

Switch Hitting: Dr. Mel Levine Explores How We Learn

BY VERONICA BENNETT

At a spring seminar co-sponsored by NYC-Parents in Action and the Mt. Sinai Children's Center Foundation, renowned pediatrician and author Dr. Mel Levine addressed a capacity crowd of parents and educators on the learning process. In discussing cognition, Dr. Levine explained that we all have areas where we are endowed with an intuitive free pass or "automatic switch" and other areas where we must engage a "manual switch" and learn in a more formal way. Switches that function properly—whether automatic or manual—will lead a child to learn in a way that involves "active processing," where information that is received triggers other connections and analogies. By contrast, inactive processing is present when information is received by the child but not processed. Children can become active processors if they can discover which cognitive switches need to be turned on. Dr. Levine believes strongly that "[t]o get a switch to work, you must identify it for the child and show him how to turn it on."

Virtually all children need to learn which of their switches are automatic and which are manual. To assist in this discovery, Dr. Levine offers a "cognitive control panel" organized into five sections: **Processing**; **Judgment**; **Interaction**; **Production** and **Self-definition**. Each section contains essential components of cognitive functioning, some of which are highlighted here. With **Processing**, for example, it is important to understand how the child best utilizes information—is he a top-down (creative) learner or a bottom-up (by the rules) learner? Does his level of understanding

depend on whether something is presented verbally or visually? Can he represent information in his mind in a variety of ways—with an example or a picture? Can he grasp essential points in reading, while filtering out extraneous text? In some cases, a child may process too actively or with too much imagination. In that case, the child must be shown how to "lower the volume" on this particular switch.

Judgment requires a child to be able to think through alternatives. Children who lack this facility should be taught to list options and to delay their first response until they have considered alternatives. A child with no "Plan B" is a stressed child, says Dr. Levine. Judgment also includes the ability to "read between the lines" and to engage in evaluative thinking—whether that means evaluating people, products or opportunities. Another component of Judgment is being able to recognize patterns and to use patterns to create rules. Successful students, Dr. Levine says, recognize patterns in learning and can build their own rule book to help them process new information. Finally, Judgment implies the ability to engage in systematic decision making and problem solving.

Interaction deals with the realm of social cognition. Here, a child without automatic switches may need assistance to ensure positive self-esteem. A key element of Interaction is predicting what will happen based on what you do first. Dr. Levine asserts that this drives two goals of school aged children each day: how do I maintain my friendships and how do I manage my reputation. Interaction also includes the child's talent for verbal communication and self-

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What's Normal? Is This a Problem, or a Phase?

BY MEG SHERIDAN

A rule of thumb, says Roy J. Boorady, MD, a child and adolescent psychiatrist at NYU Child Study Center, is “time will tell.” That is, what seems like abnormal behavior in a 4-year-old child may seem but a distant memory by the time that child is seven. Still, this is little comfort to the parent who is anxious that her child’s shyness or temper tantrums or failure to fully embrace school are anything but normal. Who among us is confident enough to wait it out when professional help is so available in this, the city of therapists? Yet who among us can successfully quiet the voice of our inner grandmother, urging us to let kids be kids?

NYC-Parents in Action invited a group of experts — a specialist in the assessment of learning and behavior disorders, a child and family psychiatrist, a child and adolescent psychiatrist, and a research scientist — to shed light on the definition of “normal” behavior and to discuss what symptoms may warrant an evaluation by a professional.

Is my child “spirited,” or does he have ADHD?

“Trust your instincts” said Dr. Alan Wachtel, Director of Familyhealth Associates and Clinical Associate Professor of Psychiatry at the NYU School of Medicine, and a specialist in the assessment and treatment of attention, learning, mood and behavior disorders. He suggested that parents collect information in all aspects of the child’s life – at home, at school, at sports, with friends. Does a pattern exist?

Is my child “marching to his own beat,” or does he have trouble making friends?

Dr. Stanley Turecki urged parents to “get to know your own child’s temperament and adapt your parenting to fit his style.” There is not always a perfect fit between the child and parent and the child and his environment. Dr. Turecki, a child and family psychiatrist and author of “The Difficult Child,” said a mismatch can exist across a spectrum, and it is sometimes

a question of degree. Many times a parent can address this without consulting a psychologist. Study your child’s strengths and self-image and adjust his immediate environment to better fit his style.

Is my child “down,” or is he depressed?

Dr. Matt Kruger, Assistant Research Scientist at the NYU Child Study Center, reminded the audience that school aged children and teens must experience a normal struggle with mastery. A school-aged child may develop a negative mind set, but this can go away when he reaches a personal goal, or when he is able to look beyond himself to see others struggling with the same thing. Teens are actively trying to figure out who they are, and what their identity is. This is harder when a teen is also trying to gain competency in a certain area. When kids can’t get past negative thoughts, and are trapped in rigid or persistent thinking, it’s time to step in.

If my child is on medication for attention or depression, will he have to take it as an adult?

The experts seemed to agree that each case should be considered separately. There may be more side effects from an untreated disorder than from the medication. If a child responds well to medication, then it can be gradually decreased and eventually stopped. Cognitive behavioral therapy in combination with medication can be very effective in putting a child on a different trajectory. With your doctor, give your child periodic “vacations” from the medication and monitor the results. If your child is on medication as a youngster, it doesn’t mean he will still be on it as a teen.

In all cases of intervention, from changing the environment, to choosing a tutor or coach, to seeking professional support, families need to determine what are the appropriate needs and goals for their child. Consistent review of the types of intervention are necessary, as children’s ages, stages and needs continue to develop. ●

Teen Scene XIX

Teen Panelists Share Perspective

BY VERONICA BENNETT

One night each year, a panel of students cracks open the door to life as a teenager in New York City to give parents a candid and informative peek inside. NYC-Parents in Action and the Parents League of New York presented the nineteenth annual Teen Scene on February 7th at the Trinity School to a packed audience of interested parents. Lucy Martin-Gianino moderated an impressive panel of thirteen students representing a cross section of co-ed and single sex independent day schools, as well as a boarding school.

Social and Academic Pressure

Most panelists agreed that New York City, despite its pressures, offers more opportunities, creative outlets, and diversity than its suburban counterparts. One panelist assured parents that kids get into trouble with the same things no matter where they live. Another panelist concluded, “It’s hard, but, hell, it’s fun.” Some panelists said that high school “was all about having fun” and that those who “soar academically” don’t have a social life. Others disagreed, arguing that grades needn’t suffer from socializing and extra-curricular activities. The pressure to succeed, to be involved and to be social was clearly articulated, although these students seemed undaunted by the challenge to handle the pressure and “do it all.”

Social Scene

Social plans often don’t come together until the evening is underway. One panelist warned parents, “If they say they don’t know where they’re going, they probably don’t.” Hanging out at a friend’s house is popular with both younger and older teens, while older teens might find a “free house” or party or go to dinner or a movie. Although there are “in” bars and clubs, many teens favor student-sponsored parties at rented lofts or clubs. Teens often prefer these parties because established clubs can be difficult to get into and house parties are frequently broken up by door-

men or the police. Underage drinking is forbidden at student-sponsored parties, but teens drink beforehand.

Alcohol and Drugs

As ever, teen socializing and alcohol seem to go hand in hand. “It’s available if you want it, but you don’t have to accept it,” one teen said. Another panelist said that 99% of the kids who go out are “drinking or doing whatever else.” All teens on the panel seemed confident in their ability to help a friend who had become intoxicated, whether that meant sitting him up or calling an ambulance. Kids learn how to “moderate each other” and not everyone at the party will be “messed up,” said an older teen. Alcohol is easily obtainable in New York City with the help of fake ID cards. Despite the laws against them, fake ID cards are easy to come by and cost from \$40 to \$200 for a scannable card.

One place where alcohol is limited is at weekly poker games because good attention is a must. On occasion, poker is used as a drinking game. Girls generally do not play poker unless it’s strip poker.

One panelist said that an “overwhelming number of people are doing pot and coke,” and many agreed that cocaine is enjoying a new surge in popularity among girls. Some view coke as a “clean drug”— it has no smell, keeps weight down and is harder to trace than pot. Another panelist disagreed and said that coke was scarier than pot because it could be laced with other substances. Still another said that coke was expensive, but was getting a lot of attention because “it’s new.”

For some, drug abuse is simply a matter of opening the medicine cabinet. Prescription drugs used to treat learning issues are popular because they are “at hand” or available from a friend. Even if they do not regularly abuse these drugs, some kids will turn to them “for extra focus” at exam time.

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TEEN PANELISTS

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Sex

Sex is either intercourse or just “hooking up.” One panelist said that no one wants to be “tied down.” You can have intercourse without a relationship, and “sometimes you just want to pleasure each other,” she said. Another panelist said that a teen would most likely only have intercourse in a relationship, or if she cares about someone, or if she is friends with the person. When asked whether teens date, one older panelist said that girls are less likely to have sex if they aren’t so “dating is an excuse for what comes with it.” He said that these romances could last “three weeks or a month,” while another panelist said that some dating could last six months or more.

The teens on the panel generally understand that protection is important for preventing sexually transmitted diseases, but they draw a distinction between intercourse and oral sex. One panelist said that “oral sex is like a handshake.” More girls perform it on boys, although sometimes it’s mutual. Protection is not used. Sexual activity starts early — for some as early as the 6th grade.

Eating Disorders and Depression

Although they professed handling the stresses of life as a teen in New York City, the panelists acknowledged that the pressures can lead to depression, eating disorders and even the self mutilation of cutting or burning. There is tremendous pressure from the media on body image and pressure in the “ivy prep school” environment to succeed, look good, have friends and “find guys.” One panelist said that depression begins at home: if your parents don’t support you, it’s much tougher to hold it together. ●

The Most Important Thing is to...

Find a happy medium between strictness and leniency. *(Senior boy)*

Remember that kids are stubborn and sensitive. What you say to them may hurt. *(Senior girl)*

Listen to your kids. Discuss rules, don’t just set them down. *(Senior girl)*

Teach your kid to be aware of racial profiling because it can affect his self-esteem. *(Sophomore boy)*

Be a parent, not just a friend. *(Sophomore girl)*

Trust. Let your kids make judgments. Keep them well informed but don’t bombard them with information. *(Sophomore boy)*

Trust your kids and give them the benefit of the doubt. *(Freshman girl)*

Know your child’s friends and learn to trust them. *(Freshman boy)*

Not judge too quickly. Be open-minded. *(Sophomore girl)*

Not be too trusting; kids will lie. *(Junior boy)*

Remember that kids just want to have fun. Today’s parents turned out okay and so will we. *(Junior boy)*

Not generalize. Everyone is different. Know your child, know your child’s values and know your child’s interests. *(Junior girl)*

Accept the emotional ups and downs of puberty. *(Same junior girl)*

Make sure your kids know that you are aware of what they are doing, but don’t punish them too much. *(Junior girl)*

The Parent of Teens' Scene

BY VERONICA BENNETT

Teen Scene gives New York parents the unique opportunity to hear from teenagers in our community on a variety of issues, and NYC-Parents in Action is grateful for the candid observations and opinions expressed by the students on the panel. To provide parents with as much information as possible, we are highlighting some of the teens' observations, and offering some facts that may help parents respond to and discuss these tough issues with their children.

Alcohol

Teen Scene Perspective: Alcohol use is common, and teens say they can handle it and take care of each other.

Parents Need to Know: While alcohol remains common in the teen social scene, parents should emphasize safety over the "fear of getting caught." Parents should let a child know that they would want him to call on them (even if they are opposed to drinking) in the event that he finds himself in a dangerous situation where teen drinking is involved. Teens must know that if a friend becomes intoxicated to the point of disorientation or sickness, they should seek adult help. In children, intoxication can quickly lead to alcohol poisoning, a sometimes fatal condition that requires immediate emergency treatment. Teens should be instructed to call 911 if a friend becomes unresponsive, extremely disoriented or unconscious, or exhibits shallow breathing. Supervision at teens parties is critical.

According to the 2004 Monitoring the Future Survey (MTF)¹ teen alcohol use remains stable, with 43.9% of 8th graders, 64.2% of 10th graders and 76.8% of 12th graders having used alcohol. Recent studies have indicated that teen binge drinking can lead to long-term brain damage, and that the maturing brain is susceptible to damage of memory and other cognitive functions. Some findings also conclude that a unique teenage sensitivity to alcohol puts them at greater risk

for alcohol dependency.² In addition to negative health effects, alcohol is a significant contributing factor in fatal car accidents, violent behavior, and risky and increased sexual activity.³

Cocaine

Teen Scene Perspective: Cocaine is enjoying new popularity, especially among girls, and it can be obtained pretty easily.

Parents Need to Know: Yes, it does appear that teens are increasingly using and talking about cocaine. In 2004, the MTF survey showed a significant increase in the use of cocaine (other than crack) among 10th graders from 1.1% in 2003 to 1.5% in 2004 (for use within the last 30 days), and some increase in its availability. But while teens may notice that cocaine reduces appetite and increases energy, they may not realize that its effects are short-lived (the high lasts only 5 to 10 minutes if the drug is smoked and 15 to 30 minutes if snorted). Following the high, a user typically crashes and experiences feelings of depression, irritability and fatigue. Longer term health effects include heart attacks, respiratory failure, paranoia, strokes and seizures. In rare cases, sudden death can occur on the first use of cocaine.⁴

Prescription Drugs/Inhalants

Teen Scene Perspective: Prescription stimulants such as Ritalin and Adderall are popular because they increase focus and are easily obtainable.

Parents Need to Know: Yes, surveys indicate that teens continue to abuse prescription stimulants as well as other legal drugs and household items easily accessed at home or from friends. Annual abuse of Ritalin remained stable from 2003 to 2004, with percentages from 2.6% (8th graders) to 4.0% (12th graders) of teens having abused the drug in the prior twelve months. Although not discussed at Teen Scene, an important finding of the most recent MTF survey is the significant abuse of extremely addictive opioid

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PARENT OF TEENS' SCENE

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pain killers (OxyContin, Vicodin and Percocet.) Another key finding of this survey involves the use of inhalants, which continued an upward trend among 8th graders. Because a single use of concentrated inhalants can cause death, experts express significant concern over this trend involving the youngest teenagers.⁵

Sexual Activity

Teen Scene Perspective: For some, sexual activity is very casual. Oral sex is “no big deal” and there is little concern about sexually transmitted diseases (STDs) if the partners know each other.

Parents Need to Know: Surveys indicate that the pressure for teens to engage in casual sexual activity remains, and is surpassed only by the pressure to drink alcohol. In addition, teens do not clearly understand that a variety of sexual behaviors put them at risk for STDs.⁶ Given the widespread misunderstanding, parents must give their children specific guidance consistent with their family’s values regarding abstinence and safe sex.

There are few surveys on sexual activity other than sexual intercourse, but recent information from the Kaiser Family Foundation suggests that teenagers face

significant pressure to engage in sexual activity, particularly oral sex. The Kaiser Teen Facts survey concludes that teens remain uninformed about the risks associated with unprotected sex. Twenty percent of sexually active teens are unaware that STDs can be transmitted through oral sex. Twenty percent of teens also believe that birth control pills will protect them from STDs and HIV/AIDS.⁷

¹ The MTF, conducted in 2004 and funded by the National Institute on Drug Abuse, surveyed approximately 50,000 students in public and private schools about drug, alcohol and tobacco use. For more information, see www.drugabuse.gov and Partnership for a Drug Free America at www.drugfree.org.

² See www.drugfree.org.

³ See www.cdc.gov/HealthyYouth/healthtopics and Kaiser Family Foundation, “National Survey of Adolescents and Young Adults: Sexual Health Knowledge, Attitudes and Experiences, 2003” (referred to as “Kaiser Sexual Health Survey”) at www.kff.org.

⁴ See www.drugabuse.gov/DrugPages/Cocaine.html and www.drugfree.org/Portal/drug_guide/Cocaine.

⁵ See www.drugabuse.gov and www.drugfree.org for more information about inhalants.

⁶ Approximately 4 million teens contract an STD each year. Kaiser Family Foundation, “U.S. Teen Sexual Activity” (referred to as “Kaiser Teen Facts”), at www.kff.org.

⁷ “Kaiser Teen Facts” at www.kff.org and “Teenagers in the United States: Sexual Activity, Contraceptive Use, and Childbearing, 2002” at www.cdc.gov.

VOLUNTEER AT NYC-PARENTS IN ACTION

The Webteam at NYC-PIA needs volunteers to help keep the website updated and information-packed. Volunteers do not need website experience, but should have good basic computer skills.

For more information, send us an e-mail at website@parentsinaction.org
Or call 212-987-9629

Ann Pleshette Murphy Analyzes “The Seven Stages of Motherhood”

BY SALLY SHERWOOD

Perhaps you’ve heard the one about the sleep-deprived mother who crawled on her stomach from the nursery to the living room in a last-ditch attempt *not* to awaken the baby. Or the one about the mother who’s husband came home early and asked, “What did you do today?” Whereupon the wife responded, “I took a shower.” How about the mother whose valiant efforts to prepare a quiet, sit-down dinner for the family were foiled when her husband was delayed at work by ten minutes, enough time for the dinner to cool off and the children to melt down?

Parenting expert Ann Pleshette Murphy has not only spoken to each of these mothers; she’s one of them. And she’s survived to tell the story in her new book “The 7 Stages of Motherhood.” At the February 26 kick-off luncheon for the PIA benefit committee, Pleshette Murphy explained that, unlike so many authors who are actively focused on the child, she has chosen to concentrate on moms. A familiar face on ABC’s “Good Morning America,” she has developed a faithful following over the years as former editor-in-chief and contributor to Parents Magazine. Her common-sense approach to motherhood places one of today’s most challenging roles into perspective for the millions of mothers who simply feel they can’t do the job well enough, or as well as their neighbor, or even their own mothers.

Pleshette Murphy contends that for every stage of childhood, there is a corresponding stage of motherhood replete with new opportunities and challenges. Her own experience as a mother of two as well as hundreds of interviews with mothers — married, single, gay and straight, representing a variety of ages, ethnic and educational backgrounds and careers —

have provided her with insight into the simultaneously unique and universal experience that is motherhood.

She reassures mothers with doubts about their child-raising skills that “guilt is probably endemic to motherhood.” Offering a supportive dose of humor, empathy and insight, she reminds mothers to focus on their own development, learn to live with a certain amount of healthy ambivalence, try to lower unrealistic expectations of themselves and remember the “tiny acts of caring that we perform every day.” She recalled a time several years ago when she felt particularly frazzled and frustrated, and her young son asked her what was wrong. “I didn’t get anything done today,” she confessed. Puzzled, her six-year-old retorted, “You did a lot. You found Lego-man’s hair.” ●

BOOK NOTES

Some inspirational reads —

- THE SECRET OF PARENTING – HOW TO BE IN CHARGE OF TODAY’S KIDS – FROM TODDLERS TO PRETEENS – WITHOUT THREATS OR PUNISHMENT.
by Anthony E. Wolf, Ph.D.
- MEDIATED, HOW THE MEDIA SHAPES YOUR WORLD AND THE WAY YOU LIVE IN IT
by Professor Thomas deZengotita
- READY OR NOT, HERE COMES LIFE
by Mel Levine MD

To purchase these and our other recommended readings please visit BOOK NOTES at www.parentsinaction.org.

11 Points for Parents to Protect Their Kids

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Drug abuse can be prevented and addiction is a treatable illness.

- 1. Substance abuse is a preventable problem.** We, as parents, are much more powerful than we think. Upsetting us is the number one reason why kids do not use drugs, and kids who learn about drug risks from parents are only half as likely to start using.
- 2. Get and stay closely involved** with your kids' lives as they head through middle school and into high school. You won't connect well with your kids about serious health issues if you haven't been interested in the day-to-day events of interest to them — which test caused half the class to flunk, which of their friends got a part in the play, who lied to their parents and went down to the city with older kids...
- 3. Begin the dialogue when your kids are young.** Talk early and often. It doesn't have to be a formal “birds and bees” type discussion, but should springboard off “teachable moments” — like an incident in their town or school, a problem in your extended family, a popular music video or movie, or something on the news. Set a “no-use” expectation, including alcohol, and make it explicit.
- 4. Monitor your kids.** Kids whose parents supervise them closely are only half as likely to develop a drug problem. Know the “who, what, why, where, when” of their activities, compare notes with other parents, and continue this practice as kids hit middle school, even when you no longer know all their friends, and friends' families.
- 5. Be the parent, not just the pal.** Your kids already have friends, but they need parenting. Consistently enforce boundaries for your family that apply even when kids are in other settings, or with families that have different rules. Teens like to be trusted, and will feel supported by clear and consistent boundaries that are explained in advance and are based on our love and concern for their well-being.

6. Addiction is a health problem. It does not happen because someone is “a bad person,” but is an illness that is in fact the number one preventable adolescent health problem. (The American Academy of Pediatrics) It is not your fault. Stigma and shame due to past ignorance and stereotypes about the problem are unwarranted. A drug disorder can take over your life, and cause you to lie, steal and act badly toward even those you love. However, addiction has a psychological basis; chronic alcohol and other drug use change the brain and body chemistry, making it hard to stop. Thirty years ago, families were told: your son needs to develop will power to stop using cocaine... Now we know better.

As the Partnership for a Drug-Free America and NYC-Parents in Action conclude their first year of working together — we encourage you to keep the communications open with your children.

- 7. There is hope, help and healing** available for your family if someone develops a substance abuse problem. There are objective ways to assess the problem, and many new treatments. Millions of people recover their health and turn their whole lives around, even though they tend not to be as visible as the public struggles of celebrities addicted to substances.
- 8. Don't wait — know the warning signs and act early.** If you suspect your child has a drug or alcohol problem, you are probably right, and need to learn more about the problem and steps for helping: Intervene early, find the right type of help, and be persistent. Warning signs include sudden changes (which are otherwise unexplained) in personality, irritability and mood swings, habits and friends, excessive secrecy, and finding drug paraphernalia. There are objective “screener: short questionnaires that you can answer to

determine the sort of problem you're facing. It's a myth that someone has to hit "rock bottom" before seeking and getting help. Without help, addiction tends to progress and can even, eventually, be fatal. Although earlier intervention is best, it is possible to get help at any stage of addiction, and success rates with quality treatment are comparable to those for other illnesses, like diabetes, asthma, or hypertension.

9. Help is not just "rehab." Most people recover from addiction without formal, in-patient treatment, or "rehab." There are many paths to wellness, including out-patient medical help, and sometimes a combination of treatment and a 12-Step, self-help program, which holds free meetings any time during the week, near enough to get to.

10. Addiction runs in families, similar to illnesses like cancer or heart disease. Kids who have a family pattern are at much higher risk of addiction if they use drugs or alcohol at all; no recreational use can stay safely under control, particularly during the formative years of adolescence. They should talk about this, so kids are aware. If there is a problem developing, family involvement and support makes treatment work better. Everyone — the addicted child and the parents and siblings — needs strong help and mutual support to solve the problem.

11. You are not alone. Substance abuse is common among teens, and drug addiction doesn't discriminate. It cuts across race, gender and economic lines, every region of this country, and every walk of life. Most people now know someone who has struggled with addiction, and one in four teenagers is not living with an addicted parent. Take heart. More than anything, families need confidence that *recovery* is possible, and encouragement and information and professional support to deal with this problem. ●

For more information visit www.drugfree.org

SWITCH HITTING

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marketing. Also important, however, is the child's ability to hear his internal voice or conscience, which Dr. Levine believes may provide insulation from depression.

In addressing **Production** or output, Dr. Levine tells parents not to fear for their children. Parents have become so concerned about whether pressuring their kids will lead to depression, anorexia, self-medication with drugs and school failure that they have come to view their children as fragile. Production requires work, and parents can assist children who have trouble managing time or materials in developing a game plan or structure. Set up a work area for your child, and help him cultivate a taste for order, he says. Parents can also encourage children to devise strategies by asking "what is the best way to do this assignment (study for this test)?" To prepare them for tasks that have multiple steps, Dr. Levine advises parents to involve children in family projects, such as planning a vacation. These activities will help a child evaluate options and integrate multiple pieces in the decision-making process.

Self Definition is the most introspective aspect of the control panel. By asking us to be aware of our strengths and weaknesses, Dr. Levine reminds us that it's okay to play to our strong points. Being well rounded is not necessarily the best preparation for life, he says; specialists are successful. Dr. Levine says that children must be able to embrace an area of interest to which they are drawn. In so doing, they can honor their own uniqueness. To prepare for life beyond college, Dr. Levine believes that it is important for a child to be able to see accurately what real life is like

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NYC-Parents in Action, Inc. invites speakers to present their opinions and expertise on specific topics. Their opinions and comments are not necessarily those of NYC-PIA.

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by reading biographies and case studies. He says that every child should be able to answer the question “What do you want to do when you grow up?”

The response may change many times over, but the child should always be able to answer the question.

To help children learn how to use and modulate their own switches, Dr. Levine advises parents to become well-informed benevolent coaches and advocates. For example, they may know more than a teacher because they have been involved with an issue longer. He recommends not labeling the child, but discussing specific observations and strategies with the teacher so that a plan can be developed. Dr. Levine notes that parents have relinquished the role of task master to become activity coordinators instead. He asserts that it is time for parents to reassume their power so that they can prepare children for life beyond college. ●

If you'd like to be in touch with NYC-Parents in Action, you can reach us at:

MAILING ADDRESS: NYC-Parents in Action, Inc.
P.O. Box 287451 Yorkville Station
New York, NY 10128-0025

TELEPHONE: 212 987-9629

NYC-Parents in Action Administrator: [Penny Spangler](#)
NYC-Parents in Action website: parentsinaction.org

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NYC-Parents in Action, Inc.
P.O. Box 287451 – Yorkville Station
New York, N.Y. 10128-0025

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