Living HEALTHY

AUGUST 2019

making surgery EASIER FOR KIDS
teaching trust, not fear
too sick for school?
5 tips to help you decide
concussion care update
best way to manage head injuries

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WellSpan HEALTH
Formerly Summit Health

BACK TO SCHOOL
DEAR FRIENDS,

Our children are our most valuable resources for the future. They are the future leaders, thinkers, caregivers, and innovators. Without good health, however, their roles as powerful resources for progress could be compromised.

Good health is multifaceted—and it starts from the nutritional, physical, and health-care practices instilled at a young age. With that in mind, I’m excited to give you this back-to-school issue of Living Healthy magazine.

This issue is a wealth of information on important topics parents wrestle with as they send their children back to school—from how to ease back into the school routine and tactics to address bullying to lunches that pack a nutritional punch and details on when you should keep your child home from school. This issue also features important information about the risks of concussion in your student athlete.

My hope is that in providing this information to you, our youngest community members can get the starts they need and deserve so they can Live Well and grow to become the changemakers of the future.

Warm Regards,

Patrick O’Donnell
CEO and President
WellSpan Summit Health
Pick The Right Pack
Make sure your child’s pack has padding to help protect the back from sharp items or sharp corners. Be sure his or her shoulder straps are padded and wide. You’ll also want a waist belt, so the shoulders don’t have to handle all the weight.

Keep It Light
Convince your child to carry only what’s absolutely necessary for the day, and leave the extras at home. Doctors say that no child should be carrying a backpack heavier than 10 to 15 percent of his or her own weight.

Wear It Well
The backpack should be the right size for your child’s age. Shoulder straps should fit snugly against the back. The bottom of the backpack shouldn’t go lower than four inches below the waist.

Pack It Right
The backpack should have individual compartments, so the weight can be spread around, with the heaviest items closest to the back and the lighter ones further toward the outer edge.

Look Out For Trouble
At the first sign of your child experiencing back or neck pain, stop and ask yourself, “Is it the backpack?” Talk to a doctor or occupational therapist. Find out more about Backpack Awareness Day at aota.org/conference-events/backpack-safety-awareness-day.
What one pediatric endocrinologist loves about her job, and why she urges her young patients with hormone disorders to make healthy lifestyle choices.
or Kanika Shanker, MD, the decision to enter pediatric endocrinology was sparked by two things: her desire to help her mother manage her type 2 diabetes and her love of children.

The endocrine system is a network of glands that produces and releases hormones that regulate and control various body functions, including the ability to change calories into energy and to grow at a normal rate. Each gland has a specific purpose, so if one is not working correctly it can throw off the delicate balance of hormones, resulting in an endocrine disorder.

“One of the best things about endocrinology is that you’re not dealing with devastating diseases,” says Dr. Shanker, who practices at WellSpan Endocrinology locations in Franklin and Adams counties. “I can’t cure chronic conditions, but I can replace hormones that patients aren’t making and help them manage their conditions so they can become healthy and productive and enjoy a better quality of life.”

FAR-REACHING EFFECTS
Examples of conditions that endocrinologists treat include problems in adrenal, pituitary, and reproductive glands, which may cause or contribute to delayed or late puberty and growth; polycystic ovarian syndrome, a hormone imbalance that causes women and girls to skip menstrual periods and makes it harder for them to get pregnant; and thyroid disorders, which can lead to fatigue, depression, weight loss or gain, and even slow development.

In addition, Dr. Shanker provides care to girls with Turner syndrome, a genetic disorder that affects sexual and height development in females. At times, Dr. Shanker treats patients with gender dysphoria, giving them hormones to block the production of sexual hormones in the early stages of transitioning. Later, if they have fulfilled the criterion of Gender Identity Disorder, she provides trans-hormone therapy.

DIABETES ON THE RISE
The most common endocrine disorder Dr. Shanker provides care for is diabetes, which, if left untreated, can lead to serious complications, such as heart disease and stroke. Technological advances have significantly improved diabetes care. “Things have changed very fast in this century,” says Dr. Shanker. For example, patients with diabetes now can use continuous glucose monitors, which means they no longer need to prick their fingers to check blood sugar levels.

Dr. Shanker says some parents mistakenly believe their child has developed type 1 diabetes because of bad eating habits. In fact, different factors, including genetics and some viruses, may contribute to type 1 diabetes. Another misconception she encounters is that type 2 diabetes only occurs in older adults. “Sometimes parents go into a state of shock, followed by denial, that their child can have type 2 diabetes at such an early age,” says Dr. Shanker. She treats patients as young as 12 for this condition, which is increasingly common in young people because of rising obesity rates.

PROMOTING HEALTHY WEIGHT
When it comes to managing both types of diabetes, Dr. Shanker recommends eliminating sugary beverages and gradually increasing simple fitness activities like walking and cycling. Weight control is a key part of managing both types of diabetes. In fact, Dr. Shanker encourages all her patients to maintain a healthy body weight and recommends the use of apps to help them track their steps, calories, and blood sugar.

“My heart fills with joy when I can hand a report to families showing that hemoglobin A1c, a marker of diabetes control, has trended down and I see their sighs change to smiles.”

KANIKAN SHANKER, MD

FOR INFORMATION ON WELLSPAN ENDOCRINOLOGY LOCATIONS AND ADDITIONAL SERVICES, VISIT SUMMITHEALTH.ORG/ENDOCRINOLOGY.
Is your child anxious about the upcoming school year? Here’s how you can help calm those nerves.

Backpacks, buses, books—and butterflies? A new school year can cause kids to feel a flutter of anxiety. “Back-to-school jitters are quite common,” explains Candace Rutherford, Director of Outpatient Behavioral Health Services and licensed clinical social worker with WellSpan Behavioral Health in Chambersburg. “Many children experience butterflies or a few nights of restless sleep right before the year begins.”

The anticipation of new friends, teachers, academic demands, and responsibilities can bring much excitement and even more angst. Sleep disturbances, stomachaches, headaches, clinginess, decreased appetite, and irritability all can be signs of back-to-school anxiety. The good news: Most symptoms will dissipate within a week or two, and a few simple steps can help whittle away those worries.

1 Identify the Triggers.

Early in summer, start introducing the idea of school in conversation. Watch your child’s reactions and listen to what he says to identify potential triggers. Is your child a perfectionist who’s anxious about getting good grades? Has she had trouble with bullies? Is it shyness or separation anxiety? Finding out the root of the stress is often the first step. “Once...
you know the triggers, you can help identify ways to cope,” says Rutherford, who recommends role-playing situations with your child so he feels prepared to face his fears.

2 TAKE AWAY THE UNEXPECTED.
Back-to-school anxiety often stems from fear of the unknown. The solution: Make things as predictable as possible. Visit the school and attend orientation activities to meet the teachers with your child. Often, this offers a chance for a tour, a discussion of daily schedules, and a chance to see who might be in their classes with them. Be sure to note the location of the bathroom, as this is a common source of anxiety for children.

3 USE A STORY.
This is the perfect time to dig up those childhood memories and share how you overcame your own back-to-school worries. Can’t remember the details? Try relating the challenge to the first day of a new job. The goal is to empathize with your children and to let them know that jitters are normal. For younger kids, a book might be helpful. Rutherford’s top picks: The Kissing Hand, Llama Llama Misses Mama, The Night Before Kindergarten, and The Night Before First Grade.

4 TEACH SELF-TALK.
Encourage your kids to “talk back the worry,” a strategy Rutherford uses to help children with generalized anxiety disorder and obsessive-compulsive disorder control their emotions. “Younger kids can say to themselves: ‘Go away, worry. Leave me alone!’ Older children can vary this by saying: ‘This is the worry talking. I won’t let the worry get to me. I can handle this,’” explains Rutherford.

5 FOSTER NEW FRIENDSHIPS.
If you haven’t already, set up a few playdates with classmates. Heading back to school with a friend will help your child feel more confident and less alone. Bonus: Talking with other parents can ease your worries, too. Stay involved with the parents you meet by volunteering in your child’s classroom or at school activities.

6 CHECK YOUR OWN BEHAVIOR.
Kids are sensitive to their parents’ emotions, so do your best to control any anxiety you’re feeling. “Stay calm, put on a happy face and radiate confidence,” says Rutherford. Back-to-school time can be stressful, but it’s also the beginning of an exciting year for your children.

Teaching Kids to Manage Emotions
As children spend more time interacting with screens, they get less time to practice interpersonal skills and emotion management. In the Super Health Heroes program, WellSpan Summit Health has teamed up with children’s book author and parenting expert Julia Cook to teach third graders how to deal with their emotions in positive ways.

Held each year, the program encourages students to be more aware of how they’re feeling and how to think about their feelings in a constructive—rather than destructive—way.

Super Health Heroes gives kids tools to help them manage emotions like worry or anger, which can lead to social withdrawal or to acting out in the classroom or toward classmates. Topics covered in the session include anxiety, controlling anger, focus, and the importance of mindset. Students are put into small groups to talk about what to do if problems come up and different ways to handle challenging situations. Once the program is complete, students receive superhero capes to represent the control they have over their own emotions.
ports bring many benefits for middle and high school students—from fitness and friendships to discipline and teamwork. Still, many parents worry about balancing those benefits with the risk of concussion and its potential long-term effects.

Every year, an estimated 1.1 to 1.9 million Americans younger than 18 are treated for a recreational or sports-related concussion. For boys, the highest-risk activities are football, lacrosse, ice hockey and wrestling; for girls, soccer, lacrosse, field hockey and basketball.

In November 2018, the American Academy of Pediatrics revised its guidance on sports-related concussions to incorporate findings from the most recent research, which shows that it’s best to have a gradual progression back into physical and cognitive activity after concussion. According to the report, most pediatric athletes will recover from symptoms within four weeks of their injury.

LOCAL EXPERTISE
Though athletes might want to “shake off” a head injury, concussions can be very serious. It’s crucial that a health-care professional evaluate a student athlete following an injury when concussion is suspected.

Wellspan Health’s Concussion Management Program utilizes baseline tools to monitor patients and to personalize care plans so they’re able to safely return to daily activities. The health-care team works with the athlete’s coach and trainers to make sure important information is being shared and the student is properly recovered before returning to play.

Pre-participation baseline testing enables health-care providers to evaluate changes in the brain caused by the concussion. Wellspan Health offers baseline concussion testing at its Urgent Care and FastCare locations. Many students opt to take the test during a sports physical.

For student athletes and their parents, the message is clear: Don’t downplay a head injury. Having concussion medically evaluated and treated leads to a faster recovery and a potentially reduced risk of long-term effects.

WHAT TO DO WHEN CONCUSSION IS SUSPECTED
- Remove the athlete from all sporting activities
- Be sure an athletic trainer or health-care provider evaluates the injury
- Contact Wellspan Summit Health’s Concussion Management Program by calling (717) 267-7715.

URGENT SYMPTOMS
Seek immediate medical attention if the athlete has any of the following symptoms:
- Prolonged loss of consciousness
- Numbness, weakness, decreased coordination
- Concussion, changes in vision, irritability
- Vomiting, convulsions, or seizures
- Decreasing mental status, inability to recognize people
- Slurred speech or inability to speak

INJURED ATHLETE? GET HIM OR HER CHECKED AT WELLSPAN URGENT CARE. FOR LOCATIONS AND NUMBER OF PATIENTS WAITING, VISIT WWW.ONTHEGOCARE.COM.
It’s decision time. Your child must get ready for the morning school bus, but he or she is feeling sick. You’re pretty sure it’s not a serious illness—and you have a busy day planned. Should you keep the child at home? These five tips can help you make the call.

1 KEEP A CHILD WITH A FEVER HOME. A fever is any temperature above the normal range of 98 to 100 degrees Fahrenheit. (Add a degree to readings taken orally or under the arm.) Oral temperatures can be skewed if the child just drank something hot or cold. If you use an ear device, be sure ear canals are clean. If you’re in doubt about the thermometer’s accuracy, take your own temperature, too.

2 TRUST YOUR INSTINCTS. A stuffy nose, a sore throat, sneezing, or even a light cough isn’t an absolute reason to miss school; many healthy children have seven to 10 colds per year. But kids who are lethargic, coughing heavily, and showing other signs they need extra care aren’t going to get much out of school—and they’re probably infectious.

3 BE MORE LENIENT WITH YOUNGER KIDS. You’re probably more likely to send an older child to school, and that’s not unwise. A sick first-grader in tears may trigger a midday call from the school nurse, while an older child may tough it out—and should know enough not to sneeze on his or her friends. Also, it’s harder for a high schooler to compensate for a missed day of coursework.

4 HEED THE SIGNS. Depending on the circumstances, one episode of vomiting may not mandate a day at home. Neither does a cold in a child with asthma if peak flows are good. But bouts of vomiting or watery diarrhea, a heavy or frequent cough with mucus, persistent pain, or a widespread rash justify an absence.

5 CALL YOUR PROVIDER. You may not be able to talk with a health-care professional in time for your morning decision, but if your concern lingers, be sure to seek medical advice.

PLAN AHEAD FOR YOUR YOUNGSTER’S NEXT SICK DAY

Don’t wait till your child has to miss school to figure out how you’ll handle it.

• KNOW YOUR SCHOOL DISTRICT’S SICK-CHILD POLICIES. Do certain contagious bugs mean mandatory absence? Will your child need a note when he or she returns?

• HAVE A NETWORK. Is the babysitter or childcare provider prepared to deal with a mild illness? Have you identified friends, neighbors, or relatives who can bail you out in an emergency — and agreed to do the same for them?

• DECIDE WHO’S ON DUTY. If one parent has to take off work to look after a sick child, will you take turns? Will it depend on whose job duties are more critical that day?

• HAVE A WORK-AT-HOME PLAN. Do you have a home computer on which you can work while you tend to a sick youngster? What is your company’s policy on time off to care for sick children?

SICK CHILD? GET HIM OR HER CHECKED AT WELLSPAN URGENT CARE. FOR LOCATIONS AND NUMBER OF PATIENTS WAITING, VISIT WWW.ONTHEGOCARE.COM.
The team at the WellSpan Dr. Roy A. Himelfarb Surgery Center makes sure that young patients learn trust, not fear, through the surgical experience.

MAKING SURGERY EASIER FOR KIDS

Look inside the WellSpan Dr. Roy A. Himelfarb Surgery Center on any day would reveal the scenes and emotions you might expect in such a facility; long corridors and endless pastel curtains, medical scrubs and beeping monitors, nervous patients and busy staff.

But a deeper look would show scenes you might not expect—laughing children, relaxed parents, stuffed animals lovingly tucked in the crooks of tiny arms while surgeons above them carefully operate.

Also found—perhaps heard whistling cheerily before seen—donning blue scrubs and a genuine smile is Roger T. Weiss, DO, an anesthesiologist whose 31 years of experience have helped create processes to help bring the greatest comforts to the surgery center’s smallest patients.

“We have this opportunity to get it right,” says Dr. Weiss of his chance to set a positive tone for his young patients, amidst high-fiving and fist-bumping a four-year-old, a genuine connection doubled as a distraction while checking the boy’s vital signs. “Our approach is to inspire trust in children by...
telling them exactly what is going to happen to them.”

It’s not lost on Dr. Weiss that going through surgery is a game changer for a pediatric patient; often a solution for ongoing issues, such as chronic ear or throat infections. And while the procedures may be minor by medical classification, the event itself can be monumental for both the child and their parents—an experience that not only can bring with it stress, but also the potential to set a negative tone for the remainder of the young patient’s medical interactions.

REDUCING STRESS
Dr. Weiss and the staff of the surgery center see a direct correlation between the stress level of a young patient ahead of surgery and the positive outcome of the operation.

Keeping that stress to a minimum is related to the total experience the patient has, which begins before they arrive for surgery. During a preoperative medical background call a few days before the procedure, parents are told to bring their child’s favorite stuffed animal and informed that they’ll be able to accompany the child into the operating room and stay with them until they receive anesthesia.

Staff carefully ensure that when possible, children are scheduled first thing in the morning. Most of the time they’re fasting, and the least time the children must be hungry, the better.

When the patient arrives to the surgery center, staff involve them in the necessary surgical preparations, asking them and their parents questions, and explaining to them what is happening, step-by-step, rather than talking over them or ignoring their questions and only communicating with the parents.

“The older the child is, the more I try to involve them in the process, by focusing on them first, asking them questions,” Dr. Weiss explains. “We try to put them at ease and bring out laughter. That helps decrease anxiety at the same time. The child will do better in a surgery when they’re not panicking before it starts.”

PARENTAL ESCORT
Through his three decades of preparing patients for surgery, Dr. Weiss has continued to observe a direct correlation between the separation of a child from their parent and increased anxiety.

“Gone are the days of us ripping the child out of their parent’s arms, with that child screaming in fear as strangers lead them down an unfamiliar hallway,” says Dr. Weiss. “Now we’re marching into the operating room together, talking, laughing and sharing what’s going to happen next. It’s better for every person involved.”

The surgery center allows a parent to go into the operating room with their child, until the child is “put under.” Once the child is prepared for surgery, the parent is gowned up in a sterile suit, complete with shoe covers and a cap, and can carry their child, or walk hand in hand back to the operating room.

“Both the parent and the child do better with this,” Weiss explains. “The child doesn’t feel torn apart from their parent at a time when they already have overwhelming feelings. It’s also calming for the parent, who can see their child in good hands.”

Inside the operating room, the care team, in a carefully choreographed act, accomplishes getting the patient on the operating table, properly positioned, and hooked up to appropriate monitors all while the child and their loved one are engaged in the process. Once the child is given anesthesia, the parent is escorted to the waiting room, and then Dr. Weiss places the patient’s IV and the surgery can begin.

WAKING UP
Not escorted out of the operating room: the child’s favorite stuffed animal or toy. That comfort item remains with the child for the duration of their surgery, and when they wake up postoperatively, their beloved stuffed animal is snuggled with them.

The postoperative care team has a delicate touch with children, who often wake up a bit confused, and commonly, scared and upset by the IV in their arm.

The team quickly brings the parent to the child and encourages, if possible, the parent to sit with or hold the patient. Usually, the child must successfully consume a drink or a popsicle before being discharged, and staff manage to make this “task” feel more like a treat.

INSPIRING TRUST
While making patients comfortable is extremely important, Dr. Weiss says the child-friendly processes at the surgery center point to longer-term benefits. Though he says his biggest reward for putting his patients at ease is simply seeing them smile, he hopes his efforts stay with his patients long after their sleepy grins.

“Children are precious,” says Dr. Weiss. “They connect with you, and making them laugh and smile is a gift. I’m inspiring trust—trust that children feel they are treated fairly by their doctors and nurses, and that they can know what to expect. Surgery is not always without pain, but children are resilient and handle that pain better than most adults, especially when we tell them what to expect and that we are here to help them.”

WELLSpan Dr. Roy A. Himelfarb Surgery Center has consistently been recognized as a quality facility and recently was reaccredited by the Accreditation Association for Ambulatory Health Care. An AAHC accreditation means the surgery center continuously improves its care and services, and commits to a thorough, on-site survey by AAHC surveyors every three years.
PACK HEALTHY!

5 back-to-school tips for making kids’ midday nutrition a success story
For many parents, the Hostess Twinkie’s return to the marketplace sparked a smile of nostalgia—and a frown of concern. We may recall that spongy treat from our own childhoods, but it’s not on our nutrition plan for our kids. And during the school day, their food consumption happens out of our sight—and beyond our full control. But don’t despair: With a resourceful, creative approach, you can guide your young scholars to sensible midday eating, whether it’s from a home-packed lunch box or in a cafeteria line. Here are five ways.

MAKE IT FUN.
It helps if children see a healthy lunch as something enjoyable, so help get them “on board” by giving them choices—letting them help assemble a lunch, perhaps, or discussing regular cafeteria options in the morning before school. The eyes and nose influence kids’ eating, so packaging a meal the right way counts. Perhaps your picky eater will enjoy selecting a special lunch box that features a favorite superhero or cartoon character. You can trade in aluminum foil for colorful, reusable containers. As for the lunch itself, try cutting sandwiches into fun shapes. Or assemble an “inside out” sandwich, with mustard on deli turkey wrapped around a bread stick. And make the lunch colorful, with bright items such as cherry tomatoes, grapes, and carrot strips.

BE A GOOD MODEL.
The “do as I say, not as I do” model of parenthood is as obsolete as the cassette tape. If you’re not modeling a healthy lifestyle, it will be hard for your kids to develop one. And that doesn’t just mean eating your spinach. Consider taking your kids to the farmers’ market regularly and exploring together, sampling new fresh-grown varieties of fruits and vegetables. When your child sees your pleasure in preparing—or ordering, when you eat out—a meal that’s both healthy and tasty, that pleasure may rub off.

USE A GRADUAL APPROACH.
Let’s face it: If kids try to reject a food at home dinners, they’re sure as heck not going to eat it from a brown bag when they’re beyond your gaze at school. Introduce an unfamiliar food at home first, in small amounts and in a no-pressure atmosphere that allows them to give the new item a tentative taste, before adding it to a packed lunch. Don’t give up if a child discards a new food once; the second or third time could be the charm.

SEEK BALANCE.
Aim to represent the food groups as you pack a lunch, just as you do with a dinner at home. Emphasize fruits and veggies over meats and cheeses—the latter are nutritionally important, but tend to be overrepresented on our plates. Whole-grain is better than white, mustard beats mayonnaise, and turkey is healthier than more processed meats such as salami and bologna.

INVOLVE YOUR CHILDREN.
Helping you to select ingredients and prepare lunches can give children (especially picky eaters) a feeling of ownership over their meal, making them more likely to eat up. Together, come up with a list of foods your child enjoys that are also mom-approved. Then let your child select from that list. They’ll feel a sense of control that will make them feel better about their lunch. If the list is short, add variety by serving the favorite few in different shapes and combinations.

PROMOTE SMART SNACK FOODS.
The government now has standards for snack foods sold in school vending machines and à la carte cafeteria lines. Gone are doughnuts, candy bars, high-fat chips and sugar-filled sodas, while granola bars, light popcorn, low-fat chips and fruit cups are favored. To cement these better choices, offer them at home and include them in packed lunches, too. For example, offer snackable veggies like cucumber slices and cherry tomatoes dipped in hummus, or low-fat, part-skim mozzarella cheese sticks.

Whether your kids carry their lunches or order from the school cafeteria, your positive guidance and good example can help prepare them for a lifetime of healthier food choices.
Ways to Stop Bullying—and Save Lives

Kids who bully and their victims are both at greater risk for suicide. Understand the warning signs, and how to help.
DATA SHOW THAT YOUTH WHO REPORT FREQUENTLY BULLYING OTHERS AND THOSE WHO REPORT BEING FREQUENTLY BULLIED ARE BOTH AT INCREASED RISK FOR SUICIDE-RELATED BEHAVIOR. SEPTEMBER IS SUICIDE AWARENESS MONTH, AND AS PART OF THE EFFORT TO LEAD THE CONVERSATION ON SUICIDE PREVENTION, SUMMIT HEALTH IS ENCOURAGING PARENTS TO REMIND THEIR CHILDREN TO SPREAD KINDNESS INSTEAD OF RUMORS IN AN EFFORT TO STOP BULLYING AND HELP PREVENT SUICIDE.

BULLYING DEFINED
According to the Centers for Disease Control and Prevention, bullying is any unwanted, aggressive behavior, commonly seen among school-aged children, that results in a real or seeming imbalance of power.

“Bullying becomes apparent when one person or group appears to have mental or emotional leverage over another,” says Candace Rutherford, Director of Outpatient Behavioral Health Services and licensed clinical social worker with WellSpan Behavioral Health in Chambersburg. “This doesn’t include isolated events that happen once or twice. Bullying is habitual.”

Bullying can include verbal or physical attacks, threats, exclusion, and rumors. While over the years it traditionally occurred in person, the increased use of online social media platforms and cell phones among young people means bullying is happening more and more via technology.

THE ROLE OF TECH
“In a lot of ways, technology makes it even easier for bullying to occur,” says Rutherford. “People can be empowered and often feel safer from repercussions when they use technology versus being in person.”

How can parents know if their child is being bullied online? Simply asking the question often uncovers a problem. According to the Second Youth Internet Safety Survey, published in the journal Pediatrics, 68 percent of cyberbullying victims spoke up about their harassment to friends, parents, or other authority figures. Knowing there’s a problem gives parents a chance to provide guidance and to help prevent future incidents.

STRENGTH IN NUMBERS
One of the primary ways to shut down in-person bullying is surprisingly simple: Stick with friends.

“It’s easy to pick on one person, but it’s a lot tougher for a bully to go head-to-head with a group of people,” says Rutherford. “If friends stick together and support one another, it limits the opportunity for a bully to pursue his or her target.”

There are several ways adults can help stop bullying, according to www.StopBullying.gov:
- Intervene immediately. It’s okay to get another adult to help.
- Separate the children involved.
- Make sure everyone involved is safe.
- Meet any immediate medical or mental health needs.
- Stay calm. Reassure those involved in front of the other children.
- Model respectful behavior when you intervene.
- Teaching, modeling, and rewarding kindness from a young age can help prevent bullying as it helps children learn how to better interact with others.

Research shows that when students in elementary schools perform several kindness acts a week, there is an increased level of acceptance of their peers. Below are some ways parents can help instill kindness in their children.
- Take part in gratitude activities.
- Include your child in volunteer activities or service learning.
- Have children develop ways to help others.
- Facilitate respectful conversations.
- Generate open-ended discussion questions.
- Encourage teamwork.
- Teach and model how to name and express emotions.

JOIN US FOR A COMMUNITY DISCUSSION OF SUE KLEBOLD’S A MOTHER’S RECKONING: LIVING IN THE AFTERMATH OF TRAGEDY. SEPTEMBER 4, 2019, 12–1 P.M. IN CHAMBERSBURG. CALL 717-262-4472 TO REGISTER.

TEENS: SUICIDE WARNING SIGNS
According to the Jason Foundation, a national organization dedicated to teen suicide awareness and prevention, four out of five young people who attempt suicide give clear warning signs. While some of the signs listed below don’t necessarily mean someone is suicidal, they are an indication that the person may be suffering and need help in order to avoid suicide in the future.

- SUICIDE THREATS. These can be direct statements such as, “I’m going to kill myself,” or expressions of suicidal feelings. For example: “I’d be better off dead”; “I hate my life”; “I won’t be bothering you much longer”, and “You’ll be better off without me around.”
- DEPRESSION. One of the leading causes of suicide attempts is a history of depression or other mental disorders. Symptoms of depression range from lack of hygiene to lack of interest in activities once enjoyed, withdrawal from family and friends, and expressions of hopelessness and despair.
- ANGER; INCREASED IRRITABILITY. Suicide is connected to fighting and unusually irritable behavior.
- SUDDEN INCREASE/DECREASE IN APPETITE. A change in how much food a person eats without any obvious explanation (such as working out more) is reason for concern.
- SUDDEN CHANGES IN APPEARANCE. If a teen suddenly begins dressing differently or you notice a change in personal hygiene habits, try to find out what’s behind the shift. It can be a warning sign.
- DWINDLING ACADEMIC PERFORMANCE. An abrupt drop in grades or sudden lack of interest in school, classes, and grades can signal an emotional or psychological issue.
- PREOCCUPATION WITH DEATH AND SUICIDE. Take note of writing and artwork about death, as well as social media posts and extensive talk about death or dying.
- PREVIOUS SUICIDE ATTEMPTS. One out of three suicide deaths is not the result of an individual’s first attempt.
- FINAL ARRANGEMENTS. Once they’ve decided to commit suicide, some young people begin saying goodbye to family and friends, giving away favorite possessions, and even making funeral arrangements.
Be wise. Immunize.