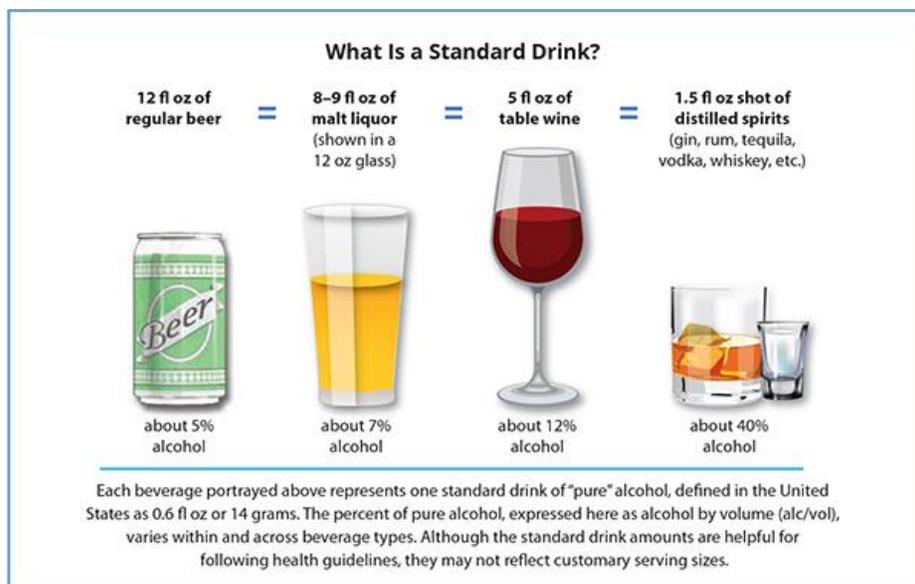


Parents: Our Greatest Prevention Partner

Parents play a major role in preventing youth substance abuse. Parents have the power to make or break all of our prevention efforts, by undermining our message or modeling poor behaviors. At the National Prevention Network Conference in Boston, Jason Kilmer from the University of Washington and Amaura Kemmerer from Northeastern University presented information on the key things parents need to know about preventing youth substance abuse.

- Only a portion of youth are using drugs: A study conducted in 2018, estimated that 16.6% of 12th graders reported binge drinking in the past two weeks and 22.9% of 12 graders used marijuana in the past 30 days.
- Students have the perception that everyone is using drugs, but that is not the case.
- Drinking alcohol does not make shy people more social.
- Standard drinks vary by the type of drink (see image)
- Parents need to continue to emphasize the importance of not driving while under the influence. A BAC of .08% takes 5 hours to return to 0 and a BAC of .16% takes 10 hours to return to 0. Water and food do not help people “sober up”.
- There is significant research that supports the negative correlation between substance abuse and academic success. Students who use substances are more likely to experience academic failure or drop out of school. Marijuana use is associated with lower GPA and frequent truancies.
- Parental monitoring is associated with less alcohol use in youth.
- Pre-college youth who talk to their parents about drinking are less likely to drink in college



It is important to continue to engage parents in prevention activities and build relationships between schools and parents. By providing resources and educational opportunities for parents we can help them start difficult conversations with their child.

Resources for Parents:

<https://www.drugabuse.gov/publications/marijuana-facts-parents-need-to-know/talking-to-your-kids-communicating-risks>

<https://blog.samhsa.gov/2016/11/15/having-a-conversation-about-drugs-and-alcohol>

<https://drugfree.org/article/prevention-tips-for-every-age/>



“Kindness...The Original All-Natural Feel Good Drug”

November 13 is World Kindness Day. World Kindness Day was first celebrated in 1998 with the hope of creating a more compassionate, caring world through simple acts of kindness by individuals and nations around the globe.

We know through scientific research that being kind causes us to have “good” feelings and this happens because hormones/chemicals called endorphins are produced that activate areas of the brain that are associated with pleasure, social connection and trust.

In addition to feeling good, research shows that kindness enhances our ability to develop meaningful connections with others. Studies show that kind, happy kids have better peer acceptance because they are well-liked.

Furthermore, research suggests that people experience a “helpers high” when they do something good for another person. They have a rush of endorphins that creates a lasting sense of pride, well-being and an enriched sense of belonging. Even small acts of kindness are reported to increase a sense of well-being and self-worth.

When kids are engaged in projects that help others, especially those less fortunate than themselves, it gives them a more “worldly” perspective and view that many times allows them to appreciate the good things in their own lives that they may have taken for granted.

Participating in acts of kindness not only activates endorphins, it also increases serotonin levels in the body. Another “feel good” reaction through neurotransmitters that the body produces. Serotonin plays an important part in learning, memory, mood, sleep, digestion and our overall health. All of these things help produce better results at school for kids academically as well as socially.

Teaching kindness and compassion in schools, by integrating kindness-based programs, not only fosters the positive behavior that creates warm, inviting and inclusive school environments, it also has shown to significantly reduce bullying within the schools. Encouraging youth to rethink bullying and promote a kinder school environment not only helps them when they are in school, but as they become adults as well.

It's also widely documented that being kind can trigger a release of the hormone oxytocin which has a number of health benefits, as it can substantially raise a person's level of happiness and reduces stress. And just recently, oxytocin has been found to play a role in the cardiovascular system, helping protect the heart by lowering blood pressure.

Remember, World Kindness Day is fast approaching so start brainstorming with kids on a list of random acts of kindness that you and they can do to and for others. Be kind-it truly does do a world of good!

Check out The Great Kindness Challenge toolkit for activity ideas:

https://thegreatkindnesschallenge.com/wp-content/uploads/2017/12/The-Great-Kindness-Challenge-2018-Toolkit_1221_RS.pdf

Want even more ideas?

<https://www.randomactsofkindness.org/>



Resources:

<https://www.teachthought.com> › Index › Teaching

<https://www.naturalbeachliving.com/acts-of-kindness/>

<https://www.mentalhealth.org.uk/publications/doing-good-does-you-good>

<https://www.awarenessdays.com/awareness-days-calendar/world-kindness-day-2018/>

Ambiguous Loss: A Different Kind of Grief

The term Ambiguous Loss was first conceived by educator and researcher, Dr. Pauline Boss, in the 1970's. Ambiguous loss is recognized as one of the most stressful kinds of loss that individuals experience yet it often goes unrecognized. Loss in general can be especially difficult for children and adolescents to process, but when it becomes complicated with uncertainty, finding understanding can become emotionally taxing.



In death, there is finality in that our loved one is both physically and psychologically absent. Ambiguous loss is a loss that occurs without closure because it is not clear-cut or final. There are two types of ambiguous loss. The first occurs when a person is physically present but psychologically absent. For example, a family member who has a brain injury, Alzheimer's or a severe mental illness or addiction. This type of loss can also occur in cases of neglect. The second type of ambiguous loss occurs when a person is physically absent but emotionally or psychologically present. Examples of this type of ambiguous loss include immigration, adoption, foster care abandonment or a family member who is incarcerated or serving in the military. It is common for both types of ambiguous loss to overlap.

According to Dr. Boss, ambiguous loss is a “relational disorder caused by the lack of facts surrounding the loss of a loved one.” This type of loss occurs with a mixture of absence and presence and can be traumatic in its experience because of pain, confusion and distress.

Responses to ambiguous loss may include:

- Strong feelings that range from confusion to anger and sadness, sometimes with no conscious awareness of why these feelings exist
- Academic struggles
- A sense of hopelessness
- Blocked coping and difficulty problem solving due to uncertainty if loss is final or temporary
- Difficulty with transitions and changes
- Symptoms of anxiety and depression
- Great overlap with PTSD

Much of the research on ambiguous loss suggests that family and community-based interventions are most effective in helping children and adolescents process their feelings. First and foremost, the loss must be recognized by adults and caregivers in that child's life. Youth need their experiences to be acknowledged and they need guidance in finding a way to understand the emotions they are feeling. Secondly, Dr. Boss recommends assessing the effects on the family system as a result of the ambiguous loss. The following questions can serve as a guide:

- Are family roles changed or confused?
- Is there family conflict or alienation?
- Is safety or financial security an issue?
- Have family rituals or celebrations been changed or cancelled?

With ambiguous loss, closure may not be possible, so learning to cope and live with the ambiguity through resiliency becomes the goal. As a means to this end, Dr. Boss developed the following 6 guidelines for living with ambiguous loss:

1. Finding Meaning: Making sense of the loss (naming the problem, talking with peers, forgiveness, continuing but changing family rituals and celebrations.)
2. Adjusting Mastery: Modifying the desire for control and certainty (recognizing the world is not always fair, managing and making decisions, mastering one's internal self through mindfulness, exercise, music, etc.)
3. Reconstructing Identity: Knowing who you are now (finding supporting family or other "family" members, redefining family boundaries, being flexible about family roles, identifying who is in/out of family system)
4. Normalizing Ambivalence: Managing the anxiety from mixed emotions (seeing conflicted feelings as normal, talking about them with a professional)
5. Revising Attachment: Letting go without certainty of loss (recognizing that a loved one is both here and gone by grieving what has been lost and acknowledging/celebrating what you still have, finding new human connections)
6. Discovering New Hope: Finding new hope when your loss remains ambiguous (imagine a new way of being, imagining new future plans or dreams, spirituality, encouragement through family and friends)

Children and adolescents can heal and move forward from ambiguous loss. Support, affirmation and compassion from caring adults can help guide the process of resiliency.

References: American Psychological Association; Boss, Pauline. *Ambiguous Loss: Learning to Live with Unresolved Grief*; Boss, Pauline. *Loss, Trauma, and Resilience: Therapeutic Work with ambiguous Loss*.