

Norah O'Donnell Speaks on the Century for Women

BY KATRINA BROOKER

“There is a special place in hell for women who don’t help other women,” declared Norah O’Donnell, drawing laughter and applause from a room packed with, well, women. Using the well-known Madeleine Albright quote, she set the tone for the annual Parents in Action benefit luncheon, held November 17 at the Cosmopolitan Club. “Today I want to talk about why this is going to be the century for women,” O’Donnell told the 210 supporters who’d gathered to help raise over \$63,000 for Parents in Action.

O’Donnell highlighted a number of statistics to support her optimism about women’s place in the world today. “Since 1982,” she said, “women have gotten ten million more college degrees than men. We have education dominance.” Women now make up a third of our nation’s doctors and lawyers; form a majority of its breadwinners; and, importantly, make most of the purchasing decisions. That, she said, translates to real power.

Women still lag in the business world, O’Donnell acknowledged. Just four percent of the CEOs of Fortune 500 companies are women. Still, O’Donnell is hopeful that the coming generation of women entering the workforce will change that, and cited the significance of new women leaders at such major corporations as Lockheed Martin, Hewlett-Packard and IBM. Moreover, on the very day she spoke to PIA, Janet Yellen was making headlines for her nomination to head up the Federal Reserve. “She’ll be the most powerful woman in the financial world,” O’Donnell observed.

Of course, O’Donnell herself evidences women’s prominence in the world today. The Emmy award-winning co-host of “CBS This Morning,” O’Donnell is a nationally acclaimed journalist who has covered everything from the presidential elections to the papal enclave. She has interviewed world leaders, CEOs and movie stars. Last March, O’Donnell interviewed

Facebook COO Sheryl Sandberg for “60 Minutes.” The morning of the PIA benefit she’d talked with Forrest Whittaker and Jennifer Hudson.

During lunch O’Donnell reflected on one particularly emotional interview: her meeting with Malala Yousafzai, the 16-year-old Pakistani girl shot by a Taliban gunman for promoting girls’ rights to education. The encounter left a deep impression on O’Donnell and she talked about how moved she’d been by the young girl’s courage: “I asked her if she was afraid and she told me, ‘I may be afraid of ghosts and dragons, but how can I be afraid of someone who fears me?’”

O’Donnell also touched on the hot button issue for every mother in the country: how to balance work and motherhood.

Born into a military family, O’Donnell spent her childhood traveling everywhere from Texas to Germany to Korea to Washington, D.C. A graduate of Georgetown University with a BA in philosophy, she started her career as a staff reporter for Roll Call, the Capitol Hill newspaper. In 1999 she became a correspondent for NBC News, where she began her broadcast career. Now a mother of three, O’Donnell also touched on the hot button issue for just about every mother in the country: how to balance the demands of work and motherhood.

“I don’t have an answer,” she said plainly, acknowledging her own challenges and struggles. “The truth is I spend more time at work than at home.” She noted that her grandmother, too, had been a working mother, an Irish immigrant who served as a hospital orderly and stitched handkerchiefs to support her family. O’Donnell’s outlook for women seeking solutions to these issues, however, was upbeat: “Having it all,” she mused. “Everyone has a different definition of having it all. Do I think in this day and age you can work and have a family? Of course.” ●

Addiction: A Preventable Disease

BY PAMELA AWAD

If asked about past drug use, the slim, raven-haired speaker advised parents to respond to their children by saying either “No,” or “Yes, but I regret it.” Discussing adolescence, substance abuse and addiction at a PIA School Relations lunch at Madison Avenue Presbyterian, on a Thursday last October, Dr. Marianne Chai said, “Saying ‘yes, but I regret it’ carries a higher risk of adolescent substance use than saying ‘no.’” Adolescence is a common theme in addiction; substance abuse begins in adolescence and addiction is a disease of adolescent origin.

The Medical Director of the New York Center for Living, Dr. Chai believes that addiction is a preventable disease if we embrace early education and address adolescent development, cognition and environment. Anyone who’s been or lived with a teenager knows these years are a vulnerable time of life, primarily because cognitive development outpaces psycho/social maturation. Thank the prefrontal cortex for that, the part of the brain in charge of executive function and the part that gives us the ability to control impulses. Older teens may have “the decisional capacity to reason through risk but they still make silly decisions,” Chai says. This is because it takes until one’s mid-twenties for the prefrontal cortex to fully develop and successfully override the reward, pleasure-seeking part of the brain. Hence, late adolescent and college age kids are at the highest risk of abusing substances and developing addictions.

Substance education begins at home and Chai believes cognitions are an important part of that education. The environment in which children grow up and the value systems of their parents matter a lot. How and where children learn about addictive substances and who teaches them determine their “belief systems.” Parents need to “send a unified

message that drinking and drugs are not tolerated,” said Chai. One of five siblings herself, she warns parents that attitudes towards older siblings greatly influence younger siblings as do older siblings’ peers. “Know the parents of your children’s friends too,” she advises. “Your child’s best friend’s parenting style also affects your child.”

About those parenting styles — they fall into one of four categories: authoritative, authoritarian, permissive and neglectful. Authoritarian parents are very strict, exhibit little warmth, seldom communicate with their child and punish harshly. Neglectful parents provide neither warmth nor control, make few demands of their children and are relatively uninvolved. Authoritative is the parent

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style to aim for; parents establish rules and maintain clear boundaries, are assertive, supportive and warm, and are most likely to raise children who are happy, capable, self-regulating and socially responsible. Conversely Chai says, “the parenting style of permissive parents can pose a triple risk” to children as they are “completely indulgent and conflict adverse and can negatively influence cognition, a child’s attitude and belief systems, and his or her environment.”

What drives substance abuse in teens? Availability, recently increased by legalization of marijuana in some jurisdictions; stress; the early use of drugs and alcohol; and comorbidity (additional risk factors) all contribute to the development of addiction. Prescription drugs and over-the-counter medications are easily accessible to young teens, as is marijuana, now cheaper than cigarettes. More kids smoke weed than smoke cigarettes because they perceive weed to

ADDICTION CONTINUED

be safer. Opiates, those medicine cabinet drugs that include hydrocodone, oxycodone and codeine have become a huge issue. “Opium addiction is challenging to treat, in part because opiates lead to heroin use,” Chai warned. Alcohol and binge drinking is a problem too. Binge drinkers are more likely to engage in risky behavior and binge drinking increases the risk of alcoholism later in life.

You can assess your child’s risk for addiction by considering particular factors, says Chai. Children who suffer from ADHD, anxiety or depression are at greater risk for substance abuse. Substance use by peers and siblings increases the risk of adolescent use, as does too much unsupervised time. Stress is a key factor too. “We need to teach our children to cope with stress,” without resorting to drugs and alcohol, Chai says. She notes that periods of transition are especially stressful, like the jump between 8th and 9th grades or the loss of an important relationship. Both are risky times for kids.

What’s a parent to do? Chai recommends adopting a parenting style with clear expectations and consequences. Children should have a proper diet, good nutrition and exercise. Involve your child in community service and team sports. Lock up and limit access to prescription medicine and alcohol. Be alert to unsupervised parties your child might attend and make sure to have the cell phone numbers of your child’s friends and their parents. Adopt early coping strategies for stress and keep talking to your children. Remember that 25 percent of Americans who have an addictive disorder began using substances before age 18. Finally, kiss your children good night. You may smell the evidence. ●

Marianne Chai, MD is board certified in general and child and adolescent psychiatry and is board eligible in addiction psychiatry and integrative and holistic medicine. Dr. Chai maintains membership in The American Psychiatric Association (APA), The American Academy of Child and Adolescent Psychiatry (AACAP), The American Academy of Addiction Psychiatry (AAAP), and the American Medical Association (AMA).

PRESIDENT'S Letter



NYC-PIA and Mental Health Awareness

Every year, December ushers in the holiday season with its well-loved family traditions. But December 2013 also brought a more painful marker: the one-year anniversary of the shooting of 20 elementary school children in Newtown, Connecticut. The country was deeply affected by such a senseless tragedy. For many, it highlighted an acute need for stronger gun controls as well as more attention to the mentally ill. In response, President Obama vowed to introduce gun legislation aimed at curbing access to weapons and curtailing senseless gun violence. But although no such legislation has yet passed, our collective conscience has been raised about mental health issues and the importance of providing appropriate and effective care for those suffering at home.

Untreated mental health issues negatively impact all our lives.

Untreated mental health issues negatively impact all our lives. As co-president of NYC-Parents in Action, I am very pleased to see the trend toward increasing awareness of these issues. We at NYC-Parents in Action believe in the importance of raising children to become healthy adults capable of making sound choices. In effect, we are focused on the mental health of our community's families.

In searching for my own understanding of the issue of gun rights and what I could do to support effective measures for national safety, I came across the National Rifle Association's position that the most effective way to limit gun violence is to address the needs of the mentally ill. Our country invests too little in addressing the suffering, and consequences, of mental illness.

President Obama made an appeal to the American public on the one-year commemoration of the Newtown shooting, saying, "The country cannot

afford to ignore the needs of the mentally ill any more." Prevention is the best strategy for families and for society.

At Parents in Action, we devote considerable time and volunteer talent to realizing this goal. Our unique facilitated Parent Talk program helps parents establish effective communication skills; our Parent Topics program features our expert speaker seminar series, Fathers Only and Teen Scene panels; and our informative newsletter is published online three times a year.

This year we have provided our parents various opportunities to hear expert advice: in September, Hara Estroff-Marano, author of *Nation of Wimps*, spoke on the importance of letting children make and learn from their own mistakes; in October, we brought our parents a rich discussion by the Mount Sinai Medical panel on stress and social anxiety; and our Fall School Rep Luncheon featured a talk by Dr. Marianne Chai, Medical Director of the Center for Living, on "Addiction: A Preventable Disease." We learned that children suffering social anxiety or other disorders may, if left untreated, suffer increasingly from related issues well into adulthood. We concluded our fall events with an upbeat look at the century of the woman, as "CBS This Morning" co-host Nora O'Donnell predicted that our children's generation will enjoy greater equality in the workplace, government, in the home and economically.

We are encouraged by our efforts to provide parents in the independent school community the opportunity to grow their own connection to their children. We hope we are making a small yet important contribution to the greater good of our society.

MELANIE WELLS
Co-President

RUTH COX
Co-President

Affluent Teens at Risk

BY LISA HUFFINES

Per the conventional wisdom, affluence is the best cushion against the dangers teens face. “Affluent teens at risk” seems counter-intuitive. Money buys excellent schools, close supervision, productive extra-curricular lives, and attentive doctors, among many other advantages. But, says Hara Estroff-Marano, editor-at-large at *Psychology Today*, the conventional wisdom is no longer true. In fact, on virtually all measures of teen mental health, affluent teens score as badly or worse than poor inner-city teens.

Today’s affluent teens fare worse than their disadvantaged counterparts on all indicators of substance abuse.

Estroff-Marano, who’s analyzed this issue for over a decade (her book, *A Nation of Wimps: The High Cost of Invasive Parenting*, came out in 2008), cites research by Dr. Suniya Luthar at Columbia University, among other scholars, that shows today’s affluent teens faring worse than their disadvantaged counterparts on all indicators of substance abuse, including hard drugs. Dr. Luthar also found comparable levels of delinquency, though specific offenses vary by demographic (affluent teens steal more from parents or peers; poor teens carry more illegal weapons). And, said Estroff-Marano, rates of depression, anxiety and somatic symptoms among affluent kids now occur at twice the national rates. Since the 1990s, she said, there’s been “huge growth” in both severity and prevalence of eating disorders, suicidal ideation, self-mutilation, and panic disorders on college campuses.

Ironically, affluent teens were not the initial subject of the studies Estroff-Marano cites. Researchers didn’t set out to show how poorly affluent teens were doing; that would’ve been counterintuitive. The affluent teens, which Estroff-Marano defined as young people with white-collar, college-educated parents earning at least

\$150,000 a year, were included as a control group.

The results of the studies, beginning around the early 1990s and becoming steadily more dramatic since then, surprised even the scientists.

“The evidence all points to one cause: pressure for high-octane achievement.” Estroff-Marano explains. The pressure on teenagers is more acute than it was a generation ago for three reasons:

- (1) in a globalized society it’s more difficult to maintain one’s parents’ standard of living;
- (2) college admissions are more competitive; and
- (3) cultural values have shifted; whereas 86 percent of college freshmen in 1967 rated “developing a meaningful philosophy of life” as an essential life goal, only 42 percent endorsed that goal in 2004, choosing instead such values as prestigious jobs and “having lots of money.” Monetary success and its trappings have become simultaneously more valued and more elusive.

Of course, non-affluent children feel many of the same pressures. But “maintaining the mantle of success is a special imperative for the affluent,” Estroff-Marano said, because the standard of living to which they aspire, lofty as it is in reality, seems so “tantalizingly within reach.” Not only are affluent kids surrounded with real-life success stories; they’re also aware that their parents’ resources afford them important advantages — excellent schools, AP courses, tutors, coaches, SAT classes, college counselors — in the race to get ahead. Said Estroff-Marano: “The life credo of affluent youth comes to be, ‘I can, therefore I must.’” Affluent parents, who may credit their own success to hard work and discount the role of factors like luck, don’t always realize that their expectations for their children are “over the top,” she said.

So what’s an affluent parent to do? Estroff-Marano offered practical advice.

AFFLUENT TEENS AT RISK CONTINUED

Let kids play.

The “great hidden secret of play” it is that it’s the critical catalyst of cognitive development. Play — good, old-fashioned, child-directed play — stimulates the genes for nerve growth in the executive portion of the brain — the part that will eventually regulate attention, emotions and self-control. In short, play is exponentially more important to your child’s intellectual development than any organized program or adult-directed enrichment activity. The non-goal-directed nature of play creates ambiguity and inspires mental dexterity, adaptability and flexibility. It’s nature’s perfect training for an ever-changing world.

Stop pushing so hard.

Studies show that “the achievement orientation of kids is a done deal by age four, maybe even sooner,” Estroff-Marano said. Our children, in other words, want to succeed and, left alone, will discover their own paths to achievement. But they must be allowed to let their own curiosity lead the way.

Enforce standards.

Parents today, conscious of the very real increase in competition for jobs and college admissions their children face, are terrified that they’ll never catch up if allowed to fall behind. We mean well when we clear their schedules to focus on studies and résumé-enhancing activities to the exclusion of chores or a

weekend job; provide over-the-shoulder “homework help,” either ourselves or with tutors; and protect them from the consequences of their mistakes (from challenging their bad grades for them to sanitizing their criminal records). But these efforts “get the path to success just about 180 degrees backwards,” Estroff-Marano said. Our children’s coping skills are atrophying, and coping skills are much more important than the name at the top of a child’s diploma.

Know how to criticize, know how to praise.

Criticism makes at least three times the impact praise does, due to the human brain’s “negativity bias.” Never assume you can “make up for” critical remarks with increased affection or praise in other areas. Moreover, praise itself can be harmful if delivered in an unhealthy way. Any reaction that implies that your affection relates to the performance of your child is “lethal,” said Estroff-Marano. So is the phrase “I told you so.” Refrain from telling your child he’s brilliant, or even that you’re proud of him, when he achieves success; both reactions ratchet up the pressure without teaching him anything. Instead, encourage your child to analyze why something went well. Both criticism and praise should be about your child, not you. ●

Hara Estroff Marano is editor at large of *Psychology Today* magazine and author of *A Nation of Wimps: The High Cost of Invasive Parenting*.

Social Anxiety and Stress: The “S” Words

BY PAMELA AWAD

On a balmy Wednesday evening the night before Halloween, a panel sponsored by Mt. Sinai and Parents in Action took to the stage at the Nightingale Bamford School. The discussion concerned social anxiety and stress, the difference between the two, the causes of each and what can be done to overcome these sometimes debilitating conditions.

Asked to define social anxiety by moderator Lucy Martin Gianino, Melissa Robinson-Brown, PhD, an Assistant Professor of Pediatrics in Adolescent Medicine and Psychiatry and a Child/Adolescent Clinical Psychologist at Mt. Sinai’s Adolescent Health Center, differentiated between typical anxiety that arises in social situations and Social Anxiety Disorder or Social Phobia. Social anxiety doesn’t cause significant levels of clinical distress,” she said, whereas social anxiety disorder and social phobia are “chronic and disabling problems.” Wearing a red striped dress and dangly silver earrings, she spoke in a clear and measured tone. “Everyone experiences some level of social anxiety or shyness because of our uneasiness or apprehension about a future event. Unpredictability or a fear of the unknown creates anxiety.” People who suffer from social anxiety disorder are overwhelmed by anxiety and exhibit “clinical distress that inhibits one’s ability to function day to day in an appropriate manner.” Symptoms occur at three levels: the physiological level (racing heart, dry mouth, sweating), thought level (“I’m such a loser, I don’t belong here”), and behavioral level (avoiding places where social interaction is necessary, apologizing excessively, seeking excessive reassurance for one’s actions).

Dr. Celia Beth Blumenthal, a pediatric and adolescent psychiatrist, spoke about today’s stressors, which have remained fairly constant over generations. Slim, shorthaired and wearing red rectangular glasses,

Dr. Blumenthal discussed the need for children to feel safe, “to feel approved of, to know they won’t be criticized and to feel that they have some control, at least, over what goes on.” When feelings of safety are threatened, feelings of anxiety grow. “Feeling not safe can occur inside or outside the home,” said Blumenthal. For younger children home has the greatest impact on feelings of safety, but parental attitudes and parental anxiety influence how children feel outside the home too. Children who sense a parent’s anxiety may become anxious themselves, parent and child worrying about each other. Children may worry about being different because of, say, a learning disability, and become anxious in the classroom. Classmates may sense the child’s anxiety and exploit his vulnerability by bullying. For older children peer groups are often the source of social

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anxiety. As life becomes more competitive a child may feel more insecure, become more anxious, and become more vulnerable to bullying. Cyber bullying is especially insidious as it happens in secret, anonymously and is unremitting. Schools often have no jurisdiction and the victim cannot defend him or herself. “Technology influences bullying in that it promotes social disconnection in general,” said Blumenthal, “and because of this there’s a lack of empathy.” The less time kids spend talking to each other face to face, the fewer opportunities they have to witness the reaction to their teasing and taunting. Social skills suffer when children interact with machines rather than each other.

For Faye de Muysshondt, teaching social skills is high on the list of what parents can do to help their kids manage anxiety and stress. The author, media consultant and founder of the NYC based program socialsklz:-) says, “Social skills have been called the

SOCIAL ANXIETY AND STRESS CONTINUED

missing piece of American education.” She believes that learning these skills empowers children and builds self-confidence. “We need to equip our kids with a social and emotional tool kit for life.” She suggests parents teach their children about body language, the importance of making eye contact and making a

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good first impression. All kids, she says, “want to come across as friendly, nice or happy when they walk into a room.” Parents can teach children active listening, conversational and communication skills, essential skills that with practice can become second nature.

The panelists agreed that while environment plays a great role, children could be genetically predisposed to social anxiety. Inborn temperament needs to be considered too. With proper parenting “children can be taught to overcome their particular temperamental characteristics,” said Dr. Blumenthal. Good attachment relationships are crucial and are built in part by “predictability (which) alleviates anxiety and helps build self-confidence,” said Dr. Robinson-Brown. As well, “set appropriate limits on technological devices so kids can practice interacting socially with you and their friends.” “Partner with your child in parenting digitally,” said Ms. De Muyschondt, “Learn about

Facebook, Twitter and the other social apps out there so you understand them.” Limit technology and set parental controls on devices to insure that your child gets enough sleep.

The most effective therapeutic treatment for social anxiety is Cognitive Behavioral Therapy or CBT, defined by Dr. Robinson-Brown as a “structured collaborative treatment that helps the child develop skills to overcome social anxiety.” If medication is needed, and Dr. Blumenthal thinks it should be given sparingly, consider familial history and use. Prevention starts with knowledge, says de Muyschondt and home is a wonderful place to learn, practice and develop a social skill set. The takeaway — teach your children well, teach them to think well about themselves, be supportive, reassuring and whatever their issues, remind them of your love. ●

Melissa Robinson-Brown, PhD, is an Assistant Professor of Pediatrics in Adolescent Medicine and Psychiatry and a Child/Adolescent Clinical Psychologist at Mt. Sinai’s Adolescent Health Center.

Celia Beth Blumenthal, M.D. is a Pediatric/Adolescent Psychiatrist in private practice in New York City.

Faye de Muyschondt is the founder of the New York City based socialsklz:~). She is a regular contributor to the TODAY show and is the author of *socialsklz:~) for success: how to give children the tools to thrive in the modern world* (Running Press, July 2013).

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