

# Parents TOGETHER

A Newsletter for Greenwich Parents of Adolescents ©  
www.parentstogetherct.org

## Parents Together Celebrates 30 Years

Tina de Varon, "Songs from the MotherRoad"

The headliner of "Madeline's Tea" at New York City's Cafe Carlyle, jazz singer Tina de Varon brings to Greenwich her one-woman cabaret of original songs about motherhood, raising teens and grown-up love. Moms and those who love moms: enjoy this soul-satisfying Mother's Day gift while celebrating three decades of Parents Together. Cafe food will be available for purchase. Tickets are \$20 per person, payable at the door. For reservations (limited to the first 90 people), please call Lori Jackson at 698-0158.

Thursday, May 7, 7:30 pm  
Arcadia Coffee Shop  
20 Arcadia Road, Old Greenwich

## Upcoming Parents Together Programs

Monday, April 20

Alan Mathis, President and CEO of Liberation Programs presents "Teens and Risky Behavior - Discussion and Strategy."

Monday, May 11

Erica Crist, MS, RD, CDE, Center for Healthy Living, affiliated with Yale New Haven Health Heart Institute, Greenwich Hospital presents "Positive Nutrition."

*Unless otherwise noted, all **Parents Together** programs begin at 9:15 AM in the Cone Room at Greenwich Town Hall and are free and open to the public. Call 329-2241 if you have questions.*

## In This Issue

Bullying, p. 3

Self-Injury, p. 5

Behind the Wheel, p. 6

## Surviving Prom Night A Parent's Guide

by Moira Rizzo, LMFT and Alan Mathis, MS

**I**T'S THE TIME OF YEAR that many parents dread - Prom time! Prom is one of the most anticipated milestones in the life of a teen. However, the word alone often strikes fear in the hearts of parents. So what makes prom so scary? For many parents, it's the potential risks their child may face during the parties associated with the prom and graduation season. In our work at Liberation Programs, a non-profit organization serving teens and families in Lower Fairfield County, we successfully guide teens and parents through the stormy waters of prom season and, far beyond.

Almost every parent wonders whether their 17-year-old has the capacity to make good decisions when confronted with peer pressure. Parents should be aware that the teen years are a transitional period in their child's life; a time filled with emotional highs and lows. Parents have valid reasons to be concerned; after all, there are a host of unintended consequences when teens engage in underage drinking, drug use, and other risky behaviors. Parental anxiety is further fueled by fear that some bad choices are hard to repair. Ready or not, as prom season approaches, parents should be available to play their role to strengthen their child's ability to make sound choices.

How you handle the prom season and other critical issues will vary. Following are ten tips that will increase the chance that your child enjoys a safe and healthy prom. Bear in mind, these same principles can also be applied to the broader context of parenting.

### 1. Get involved in the initial planning stages.

Let your teen know from the beginning that you expect a detailed plan well in advance of finalizing a decision.

continued from page 1

Teens may be vague in describing their evening plans in an attempt to re-focus their parents' attention. Don't get sidetracked by this tactic. Who, What, Where, When, and How should be answered for each portion of the evening. Also, remember to ask for regular updates as plans can, and do, change.

## **2. Have a two-way conversation.**

Tell your teen that you want them to have fun and be safe and let the conversation unfold naturally and gradually – there is no need to have the “big” talk. Try to avoid a “tennis match” confrontation; winning every point isn't necessary. Allow your teen, and yourself, time to reflect upon what was said and give them the opportunity to improve their ideas - you'll become a hero.

## **3. It's not always what you say but how you say it.**

The core strength of parental influence is enhanced when it comes from a genuine place of love and concern. Teenagers are acutely attuned to insincerity; knowing this may make parenting easier because it means you don't have to have the perfect script to talk to your children. Put your heart out there and your kids will listen.

## **4. Focus on the decision making process.**

A good place to start is to simply have your teen walk you through their plans for the event and encourage them to give details. Afterwards, discuss the pros and cons, allowing them to play an active role in altering risky decisions.

## **5. Getting involved doesn't mean dictating how the evening should unfold.**

Rather, show interest and clearly express boundaries in advance. For example, if they are planning an after-party, you will want input to let them know what is, and is not, acceptable. Your teen will then have to work around predetermined constraints in the planning process.

## **6. Count on your teen suggesting something outrageous.**

After all, they are teens. Your job is to stay calm, focused and patient, even after an emotional outburst, so that you can negotiate effectively .

## **7. Stay informed about issues affecting teenagers today.**

This will help you better understand your child and help you shape how you will begin talk to him or her. Be open to sharing your views about issues that impact their life, then set clear expectations and boundaries. Your teen will be less likely to engage in risky behavior or experiment with drugs and alcohol.

(Liberation Programs reminds parents that people under age 21 should refrain from drinking because of alcohol's affect on the undeveloped brain. We likewise urge against the use of illegal drugs due to a host of long-term health and legal consequences. *No one, teen or adult, should drive under the influence of mood-altering substances.*)

## **8. Spare your teen any sordid details of your youth.**

Your child knows that you were once a teenager and probably made errors in judgment. It is more important that

you consistently model behaviors that earn their respect, trust and confidence.

## **9. Don't nag your teen.**

Instead of repeating the same things over and over again, ask whether you are being understood.

## **10. Be prepared!**

Teens are bound to make a bad decision and can exacerbate a bad situation by not turning to their parents first. Your child must know that he or she can call on you for any reason. Once your child is safe, give yourself time to reflect on the situation. When calm, have a candid discussion with your teen about their behavior, and consequences of their action.

Prom night will be here before you know it and the best thing to do is to be prepared and participate in your child's experience. Go dress or tux shopping with your teen, help them arrange transportation, and discuss after-party options. Parents must get in the game and get to know their child. By doing so, you will establish a healthy balance between structure and freedom, and create boundaries while encouraging your teen to make independent choices- essential steps to teen safety, healthy development, and ensured fun on prom night!

♦ ♦ ♦

*Ms. Rizzo is a Licensed Marriage and Family Therapist at Liberation Programs Youth Options. Mr. Mathis serves as Liberation Programs Chief Executive Officer.*

# Bullying

## What It Is and Why Kids Do It

By Nicole Danforth, MD

*Editor's Note: In light of the adoption of the "New District Bullying Policy" by the Greenwich Board of Education, we decided to reprint this article from Fall, 2001. To review the policy in its entirety, please go to [www.greenwichschools.org](http://www.greenwichschools.org).*

**H**IGH PROFILE school shootings across the country in 2001 illustrated that youth violence often involves issues of bullying and revenge. Bullying is widespread in American schools, an idea that may be well known on the playground but was not in the minds of parents and teachers until then.

According to the National Education Association, over 160,000 children skip school each day because of intimidation

by their peers. A study in the April 25, 2001 Journal of the American Medical Association (JAMA) suggested that bullying is

prevalent: with 30% of the almost 16,000 sixth through tenth graders polled reporting that they have participated in bullying, been bullied, or both. Overall, 16% of U.S. schoolchildren say other students have bullied them. As Duane Alexander, M.D., director of the National Institute of Child Health and Human Development notes, "Being bullied is not just an unpleasant rite of passage through childhood. It's a public health problem that merits attention. People who were bullied as children are more likely to suffer from depression and low self-esteem well into adulthood, and the bullies themselves are more likely to

engage in criminal behavior later in life."

### What is bullying?

Bullying is a type of behavior that intends to harm or disturb someone, occurs repeatedly over time and involves an imbalance of power. Such behaviors may be physical, such as hitting or stealing; verbal, such as teasing or name calling; or psychological, such as socially isolating students. The key component is intimidation, with the more powerful person or group targeting the less powerful one.

A certain amount of conflict and harassment is typical during childhood, but bullying presents a more serious threat to healthy

development. As outlined by the Educational Resources Information Center, bullying can have negative effects on the general school

atmosphere and on the rights of children to learn in an environment without fear.

### Who bullies?

Both boys and girls bully. Boys, however, are more likely to bully others and be victims of bullying. Boys typically engage in direct bullying methods, such as pushing or slapping; girls are more apt to use verbal and psychological strategies. Studies indicate that bullies often come from homes in which physical punishment is used; children are taught to strike out physically as a way to handle their problems. Bullies seem to need to feel powerful and in control. Studies

indicate that bullies seem to derive satisfaction from inflicting suffering on others. In addition, parental involvement is frequently lacking. Students who bully are generally defiant or oppositional toward adults and are more likely to engage in problem behaviors such as smoking and drinking.

### When does bullying occur?

According to the JAMA study, although bullying exists at the elementary-school level, most bullying occurs in sixth through eighth grade, with the peak in middle school and then declining during the high school years. However, recent disturbing trends show that bullying is increasing the most at the elementary-school level.

School size and racial makeup do not appear to be distinguishing factors. The school setting, whether urban, rural, or suburban does not predict the occurrence of bullying, but suburban youth are two to three percent less likely to bully others.

### Who gets bullied?

Most students who are victims of bullying are typically anxious, insecure, and suffer from low self-esteem. They rarely defend themselves or retaliate. They are more likely to report feelings of loneliness and seem to have a greater difficulty making friends than those who are not bullies. The major physical characteristic of victims is that they tend to be weaker than their peers. As the JAMA study author states, "It's likely that kids who are socially isolated and have trouble making friends are more likely to be targets of bullying...in turn, other kids may avoid children who are bullied for fear of being bullied themselves."

*continued on page 4*

**Kids who bully other kids often experience legal or criminal difficulties as adults.**

continued from page 3

## How do I know if my child is being bullied?

Victims of bullies often fear school and see it as an unsafe place. Students report that teachers rarely talk about bullying until verbal intimidation crosses the line to physical assault. If your child suddenly shows an unwillingness to go to school, comes home with unexplained bruises or asks for more lunch money, it is time to ask some questions. In addition, children who are being bullied tend to keep silent about it and may become withdrawn, depressed and feel no one can help.

## What can I do if my child is being bullied?

First, talk with your child and listen. Parents are often unaware that their child is experiencing a problem at school. Express confidence that the problem can be resolved. Help your child develop strategies in dealing with bullying. For example, if there are certain times when they are apt to be harassed, see if there are ways to avoid those situations. Help them practice some things to say or do, like laughing or ignoring comments or teasing. Be persistent. Victims often feel that adult intervention doesn't work and worry that telling adults will only worsen the bullying. Keep trying until you find someone who will help.

## What if my child is the bully?

Have a serious talk with your child and make them realize that you are aware of their behavior and are not going to tolerate it. Don't let your child talk his or her way out of the behavior. Work with the school to set clear and consistent expectations of behavior

and then follow up to make sure the behavior has changed.

Children bully in an effort to increase their own sense of self. Work with your child to find positive ways for him or her to get attention

## What happens after bullying?

Being a victim of bullying is very stressful. Many victims begin to distrust their peers at school and have problems making friends. They feel isolated and think there is nobody to help with the situation. When victims receive support from adults, they usually survive the experience of being bullied without long-term effects. Without support, however, being bullied can lead to depression and low self-esteem, problems that can continue into adulthood

Kids who bully other kids often experience legal or criminal difficulties as adults. Dan Olweus, an expert on bullying research and prevention, and

author of *Bullying at School: What We Know and What We Can Do* found that 60% of those characterized as bullies at age seven had a least one criminal

conviction by age 24. In addition, chronic bullying impairs the person's ability to develop and maintain close, positive relationships.

## What are some solutions?

Effective intervention must involve the entire school community, not just the bullies and victims themselves. All school activity should stress the fundamental values of respect, tolerance and safety.

Olweus details an anti-bullying approach in his book. He suggests intervention at the individual, classroom and school levels. Schools that implemented this program reported a 50% reduction in bullying.

The book suggests the following:

- ◆ Students, parents, teachers and school administrators need to assess the extent of the problem. Results can then be discussed within the classroom, at a school assembly or publicized in a community newsletter.
- ◆ Parents can participate in an awareness campaign, with goals to understand the extent of the problem and emphasize the importance of parental involvement.
- ◆ Teachers can work at the classroom level by developing classroom rules against bullying, engaging students in role-playing exercises and encouraging student to assist victims of bullying. This sends a clear message that bullying will not be tolerated.
- ◆ Other components include individualized interventions with bullies and their victims; the implementation of cooperative learning activities to reduce social isolation and an increase in adult supervision at prime bullying times such as recess or lunch.

Bullying is an increasingly common school problem that, if not dealt with early on, can lead to isolation and more violence. It has a negative impact on a student's sense of safety, as well as their academic and social development. Involving students, parents and teachers in tackling this problem is a first step in making our schools a fear-free environment.

◆ ◆ ◆

*Nicole Danforth, M.D., is an psychiatrist specializing in adolescents. She has a private practice in Chestnut Hill, MA.*

## Resources:

- ◆ Olweus, D. (1993). *Bullying at School: What We Know and What We Can Do*. Cambridge, MA
- ◆ Educational Resources Information Center. <http://www.ericcece.org>.
- ◆ Educators for Social Responsibility. <http://www.esrnational.org/>

...over 160,000 children skip school each day because of intimidation by their peers.

# Self-Injury

## What it is; Why it occurs

**S**ELF-INJURY IS a growing concern among parents and mental health professionals. Although it is seen differently by groups and cultures within society, self-injury appears to be on the rise, especially in adolescents. The causes and severity of self-injury can vary from picking and pulling (skin and hair) to excessive body piercing to cutting.

### What Is It?

Self-injury is an act performed by the teen in which there is some form of tissue damage but where he or she does not intend to die. Most commonly, teens will scratch, cut, or burn themselves typically on the arms, thighs, or stomach.

Specifically, self-injury is defined as “the deliberate, direct destruction or alteration of body tissue, without conscious suicidal intent but resulting in injury severe enough for tissue damage to occur.” Many terms that are used to refer to self-injury fall under the umbrella term, “suicidal behavior.” These include self-harm, cutting, self-mutilation, parasuicide, suicidal gestures/behaviors, nonsuicidal self-injurious behavior (NSIB) and nonsuicidal self-injury (NSSI).

### Who Exhibits this Behavior?

Self-injury is a behavior that usually begins in early adolescence, although the reason for this is not clear. While both teen boys and girls engage in self-injury, boys are more likely to self-injure by burning while girls are more likely to scratch or cut. Research has shown that 14-15% of teenagers report a minimum of one instance of self-injury but an even higher rate was reported in a study of teens who were receiving psychiatric treatment. Some disorders that co-exist more frequently with this behavior include Borderline Personality Disorder, Anxiety

Disorders, Eating Disorders, Depression, and Psychosis.

While self-injury can occur alone or in conjunction with a variety of psychiatric disorders, it currently is listed as a *symptom* of only one disorder, Borderline Personality Disorder. There is some discussion as to whether teenagers are eligible to meet criteria for Borderline Personality Disorder as they are still maturing. However, many clinicians agree that adolescents can display *traits* of Borderline Personality Disorder.

### Why Does It Occur?

Self-injury is a complex behavior and symptom that results from a variety of factors. Adolescents who have difficulty talking about their feelings may show their emotional tension, physical discomfort, pain and low self-esteem with self-injurious behaviors. Some adolescents self-injure only a few times; whereas others will continue to engage in this behavior chronically. Of those that self-injure more regularly, the behavior is typically used as a coping strategy for emotion regulation. Most teens from this latter group report they are attempting to escape negative emotions (i.e., to stop from feeling bad) by engaging in self-injury.

A smaller number of teens report that they engage in the behavior to punish themselves when they are angry at something they did or as an attempt to influence others (i.e., to gain or avoid some sort of social attention). The effects of peer pressure and contagion can also influence adolescents to injure themselves. Most of the wounds on the adolescent’s skin will be permanent and occasionally, teenagers may hide their scars, burns and bruises due to feeling embarrassed, rejected or criticized about their physical appearance.

### How Is It Treated?

As self-injury occurs for a different reasons, the mental health practitioner needs to understand the function of the teen’s self-injury in order to effectively develop strategies to help. For example, if a teen engages in the behavior in an attempt to regulate emotions (i.e., to stop negative feelings such as shame or guilt), gradual exposure to the experience of the negative emotion as well as the introduction of distress tolerance skills (i.e., distracting oneself when faced with difficult emotions) will likely be necessary aspects of treatment.

In teens who exhibit traits of Borderline Personality Disorder (and who may have chaotic interpersonal relationships, engage in some form of self-injury or other dangerous and self-destructive behaviors, e.g., purging, sexual promiscuity, substance abuse, emotional reactivity, and sensitivity to environmental triggers and situations) Dialectical Behavior Therapy (DBT) has been shown to be an effective treatment. DBT is a form of cognitive behavioral therapy that combines behavior analyses with skill instruction related to identified areas of difficulty (i.e., chaotic interpersonal relationships). DBT consists of regular individual sessions for the teen and a skills group which the parents and teen attend together.

### What to Do If You Suspect Your Child is Self-Injuring

Evaluation by a mental health professional may assist in identifying and treating the underlying causes of self-injury. Parents are encouraged to talk with their children about respecting and valuing their bodies. Parents should also serve as role models for their teenagers by not engaging in acts of self-harm. Some helpful ways for adolescents to avoid

*continued on page 8*

## Behind the Wheel

### Parents Can Help Prevent Accidents

by Polly Park Hyman

A driver's license is one of the biggest status symbols among high school students. Getting a driver's license is not only a social asset but it makes the adolescent feel more independent than ever before. Parents no longer have to do the driving - the teen can get places on his or her own. Most teens count the hours and days until they can get their Learner's Permit (usually age 16) and take their driving test to demonstrate driving competence. Some teens however, may be pushed to drive by peer or parental pressures before they feel ready. Parents often have many concerns and fear for their teen's safety on the road.

Teen drivers have the highest crash risk of any age group. Per mile traveled they have the highest involvement rate in all types of crashes, from those involving only property damage to those that are fatal. According to the American Automobile Association (AAA), teenage drivers account for only 7% of the driving population but are involved in 14% of fatal crashes. Traffic crashes are the primary cause of death and injury for people ages 15-19. Mile for mile, teenagers are involved in three times as many fatal crashes as all other drivers. Problems which contribute to the high crash rate of young drivers include: driving inexperience, lack of adequate driving skills, risk taking, poor driving judgment and decision making, alcohol consumption, and excessive driving during high risk hours (11 pm-5 am).

#### Learning to Drive (Learner's Permit)

In Connecticut, when a teenager turns 16 they may apply for a Learner's Permit. Once they obtain the permit they can start learning to drive with an adult present in the car to supervise and teach. In most cases the

best way for teens to learn to drive is through a Driver's Education class at a commercial driving school or a class offered at the local high school. Thirty hours of classes including eight hours driving with an instructor (and, new in 2008, a parent/legal guardian two hour training) enables the teen to test for their license after four months. Without formal instruction, the teen needs to wait six months before they take the test. In many states, completing a driver's education course results in reduction of the teen's automobile insurance costs.

While driver education may be the most convenient way to learn driving skills, it doesn't automatically produce safer drivers; teen attitudes and decision-making skills often influence their behavior. Since many teens think they are immune to harm, it's important for you to stay involved in your teen's driving life. Parents are in a unique position to show their children proper driving skills and to teach proper driving choices. Remind them of how dangerous it can be to drive irresponsibly and encourage them to think about what could happen to them - or to someone else - on the roads if they drive recklessly.

Teen drivers need to get as much driving experience as possible after they obtain their learner's permit. Lots of driving experience generally makes the teen a safer driver and eases the transition to driving independently. However, not all parents have the temperament to teach driving. Parents who find themselves yelling, making sarcastic remarks or being upsetting to the teen should ask their spouse, another relative or friend to help out.

AAA offers a training program (available on video or CD-ROM) "Teaching Your Teens to Drive: A Partnership for Survival".

#### The Driver's License (Driving Independently)

When teens pass the official driving test they receive their driver's license and can legally drive independently. Parents, however, should not allow their teen to drive independently until the teen has sufficient experience and the parents are comfortable with the teen's level of driving skill. Parents should talk candidly with their teen about the dangers and risks of distractions such as music from radio/tape/CD player, passengers, eating food, and using cell phones.

Parents should also discuss and demonstrate the importance of controlling emotions while driving, e.g. "road rage", drag racing, etc. Teens should be taught about the importance of defensive driving. Inexperienced drivers often concentrate on driving correctly and fail to anticipate the actions and mistakes or errors of other drivers.

Remember that you are a role model. New drivers learn a lot by example so practice safe driving yourself. Teens with crashes and violations often have parents with poor driving records.

If the teen is taking medications (prescription or over-the-counter) or has any medical illnesses, parents should check with their family physician about possible effects on the teen's driving ability. Additionally, parents should make sure that the vehicle their teen drives is in safe condition (brakes, tires, etc.) and working properly. The vehicle should have essential emergency equipment (flares, flashlight, jumper cables, etc.) and the teen should know how to use it. A cell phone is helpful for emergencies but in many states it is against the law to use a cell phone while driving.

Concern about the number of young people killed or injured in

traffic crashes has prompted states to reform the way teenagers are licensed to drive. Forty six states and the District of Columbia have initial restrictions on drivers, known as a Graduated Driver Licensing (GDL) system with requirements varying by state.

Graduated licensing provides young drivers with a controlled progression to unrestricted driving in three stages: a minimum length of time on a learner's permit with supervised driving practice; a restricted license for a specified time allowing unsupervised driving under certain conditions; and then a full license provided the driver has had no accidents or violations.

While restrictions vary from state to state, Michigan's law is currently ranked among the best by driver safety groups. Teens can first earn a six-month learner's permit just before their 15th birthday, and may practice on the road with a licensed driver over the age of 21. To receive a restricted license, they must complete an introductory driver's education course, and their parents need to certify that they have completed 50 hours of supervised driving, including 10 hours at night. After passing an advanced driver's education course and a road test, 17-year-olds who have held this restricted license for at least six months are eligible for an unrestricted license, but must remain accident- and violation-free for 12 consecutive months.

Even though the driver's license allows the teen to drive independently, it is important that parents establish clear rules for safe and responsible driving, and rules for the use of the car.

### Rules for New Drivers

Rules for parents to consider when teens begin driving independently include:

- ◆ Parents should not allow young drivers unrestricted driving privileges until they have gained sufficient

experience.

- ◆ Parents should limit their teen's driving alone in adverse weather conditions (rain, snow, ice, fog, etc.) and at night, until the teen has sufficient skills and experience. Most nighttime fatal crashes occur between 9 pm and midnight.
- ◆ Driving under the influence of alcohol or drugs is illegal and dangerous and should be strictly prohibited.
- ◆ Parents should work out when and where the teen is allowed to drive the car (e.g., to and from part-time job, etc.).
- ◆ Everyone in the car must wear seat belts at all times.
- ◆ Parents should determine whether and when their teen can drive with passengers. Some states have established a law that no passengers are allowed in the car until the teen has logged a defined period of safe independent driving.
- ◆ Parents should determine what behavior or circumstances will result in loss of the teen's driving privileges.
- ◆ Teens should not drive when fatigued or tired.
- ◆ Headphones should *never* be worn while driving.
- ◆ Teens should be encouraged to take an annual defensive driving course after obtaining their license.

Supervised behind-the-wheel driving experience is the key to developing necessary habits and skills for safe driving. Parents need to work with their teens to help them gain the needed experience and judgment.



### Resources:

- ◆ *The American Academy of Child and Adolescent Psychiatry.*
- ◆ *National Highway Traffic Safety Administration, [www.nhtsa.gov](http://www.nhtsa.gov)*
- ◆ *State of Connecticut Department of Motor Vehicles, [www.ct.gov/dmv](http://www.ct.gov/dmv)*

## Sixteen Year Olds A Special Concern

While teen drivers have the highest crash risk of any age group, the problem is worse among 16-year olds, who have the most limited driving experience and an immaturity that often results in risk taking behind the wheel. The characteristics of 16 year olds' fatal crashes highlight these problems.

**Driver error:** Compared with crashes of older drivers, those of 16 year olds more often involve driver error.

**Speeding:** Sixteen year old drivers have a higher rate of crashes in which excessive speed is a factor.

**Single-vehicle crashes:** More of 16 year olds' fatal crashes involve only the teen vehicle. Typically these are high-speed crashes in which the driver lost control.

**Passengers:** Sixteen-year olds' fatal crashes are more likely to occur when other teenagers are in the car. The risk increases with every additional passenger.

**Alcohol:** Although this is a problem among drivers of all ages, it's actually less of a problem for 16 year olds. Thirteen percent of fatally injured drivers in 1998 had positive blood alcohol concentrations (BACs). Only 8 percent had BACs of 0.10 percent or greater.

**Night driving:** This is a high risk activity for beginners. Per mile driven, the nighttime fatal crash rate for 16-year olds is about twice as high as during the day.

**Low belt use:** Teenagers generally are less likely than adults to use seat belts.

## Who We Are

*Parents Together* is an independent, nonprofit organization in Greenwich, CT, that offers ongoing opportunities for parents to communicate, share, support and learn together. We work in cooperation with the Parent Teacher Associations of the public, private and parochial schools in town. The *Parents Together* organization and delegates from Greenwich schools plan programs for parents in grades K-12. We also publish two quarterly newsletters: *Parents Together Primer*, for parents of children from birth through fifth grade, and *Parents Together*, for parents of adolescents. **Distribution:** *Parents Together Primer* is distributed to parents through their children's preschools and elementary schools. *Parents Together* is sent to parents of children in grades 6 through 12 in all Greenwich public and independent schools.

**Newsletter Subscriptions and Correspondence:** We invite parents and all other readers interested in local parenting issues to subscribe to either or both newsletters. For an **annual subscription**, please indicate which newsletter you wish to receive, and send your name, address and \$12 for each subscription in a check payable to *Parents Together*, to P. O. Box 4843, Greenwich, CT 06831-0417. Correspondence may be mailed to the same address.

### NEWSLETTER STAFF:

*Betsy Benenson and Polly Hyman*, Editors  
*Nancy Barker*, Proofreader

### EDITORIAL ADVISORY BOARD:

*Lori Jackson and Beth Nixon*, Parents Together, Co-Chairs  
*Jenny Byxbee*, Youth Services Co-ordinator  
*Julie Farymiarz*, President PTA Council  
*Dr. Betty Sternberg*, Superintendent, Greenwich Public Schools

*continued on page 8*

hurting themselves include learning to:

- ♦ accept reality and find ways to make the present moment more tolerable.
- ♦ identify feelings and talk them out rather than acting on them.
- ♦ distract themselves from feelings of self-harm (for example, counting to ten, waiting 15 minutes, saying "NO!" or "STOP!," practicing breathing exercises, journaling, drawing, thinking about positive images, using ice and rubber bands)
- ♦ stop, think, and evaluate the pros and cons of self-injury.
- ♦ soothe themselves in a positive, non-injurious, way.
- ♦ practice positive stress management.
- ♦ develop better social skills.

For more information visit the website of the American Academy of Child and Adolescent Psychiatry at [www.aacap.org](http://www.aacap.org).

## Fathers' Forum

**April 17/18:** BERNIE McGRENAHAN: Comic with a message. Event at Greenwich High School and Saturday morning recap for the fathers.

**May 15/16:** GINGER KATZ: Author of "The Courage to Speak." Event at Greenwich Middle schools and Saturday morning recap for the fathers.

For more information contact [gccud@yahoo.com](mailto:gccud@yahoo.com)

This issue of Parents Together Newsletter was made possible by the donations of generous supporters

**Parents**  **TOGETHER**

P. O. Box 4843  
Greenwich, CT 06831-0417

Nonprofit Org.  
U.S. POSTAGE  
PAID  
Greenwich, CT  
Permit No. 734