

## The Power of School Connectedness

The collaboration of families, schools and communities can help foster an environment that facilitates the healthy development of youth. Importantly, connectedness to school can serve as an important protective factor for youth. According to the CDC, research shows that “students who feel a genuine sense of belonging at school are more likely to do well in school, stay in school, and make healthy choices”. Specifically, studies on youth health and behavior have shown that strong connections at school can help young people:

- Get better grades
- Have higher test scores
- Stay in school longer
- Attend school more regularly

Additionally, students who feel connected to their school environment are less likely to:

- Use alcohol, tobacco or other drugs
- Engage in sexual activity
- Carry a weapon or become involved in violence
- Have emotional distress or eating disorders
- Consider or attempt suicide



School connectedness is especially important for young people who are at increased risk for feeling isolated from others (CDC, 2016). Students who may feel “different” from the social norm may have more difficulty connecting with other students and adults within the walls of school. Strong family involvement, belonging to a positive peer group, supportive school personnel and inclusive school environments can help students feel more connected. Schools can enhance opportunities for students to feel connected to their schools by implementing the following six science-based strategies.

1. Create processes that engage students, families and communities that facilitate academic achievement.
2. Provide opportunities for families to be actively involved in children’s academic and school life.
3. Provide students with the academic, emotional, and social skills they need to engage in school.
4. Use effective classroom management and teaching methods to foster a positive learning environment.
5. Participate in professional development opportunities to enhance your abilities to meet the diverse needs of students.
6. Promote open communication, trust, and caring among school staff, families, and community partners.

Just as schools can take steps to promote youth connections to school, so too can parents. Parents can play an important role in fostering a positive relationship between their children and their school environment.

- Encourage your child to talk openly with you, teachers, counselors, and other school staff about his/her needs, ideas and worries.
- Get involved in your child's school through parent advisory boards, committees or groups to help plan school policies and school-wide activities.
- Meet regularly with your child's teachers to build positive relationships
- Keep informed about the expectations of your child's school by talking to teachers and staff, attending school meetings and reading information the school sends home. Then, ***support these expectations at home.***

When you consider the number of hours students spend within the walls of school each year, it is clear how important the academic environment is in fostering the healthy development of our youth. Schools, communities and families alike, equally play an important role in enhancing school connectedness. The importance of healthy relationships in helping students to feel like adults within school care about them and their individual wellbeing should be at the forefront of initiatives that strengthen valuable school connections.

References: U.S. Department of Health and Human Services: Centers for Disease Control and Prevention; American Psychological Association

## Kratom: Herbal Remedy or Public Safety Concern?

Kratom has been in the news several times over the past four months beginning with the DEA's announcement of intent to place the kratom plant into Schedule I of the Control Substances Act. In the announcement the DEA stated that there were 15 kratom-related deaths between 2014 and 2016. Users of kratom immediately fought back. Users claim that kratom can naturally reduce pain and is a less addictive and less harmful alternative to opioid prescription medications. On October 13, 2016 the DEA withdrew its notice of intent to schedule to kratom. The DEA now plans to gather additional information from the public about kratom. The public can submit comments to the DEA through December 1, 2016. The FDA also plans on conducting additional research.

Kratom (*Mitragyna speciosa*) is a tropical plant found in Thailand and other parts of Southeast Asia. According to the Drug Enforcement Administration, Thai and Malaysian laborers used kratom leaves as a stimulant to alleviate pain and increase energy for decades. However, in 1943, it became illegal to plant the tropical tree in Thailand. Then in 1979, Kratom was determined to be a category V narcotic along with marijuana. Kratom is not currently an illegal substance in the US. However, Kratom is currently banned in a handful of states including Alabama, Arkansas, Indiana and Wisconsin.



Kratom leaves can be chewed, dried and smoked or brewed in tea. The leaves can be purchased online or from a vendor. Kratom is also sold as a powder, extract or gum (NIDA). There are websites that promote the use of kratom as an alternative to prescription medications. These websites may also include information on how to ingest kratom and provide dosing recommendations. One website in particular ([sagewisdom.org](http://sagewisdom.org)), contains information on how to make your own Kratom chocolate milk shake or how to create a paste that makes it easier to drink.



According to the National Institute on Drug Abuse (NIDA), the kratom leaves contain two compounds, mitragynine and 7-hydroxymitragynine, that interact with the opioid receptors in the brain to produce the sensation of pleasure and decrease pain. Mitragynine can also produce stimulant effects, like increased alertness and energy. Kratom use can cause nausea, itching, sweating, dry mouth, constipation, frequent urination and loss of appetite. Users have also reported psychotic symptoms, insomnia, irritability, hostility, muscle aches and emotional changes. NIDA also reports that kratom use can lead to dependence, though many advocates deny this claim.

Kratom advocates and active users have reported feeling more energized and experience less pain. Advocates point out that kratom is a plant that has been around for centuries. They also point out that there have been fewer deaths related to kratom in comparison to the thousands of deaths related to opioid abuse. Advocates believe the health benefits (alleviating pain) far outweigh any potential risks. Due to the lack of research there is no way to know if there truly are health benefits from using kratom.

Even though kratom is legal in Nebraska there still is potential for harm. Users need to beware that kratom can be laced with other unknown substances or chemicals. Kratom is not regulated by the USDA or FDA, and is included on the DEA's Drugs of Concern list. There is also little research available about the long term effects to the body and the developing brain. Research is also lacking on how to properly dose kratom. It is recommended to refrain from using kratom until additional research has been done and the DEA makes their final decision on whether or not to schedule kratom.

Resources:

[https://www.deadiversion.usdoj.gov/drug\\_chem\\_info/kratom.pdf](https://www.deadiversion.usdoj.gov/drug_chem_info/kratom.pdf)

[http://www.americankratom.org/legal\\_status](http://www.americankratom.org/legal_status)

<https://www.dea.gov/divisions/hq/2016/hq083016.shtml>

<https://www.drugabuse.gov/publications/drugfacts/kratom>

<http://www.sagewisdom.org/kratomguide.html>

<http://www.npr.org/sections/health-shots/2016/10/12/497697627/kratom-gets-reprieve-from-drug-enforcement-administration>

# Selective Mutism

Selective Mutism (SM) is a childhood anxiety disorder characterized by a child's inability to speak and communicate effectively in particular social settings.

SM is diagnosed when a child consistently does not speak in some situations, but speaks comfortably in other situations where they feel relaxed and safe.

For example, a child with SM is unable to speak in certain social situations where there is an expectation of someone to speak, such as at school, at a “kiddie” camp, or at an athletic practice.

However, in other situations, the same child may speak openly with others and may even be considered very chatty and “social”.

SM causes significant impairment in children's lives and can interfere with performance at school and with friends. It often prevents them from having fun and/or engaging in regular, everyday childhood experiences. It also makes them vulnerable to dangerous and unsafe situations because they are unable to ask for help.

## When to be Concerned:

A child may have SM if she/he:

- Speaks in certain settings but stops talking, either completely or almost completely, when other kids and/or adults are around.
  - The difficulty in speaking in certain settings has occurred for more than one month.
- Becomes or looks frozen or paralyzed (like a “deer in the headlights”) or possibly even angry when asked questions by strangers or when she/he feels uncomfortable.
- Frequently uses body gestures like pointing, nodding, or facial expressions to get their needs met in place of talking. (It should be noted, most children and adults from time to time use other methods of communicating such as pointing, nodding and facial expressions.)
- The behavior of not talking is not better explained by another disorder.

## What to do when Concerned:

Find and set an appointment with a psychologist or psychiatrist who specializes in selective mutism.

- The main treatment for selective mutism is behavior therapy. Behavior therapy involves gradually exposing a child to difficult speaking tasks.
  - Practice begins with easier steps and gets progressively harder, similar to climbing a ladder. Children are asked to complete tasks that they will meet with success. Success is rewarded with praise and possibly small prizes.
  - In time, children learn that the anxiety they feel when they are asked to speak decreases without having to avoid the situation in order to feel better.
- Sometimes, medication plays a role in successful treatment of behavioral therapy. A psychiatrist is the best person to talk to about whether medication is right for your child for SM.

- Usually children do not stay on medication long-term. After they achieve success talking in a variety of situations and the accomplishments of speaking in those situations are maintained, they are gradually taken off of medication under the supervised care of a psychiatrist and/or primary doctor.

### Tips for Parents and Teachers:

- Encourage but don't force a child with SM to speak in social settings. You can do this by saying "you can talk to me because you will feel better after you do."
- Always give the child the opportunity to participate in class even if they say one word.
- If the child use gestures such as nodding their head or pointing, tell them that they are doing a good job. Also, it encourages them to speak.
- Never bribe children just to get them to speak.
  - If a reward system is used, be careful of how you use it to help that child learn to speak in uncomfortable settings.
- Do not yell at the child for not speaking. This just makes them feel more anxious and insecure about themselves.
- Do not have other people talk for the child. This only reinforces the behavior.
- Do not isolate them from other students.
  - Allow them to remain in their music class
- Do not be critical of the child.

[www.selectivemutismfoundation](http://www.selectivemutismfoundation)

[www.asha.org](http://www.asha.org)

[www.anxietybc.com/parenting/selective-mutism](http://www.anxietybc.com/parenting/selective-mutism)