to teenagers. Teenagers need psychological therapies that help them deal with social and emotional problems outside the circle of their addiction. In order to more effectively combat relapse, Teens need counseling to help them break the circle of addiction by breaking away from the peer group and the social habits that got them addicted in the first place.

ABCNews.com

"Heroin in Suburbia" Aug. 4, 2008

CNN.com

[www.cnn.com/2007/US/06/12/cheese.heroin](http://www.cnn.com/2007/US/06/12/cheese.heroin)

MSN.com

"Treating Teenagers' Drug Habits"

NPR.com

"Teen Abuse of Painkiller OxyContin" Dec, 19, 2005

Substance abuse and Mental Health Services Administration (SAMHSA, NIDA, NSDUH)

P.O. Box 2345

Rockville, MD 20847-2345

800-729-6686

877-643-2644

SHIN@samhsa.hhs.gov

[www.samhsa.gov](http://www.samhsa.gov)

TheDenverChannel.com

"Some Think Smoking Isn't Addicting" Dec. 17, 2008

The Long Island Press

575 Underhill Blvd. Suite 210

Syosset, NY 11791

[www.longislandpress.com](http://www.longislandpress.com)

US News And World Report

"Heroin Hits the Suburbs" Aug. 15, 2009

[www.medicinenet.com](http://www.medicinenet.com)

"Heroin Addiction and Predictors of Relapse"

**HOTLINE**

# Addicted To Studying

## By Ceil Than

If you hear your teens tell friends they need “Jif” or “Skippy” before studying for a test, don’t assume they’re getting their energy boost from peanut butter. “Jif,” “Skippy,” “Vitamin R,” and “R-Ball” are all slang for Ritalin and Adderall medications prescribed to treat attention deficit hyperactivity disorder (ADHD). Teens are abusing the medications to get high, to help them diet, and to help them study.

In a July 2008 article for *Family Circle* magazine, Steve Pasierb, President of Partnership for a Drug-free America, explained the allure of these drugs to students: “They increase focus and alertness so kids can hit the books longer with better retention. Some swear it’s the difference between a B-plus and a C.”

The article cites a National Institute on Drug Abuse (NIDA) study that states abuse rates for ADHD medications peak in teens between 8<sup>th</sup> and 12<sup>th</sup> grades. However, according to the U.S. Department of Education’s Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention, College students pressured by exams and papers are also heavy abusers.

### Essential for All-Nighters

A 2005 New York Times article focuses on students who claim to use ADHD medications as a study aid. The article quotes Dr. Robert A. Winfield, director of University Health Service at the University of Michigan, Ann Arbor, who has seen the trend: “Things have really gotten out of hand in the last four to five years. Students have become convinced that this will help them achieve academic success.”

In the article, a student with ADHD claimed that she sold her pills for \$5 each or swapped them for meals. Other students claimed the pills were the only way they could find the focus and stay awake longer to keep working during academic crunch time.

Dr. Laurence Greenhill, a clinical psychiatrist at Columbia University sets the record straight: “It [Adderall] won’t increase your intelligence, it just increases your diligence,” he said. “Essentially, the

drugs delay the onset of sleep so you can stay up all night and cram.”

### What Is Skippy?

A NIDA *InfoFacts* pamphlet defines Ritalin and Adderall as stimulant medications similar to amphetamines. Ritalin is made up of methylphenidate while Adderall is a mix of amphetamine salts and methylphenidate. Both are designed to increase dopamine levels, and Adderall is a time-release formula. In people with ADHD, the brain is a weak producer of dopamine and as the stimulant drug increases dopamine levels, the person experiences improved focus and attention. When a person who does not have ADHD takes the medication, the surge in dopamine and the disruption of the body’s normal production of the chemical results in the euphoric rush of a high that some users equate with performance enhancement.

### Who Uses It?

People diagnosed with ADHD are prescribed daily doses of medication to help them function. A 2005 Center for Disease Control’s *Weekly Morbidity and Mortality Report* stated that in 2003, approximately 4.4 million children between 4 and 17 years old were reported as diagnosed with a history of ADHD; of these, 2.5 million (56%) were reported to be taking medication for the disorder.

However, a 2009 Reuters’ article cites NIDA as having received reports estimating that more than 7 million people in the United States have abused methylphenidate for recreational highs or for academic performance enhancement.

In the article, Dr Jennifer Setlik of Cincinnati Children’s Hospital Medical Center interprets the trend: “The findings suggest that more teens are abusing and misusing stimulant ADHD medications because they have access to those medications, not because a higher percentage of those treated have turned to abusing their medication.”

A NIDA-funded study done in 2005 at Northeastern University supports Setlik’s view as



well as the trend of using stimulants to enhance academic performance. The study found that less than 33% of the students who had abused ADHD medications did so to get high. It also found that 75% of college-age users preferred amphetamine-dextroamphetamines such as Adderall. The study, published in the October 2006 issue of *Pharmacotherapy*, speculates that students are either attracted by the extended release formula of the drug or the prevalence of the drug. Adderall is one of the most frequently prescribed ADHD drug.

### Where Do They Get It?

These drugs are widely used and widely available. People who have legitimate prescriptions may share or sell the drugs to abusers. Abusers can sometimes fool their doctors into prescribing the drugs to them or fool online pharmacies or drug retailers into selling drugs to them without checking prescriptions. The drugs can also be sold by dealers on the street or stolen when an abuser “pharms” in the houses of friends or relatives.

Abusers can swallow the pills, crush and snort them, or even dissolve the tablets in water and inject the mixture.



### What Are the Risks?

Abuse of these stimulants can lead to a surge in blood pressure, heart rate, and body temperature. High doses can trigger stroke, and chronic use can produce feelings of hostility and paranoia. The effect is highly addictive and withdrawal symptoms occur if use is discontinued. The lows that come after the highs can cause suicidal depression. In addition, abusers that inject the dissolved tablets risk having undissolved particles block arteries and cause damage to lungs or retinas.

Between 1988 and 2005, calls to poison control centers involving teens who overdosed on ADHD medications rose 78 percent, according to the 2009 Reuters article. According to Substance Abuse and Mental Health Services Administration’s (SAMHSA) Drug Abuse Warning Network (DAWN) for 2004, an estimated 7,873 drug-related emergency department visits involved methylphenidate or amphetamine-dextroamphetamine. Although adverse reactions among patients who had been prescribed the drugs accounted for 34% of the emergency room visits, 48% of the visits were for people who had abused the drugs. Among the group who had abused the drug, 68% mixed the ADHD drugs with another substance such as alcohol, illegal drugs, or over-the-counter medications.

Although the rates of DAWN’s surveyed emergency room visits involving methylphenidates or amphetamine-dextroamphetamines for patients aged 12 to 17 were higher than the rates for patients aged 18 or older, the Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention claims that stimulant drugs like ADHD medications are among the few drugs other than alcohol that college students abuse at a higher rate than non-college students.

### What Can Be Done?

Ritalin and Adderall continue to be widely prescribed, putting millions of tablets in circulation. Students who have been prescribed ADHD medication and their parents should keep a close watch on the number of tablets consumed and the amount of times a prescription is refilled to prevent theft, sale, or gifting of the pills. If a parent, friend, or roommate suspects abuse, he or she should contact

a medical professional immediately.

The U.S. National Library of Medicine lists the symptoms of overdose including:

- ♦ vomiting
- ♦ agitation
- ♦ uncontrollable shaking of a part of the body
- ♦ muscle twitching
- ♦ seizures
- ♦ confusion
- ♦ hallucinating (seeing things or hearing voices that do not exist)
- ♦ sweating
- ♦ flushing
- ♦ fever
- ♦ fast, pounding, or irregular heartbeat
- ♦ widening of pupils

Teens are risking a lifetime of addiction for a few extra hours of cramming. The Northeastern University study found that most lifetime users began abusing stimulant drugs during their college years.

The Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention  
Education Development Center, Inc.  
55 Chapel Street  
Newton, Massachusetts 02458-1060  
Phone: (800) 676-1730 -  
TDD Relay Friendly, Dial 711  
Fax: (617) 928-1537  
E-mail: HigherEdCtr@edc.org  
www.higheredcenter.org

U.S. National Library of Medicine  
8600 Rockville Pike  
Bethesda, MD 20894  
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/>

Morbidity and Mortality Weekly Report  
Centers for Disease Control and Prevention  
1600 Clifton Rd, MailStop E-90  
Atlanta, GA 30333, U.S.A  
[www.cdc.gov/mmwr](http://www.cdc.gov/mmwr)

Substance abuse and Mental Health Services Administration (SAMHSA, NIDA, NSDUH)  
P.O. Box 2345  
Rockville, MD 20847-2345  
800-729-6686  
877-643-2644  
[SHIN@samhsa.hhs.gov](mailto:SHIN@samhsa.hhs.gov)

**HOTLINE**

## **Teen Depression and Eating Disorders**

**By Lily Giacalone**

By clinical definition, depression is an emotional state characterized by feelings of sadness, lack of energy, and loss of ambition. For teens, non-verbal expression and behavioral manifestations may provide solutions for their own unresolved conflicts. For purposes of classification, eating disorders include anorexia nervosa, bulimia nervosa, obesity, and to a lesser extent, binge eating. According to Diane Yancey in her book *Eating Disorders*, she notes that a variety of complex factors such as family dynamics, peer relationships,

and cultural norms impact the onset of eating disorders as a coping mechanism. However, depression can be both a cause and result of eating disorders. Although research studies have produced opposing views, there is some agreement that most teens who suffer from eating disorders have a pre-existing psychological problem that may be associated with the onset of the disorder. Psychologists Eric Stice, Diane Spangler, and W. Stewart Agras, a research team from Australia, concluded that “teenage girls who suffer from anxiety



and depression are seven times more likely than others to develop an eating disorder”. The research also demonstrates that people with low self esteem and feelings of irrational guilt are at risk of developing eating disorders. An article written in 1997 in the *Harvard Mental Health Letter* indicates that “family susceptibility to eating disorders is largely hereditary”.

### What Causes Eating Disorders?

The causes of eating disorders has not been specifically determined. However, according to the organization *Anorexia Nervosa and Related Eating Disorders (ANRED)*, eleven factors seem to motivate teens toward such dysfunctional behavior.

The eleven factors are:

- ◆ to comfort themselves
- ◆ to numb emotional pain
- ◆ to avoid intimacy
- ◆ to ask for attention
- ◆ to escape from a demanding world
- ◆ to express anger
- ◆ to rebel against authority
- ◆ to punish themselves
- ◆ to release tension
- ◆ to fill empty time
- ◆ to give themselves a sense that they are doing something important

Overall, those who use dysfunctional eating behaviors and their bodies as an arena for conflict resolution, are aiming to establish a sense of control over their own lives and the lives of the people they are close to. It is important to remind ourselves that as stated earlier, the personality traits and behaviors associated with eating disorders are often inherited. There are also several social and media messages that can be confusing and contradictory to teens.

For example, as stated in *Take Charge of Your Child's Eating Disorder* by Pamela Carlton, MD and Deborah Ashin, the media tends to promote the image of a thin or physically fit body. At the same time, it has a significant economic incentive to promote the vast array of foods, restaurants, and food related products that are readily available to a capitalist society. An impressionable and vulnerable teen may have difficulty putting all the various information in correct priority order. Given that confusion, a common trait of teens with anorexia is a desire to please others, but it is often complicated by an inability to communicate negative emotions. For bulimics, it is common to behave impulsively and engage in high risk activities. Since these patterns of behavior typically bring about a negative outcome, a teen may seek a sense of control over the environment through dysfunctional eating. Although not fully recognized by some professionals and insurance companies, binge eating disorders affects many teens, as well.

Binge eaters tend to over-eat sporadically, may induce vomiting, and become obese. Binge eaters may hide and gorge themselves until they become physically ill, depressed, anxious, make several failed attempts at dieting, and ultimately become socially withdrawn or non-communicative. Both obesity and binge eating affect teens and have been correlated with low self esteem, identity confusion, and the need to comfort oneself from an emotional pain. All eating disordered individuals need to address the underlying, often deeply rooted, psychological problems that drive them to an eating disorder.



## The Family and Eating Disorders

In a book entitled *Eating Disorders, Opposing Viewpoints*, many professionals have contributed articles representing opposing viewpoints about the causes and results of eating disorders. The subject of the family's impact on the eating disordered teen is debated in great detail. Author Sharlene Hesse-Bilber states that "the family is a major factor in determining whether women accept or reject cultural ideals of thinness".

She also notes that problematic relationships with food and/or a fear of growing up while keeping the body thin and immature are often a response to unmet parental expectations. Typically, this set of behaviors is seen in females more than males. As noted earlier, although depression and anxiety are associated with eating disorders, it is not specifically



proven which is the cause and which is the result. In her article, Hesse-Bilber also indicates that physical and/or sexual abuse within the family may play a part in the development of eating disorders. Hence, a teen may resort to dysfunctional eating as a form of self control, an attempt to punish the family, or to bring non-verbal attention to the body. Therefore, some researchers note that the use of the body as the focal point of the disorder suggests a teen's indirect attempt to reconcile physical violations. Given this complex scenario, the family should seek professional counseling and therapy aimed at unlocking their emotional problems, relationship dynamics, and dysfunction. According to Amy Tuttle, a nutritionist at the Renfrew Center in Philadelphia, an enmeshed family often contributes to eating disorders "where emotional, relational, and physical space boundaries may be too blurry", and therefore prohibit the development of an independent self.

As noted earlier, this is consistent with the need to establish a sense of control through the use of an eating disorder.

### The Need for a Multidisciplinary Treatment Plan

The critical components of an effective treatment plan include medical doctors, a therapist, a dietician, and a supportive parent or guardian, as stated in *Take Charge of Your Child's Eating Disorder* by Pamela Carlton, MD and Deborah Ashin. Hence, this type of treatment plan is known as "multidisciplinary". Treatment of a child's eating disorder is complex and must be recognized as a psychiatric illness that also has the potential for severe, and sometimes fatal, consequences.

### Medical Doctors

The child with an eating disorder should be evaluated by two medical doctors: a psychiatrist and a general practitioner. Professionals who are experienced in eating disorders will better serve your

child's needs, and a list of resources can be found at the end of this article. The psychiatrist can diagnose and prescribe treatment for underlying emotional disturbances such as depression and anxiety. If necessary, pharmacological treatment may be recommended. Some psychiatrists will also provide psychotherapy, or can refer the patient to an appropriate therapist. A general practitioner will be able to identify possible systemic illnesses and make referrals if necessary. It is important to realize that extreme changes in eating behaviors such as under-eating, over-eating, induced vomiting, or gorging will compromise a child's overall health. For example, many anorexics will experience cardiac problems as the heart becomes less nourished and begins to malfunction. In extreme cases of anorexia, malnutrition has been correlated with a loss of brain tissue as noted by researchers Carlton and Ashin. Obesity also presents health risks such as heart attack and stroke as noted by Diane Yancey in her book , *Eating Disorders*. Therefore, the eating disordered child needs both psychiatric and general medical care.

### Therapists

Family, individual, and group therapy are commonly used in the treatment of eating disorders in teens. The need for a combination of therapies is essential for full recovery because each treatment strategy will require the repeated participation of family, patient, and group. Given this variety, all aspects of the core problems will be addressed in different ways with various therapists, and in specific settings over an extended period of time. Very often, these sessions may become difficult as unresolved conflicts begin to resurface. However, unless the treatment plan is thoroughly followed through, recovery may not be achieved.

### The Dietician

It is important to find a registered dietician who has knowledge and experience with the cognitive development and nutritional requirements of pre-

teens and adolescents. A preliminary interview with the dietician is recommended as your child must trust and be comfortable with the person you chose to work with. Weekly visits are recommended, and parental participation will include scheduling follow up appointments, communicating with the dietician, and monitoring the child's food intake, energy levels, and activities. Meal planning, preparation, and serving are critical components in the recovery process and will be determined by the dietician and parent.

### Looking Ahead

For many families, the onset of a teen's eating disorder has a disruptive and unsettling effect. However, it is essential for parents and care givers to realize that recovery is possible through awareness, establishing goals, and the use of a supportive multidisciplinary approach.

### Online Referral Services

Below is a list of online referrals and resources for finding eating disorder specialists and treatment:

#### ***Academy for Eating Disorders***

Professionals listed by geographic location  
[www.aedweb.org/public/EDsearch.cfm](http://www.aedweb.org/public/EDsearch.cfm)

#### ***Anorexia Nervosa and Associate Disorders (ANAD)***

Referrals to treatment and information  
[www.anad.org](http://www.anad.org)

#### ***Find-A-Therapist***

International database of thousands of mental health professionals  
[www.find-a-therapist.com](http://www.find-a-therapist.com)

#### ***The Renfrew Center***

Referrals to eating disorder specialists in the U.S. and Canada  
[www.renfrew.org](http://www.renfrew.org)

HOTLINE

# Understanding Children and Teenagers

by Lily Giacolone

## Behavior and Genetic Predisposition

Understanding child and adolescent behavior can be a complex task for parents, caregivers, and guardians. Years of research and debate surround the question of whether our behavior is in our genes, also known as “nature”, or learned by example, also known as “nurture”. A more conclusive approach suggests that genes dictate both our nature and nurturing style. Therefore, both nature and nurture are affected by genes as stated by Matt Ridley in his book titled *Nature Via Nurture*. With regard to managing difficult behavior, it becomes necessary to explore a possible explanation. Children often model their behavior after family members or by example. However, difficult behavior can be understood as an external expression of internal emotion and conflict, and therefore, can be explained as genetic predisposition. Given that, the gap between nature and nurture narrows down to a more unified view of behavior and personality wherein genes affect nurturing style.

## Our Children, Our Selves

It is productive for parents to understand the subtle relationship between behavioral stimulus and response through a complicated series of actions and reactions. Children cannot be psychoanalytical and trace their behaviors back to earlier events and influences as noted by Deborah Hage in an article entitled *Children Behave the Way They Behave Because They Think the Way They Think*. She also says that early events shape thought processes which drive present behaviors. For example, Hage cites that a parent may become angry if a child deliberately breaks something, and then hope to associate a negative experience with the child’s undesirable behavior. Clearly, the parent does not recognize the emotional illness in the child. However, the same parent may express compassion if the child has a physical illness. The significance of these separate scenarios is that the parent is placing blame on the

child for the destructive behavior without considering that a psychological, or perhaps brain based problem exists, whereas the physical illness creates a sympathetic parental response. Both situations relate to a disease of some kind and need to be addressed with proper diagnosis and treatment. Here it is also helpful to understand that children inherit behavioral traits that are often reinforced by biological parents who exhibit those traits in their child rearing style. This clearly supports the idea that personality is the result of a combination of genetic predisposition and other associated inherent behaviors. Hage also notes that a child’s belief system and thought processes affect behavior, and are the result of both nature and conditioning or nurturing. When the resulting behavior is negative, a parent or caregiver needs to understand the underlying causes before attempting to change the undesirable behavior. A useful question to ask oneself is, “Can the child be reacting to a systematic set of stimuli, either subtle or obvious, that the parent may unwittingly provide that becomes provoking to the child?”. It is important for parents to realize the subtle impact and cyclical nature of action and reaction between themselves and their children. However, the power of genetic predisposition remains equally significant and is supported when adopted children or separated twins exhibit inherited traits.

## Avoiding Trigger Behaviors

Effective parenting is a difficult task, but some aspects should be obvious. It does not take much time or experience to learn another person’s vulnerability or volatility. The teen years can be especially challenging as noted in *The Angry Teenager* by Dr. William Lee Carter, where he states that the independent minded teen may resort to aggressive solutions to hide his or her emotions from parents. In this scenario, a teen’s resentment toward parental control and expectations may be expressed through anger and destruction. Unfortunately, the





underlying causes and meaning of the anger may become secondary to the overt aggressive behavior as parents struggle to maintain stability within the home environment. Quite often difficult children begin to develop a reputation for being disruptive and become somewhat accustomed to this personal profile, then act accordingly through to the teen years. Included in this pattern there may also be academic failure, peer problems, and competition for parental approval among siblings. As noted earlier, the parents may also exhibit similar traits, but need to use mature wisdom to deter conflict between themselves and their children. However, in reality the scenario often presents a number of unresolved conflicts and can be quite damaging to the family dynamic. Many studies by noted psychologists such as James Marcia and Erik Erikson discuss the importance of identity formation and the problems of identity diffusion wherein teens and their parents are struggling to find a strong commitment to some attainable goal. For example, a parent may be struggling with his or her own alcoholism, drug addiction, or marital problems, and therefore, displace the anger of a personal lack of resolve on the children. Since children role model after adult examples, many behaviors and conduct disorders are learned as well as inherited. The possibilities of identity confusion and crises will exist for both children and parents. These ideas are outlined in great detail by David Moshman in *Adolescent Psychological Development*. Arguments and disputes may erupt over simple daily activities, or the division of household tasks and responsibilities creating a difficult and frustrating cycle of cause and effect

behaviors. Sometimes discussions between family members achieve little progress, and may even unearth older conflicts that remain unsettled. For example, a child may subconsciously feel responsible for a divorce, economic hardships, or even a parent's illness. The result may be an angry cycle of interactions that can include depriving the child of privileges, activities, or social contact with friends.

### Passive-Aggressive Control

Other confusing behavioral signals may take the form of passive resistance, sometimes seen as passive-aggressive, as it is a controlling and somewhat manipulating strategy. For parents and their children, this type of verbal or behavioral shut-down is typically frustrating and counter-productive. It also seems sensible to view passive-aggressive behavior and control as a response to the questions of self identity and how one will fit into the larger social scheme. Another important point to consider is that self identity begins to develop from infancy. In the *Angry Teenager* by Dr. William Lee Carter, he urges parents to bring out what is called the "unspoken dialogue" of their children through coaxing the anger out of its hiding place within the child's psyche. Elements of psychological control often include displacing hidden anger and a reluctance to openly communicate. According to a clinical study noted by Dr. Carter, parents should not try to force their decisions on a teenager, but rather allow the teen to voice why he or she does not feel compliant with the parent's rules. For example, the study shows that the greatest success occurred when the parent let the child know that his or her feelings were important. If a child knows that his or her feelings are accepted and considered by parents, then anger may not dominate the home. Regarding the importance of genetic predisposition, these patterns of interaction among families are also inherited and then rehearsed, and can either promote or inhibit a smooth transition toward harmony. In the best possible scenario, honesty and acceptance will dominate the discussion and eventually result in a more functional family. Hence, an understanding of nature and nurture as converging elements may help us to unravel some of the complicated questions surrounding child, adolescent, and also parental behaviors.

## Resources

*Nature Via Nurture* by Matt Ridley is published by HarperCollins Publishers, Inc.

HarperCollins Publishers, Inc.  
10 East 53<sup>rd</sup> Street  
New York, NY 10022  
1-212-207-7009  
www.harpercollins.com

*The Angry Teenager: Why Teens Get So Angry, and How Parents Can Help Them Grow Through It* by Dr. Wm. Lee Carter is published by Thomas Nelson Publishers.

Thomas Nelson, Inc.  
PO Box 141000  
Nashville, TN 37241  
1-800-251-4000  
www.thomasnelson.com

*Adolescent Psychological Development, Second Edition: Rationality Morality, and Identity* by David Moshman is published by Lawrence Erlbaum Associates, Publishers.

Lawrence Erlbaum Associates, Inc., Publishers  
10 Industrial Avenue  
Mahwah, New Jersey 07430  
215-625-8900  
www.leaonline.com

*Children Behave the Way They Behave Because They Think the Way They Think* by Deborah Hage, MSW.

Deborah Hage  
www.deborahhage.com  
deborah@deborahhage.com  
1-719-836-2778

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**HOTLINE**

# **The Effects of Media on Children** by Lily Giacolone

## Media Influences

Children growing up in our media culture will experience both the positive and negative effects of television, the internet, and video game playing. Clearly, it is impossible to isolate our children from the media, however, we can attempt to intervene with pro-social and reasonable censoring that will direct them to productive and useful programming. In *Remote Control Childhood?* by Diane E. Levin, she notes how in 1984 the deregulation of children's television allowed manufacturers to market toys and other products with television programs. With that association, an interest in economic profit became a priority. From the 1970s to today, television watching and video game playing has increased among children and teens, which has caused a sharp rise in retail sales of related media character toys and products. For example, notes from the Federal Communications Commission indicate that sales

figures for toys related to the Ninja Turtles, Star Wars, and Barbie, to name just a few, exceeded the billion dollar mark as of the mid 1990s. Given this scenario, one has to ask what dictates the content of children's programming? Levin also notes that an interest in economic profit via children's programming has created a significant change in the way children play and interact while they focus on imitating the aggressive or violent behavior of their favorite media character. Fortunately, the media is also useful in providing information, resources, and support regarding the problems associated with its influence. Hence, it is important to evaluate both the positive and negative effects of the media. In order to strive to create a reasonable balance, parents should limit the amount of time that their children spend absorbed in the media, and work to encourage more family centered and socially integrated activities.

## Violent Media

Viewing media violence has had a measurable effect on the behavior of children and teens. Psychological studies, such as the one conducted by Albert Bandura at Stanford University in the 1960s, supports the claim that children imitate, as well as, model their behavior on what they see.

Bandura used three groups of nursery school age children and his now famous inflatable Bobo doll. One group observed a violent televised segment involving Bobo, another group viewed a violent live segment involving Bobo, and the third group was a non-participating control group. The two groups of children who saw the attacks on the Bobo doll acted out aggressive and violent behaviors shortly thereafter in a room full of toys. Many became creative in their attacks adding unique forms of abuse to the inflatable Bobo. Although some critics of Bandura's study say that it is too simplistic and not inclusive enough, we still should be concerned that the suggestive content of violent programming and video games has encouraged "aggression, pessimism, and desensitization" in children, as stated by Madeline Levine in her book, *Viewing Violence*. It is important to note that while a child or teen may not act aggressively immediately after seeing media violence, he or she has learned that an aggressive solution will bring a result, and usually an immediate one. Of course social and emotional reactions are the result of a complex mix of various influences, however, it is probably safe to say that violent programming teaches and impresses upon a child the idea that destruction can achieve a quick and effective outcome. As a result, the lesson of problem solving through aggression or removal of the problem, also known as "deleting" in technological jargon, has been learned and stored as a retrievable memory.

## The Effects of Video Game Play

The current widespread form of entertainment among children and teens is the video game. As expected, its effects are a popular topic of debate among the research community.

A list of facts and effects of video game play on children is available on [www.MediaWise.org](http://www.MediaWise.org).

Some of the positive effects include:

- ♦ Games can give practice in following directions.
- ♦ Some games provide practice in problem solving and logic.
- ♦ Players are introduced to information technology.
- ♦ Games can provide practice in fine motor and spatial skills.

Some of the negative effects include:

- ♦ Over dependence on video games can foster social isolation, as some are formatted for one player only.
- ♦ Game environments are often based on plots of violence, aggression, and gender bias.
- ♦ Many games do not offer action that requires independent thought or creativity.
- ♦ Games can confuse reality and fantasy.
- ♦ Academic achievement may be negatively related to overall time spent playing video games.



Other ideas addressed on [www.MediaWise.org](http://www.MediaWise.org) include the concern surrounding the cumulative effect of video game play, computer use, and television watching. There is also research indicating that video game playing may lead to symptoms of addiction, although there is much debate about this. The diagnostic bench marks of





addiction are more pervasive and include serious physical symptoms of withdrawal not typically seen as a result of video game playing. However, video games that involve high action scenarios have been associated with increased levels of dopamine and norepinephrine, two neurotransmitters that facilitate the exchange of messages between brain cells as noted in *Grand Theft Childhood*, by Lawrence Kutner and Cheryl K. Olson. Other research also examines the problems of widespread and continuous use of video games among children and teens. For example, a 2009 article entitled *Pathological video game use among youth 8 to 18: A national study*, by D.A. Gentile in *Psychological Science*, states that “8.5% of video game players age 8 to 18 exhibited pathological patterns of play as defined by exhibiting at least 6 out of 11 symptoms of damage to family, social, school, or psychological functioning”. In another study conducted in 2006 by D. Chappell, V. Davies, and M. Griffiths printed in *International Journal of Mental Health and Addiction*, it is stated that “online gaming addictions display core components of addiction such as salience, mood modification, tolerance, conflict, withdrawal symptoms, cravings, and relapse”. In general, the concern surrounding video game play includes an array of behavioral and social modifications among the young game playing population.

Clearly, there is much to consider about the pros and cons of media influence. However, as a society we need to address the impact and permanence of the media on our children. While it is unrealistic to suggest that we isolate children and teens, we should remain

informed and vigilant of media influences and work toward using technology as a resource of information and productive communication. Exposing children and teens to various other real time and physical activities may be a useful way to redirect their attention, and help them explore other venues and ways to use their abilities.

### Resources

*Remote Control Childhood?: Combating the Hazards of Media Culture* by Diane E. Levin published by the National Association for the Education of Young Children.

National Association for the Education of Young Children  
1509 16th Street, NW  
Washington, D.C. 20036-1426  
1-800-424-2460 or 1-202-232-8777  
[www.naeyc.org](http://www.naeyc.org)

*Viewing Violence: How Media Violence Affects Your Children’s and Adolescent’s Development* by Madeline Levine, Ph.D. published by Doubleday, a division of Bantam Doubleday Dell Publishing Group, Inc.

Bantam Doubleday Dell Publishing Group, Inc.  
1540 Broadway  
New York, NY 10036  
[www.randomhouse.com/bantamdell/](http://www.randomhouse.com/bantamdell/)

*Grand Theft Childhood: The Surprising Truth About Violent Video Games* by Lawrence Kutner, Ph.D. and Cheryl K. Olson, Sc.D. published by Simon & Schuster.

Simon & Schuster  
1230 Avenue of the Americas  
New York, NY 10020  
[www.simonandschuster.com](http://www.simonandschuster.com)

*Effects of Video Game Playing on Children*  
[www.mediawise.org](http://www.mediawise.org)  
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*Pathological video game use among youth 8 to 18: A national study* by D.A. Gentile (2009).  
*Psychological Science*, 20, 594-602  
[www.drdo格拉斯.org/page\\_resources\\_articles\\_2009gtext.html](http://www.drdo格拉斯.org/page_resources_articles_2009gtext.html)

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# Child and Adolescent Learning Styles

## by Lily Giacolone

We learn while in and out of the classroom with instruction and through our senses. We see, hear, feel, taste, and touch as thoughts and impressions and forming. This learning process has been labeled “multi-sensory” by educators and researchers. However, our ability to learn is also affected by individual motivation, cognitive capability, and the environment in which the information is presented. Therefore, knowledge can be understood as a series of experiences that builds upon itself adding information to each person’s identity. Teachers of reading use the term “schemata”, which refers to information that reflects prior knowledge, experiences, conceptual understandings, attitudes, values, skills, and procedures as stated in the text entitled *Reading and Learning to Read*, by Jo Anne L. Vacca, Richard T. Vacca, Mary K. Gove. In an attempt to improve classroom instruction, researchers have isolated four learning styles. Overall, learners may use more than one style especially during the elementary grade levels, although by the time a student reaches the secondary grade level, he or she may prefer one style over another. However, as mentioned previously, educators view multi-sensory instruction as an effective way of teaching and learning. Even as adults, it is safe to say that we continue to use our senses to learn and gain experience.

### The 4 Basic Learning Styles

Learning styles usually refers to the way a person gathers information. Of course, there are variations within each individual style, but school age children and teens are best served by their teachers when a particular style has been identified.

The 4 basic groups include:

- Auditory Learners
- Visual Learners
- Kinesthetic/Tactile Learners
- Logical/Analytical Learners

It is important to review that young children may learn through a variety of styles, while teens may be

more receptive to learning through one style.

### Auditory Learners

Auditory learners typically learn through listening and/or talking. This type of learner will benefit from reading aloud and using a tape recorder to process information. According to [www.atozphonic.com](http://www.atozphonic.com), auditory learners are usually good readers and can spell words correctly. They are typically receptive to sounds, rhythms, tonal changes, taped information, and other activities that involve listening. Many are also musically talented. In *Talkers, Watchers, & Doers* by Cheri Fuller, she notes that the auditory learner with language talent may enjoy many aspects of school. These students can mentally process spoken information and respond verbally, thereby participating in classroom instruction.

### Parental Participation

In an article from [www.atozphonics.com](http://www.atozphonics.com), it is noted that parents of auditory learners should use verbal or sound based interactions with their children such as having the child dictate a story, reading aloud to one another, or creating and playing word games. Praising and verbal encouragement are also recommended strategies as mentioned in an article from [www.fortnet.org/ParentToParent](http://www.fortnet.org/ParentToParent). Other activities that will benefit the auditory learner include watching instructional television, listening to taped information, and going to movies, concerts, or plays. Regarding discipline, parents should offer clear verbal explanations to the auditory learner. However, providing explanations for disciplinary actions will benefit most children and teens regardless of their learning style.

### Visual Learners

The visual learner learns best through seeing or visual presentations. According to [www.atozphnics.com](http://www.atozphnics.com), the visual learner responds well to graphic materials, charts, story webs, diagrams, and maps. Typically, visual learners may be curious about seeing

and understanding the internal mechanics of machines, and may be interested in his or her own inventions.

Sometimes this group is also referred to as Spatial/Visual Learners because they are very often capable of recognizing the relationships between objects or within patterns. Activities involving repeating or reversed patterns, memory board games, or recalling visualized information are best suited to the visual learner. Environmental distractions such as clutter, too many or mismatched colors, disorder, and even lighting may prohibit their academic performance.

### Parental Participation

When reading to the visual learner, parents should encourage the visualization of stories and scenes at various intervals as stated in an article posted on <http://urbanext.illinois.edu>. Visual learners should also be given an opportunity to draw while listening to stories. While this strategy may be adaptable to stories read at home, it may present problems in the mainstream classroom unless it is specifically indicated in the child's Individualized Education Plan(IEP). Resource rooms, alternative classrooms, and learning centers would most likely be the best settings for the "drawing while listening" strategy. However, when creating a student's IEP, your school district's Committee on Special Education can provide a thorough evaluation including instructional modifications for classroom teachers and off-site district tutors to follow.

### Kinesthetic Learners

Kinesthetic learners benefit from academic programs that include movement and manipulation. According to <http://urbanext.illinois.edu>, these students struggle in traditional classrooms. Curriculum that meets the needs of the kinesthetic learner includes, for example, the use of hands on letter blocks for spelling, manual grouping activities that assist in developing mathematical concepts, crossword puzzles, and playing word games on a computer or board. This type of learner is also easily distracted by peripheral motion and sounds, and learns best by hands on exploration of the physical world. Very often this behavior translates as restlessness, and these children and teens are sometimes diagnosed with Attention Deficit Disorder(ADD).

### Parental Participation

The parent of the kinesthetic learner should allow the child to rock, swing, shift, and fidget as physical activity stimulates the learning process. This type of learner may struggle in the classroom where being compliant with a set of rules and sitting still for long periods of time are required. It is recommended that parents engage these children in physical activities, athletics, dance, household chores, and yard work that will keep them in motion, as well as, develop an associated sense of accomplishment.

### Logical/Analytical Learners

The logical/analytical learner can learn by exploring patterns, puzzles, mazes, internal mechanics, and the relationships therein. As stated in [www.atozphonics.com](http://www.atozphonics.com), these children are typically quite inquisitive and may be able to think in abstract or logical ways at an early age. They enjoy mathematics, including mental math, strategy or computer games, and creating their own designs with blocks, *LEGOS*, or other construction toys. They also enjoy the general investigation of mechanical operations.

### Parental Participation

When reading to the logical/analytical learner, parents should connect the story to real life situations and people. These children may also enjoy reading or watching mysteries that require logically unraveling a sequence of events. Parents should encourage science experiments with recorded results so the child can establish relationships of cause and effect with documented evidence as proof. Other activities involving mechanics may include taking apart a wind up clock, studying automotive engines, researching the principles used in the development of computers, television, microscopes, telescopes, CDs, DVDs, and radio. These learners will enjoy the logical sequence of events associated with scientific and technological achievements.

### Personality, Environment, and Learning

A teacher's instructional style can have a significant impact on a student's ability to learn, as does the environment in which the instruction takes place. Successful learning is somewhat connected to



emotion, or feeling comfortable with the academic setting. Given that, the cycle of reaction and response between the teacher and student can either inhibit or promote the learning process, as stated in *Talkers, Watchers, & Doers* by Cheri Fuller.

Parent's should remain aware of their children's academic and social performance in school. Empowering children to achieve to the best of their abilities and adapt to circumstances can be productive if done within reasonable limits without punishment. In addition, parents must be careful not to force their own aspirations or unmet goals on their children. For example, parents should not insist that their children join the activities or competitions that were unavailable to them during their own childhood.

Overall, such a scenario may negatively impact a child's self esteem and social attitudes. In other words, it is better to promote a productive academic and social outcome that is realistic, even if the child demonstrates specific cognitive weaknesses or deficits. Accepting and working with the child's abilities and innate talents will have a greater positive effect in the long run. Clearly, academic success and identifying a learning style has a positive correlation. Furthermore, parents should provide ongoing support and remember to never give up on a child. With encouragement, children have a better chance of overcoming academic and social obstacles. Given that, the child is more likely to become successful and accomplished.

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## Suggested Reading

### **Genetics and Child Development: Reviewed by James Giacalone**

#### The Brain and Personality Development

*Children Behave The Way They Behave Because They Think The Way They Think* by Deborah Hage, is an internet article that provides parents with insight on the thought patterns of children. The ways in which the mind effects behavior are very often unknown or misunderstood by parents. This article is meant to help parents improve not only their knowledge, but also their interpretation skills of a child's feelings, actions, and ways of thinking. With an increased understanding of correlations between the brain and behavior, parents can more effectively deal with conflicts that arise when struggling through everyday family life. In her writing, Hage touches on several important topics. She discusses how parents need to be aware of the fact that a child's responses and reactions to different situations are usually "determined by what the child believes about the situation". It is also important to realize that what a parent chooses to do in any given situation usually "depends entirely on their personal interpretation of the situation". Parents must take this into consideration and

remember that "children are actually no different" when it comes to choosing what to do and how to behave. "What children believe about a situation is often determined less by the immediate situation than it is by their misunderstanding of life, people, and events in general", Hage profoundly states. Another important topic is based on the key factors that most heavily influence the brain, personality, and development. In these sections of the article, Hage goes into depth on genetics, the in-uterine experience, and the first two years of life. Other sections of her writing analyze the causes and effects of two strong emotions, love and anger, both commonly exhibited by parents and their children.

*Children Behave the Way They Behave Because They Think the Way They Think* by Deborah Hage, MSW.

Deborah Hage  
www.deborahhage.com  
deborah@deborahhage.com  
1-719-836-2778  
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## The Roots of Human Behavior

*Nature Via Nurture* by Matt Ridley, explores the ongoing and complex debate regarding what makes people who they are. This book touches on a recent profound discovery, which has opened up a vast array of new possibilities. Scientists have discovered that a human genome does not contain enough genes to be the only factor that accounts for all of the countless variations in peoples' behavior. It is not solely nature that molds a human mind, but also nurture. When considering that nurture must also play a significant role in shaping a person's personality and behavior patterns, an interesting concept arises in this book. Ridley states that "nurture depends on genes, too, and genes need nurture". He discusses how genes predetermine the intricate structure of the brain, which determines the ways that formative experiences are absorbed and remembered, as well as how social cues are reacted to. Ridley also states that "behavior evolves differently from anatomy", but at the same time, parents must continue to take into consideration how nurture has impacted their own genes and methods of upbringing. When raising children it is very important for parents to understand their personal genetic traits and composition, but also realize that the genetics of their children are significantly effected and even modified over time by surrounding environments and past experiences. Researching and analyzing the cycles of "nature via nurture" can lead to some of the best possible answers to all of those parenting questions that often seem to remain unanswered.

*Nature Via Nurture* by Matt Ridley is published by HarperCollins Publishers, Inc.

HarperCollins Publishers, Inc.  
10 East 53<sup>rd</sup> Street  
New York, NY 10022  
1-212-207-7000  
www.harpercollins.com

## In The Shade of Your Family Tree

*What Makes You What You Are: A First Look At Genetics* by Sandy Bornstein, looks at the "broader genetic picture", thereby providing explanations of how traits and characteristics are passed on from parents to

offspring. Bornstein raises the question of "how much of what you are is really inherited from your family?". DNA serves as the carrier of the genetic blueprint, however, characteristics that are inherited are not actually the traits themselves. Instead, genetics acts as a set of so-called instructions from our relatives that directs how people grow. In this book, Bornstein delves into in-depth discussions about the ongoing studies of growth and development. These discussions include how genetic information is transferred from generation to generation, DNA mapping and cell division, how genes work with one another and with the environment to produce a final product, and tracing the various ways that traits have been passed down along family trees. Bornstein also touches on the topic of environmental influence from as early on as in the mother's womb, and how it can change the way a person turns out. *What Makes You What You Are: A First Look At Genetics* gives the reader not only a wealth of information on the science of genetics, but also an improved understanding of the mechanics of inheritance.

*What Makes You What You Are: A First Look at Genetics* by Sandy Bornstein published by Julian Messner.

Julian Messner, a division of Silver Burdett Press, Inc., Simon & Schuster, Inc.  
Prentice Hall Bldg  
Englewood Cliffs, NJ 07632  
www.simonandschuster.com

## Rational Moral Identity

*Adolescent Psychological Development, Second Edition: Rationality, Morality, and Identity* by David Moshman, proposes a thesis stating that "a more coherent picture of adolescence can come from a renewed focus on development". This conceptualization of advanced psychological expansion can be used to identify many of the major changes that occur during the adolescent phase of life. While Moshman uses "rational moral identity" as a so-called developmental ideal, he also places strong emphasis on the processes of reflection, coordination, and social interaction. Such processes comprise the means of achieving a progressive ideal during growth. The components of both ideals come into play during the earliest childhood years and subsequently remain

influential well into maturity. This book follows a sectional layout style, thereby, dividing the volume of literature into four main parts consisting of three chapters each. In the first three main parts, Moshman addresses cognitive development, moral development, and identity formation as the critical foundations of adolescent psychology and developmental change. Jean Piaget's theory of formal operations, Lawrence Kohlberg's theory of principled moral development, Erik Erikson's theory of identity formation, and James Marcia's amplification of Erik Erikson's theory are also all discussed and analyzed at length within these three main parts of the book. The final chapters of Moshman's work highlight the great importance of intellectual freedom in secondary education and consider the significant yet underestimated "role of liberty" in developmental promotion.

***Adolescent Psychological Development, Second Edition: Rationality, Morality, and Identity*** by David Moshman is published by Lawrence Erlbaum Associates, Publishers.

Lawrence Erlbaum Associates, Inc., Publishers  
10 Industrial Avenue  
Mahwah, New Jersey 07430  
215-625-8900  
www.leaonline.com

### Adolescent Anger and What Can Be Done About It

*The Angry Teenager: Why Teens Get So Angry and How Parents Can Help Them Through It* by Dr. Wm. Lee Carter, acts as a strategy guide for parents struggling with angry teens. Dr. Lee Carter is a licensed psychologist who specializes in counseling children and adolescents. In his book, he explains the roots, meanings, and effects of anger. Throughout his writing there are continuous and thorough evaluations of this negative emotion, most of which discuss how anger manifests itself in teens, as well as, the issues and situations that it often creates for the rest of the family involved. From start to finish, the undertone of this book shows that Carter is consistently working towards his goal of aiding parents. He sets out to do so by improving their understanding of where these kinds of feelings may stem from. He expounds upon all of the problems associated with teens displaying anger on a regular

basis, and gives a wealth of information regarding how parents can work to handle these problems. Carter states that "anger is much less likely to disrupt family relations when it is dealt with openly and honestly". He discusses what mothers and fathers are doing correctly, what they are doing incorrectly, and what methods of parenting can be utilized, modified, or improved. In his writing, Carter sets out to give parents the tools necessary to help their children and teens grow through feelings of anger and negativity. He also discusses various ways in which parents can strive to overcome their own fears and anxieties about adolescent anger. Carter even reveals how "this anger can actually be a positive factor" in the growth and development of teenagers. Parents need to know how to "respond to anger while simultaneously building bridges" with their teens. Carter also states that "angry adults develop from angry teenagers", and that parents need to realize that angry adults will end up consequently perpetuating anger in their children. Overall, this book is meant to "revolutionize" the way parents view and deal with the dilemmas of adolescent and child anger.

***The Angry Teenager: Why Teens Get So Angry, and How Parents Can Help Them Grow Through It*** by Dr. Wm. Lee Carter is published by Thomas Nelson Publishers.

Thomas Nelson, Inc.  
PO Box 141000  
Nashville, TN 37241  
1-800-251-4000  
www.thomasnelson.com

### **Media, Video Games, and the Internet: Reviewed by James Giacalone**

#### Exposing Children to Violence

*Viewing Violence: How Media Violence Affects Your Child's and Adolescent's Development* by Madeline Levine, Ph.D., is written to increase parental awareness regarding the ways in which children of different age groups experience the media. Many of the harmful effects of media



violence on children are missed or overlooked by the average parent. If parents can become more informed and knowledgeable of this culturally detrimental issue, then they can also become more effective in minimizing its negative influence. Levine discusses how “parents frequently underestimate the impact of violent television on their children and may be surprised at what children find upsetting”. In our society, media violence seems to have become gradually more and more acceptable. There is a noticeable trend that has been taking place, consisting of escalating television violence with a rising tolerance. Levine encourages media reform and looks at what parents, governments, schools, and the media itself can do to approach this continuous problem. The first main body of information in Levine’s book examines years of research on the subject of media violence and children, as well as, the development of television. The second body of information defines the “developmental approach”, which “clarifies the major variables that affect how children experience the world at different stages of development”. Levine’s third section helps parents to see the world through their child’s eyes by evaluating the thoughts, actions, and feelings of children during specific phases of development. In her final section, Levine addresses questions, establishes plans, and comes to conclusions about what needs to be done to “preserve a healthy cultural environment for our children”. At the very end of this book there is a list of resources that provide contact information, including addresses, and phone numbers of the major networks and government agencies involved with media regulation. *Viewing Violence* by Madeline Levine, Ph.D, has been described as a “landmark work for both parents and all those concerned with the welfare of America’s children”.

***Viewing Violence: How Media Violence Affects Your Children’s and Adolescent’s Development*** by Madeline Levine, Ph.D. is published by Doubleday, a division of Bantam Doubleday Dell Publishing Group, Inc.

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1540 Broadway  
New York, NY 10036  
[www.randomhouse.com/bantamdell/](http://www.randomhouse.com/bantamdell/)

## **Children and the Media: Reviewed by James Giacalone**

### **Television and Movies Can Be Harmful To Children**

*Mommy, I’m Scared* by Joanne Cantor, Ph.D. educates parents with information on the ways in which television and movies can be frightening and potentially traumatic to young children. Cantor’s writing provides instruction on how to implement useful methods of protection against psychologically and emotionally damaging virtual entertainment. It is crucial for parents to be up to date on which content is troublesome for each age group. From this, parents can more effectively help their children choose the most positive, appropriate, and mentally stimulating entertainment possible. It is also necessary for parents to understand how to speak with their children about what is being watched on television. Being exposed to inappropriate and negative content can cause a child to feel anguish and distress for days, months, or years. Such content has proven to be detrimental to the wellbeing of children, even long after the time of exposure. In her writing, Cantor offers support and guidance for parents who are struggling to provide their children with valid and understandable explanations of “virtual violence”. Once negative content has been absorbed, parents must know how to genuinely bestow comfort and reassurance onto their children. Children should be able to enjoy the benefits and pleasures of television and movies, as long as parents are fulfilling their obligation to provide a safeguard against harmful media viewing.

***“Mommy, I’m Scared”*: How TV and Movies Frighten Children and What We Can Do To Protect Them** by Joanne Cantor, Ph.D. is published by Harcourt Brace & Company.

Harcourt Brace and Company  
Sea Harbor Drive  
Orlando, FL 32887  
1-407-345-2000  
[www.harcourt.com](http://www.harcourt.com)

## The Surprising Truth About Violent Video Games

*Grand Theft Childhood* by Lawrence Kutner, Ph.D. and Cheryl K. Olson, Sc.D. gives parents research-based advice and information necessary for making decisions about which video games put children at risk. The non subtle risks include gaming and internet addiction, severe distraction from reality and responsibilities, poor interpersonal skills, social isolation, mature and sexual content, aggressive behavior, exposure to gore and violence, and acceptance of the idea and act of intentional killing and destruction. Some children are affected much more than others, so it is important for parents to be informed about which types of children are susceptible to which types of risks. This book helps parents learn about how they can limit these risks by enforcing game-playing rules and preventing excessive negative exposure. Kutner and Olsen also discuss specific harmful aspects found in many of the currently available video games, as well as, how the game rating system can be deceiving when trying to determine whether or not a game is harmful to children. Quite often, potentially critical information about the content of a particular game is not known to parents. This is partially due to the fact that only certain things can be known about a game from its rating. Kutner and Olsen's writing clearly takes note of the relationship between violent behavior and video game violence, although a large portion of the major risks aren't just about sex, violence, and gore. On the other hand, video games can sometimes serve as important learning tools that benefit children and families in ways that parents wouldn't usually expect. This volume of writing has been derived from \$1.5 million federally founded studies on the effects of video games. These studies all focused on children, parents, and families in real situations. Kutner and Olsen began this federally funded research project, and are also co-founders and directors of the Harvard Medical School Center for Mental Health and Media.

*Grand Theft Childhood* by Lawrence Kutner, Ph.D. and Cheryl K. Olson, Sc.D. is published by Simon & Schuster.

Simon & Schuster  
1230 Avenue of the Americas  
New York, NY 10020  
www.simonandschuster.com

## **Learning Styles: Reviewed by James Giacalone**

### Unlocking Your Child's Unique Learning Styles

*Talkers, Watchers, & Doers* by Cheri Fuller begins by helping parents identify their child's style of learning. Auditory, visual, and kinesthetic are the three main categories of learning styles that children usually fall into. These categories represent "talkers, watchers, and doers". This book also helps parents discover their own learning styles. With a good understanding of a child's learning style, parents and teachers can more effectively create an environment that specially suits the learning needs of the child. Fuller presents the reader with many tips and suggestions to increase the efficiency of a child's mental growth and progress. In order to promote academic strength, parents must work at understanding their child's personal learning style and modify the way in which the child's education is approached. "Learning differences are the pathways to the great potential that lies within", Fuller exclaims. A child's special talents and gifts need to be addressed and nurtured by implementing the proper developmental framework for successful learning. In her writing, Fuller also gives a wealth of knowledge regarding the inner workings of the North American education system. In addition, this book has a chapter that consists of true stories about seven famous people. With great diligence and effort, each one of the seven people overcame tremendous academic struggles and scholastic hardships. These great triumphs all eventually resulted in the achievement of major success. Cheri Fuller is a mother of three and has taught every grade from elementary school to college. She has published thirty books, many of which are based on the years of experience that she has had with children and parents. She is well known as a popular international conference speaker and has even made appearances on national television and radio programs. In 2004

she was named “Oklahoma Mother of the Year”. This book is a valuable source of encouragement for parents, and is recommended for those who want to know more about how to help make children be all that they can be.

*Talkers, Watchers, & Doers* by Cheri Fuller is published by Pinon Press.

Pinon Press  
P. O. Box 35007  
Colorado Springs, CO 80935  
1-800-366-7788  
www.pinson.org

## **Learning Disabilities: Reviewed by James Giacalone**

### What Learning Disabilities Are and How They Should Be Diagnosed

*Learning Disabilities: What Are They? (Helping Teachers And Parents Understand The Characteristics)* is written by Robert Evert Cimera, who has worked closely and extensively with learning disabled children and their families. He has also published eight books, earned a Ph.D., and became an associate professor in the Department of Special Education at Kent State University. His writing is full of suggestions and strategies that are meant to bring about successful results in children with learning disabilities. These strategies can be used by parents, as well as, professionals. In this book, he thoroughly lists and explains the many different types of learning disabilities that affect children and adults. In order to show parents and teachers how to help children succeed, Cimera presents the reader with numerous resources and techniques that have proven to be effective and beneficial. In special education, the largest and most common category of conditions is known as “specific learning disability”. This particular category of conditions consists of the entire multitude of various learning disabilities, many of which are often misunderstood, misinterpreted, or just not common enough for people to know about. *Learning Disabilities: What Are They?* stresses the importance of learning disability awareness, especially since “few

parents (and educators) truly understand what a learning disability is”, Cimera states. During his college years, Cimera was diagnosed with a learning disability. With much perseverance and focus, as well as, a deep understanding of his disability, he actually managed to become a highly successful adult with a Ph.D. Most people consider this to be his most extraordinary trait. The way in which this personal learning disability has allowed him to genuinely write from his own life experiences creates a rather insightful and intuitive volume of work. This book is recommended for any parent, teacher, or professional that is raising, educating, or counseling a learning disabled child.

*Learning Disabilities: What Are They? (Helping Teachers and Parents Understand the Characteristics)* by Robert Evert Cimera published by Rowman and Littlefield Education.

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Lanham, Maryland 20706  
1-800-462-6420  
www.rowmaneducation.com

## **Recommended Books: Reviewed by Rebecca Kleinhaut**

### ***Lunch With Lenin*, by Deborah Ellis**

Deborah Ellis, a Canadian author, specializes in young adult literature about topics such as race, ethnicity and family issues. In *Lunch With Lenin*, Ellis tackles the effects of drugs and alcohol on teenagers all over the world.

Ellis’s collection contains ten versatile short stories, covering multitudes of different problems associated with drugs, not just stories about young users. By choosing to write about the indirect effects of drugs, including selling, buying and harvesting, Ellis shows a much different side of using drugs. In many cases, children are forced to deal with information that they are not prepared to face and are forced to grow up faster. One story tells of a Math Olympiad who buys marijuana in order to help his sick grandmother. In “Pretty Flowers,” a young girl in Afghanistan is sold to a shopkeeper to cover her



family's debt after their opium farm is destroyed. Ellis' stories are not so much cautionary tales as they are anecdotes of how those who do not use drugs are affected by the drug-infested world around them.

*Lunch with Lenin* is fast-paced and stands out from a wide variety of other books dealing with the same topic. It does not seek to plant a transparent message about how drugs are bad. Instead, it shows the impact of drugs on the lives of different children in different economic classes all around the world. One consistency in her stories is the negative presence of drugs in everyone's lives.

While all of the stories are thought provoking and short enough for even the most distracted reader, there are a few which stood out within the bunch and would probably have the greatest impact for an educator on a time budget. Some had positive messages outside of the general message about drugs. "Boot" chronicles the beginning of one girl's journey though boot camp after being caught selling drugs for her boyfriend. Krysta and the other girls in the boot camp learn the power of positive deeds and teamwork when they save the life of a baby bird. "Prodigal" faces the impact of one sibling's drug abuse on the emotions and actions of the other. In "The Cactus People," a privileged young Bolivian is forced to join his priest on a journey in to a poor shantytown, and is faced with a dilemma between acceptance and revulsion.

Perhaps one of the best things about this well-written book is the diversity of teenagers that are covered. Many teenage readers would be hard-pressed to find at least one character with whom they do not identify. The teenagers range from rich to poor, smart to underachieving (and even one story about a boy with Fetal Alcohol Syndrome), and from places all around the world. Ellis, who states in the preface to the book that her stories in *Lunch With Lenin* "reflect the lives of people I've met," is unflinching in her descriptions and is a fantastic storyteller.

While the book deals with a wide variety of topics, the vocabulary is suitable for high school students or the accelerated junior high school student. It would be a great addition to any curriculum, and any reader will come away feeling slightly unsettled but ready for discussion.

*Lunch With Lenin*, by Deborah Ellis  
Published by Fitzhenry and Whiteside Ltd.  
195 Allstate Parkway  
Markham, Ontario L3R 4T8  
www.fitzhenry.ca

For media inquiries, contact Lori Avakian, 1-800-387-9776, ext 258

### ***Because I am Furniture*, by Thalia Chaltas**

There are very few honest novels about child abuse that are accessible to young adults. Thalia Chaltas' *Because I am Furniture* is geared specifically towards high school level students.

Chaltas' protagonist, Anke, is the youngest of three siblings and is the only child who is not abused by her father. Anke enters the ninth grade as a teenager who appears to be very normal. Her father is a college professor who, to the rest of the world, is a loving and fun guy. However, Anke's tumultuous home life leaves her feeling powerless and guilty. It is only upon joining the school volleyball team that Anke learns her own strength, carrying this newfound pride into her home life.

The novel is written in poetry, but it is not difficult to follow. Chaltas uses very versatile metaphors to describe the pain of growing up in an abusive household. For example, Anke compares the abuse of her family to a worn out couch – "the more the couch gets used, / the less foam it keeps -- / someday / just an uncomfortable / frame." These metaphors are accessible to many different teenagers, even to those who may have dealt with abuse before.

The novel is very candid in describing the more sensitive side of abuse. Since it is from Anke's perspective, the reader gets a glimpse into her home life. Anke feels like "furniture," largely ignored and misunderstood. She does not know whether it is better to be a fractured but loving family or a "normal" but abusive family. She is afraid that if she tells someone about the abuse, "my family would crack / and there would be no family / and I don't want that on my head." Anke also must learn to trust others, including boys and the girls on her volleyball team. *Because I am Furniture* shows that abuse is never easy to deal with, and it comes complete with strange emotions that are difficult to reconcile. This

novel helps to show abused teenagers that it is okay to feel emotions that do not seem normal.

While the novel deals with sensitive and difficult topics, it has a very positive message. Anke's membership on her volleyball team and her involvement in school activities has a very helpful effect on her self image. She is no longer a child that is frowned upon by her siblings and is left to watch the demise of her family. The girls on the team, who come from many different social groups, become a family, providing her with a sanctuary where she can become her own person.

Anke's voice is very clear, and it could serve as a way for other teenagers to find their voice. *Because I am Furniture* could show teenagers that it is okay to open up about child abuse, and perhaps their own experiences.

*Because I am Furniture*, by Thalia Chaltas  
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345 Hudson Street, New York, NY 10014  
www.us.penguin.com  
youngreaderspublicity@us.penguin.com  
email inquiries only

### **Go Ask Alice**

At first glance, *Go Ask Alice* appears to be just another book for teens about drug awareness, one of a myriad of others within the genre. However, this book has been a staple on many high school reading lists for over thirty years. What does this book accomplish while others fail?

*Go Ask Alice* presents the diary of an anonymous girl who is about to enter high school. Like most adolescents, she feels both self-conscious and awkward. She wants to shape her own identity, but she is concerned about her appearance and social status in school. She laments that "Kids are robots, off an assembly line, and I don't want to be a robot!" while at times she refers to herself as a "misfit" and "mistake."

As the novel progresses, the anonymous teenager unknowingly enters the world of drugs after her drink is drugged while at a party. From here, she honestly details her new life of drugs, sex and crime,

all performed right under the noses of her family.

The end of the author's tale is not a happy one; while trying to turn her life around by becoming "square," she is tortured by the kids with which she used to do drugs. She also ends up in a psychiatric hospital for a few months. Her life is full of twists and turns, stopping at different locations and different mental states along the way.

The diary was published in 1971 and has been tweaked by its editors in order to create a coherent story line. While the setting and clothing may be outdated (as well as references to "hippies" and "squares"), the message still resonates with teenagers and adults today. The author of the diary is largely an adolescent with which most teenagers can identify, even if they do not engage in risky behaviors. She must deal with a move to a new school, making friends, dating boys and the deaths of family members. She has many questions about sex and religion, and she feels misunderstood by her parents and "dumb-dumb" teachers.

*Go Ask Alice* does not try to patronize readers by providing a transparent anti-drug message throughout the book's entirety. The author is brutally honest about the elation she feels when she first begins to take drugs, providing the reader with an authentic voice. More importantly, the book details the horrific feelings and actions that occur while she is on drugs, making these brief interludes of ecstasy seem not so worthwhile in contrast.

The first-person diary format of the book provides a clear message for any teenage reader. Her time spent at home, clean and mostly happy, seems warm and inviting. Her passages are lucid when they are about spending time with her family during the holidays. In contrast, her time spent away from home while still on drugs is confusing, disturbing and uninviting.

Despite her tales of risky behavior, the author herself is not a poor role model. At various points, she tries very hard to create a new life. She studies hard and helps to take care of her family when they are in times of crisis. However, her addiction to drugs throws her into a confusion of which it is difficult to pull herself out, even during times of genuinely good behavior. After attending a party that went well without drugs, she worries that her past

will be discovered, stating, “Every nice kid’s parents will tell them that they shouldn’t spend time with me because I will ruin their reputation.”

Underneath all of the somewhat disturbing talk of her experiences, an important message regarding family support prevails. While on her many travels away from home, the author always returns to the one place where she feels safe and comfortable. No matter what happens, her family is supportive of her continuous climb to recovery.

*Go Ask Alice* is a great cautionary tale. Due to the content matter, this book is best kept in a high school setting. However, it is a riveting and sometimes disturbing page-turner that is sure to begin a conversation about sensitive topics.

Go Ask Alice, author anonymous  
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1230 Avenue of the Americas, New York NY 10020  
www.SimonSaysteen.com  
(212) 698-2808

### **Hero, by S.L. Rottman**

“What is a hero?” asks a teacher in the opening of S.L. Rottman’s novel, *Hero*. Fifteen-year-old Sean, the child of a broken home with an abusive mother and a missing father, is confronted with this question just before engaging in one of the regularly occurring fights with an unruly classmate. After being suspended, Sean is forced into community service on a farm where he meets a grizzly World War II veteran. At first, Sean is at first unwilling to do any of the backbreaking work that the job requires. However, Mr. Hassler, who works regularly with the police department to rehabilitate unruly teens, provides Sean with the disciplined existence that he needs. He falls for a newborn horse that has been rejected by its mother, and he slowly begins to accept his time spent on the farm, leaving his anger and torturous home life behind.

The premise of *Hero* may cause some eye rolls in the beginning; it contains some outdated and hokey words (Sean refers to friends as “homies” and the police as “pigs”). Despite some of this language, the novel moves at a very fast pace and does not try to unbelievably transform a troubled protagonist.

Sean is a very typical troubled teen; he fights in school, goes to parties and sometimes engages in risky behavior. He also believes the anthem of teenagers around the world that adults just do not understand his troubles, and he is reluctant to open up to adults about his home life and his emotions. However, he is not completely forgone; he loves to read, and he chooses multiple times not to get involved with the “gangs” in his school because he loathes their behavior and drug habits. *Hero* shows that, despite his abusive and neglectful parents and his notorious reputation in school, he can still turn his life around and make a positive contribution to the lives of others.

Mr. Hassler is a solid role model for Sean, and he shares stories of his own courageous deeds during the war, but he is reluctant to call himself a hero. When Sean is asked to write an essay about his own personal hero, the reader thinks that Mr. Hassler would be his top pick. However, Sean chooses to write that his hero is “no one,” and that one must first look inward to find their own honor and integrity. Such a message could be a positive one for troubled teen readers, particularly those who are lacking a positive support system.

*Hero* provides a solid message about finding one’s path in life regardless of other people’s negative expectations. It is about breaking out of old and destructive patterns of behavior and contributing to one’s own personal growth. It is also about the importance of having positive role models and a safe place to call home.

The American Library Association named *Hero* a Best Book for Young Adults in 1994; most recently, it was named a “Popular Paperback” in 2004 by the same association. The book is easy to read and contains only mildly vulgar language and violence, making it a solid read for junior high students and for high school students who may have a lower reading level.

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www.us.penguin.com  
youngreaderspublicity@penguin.com  
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*Children's Rights of New York, Inc.*  
15 Arbutus Lane  
Stony Brook, N.Y. 11790-1408  
[jobnedwardgill.com/crny.html](http://jobnedwardgill.com/crny.html)

Phone: 631.751.7840  
Fax: 631.689.8266

