
Parenting for Prevention

Student Assistance Services Corp., 660 White Plains Road, Tarrytown, New York, 10591, Jan/Feb, 2011

Great Way to Start 2011



I love the findings of a research project that was done at Cornell University that shows that having an experience brings more happiness than acquiring an item. My personal experience has been that “doing” something is much more gratifying than “acquiring” something.

So as we begin the time of resolution-making, maybe we can all resolve to “do” more rather than “having” more. The Partnership for Drug Free America makes some suggestions for the new year. They are hoping that parents will talk to their children about the dangers of drugs and alcohol. It is not a one time talk but a process of awareness and an ongoing discussion. Look for those “teachable” moments and begin the conversation.

Two other things to note. This newsletter is reporting on valuable research-based information, from a bullying conference that was held in early February. It also includes an updated list of Licensed Outpatient Substance Abuse Treatment Programs for Adolescents in Westchester County. After the holidays, some parents and professionals are in a position to assist young people who are in need of help.

Patricia Murphy Warble, LMSW, CPP

Happiness Is.....

Study shows experiences better than possessions.

As we start the new year, I know many are thinking about ways to improve our lives and looking for ways to be happier and more content. A study published in the January, 2010 issue of the *Journal of Personality and Social Psychology* may help to determine how to be happier. It found that having meaningful experiences make us happier than acquiring possessions.

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The study found that people’s satisfaction with purchases, like anything from going on a vacation, purchasing a bike for exercise or seeing a movie tends to start out high and then continues to go up over time. On the other hand, although the purchase of a “thing” may make a person happy initially, overtime the satisfaction with the item declines.

The findings were based on eight different studies done by researchers at Cornell University. Their findings supported previous research that showed that experience-related buys lead to more happiness, but the current study gave some insight into why.

The reasons were:

- Individuals are more likely to think over their material purchases than they are experiential ones, and then may second-guess themselves about whether they made the right choice.
- People tend to think of experiences more on its own terms, rather than in comparison with other things.
- It is easier for an individual to decide on an experiential purchase rather than a material one.

- The way a person views a purchase could also influence their enjoyment of it. For example, if a person thinks of a material purchase, such as a music download from I-Tunes or a CD as an experience, they would have many enjoyable hours listening to, they were more satisfied than someone who viewed the purchase as a material item.

Thomas Gilovich who published the study along with Travis J. Carter said, "There's a lot of work in the area of well-being and happiness showing that we adapt to most things. Therefore, things like a new material purchase makes us happy initially, but very quickly we adapt to it and it doesn't bring us all that joy. You could argue that adaption is sort of the enemy of happiness. Other kinds of expenditures, such as experiential purchases aren't seen as subject to adaption."

So what does this all mean? Mr. Gilovich suggests that if people get more happiness from their experiences rather than their possessions, then at a policy level, we need to make available the resources that enable people to have experiences. For instance, one cannot go hiking if there are not trails. So we should be creating parks, trails and other outdoor spaces that promote and make sure there are opportunities to have experiences.

Bullying Prevention Conference

Over 400 people attended the *Bullying Prevention Conference* on February 3 and heard welcoming remarks by District Attorney Janet Di Fiore and an informative presentation by Jane Riese from Clemson University. In addition to Student Assistance Services, the conference was sponsored by Southern Westchester BOCES, the Westchester District Attorney's Office, The Journal News, the Westchester Community Foundation and Hazelden.

According to Ms. Riese, the definition of bullying is "bullying is when someone repeatedly and on purpose says or does mean or hurtful things to another person who has a hard time defending himself or herself." The three components of bullying behavior are: intentional aggressive behavior; a pattern of behavior repeated over time; and an imbalance of power or strength.

Bullying falls into two categories, direct bullying which is characterized by hitting, name calling, taunting, teasing, making degrading racial or sexual comments, and threatening or making obscene gestures. Indirect bullying occurs when another person gets someone else to assault someone, spreads rumors, deliberately excludes someone from a group or activity, and cyber-bullying.

The effects of being bullied on an individual are lowered self-esteem, depression and anxiety, absenteeism, lowered school achievement, thoughts of suicide and illness and increased risk for substance abuse. 80% of children who are bullied are regarded by the bully as passive or submissive victims. Children who are at the highest risk of being bullied are children with disabilities, special needs and health problems. Also children who are obese and children who are or are perceived as being lesbian, gay, bisexual, transgender, or who are questioning their identities.

In the past it was thought that a child with bullying behaviors had low self-esteem and were loners however recent research has shown that often children with bullying behaviors are confident and socially skilled. However, they lack empathy, have a positive attitude towards violence, are impulsive, can be involved in antisocial or rule-breaking activities and may be physically stronger than their peers.

A bullying situation not only impacts the two people involved but also effects the "bystanders." The bystanders may feel afraid, powerless to change the situation, guilty for not acting and can have diminished empathy for the victims over time. All of these things together can create a climate of fear and disrespect in a school which can interfere with learning and may make the students feel insecure and vulnerable.

In terms of making suggestions to schools about how to handle bullying, Ms. Riese made the following suggestions; focus on the whole school environment, assess bullying at your school, get staff and parent support, form a group at school to coordinate bullying prevention/intervention activities, provide training for all staff members, establish and enforce school rules and policies regarding bullying, increase adult supervision in "hot spots" for bullying, intervene consistently and appropriately in bullying incidents, and focus classroom time on this issue.

Talk to Your Kids About Drug and Alcohol Risks

The Partnership at Drugfree.org suggests that during the coming year, parents should think about talking more often with their children about encouraging them to make healthy decisions and choices. Their research shows that children who learn about the dangers of drugs from their parents are up to 50% less likely to use than those who do not get this important information at home.

10 Suggestions from The Partnership At Drugfree.org That Show Your Children You Care

1. Teach your children to trust you by seeing you are a role model.
2. Be patient, not just tolerant. Apologize when you make a mistake or do something you regret.
3. Ask teens what they need from you, and do whatever you can to meet those needs.
4. Listen to your teens. Avoid interrupting.
5. Teach your child about ethics, values and principles they can apply in choices and decision making.
6. Help them discover the feeling of gratitude, not just to say thank you.
7. Keep the promises you make. If you do not keep your word, acknowledge that. Help your teen understand the circumstances or choices that precipitated the change in your plans.
8. Answer your teen's questions and be consistent. When you notice a behavioral change in them, make yourself available and encourage them to talk about what is going on in their life.
9. Be understanding when they have a difficult time and let them know you will love them no matter what.
10. Be diligent. Have ongoing conversations with your children about the risks of drugs and alcohol.

Also remember, that although the teenage years can be challenging, they are also rewarding to watch your child grow into young adulthood. The time and effort that you invest now will pay off down the road when you see your child becoming a healthy, empathetic, and contributing adult.

Marijuana Smokers Who Start Early At Risk

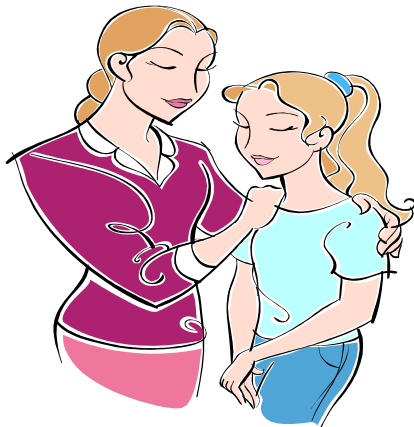
Executive functions are effected negatively

Monitoring The Future results in December, 2010 indicated that the perception of harm of marijuana was decreasing among young people. In addition the medical marijuana debate was also making young people view the drug in a more benign way. So a recent study that shows the dangers of smoking marijuana is very compelling.

An article published in November, 2010 in the New York Times reported the findings of a study done at McLean, a Harvard-affiliated hospital in Massachusetts. The study found that young adults who started using marijuana in their early teens performed significantly worse in cognitive tests assessing brain function than did subjects who were at least 16 when they started smoking marijuana.

The findings lead researchers to surmise that the developing teenage brain may be particularly vulnerable to the negative effects of marijuana. Dr Staci A Gruber, the paper's senior author said that "We have to understand that the developing brain is not the same as the adult brain. "Marijuana smoking often starts in adolescence and the timing could not be worse in terms of the vulnerability of a young teen."

The subjects were asked to complete an assessment of executive function which are the brain processes responsible for planning and abstract thinking, as well as understanding rules and inhibiting inappropriate actions. During the test, the participants were asked to sort cards with different shapes, numbers and colors which indicates cognitive flexibility. Young people who were chronic marijuana users, who had started smoking marijuana before the age of 16 had difficulties completing these tasks. At 15, Dr. Gruber said, the brain is still changing, and “the part that modulates executive function is the last part to develop.”



***Licensed Outpatient
Substance Abuse Treatment
Programs for Adolescents in
Westchester County***

Daytop Village Outreach Unit
(914) 949-6640
246 North Central Avenue
Hartsdale, New York, 10530

Innovative Health Systems
(914) 683-8050
7 Holland Avenue,
White Plains, New York, 10603

**Lexington Center for Recovery Mt
Kisco Clinic,**
(914) 666-6740
24 Smith Avenue, Mount Kisco
New York, 10549

Lexington Center for Recovery
(914) 235-6633
420 North Avenue
New Rochelle, New York, 10801

Phelps Memorial Hospital (ATS)
(914) 944-5220
22 Rockledge Avenue
Ossining, New York, 10562

Phelps Memorial Hospital (Threshold)
(914) 631-3133
155 White Plains Road,
Tarrytown, New York, 10591

Sancia Health Care
(914) 421-0400
20 Church St
White Plains, NY, 10601

St Vincent’s Hospital
(914) 925-5239
275 North Street
Harrison, New York, 10528

**St. John’s Riverside Hospital
(Archway)**
(914) 668-1450 or (914) 668-1451
20 East First Street
Mount Vernon, New York, 10550

**St. John’s Riverside Hospital
(Greenburgh)**
(914) 683-5311
30 Manhattan Avenue
Greenburgh, New York, 10607

**St John’s Riverside Hospital (New
Focus),**
(914) 964-8000
2 Park Avenue
Yonkers, New York, 10704

**Westchester Community Opportunity
Program**
Mt Vernon Open Door Drug-Free Pro-
gram
(914) 664-4942
60 South Third Street
Mt Vernon, NY, 10550

**Westchester Community Opportunity
Program N. R. Outreach Center**
(914) 636-2721
33 Lincoln Avenue
New Rochelle, NY 10801

