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ELA's First Musical, Coming Soon

Splurge guns!
Gangsters! Dancers!
Come see over 100 students in ELA Spotlight Players' first musical, *Bugsy Malone*! The production runs December 9th, 10th, 11th, and 12th, 2009 at 7:00 PM in the gym. Tickets are \$2 each, and go on sale November 30th in the



Letter from the Director

Dear Parents:

Please review the following points from ELA's Wellness Policy

- Food will not be allowed to be used as punishment or reward.
- School staff will not distribute food items during school hours unless the food item is directly related to a lesson and was previously approved by the Director.
- No treats will be allowed to be brought in for distribution in class.
- Snack time may be provided at the discretion of the teacher and individual snacks provided by parents may be brought into the classroom. Snacks may not be distributed throughout the class by students, parents, or teachers unless approved by the Director as part of a lesson.
- We encourage low-sugar, healthy snacks to increase energy and ability to focus. However, individual snack options provided... (Continued on p. 2)

Looking for different options when it comes to breakfast or school lunch? See "[Plan Ahead for Breakfast](#)" (August '09, p. 7) and "[Bag It!](#)" (June '09, p.1-2).

Fun alternatives for birthdays or other celebrations include:

- Donating a book to the library (look for details on this program soon!)
- Gifting non-food items such as pencils, erasers, art supplies, etc.
- Under the teacher's direction, each classmate writes something kind about the student on their birthday, and puts it in a container which is gifted to the student.

Please submit further suggestions to [PEAK](#).



Letter from the Director

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...by parents will not be monitored/regulated.

- Three parties that include food may be planned each year; parents should be notified in advance through room parents.

A few reasons for ELA's Wellness Policy

- Encourages focus on education and less distraction on food rewards or punishment
- Respects parental choices for their children's food intake
- Fosters a positive environment for students with special food needs (e.g., food allergies, diabetes, compromised immune systems, and other considerations)

I hope these points help to clarify any confusion or misunderstanding regarding our Wellness Policy. The complete policy can be found on our [website](#).

Please contact me with any further questions. Thank you for your cooperation and support.

Warm Regards,
Wade Glathar

Adolescents and Bullying

By Mike Allen, LCSW
New Haven Residential Treatment Center

Every school year, literally millions of teenagers suffer from what Child Development expert and author James Garbarino, Ph.D. calls emotional violence, which comes in the form of bullying, harassment, stalking, intimidation, humiliation and fear. Even in schools and other social settings that adults consider physically safe, many children feel threatened. Unfortunately, adults are often oblivious to this, and when they do learn about incidents or even recurring patterns of emotional violence, they downplay it or feel powerless to do anything about it.

A survey conducted for the National Institute of Child Health and Human Development, published in the *Journal of the*

in April 2001, reported that almost a third of American children in grades six through ten are directly involved in serious, frequent bullying, which includes many forms of harassment, intimidation and emotional violence. Ten percent are involved as bullies, 13 percent as victims and six percent as both. Other national surveys report even higher figures. The U.S. Department of Education reports that 77 percent of middle school and high school students in small Midwestern towns have been bullied. The vast majority of kids experience bullying as bystanders. Most children watch the bullying of their peers with a sense of helplessness, fear, guilt—and ultimately shame—for doing nothing to



this type of pervasive emotional violence can have a negative impact on some children's perception of social relations, social values and their own self-concept.

Dr. Garbarino noted in his book *And Words Can Hurt Forever* that some kids are more vulnerable than others to emotional violence because of their sensitive temperaments. These same sensitive kids also tend to be more... (Continued on

Adolescents and Bullying

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...vulnerable to depression, eating disorders, anxiety disorders and other mental health problems. In treating those disorders, therapists must address the experience and impact of bullying as part of assessment and treatment.

We find that many students who come to treatment with depression, low self-esteem, school problems, social dysfunction and family problems have very often experienced some type of serious social disruption associated with bullying. The most common type of social disruption is an experience of losing acceptance and association with a peer group with whom the teen was formerly accepted. This may occur because the teen has come to be seen as different in some way and therefore unacceptable, or because of his sensitive temperament he is unable to cope with the gossip, jealousies, infighting and meanness that often occur in peer groups at this age and, as a result, he drops out of the peer group.

Acceptance is a universal human need, and when teens experience rejection in an aggressive, systematic manner, psychological trauma can result. Many kids will bear up under this kind of emotional violence, but some children who are not as resilient will experience psychological damage. The damage can include (but is not limited to) shame, decreased self-esteem, impaired self-image and learned helplessness. Additionally, teens

that are bullied and rejected by their peers often turn to maladaptive or self-destructive behaviors to find comfort, or they try to find acceptance by associating with other troubled peers.

In the book *Girl Wars*, authors Cheryl Dellasega, Ph.D. and Charisse Nixon, Ph.D. call female bullying “relational aggression.” Rumors, name calling, put downs, cliques, shunning, ruining another’s reputation and a variety of other behaviors are the weapons girls use against one another on an everyday basis in schools, sports, recreational activities and even houses of worship. All girls who engage in this dynamic are experiencing some underlying fear and insecurity. The aggressor may be worried about her ability to remain “on top,” so she uses manipulation and control of others to avoid having her own flaws exposed. The victim often lacks the confidence to stand up for herself and may accept harassment because inside she feels it is deserved or true. Girls in the middle are also afraid and lack the self-esteem to take a stand; they often join in the aggression, either passively or overtly, to avoid being targeted themselves.

Research on relational aggression has shown that girls are more likely to use relational aggression within their friendship circles than boys, who tend to aggress outside their friendship circles. Relationally aggressive girls are more likely to believe

that aggressive behavior is acceptable and even normal. For example, girls with high relational aggression tendencies are also likely to believe that it is generally okay to spread rumors about someone else. Relational aggression may be as strong a risk factor for future delinquency, crime and substance abuse as physical aggression. Both victims and initiators of relational aggression have a higher incidence of serious mental health problems, such as depression, loneliness, alienation, emotional distress and isolation. Older adolescents with a well-formed identity—who are goal directed,—are less likely to be relationally aggressive. Older adolescents with a well-developed moral identity—who know their values and act consistently with them—are less likely to be relationally aggressive.

Today’s teens are subtly influenced to interact in ways that reduce rather than enhance their underlying power to connect with one another. They are bombarded with messages about their physical appearance at an early age and are presented with media role models that are successful, but not based on their virtues or kindness to others. It is our role as adult caregivers to guide adolescents to form more positive identities, to feel more secure about their own abilities and to develop safe, supportive relationships.



Article Review: The Grateful Child

In celebration of Thanksgiving, we are highlighting gratitude, a sometimes-overlooked virtue that deserves due attention at this time of year. Below we list highlights of [The Grateful Child](#), with research and tips on teaching gratitude to our children.

- Researchers in the relatively new field of gratitude studies are finding that thankfulness can be nurtured and taught.
- By being truly thankful for all that life provides, a child has more chance of being emotionally, physically and socially successful.
- A recent study found that when older children (ages 14 to 19) are able to acknowledge their good fortune, they are more likely to be happy and experience lower levels of depression, envy, and materialism.
- Another study reported most children under seven don't have the emotional development necessary to see outside themselves and be genuinely grateful. However, children over seven can resemble adults in their capacity to
 - At age 10 or 11, most children make a grateful leap; with adolescence comes the ability to empathize, which may be the strongest developmental catalyst of gratitude.
 - To teach gratitude to children, researchers suggest it's the simple day-to-day methods that reap the greatest long-term results, like walking children through the thoughts of gratitude. As in, "Wow, because your friend Jeremy skipped his soccer game and helped you with your homework, you did great on your math test."
 - Researchers also encourage parents not to dictate how children express their thanks, but to let them show gratitude in whatever way is most comfortable.
 - Children learn best when grown-ups model the very behavior they'd like to see in their kids.

For more great tips adapted from Dr. Jeffrey Froh of New York's Hofstra University, click [here](#).

Thank you to all who contributed to our newsletter



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