



# THE COMPREHENSIVE NETWORK NEWSLETTER

PUBLISHED BY COMPREHENSIVE NETWORK, INC. on behalf of its participating agencies, dedicated to health care, educational, bilingual & rehabilitation staffing & consultant services.

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## Coming Soon...

### New Workshop Series for SIGN LANGUAGE INTERPRETERS

By

**Janice H. Humphrey,**  
Ed.D., CSC, COI

*Laying the Foundation:  
An overview of Required  
Knowledge & Skill Sets  
for RID Certification*

- Sign to Voice Interpretation
- Voice to Sign Interpretation
- Professional Practice Interview.

Presented by *Dr. Jan Humphrey,*

*co-author of the popular text  
"So you want to be  
an interpreter?:  
An Introduction to  
sign language interpreting"*

*and author of*

*"Decisions? Decisions!,  
a practical guide on ethics  
& professionalism for sign  
language professionals."*

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& registration,  
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## OUR GROWING CHILDREN

**DESPITE A NATIONAL  
OBSESSION WITH  
EXERCISE & LOSING  
WEIGHT, TODAY ONE-  
THIRD OF AMERICANS ARE NOT  
JUST OVERWEIGHT, BUT OBESE.**

According to the federal government's National Health and Nutrition Examination Survey, 16 percent of kids are overweight – roughly triple the figure from 1980. Preventative medicine has already conquered many childhood infectious diseases. Car seats and bicycle helmets have helped save untold numbers of young lives. Education and legal suits have illuminated the dangers of smoking. But experts fear that without a lifestyle makeover, today's overweight kids will live shorter, more diseased lives than their parents.

A great contributor to this problem lies within the hallways of our school systems where students have access to vending machines that offer unlimited soda and snacks. Soft drink advertising accounts for more than three billion dollars worth of spending, much of it aimed at children. Brand loyalty is ingrained in America's youth at a young age, and the soft drink industry offers schools monetary incentives to have the exclusive "pouring rights" to ensure that students associate with their brands. In 2002, it was estimated that the soft drink industry paid two hundred

and forty United States school districts for exclusive pouring rights in their schools.

These schools are actively facilitating the nation's growing childhood obesity epidemic.

*Cont'd on page 3*

*TERRI is 16 years old  
and weighs 560 pounds.*

*JOANNA is 2 and still  
crawls because she has  
trouble balancing her weight.*



**LIKE WEIGHT, THE  
PROBLEM HAS CREPT  
UP SLOWLY –  
UNNOTICED OR  
DISREGARDED – UNTIL  
IT REACHED CRISIS  
PROPORTIONS.**



Dr. Joseph Geliebter

## FROM THE EXECUTIVE DIRECTOR

**A**s always, our concern is children and addressing their needs and improving their lives. In reflecting on the events of this past year that had the greatest impact on children, clearly the natural disasters come to mind. Earthquakes, a tsunami, and several hurricanes wreaked havoc on the lives of thousands of children and disrupted families. We cannot prevent natural disasters, but we can work on improving our prediction and anticipation of these events and develop appropriate plans to help mitigate the tragic outcomes. However, a far more familiar and prosaic "killer" already present and rising to epidemic proportions, which can be prevented, is obesity. And the obesity epidemic is already affecting children and teenagers in our society.

In this issue we focus on some of the causes of obesity and on interventions and solutions. Hopefully, through education and our professional interventions, we can improve the lives and health of the children we serve.

*Joseph Geliebter*

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**Join us Sunday & Monday, June 11&12, 2006**

### "NEW APPROACHES TO ASSESSMENT & TREATMENT OF AUTISM, APD AND APROXIA"

presented by *Martha Bums Ph.D., SLP*

Workshop will explore the neurological foundations of attention, processing, social skills and praxis; disturbances, current research & treatment approaches of social skills learning; auditory processing; & apraxia of speech in children

To register and for more information, call Cheyn Weinstein - 718-338-3838, ext.420.

UPDATE:

# ONE MORE PIECE OF THE PUZZLE

## Academic Inclusion, Social Exclusion

**Behavioral Therapy for autistic children has helped make it possible to integrate thousands of autistic children into regular public school classes.**

In the early grades, autistic children make friends and join them in almost all activities. However, because autistic students lack the social skills of their peers, their social inadequacy becomes more obvious each year. Not only do autistic children fall behind, but their maturing peer group slowly becomes more aware of their differences. This may lead to teasing, bullying, or just generally making him an outcaste. The same child who played tag with his friends in first grade can now be found in the corner of the yard, alone and miserable.

Social deficits and communication problems are part of the clinical diagnosis of autism. Autistic children tend to have difficulties maintaining an ongoing conversation, showing feelings, controlling the volume of their voice, and respecting personal space boundaries. They tend to be very literal and to overreact. As they advance from grade to grade, autistic children's social skills advance minimally, rapidly increasing the gap between them and their peers.

However, it is possible to teach autistic children social skills, such as appropriate responses and recognition of social cues. Social skills training is becoming a new objective in the treatment of autism. Although not a cure-all, it is helping more and more autistic children integrate into the public-school setting.

*(New York Times, "As Autistic Children Grow, So Does Social Gap," February 26, 2005)*



**B**etween 1970 and 1990, milk consumption dropped while soft drink consumption nearly tripled. In the past thirty years, adolescent soft drink consumption has increased tremendously, 65% for girls and 75% for boys. In theatres and fast food restaurants, drinks no longer come in cups. They come in a bucket, loaded with sugar. (A serving of soda has almost tripled from 192 mL to 591mL.) A study showed that for each serving of soda, the ratio of becoming obese increases by 1:6.

In addition to soda, studies show that teens consume more calories now than they did two decades earlier. One study comparing calorie intake between teens in 1970 and 1990 found that boys consumed 243 more calories per day—and girls 123 more. The most probable culprits are sugary breakfast foods, prepackaged lunch snacks, loaded with sodium and fat, and “super-sized” diners that are quick and cheap.

Also children aren't moving. Riding a bicycle or walking to school is almost unheard of. Climbing trees and jumping in puddles has given way to sedentary entertainment, such as watching TV, surfing the internet or playing video games.

Morbidly obese individuals are at one extreme of the distribution and are at an increased risk for numerous conditions that shorten life, including diabetes, heart disease, hypertension and cancer—diseases

collectively known as the metabolic syndrome. In the aggregate, they are the principal causes of morbidity and mortality in the Western world, leading many to conclude that obesity is the disease of the twenty-first century and add it to the list of “at-risk” concerns regarding children and teens.

Underlining the immensity of the effect of overweight on the average lifespan of young adults, a recent study states that a 20-year-old white male with a BMI higher than 45 (obese) loses 13 years of life, as compared to a 20 year old white male with a BMI of 24 (healthy). For obese white women, the result is a loss of eight years of life. The study also shows that the years of life lost for black men and black women are not affected until they reach a higher BMI (37 and 35 respectively). The range of BMI equated to longest lifespans is 23-25 for whites and 23-30 for blacks. (*Journal of the American Medical Association, January 8, 2003; 289: 187-193*).

## Responding to the Crisis

Today when almost everyone has essentially unlimited access to calories, when the remote control and internet have replaced even the most minor of every day physical activities, and single parent families or two working parents will often resort to fast food to alleviate the pressures and time needed to provide dinner to over-scheduled families, an overall weight gain should not be a surprise. The good news is that even modest weight loss (5-10 pounds) results in a significant health benefit and is achievable with small lifestyle changes.

In response to this

# OUR GROWING



## Weighty Facts:

**Doctors are finding** too many cases of Type II diabetes – previously known as Adult Onset Diabetes – in children. And the trend is evident in both genders, in every state, in both preschoolers and high-schoolers, and across all income levels and ethnic groups. (*However, specific groups, including blacks, Hispanics and American Indians are disproportionately affected.*)

**60 percent** of obese children between the ages of 5 and 10 have at least one risk factor for heart disease, such as high cholesterol or high blood pressure.

**Extremely** obese youngsters can have heart abnormalities such as increased thickness of the left ventricle which puts them at risk for ischemic heart disease. The thicker a patient's heart, the less perfusion of oxygen and the more likely the patient is to encounter issues such as chest pains and potentially a heart attack. (*Obesity Can Cause Heart Attacks in Kids Monday Dec. 14, 2004, www.paktribune.com*).

**Researchers estimate** that more than one in four new cases of asthma among girls and women

aged 9-26 years is due to excess weight (*Excess Weight Causes 1 in 4 Asthma Cases in Girls and Young Women by Miranda Hitti WebMD Medical News*).

**Obesity rate** for immigrants who had been living less than a year in the U.S. averages about 8% and rises only slowly for the first 10 years. However, after 15 years of living an American lifestyle, the prevalence of obesity in the foreign born jumps to 19%, or virtually the same as people born here.

**Physical Exercise** classes exist nationwide at only 8 percent of elementary schools, 6.4 percent of middle schools and 5.8 percent of high schools.

**Overweight children** also suffer from psychological problems: bullying, low self-esteem, depression, etc. Complicating the issue further, a recent study concluded that depression is one of the major causes of obesity in girls - making it difficult to determine what came first, the obesity or the depression.

**A recent study** found a significant correlation between obese mothers (increased BMI) and the probability of giving birth to fraternal twins.



crisis, Americans flocked to see *Super Size Me*, Morgan Spurlock's documentary about what happens when you eat nothing but McDonalds' food for a month.

Recently, McDonald's has discontinued its Super Size option and has added fruits and salads to its menu. However, it's rival Hardee's is still touting its new Monster Thickburger, two hockey pucks of beef, each one-third of a pound, and three slices of cheese plus bacon and mayo on a buttered roll. That's 1420 calories in one shot... and that's without the fries and soda. Other changes include:

- General Mills has switched from highly processed white flour to whole grain flours in the manufacture of 29 of its cereal brands. (Whole grains are much richer than processed grains in dietary fiber, which makes whole grains more filling).
- Two dozen states are taking steps toward phasing out soda and junk food in schools and replacing them with fruit, low-fat milk, natural fruit juices, low-fat dairy products and snack food items that have no more than 200 calories per portion.
- Schools are bringing back PE classes, some insisting on a mandatory 30 minutes of exercise per day.
- Lawmakers are introducing legislation requiring schools receiving state aid to include in their plans strategies to decrease obesity and improve health and wellness of students.

## But it's not enough!

The problem is global and the causes and solutions are complex and involve school and families, culture, environment and genetics (see *The Genetics Side of the Story*), etc. And they begin with education and action—more exercise and less empty calories.

## Body Mass Index Chart

Weight (Lbs)

	120	130	140	150	160	170	180	190	200	210	220	230	240	250
4'6"	29	31	34	36	39	41	43	46	48	51	53	56	58	60
4'8"	27	29	31	34	36	38	40	43	45	47	49	52	54	56
4'10"	25	27	29	31	34	36	38	40	42	44	46	48	50	52
5'0"	23	25	27	29	31	33	35	37	39	41	43	45	47	49
5'2"	22	24	26	27	29	31	33	35	37	38	40	42	44	46
5'4"	21	22	24	26	28	29	31	33	34	36	38	40	41	43
5'6"	19	21	23	24	26	27	29	31	32	34	36	37	39	40
5'8"	18	20	21	23	24	26	27	29	30	32	34	35	37	38
5'10"	17	19	20	22	23	24	26	27	29	30	32	33	35	36
6'0"	16	18	19	20	22	23	24	26	27	28	30	31	33	34
6'2"	15	17	18	19	21	22	23	24	26	27	28	30	31	32
6'4"	15	16	17	18	20	21	22	23	24	25	27	28	29	30
6'6"	14	15	16	17	19	20	21	22	23	24	25	27	28	29
6'8"	13	14	15	17	18	19	20	21	22	23	24	25	26	28

Height

- Healthy Weight
- Overweight
- Obese

# CHILDREN

## The Genetics Side of the Story

**Why is it that most people who lose weight by dieting eventually regain it?**

According to a recent article published in *Nature Medicine* (Vol. 10, No. 6, June 2004), although the current environment can account for an average weight gain of 7-10 pounds over the past decade in the United States, it is genetics and not the environment that accounts for a proportion of the marked differences in individual body weight. According to a study by Jeffrey M. Friedman, head of the laboratory of Molecular Genetics at Rockefeller University, the propensity to obesity is, to a significant extent, genetically determined. The heritability of obesity is equivalent to that of height and greater than that of almost every other condition—including schizophrenia, breast cancer and heart disease.

Therefore, in at least a portion of individuals identified as obese (BMI > 30) or morbidly obese (BMI > 40), weight loss is met with compensatory responses by these genes, which act to resist weight change in part through a decrease in metabolism and an increase in hunger.

A more recent study published in the April issue of *Journal of Consulting and Clinical Psychology*, concluded that binge-eating and physical inactivity played a far lesser role of predicting potential obesity in teens than expected. Surprisingly, teens who engaged in erratic and extreme dieting and those who showed clinical signs of depression were more likely to become obese. But the greatest predictor was having obese parents!

For these people help will come with the identification of the genes that predispose to obesity and a fuller understanding of their function.

**According to Centers for Disease Control a child with BMI greater than the 85th percentile is considered "at risk of overweight," & one with a BMI greater than the 95th percentile is considered "overweight."**



# HIDDEN VISION PROBLEMS in Children

WE RECENTLY HAD THE GREAT PLEASURE OF HOSTING A WORKSHOP WITH **DR. STANLEY A. APPELBAUM**, A CERTIFIED FELLOW IN THE COLLEGE OF OPTOMETRISTS IN VISION DEVELOPMENT, AND HIS WIFE

**BARBARA BASSIN, OTR/L BCP.**

According to Dr. Appelbaum, it is very possible for a child with 20/20 eyesight to have vision problems and therefore encounter an array of problems in school—most predominantly in reading and comprehension.

Babies are not born knowing how to focus. Some never learn to use their eyes properly and need to be taught to focus and follow. (20% of normal healthy children have trouble sustaining focus). School-age children who have difficulty moving their eyes across the page, concentrating, integrating and processing information find it difficult to stay on-task. They often lose their place, get easily discouraged, lose interest and ultimately develop behavioral problems and low self-esteem.

*Stanley A. Appelbaum O.D., FCOVD will present "VISUALLY ENHANCED THERAPY:*

*Identifying, Understanding and Managing Visual & Vestibular Deficits" Sunday & Monday, March 26 & 27, 2006*

Geared to OTs, PTs, SLPs, and Educators who work with children diagnosed with ADD, learning, movement or performance difficulties, the workshop will focus on the difference between eyesight and vision, developmental vision concepts, testing protocols and practical, innovative sequential vestibular-visual activities to facilitate optimum performance in children.

Dr. Appelbaum & Ms. Bassin, in private practice for over 20 years, utilize functional & developmental concepts in treating vision problems & enhancing vision skills & abilities – principally in relation to infant vision development, visually-related learning difficulties, ADD/ADHD, Dyslexia, Strabismus, Amblyopia, etc.

*To register and for more information, call Cheyn Weinstein - 718-338-3838, ext. 420*

## UPDATE ON BULLYING:



### GIRLS BULLYING GIRLS

**The bullying tactics** employed by boys may leave physical scars, but girl-on-girl bullying often causes much deeper wounds. While boys usually express power over others through physical aggression, girls use inclusive relationships to wield power over their victims. Though the victims of girl-on-girl bullying are deeply affected, they are difficult to identify because girls bullying tactics are usually secretive and non-physical, and the victims often do not report the bullying.

**Girl bullies** will exert their power over their victims by excluding them, spreading rumors about them, or teasing them in front of their peer-group. Engaging in this type of psychological warfare can be extremely detrimental to the victims' confidence and self esteem. Recent technology has only provided new ways for bullies to intimidate and harass their victims. E-mails, instant and text messaging, and the internet are used to spread rumors and photos to an ever widening group, damaging the victim socially and emotionally even more. Some of the symptoms of girl-on-girl bullying are anxiety, depression, frequent absences from school, and even suicide. Bystanders often keep silent, terrified that they will be targeted as the group's next victim.

**Teachers and parents** play an important role in the prevention and reduction of bullying. Awareness of the problem must be raised. Open discussion and identification of the problem and the perpetrators must be encouraged so that it is understood that this behavior is unacceptable and so victims and bystanders feel sufficiently supported by parents, teachers and peers to report on the bullies without fear of additional repercussions. 🏠

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