

Better Parenting: The New Bullying and Ways You Can Protect Your Child

By Sonia Spackman, MA, MFT

We know about the "face to face" bully. Their attacks are physical, using hands and fists or weapons to scare, hurt or to wound others.

"Relational Aggression" is often called "behind the back" bullying. These are acts of emotionally tormenting an individual within a group of friends. These emotional bullies use relationships to start rumors, humiliate, intimidate, tease, exclude, manipulate and give the silent treatment to attack their friends.

The terrible thing about why these bullies bully is that most of the time there is NO REASON! It can be a "random act" toward whoever happens to be close by. The victims of bullies can be kids who look different in color, in body shape, with a personality the bully thinks he or she can intimidate.

Reasons for bullying differ. Bullies may want attention, power or kids to join in with them in order to get social status with peers. Last month in Reno, Nevada, six middle school girls, twelve to thirteen, were arrested after 100 students were invited on Facebook to take part in "Attack a Teacher Day." Eighteen students accepted the invitation to participate in the attacks from 7:00 A.M. to 9:00 A.M. The teachers targeted were shocked by the arrests because the six girls were good students. They were normal kids. Some held leadership positions, while others had top grades.

People have asked me: "Do bullies have low self-esteem?" No, they don't and they never have. They enjoy bullying. They like the attention and recognition they get from peers for being

the bully. They think they have a right to pick on "wimps." They say "wimpy" kids deserve it.

Some parents have said to me: "Bullying has always been around, kids have to learn to deal with it." Except that the kids getting picked on are the ones who can't fight back or deal with it.

Some schools have used peer mediation as the answer. Peer mediation is appropriate for school disputes when two parties have equal power and responsibility. However, the victim should not be victimized again by a process that somehow makes them responsible for being the victim. David Austin, a middle school teacher, states: "There can be no compromise; bullying is always wrong."

Meredith Monteville, retired middle school counselor, stated that "zero tolerance" is also an ineffective strategy. "Sending someone home for three days to play X-box just allows him or her to come back to the same situation they left. Zero tolerance is a waste of time. You aren't changing the behavior of a bully."

There are common assumptions and some adults are misguided about the bullying problem, believing that bullying is not a serious problem.

What these adults don't understand is that bullying takes away students' opportunity to learn and creates wounds that can last a lifetime. One of the home activities given to Friendship Group students at Washington Grade School was to interview adults who had witnessed bullying or experienced bullying while they were in school. When asked why they still remember the incident; every adult had scars from their

experience. They made statements such as, "it was embarrassing," "very hurtful," "hurt that stays in your heart and mind forever."

Younger and older kids alike have physical discomfort, feeling sick or complaining of stomach aches and not wanting to go to school. Victims miss school more often, fall behind in school or eventually drop out of school.

Bullying has left educators and parents asking what are we doing wrong? How can kids be so mean? Aren't the schools doing anything about this problem?

What can be done? Colby College professor Lyn Mikel Brown believes most of the "top-down" programs look good but don't go far enough. Brown says, you have to engage kids in creative ways to work through the issues-- such as classroom work, where you have kids sitting together and processing the information... that is the most powerful work." A whole-school culture shift needs to happen. That takes the commitment and active involvement of teachers, support professionals, administrators, parents and students.

Schools need prevention and intervention programs to define bullying and its impact, provide facts and work with the kids teaching them strategies such as activating the "bystander," a student who is neither victim or bully to stand up and say, "You are wrong to make her cry." This can stop bullying in its tracks. This is not easy, but kids can be taught the right strategies.

Another approach, for online bullies, might look like this: "I don't think that was right what you wrote, and I

am going to tell my friends to delete this off Facebook."

We need to start teaching basic information in preschool and kindergarten, when children are first beginning to form friendships. As we begin to teach basic social skills, it is important we give kids strong messages: "to treat others in the same way they would want to be treated".

Here in the Vernonia School District, children third to fifth grade are participating in *Steps to Respect* lessons, a bullying prevention program taught by the grade school counselor. In addition, today, Tuesday, February 22, parents and public are invited to observe a special bullying program presented by the Ovation Company (<http://ovationcompany.com/programs-connecting-the-dots/>), called "connecting the dots." This program is presented throughout the United States and has received excellent reviews. The training, in the Washington Grade School gym, will take most of the school day and is specifically designed for fourth and fifth graders.

Also, please feel free to pick up additional handouts at the Vernonia Public Library on how you can help protect your child or children against bullying. If you have any questions, feel free to e-mail me anytime, at soniaspackman@msn.com. I will get back to you as soon as possible.

Resources: Trudy Ludwig, Author of "My Secret Bully"; Mary Ellen Flannery, "Does It Get Better?"; NEAToday, January/February 2011; David Spackman, WGS Counselor; Martin Griffith, The Associated Press, January 7, 2011.

Natural Path to Health: Diabetes Part II - Diagnosis and Risk Factors

By Dr. Carol McIntyre

In our last discussion, we touched on the different types of diabetes. Overall, diabetes is the seventh leading cause of death in the U.S. and that number is rising all the time! Soon, it will beat out cardiovascular disease and cancer! Type II diabetes or Non-Insulin Dependent Diabetes (NIDDM) is the most common, and accounts for 85% of all diabetic patients in the U.S. Although Type II is called non-insulin dependent, we have seen a growing trend over the past years in which people with type II diabetes DO become dependent on insulin.

This disturbing trend is mainly due to the fact that people do not control their intake of sugar and are generally completely unaware of what they're really eating. When I say this, I mean that people are not reading the list of ingredients in the foods they eat.

Many are eating a large amount of processed foods full of sugar and hydrogenated oils which are extremely damaging to our bodies. The world of fast food and easy, pre-cooked foods designed for our busy lives are literally killing our nation!

In order to be diagnosed with Type II diabetes, one must have a fasting glucose reading ≥ 140 mg/dl on at least two separate occasions. There is also an Oral Glucose Tolerance Test (OGTT) that can be performed. This is when the doctor has you drink pure glucose over a 5-minute period and then takes a blood draw 2 hours later. If your blood glucose reading is ≥ 200 mg/dl at that point, then it is considered a positive diagnosis for Type II diabetes. This test is usually used for confirmation of diagnosis after the fasting glucose readings come back high. OGTT is modified for diagnosis of gestational diabetes.

Risk factors for type II diabetes are:

1. SAD-- Standard American Diet! Yes, it's true... As mentioned before, the "typical" American diet consisting of fast food, boxed/pre-made food and foods loaded with sugar are the main contributing factor in the development of type II diabetes.
2. Lack of exercise
3. Stress!
4. Obesity
5. Family history-- Yes, there is a family component. It is not a genetic component as in cancer, but more of a tendency to have poor eating habits passed on through generations of families!!! This is why education is SO important!

Signs and symptoms of diabetes are:

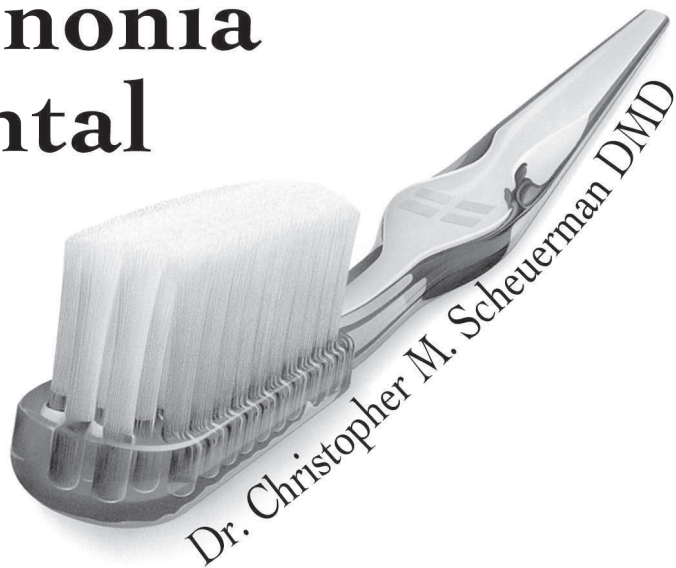
1. The 3 P's: polydipsia (excessive thirst), polyuria (frequent urination), polyphagia (increased hunger)
2. Weight loss
3. Increased vaginal yeast infections with itching in females
4. Neuropathy (common in the feet)
5. Foot ulcers (due to poor circulation in the extremities)
6. Atherosclerosis
7. Microvascular disease including kidney failure and vision loss (Diabetes is the leading cause of blindness in the US!)

Diabetes is a complex disease affecting many different organ systems in the body. It is important to discuss any symptoms or concerns you may have with a qualified health care professional. The best way to avoid becoming a Type II diabetic is to be conscious of what you're putting into your body, exercise and avoiding stress (OK, so maybe we can't "avoid" stress... but learning positive ways to deal with stress is a step in the right direction!).

Next time, we will discuss nutrition and the use of supplements to help with the treatment of diabetes, as well as the current prescription drugs used to treat diabetes. We will also discuss the benefits of exercise and stress-reduction as they relate to the treatment of diabetes. Thank you again for joining me. Be well and Take good care~

Dr. Carol McIntyre is a 2008 graduate of the National College of Natural Medicine in Portland, Oregon, and has lived in Vernonia for over 5 years. She currently practices from her office located at 786 Bridge Street treating all types of disease using Naturopathic and Chinese medicine including acupuncture, spinal manipulation, herbal and nutritional therapy. Business hours are Tuesday and Thursday 9:00 AM to 1:00 PM and Wednesday 3:00 to 8:00 PM. Call (503) 481-4096 to schedule.

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