



## Newsletter Spring 1983

### Adolescent Development: Who Is in Charge?

A successful meeting organized by Dr. Sprague Hazard, with 150 people attending, was held at Deerfield on October 22, 1982. Entitled "Adolescent Development: Who Is in Charge?", this was an all-day "sectional" meeting during which the various constituencies making up the Association met separately, after a keynote speech, to consider their roles in the context of the overall contribution of the school community to the growth and maturation of students.

The thought-provoking keynote address was made by Robert P. Masland, Jr., M.D., Chief, Division of Adolescent/Young Adult Medicine at the Children's Hospital Medical Center in Boston. Dr. Masland described in some detail the stages and tasks of adolescence. Stage I (8-15 years)—the "body stage"—is narcissistic; one of the main tasks is learning impulse control. During these years appropriate adult-to-child communication is authoritarian. Stage II (15-18 years)—"middle adolescence"—is a time in which young people are greatly concerned with gender identity and are influenced on matters of sexuality by their peers. During this stage a father may be anxious about his son being a homosexual. Middle adolescents need to feel they can do something well—accomplishment in a variety of areas is, therefore, of great importance. Boys and girls during this stage are continuing to build the skills of abstract thinking and can begin to make connections so that counseling is more effective at this time than in stage I. Stage III (18-22 years)—"late adolescence"—has as a central concern issues of separation and loss. Some students are unable to separate from school and remain "students."

It is necessary for late adolescents to have learned to cope with their emotions, including depression. At this time an awareness of mortality emerges in young men and women. Dr. Masland concluded his talk by pointing out that the three stages of adolescence are mirrored in adult life in the early, middle and late adult years (22-40, 40-55, 50 and upwards). This address set the tone for a stimulating exchange of ideas in the sectional meetings that followed, some of which are recapped below.

**The Under-Utilized Nurse**, section coordinated by new ISHA Council member, Ann Bliss, R.N., worked on defining a title and job description for the school nurse in an extended role—director of health services or coordinator of nursing and health services. This person should nurture the philosophy that the teenage population in any society is at the peak of health. Through education and personal counseling, the director of health services can enable students to take responsibility for their current and continuing physical and mental well-being. Responsibilities are as follows: 1) Initiating and directing an educational program dealing with general health, as well as presenting current topics and concerns in the health field for discussion; 2) maintaining and overseeing professional standards and practices at the health center including involvement in hiring and firing personnel; 3) proposing, overseeing and administering the health services budget; 4) assisting with all school policies as they pertain to health matters (e.g. discipline and long-range planning); 5) maintaining communication with parents as necessary in individual cases; 6) establishing relationships with local physicians, hospitals

and other area health services; 7) regular review of state laws, practices and legal issues in all areas of health care; 8) continuing her or his own education and personal career development as the opportunity arises. The group proposed a salary for this position of \$15,000 for a 10-month contract with all benefits, housing and meals or \$18,000 for a 10-month contract with all benefits, but no housing and one meal. It was felt that this position should be awarded faculty status with commensurate pay and privileges to any member of the faculty.

**"Are We a Part of the Health Care Team—or Not?"** Leading off discussion and presentations in the sectional meeting for trainers and coaches was Robert Cantu, M.D., a neurosurgeon and leading educator in the field of sports medicine, who emphasized recognition and careful transportation of spinal injuries; he also demonstrated various techniques for maintaining an airway, especially when impeded by a football helmet or shoulder pads. Lew Flagg, longtime trainer at Phillips Exeter, demonstrated his technique of splinting with *C-Splint* material from Cutter Laboratories, which he has found in the treatment of ankle sprains to aid in early ambulation without crutches, a real plus for students with long daily campus treks. "Chuck" Demers of Deerfield discussed various methods of treating shin splints and arch strain and demonstrated the use of the Anderson knee stabilizer. Stan Zalenski of Phillips Exeter made a slide presentation of an ingenious home-made apparatus which he uses in the Exeter pool for determining body fat and lean

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The ISHA definition of good health—  
*Good health is a state of well-being arising out of the harmonious integration of an individual's physical, psychological, social, and spiritual parts.*

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body weight. The wider role of the trainer in the health care system was also discussed in this group meeting. Conclusion—yes we are part of the health care team!

“What’s In It for Me?” was the title of the student section, coordinated by Dagney St. John of the Stratton Mountain and Vermont Academy counseling staffs and an ISHA Council member. Group “ice breaker” exercises were followed by a discussion of “rules for the perfect school from the student perspective.” Much of the dialogue focused on the disciplinary and counseling atmospheres in different schools, with all schools reporting a trend toward tightening up of the rules, which for some means a stricter structure, for others a clearer and more decisive follow-through on rules long established, and for still others working toward greater uniformity in disciplinary responses to a given rule violation. Faculty, administrators, even students are calling for clearer limits, and there seems to be a growing discomfort with “gray areas.” There are important alternatives to discipline in responding to students who may be involved in rule violations. Through conversations that are held in confidence, faculty can be of greater and greater support to students. Limits of confidentiality must be clearly defined and stated to both faculty and students. In addition, all available support systems should be in place for students as a proactive rather than reactive mode of dealing with their needs. Human sexuality discussion groups, ALATEEN support groups, workshops on stress management, self-awareness/self-esteem, career planning, dealing with depression and building interpersonal relationships are all ways to offer students support and help in learning to cope with life’s challenges with the strength and confidence of better knowing who they are. Other section meetings that convened were, “Interdisciplinary Communication” for counselors and “Conflict in the Disciplinary Process” for administrators.

## Editorial

One of the stated objectives in the constitution of ISHA is, “To promote good health among students and educators through development of comprehensive health programs in member schools.”

One of the main reasons for ISHA’s existence is to promote and encourage health education in our schools and to encourage the evaluation of such programs. Recently, there has been a burgeoning of health education related to alcohol and drug use. Several schools have purchased such programs as “Freedom from Chemical Dependency” and “Creative Drug Education.” One of these was described at the Loomis Chaffee conference on alcohol last year. It would be interesting to get an update on how the program has affected the behavior of students and faculty. Northfield Mount Hermon has an active health education program. Choate Rosemary Hall has been expanding and experimenting with its health education program, particularly with regard to education for faculty, an indirect way of positively influencing students. I encourage you to send this newsletter descriptions of your health education programs or questions about health education, which we will publish in future issues.

On May 6, 1983, there will be an ISHA conference at Phillips Exeter on “Building Programs in Health Education.” Because of the increased interest in health education in many New England schools, this conference is timely. Put this date on your calendar. More detailed conference information will be forthcoming from Exeter. If you have any questions in the meantime, contact Dr. John Tuthill, Phillips Exeter.

David B. Connell, M.D.  
President, ISHA  
Choate Rosemary Hall

## Council Retirements and Appointments

The following individuals are retiring from the Council: Pete Harris, M.D., Northfield Mt. Hermon School; Ellie Griffin, Milton Academy; and Nancy Jo Jander, R.N., Eaglebrook School.

Lew Flagg, Phillips Exeter Academy, a new member of the Council, has succeeded Nancy Jo who retires after providing authority and enthusiasm to the ISHA organization. We will also miss Pete, Ellie and Jack. Ellie, as editor of the newsletter, enabled this publication to come into being and set a standard for the future. Pete Harris provided us, by his example, sensitive and thoughtful contributions about the role of the independent boarding school physician.

Sprague Hazard, M.D., school physician, Deerfield Academy, stepped down this fall after two years as president of ISHA. He, more than any other founding member, put ISHA on its feet by his persistence and administrative skills. His hard work is already being missed by the present president.

Ann Bliss, R.N., M.S.W., a member of the Yale University School of Medicine and on the counseling staff at Choate Rosemary Hall, joins the Council; her teaching skills and health education experience are welcomed. Carol Cheney, director of publications, Choate Rosemary Hall, joins the Council as ISHA newsletter editor. Carol’s early editorial experience in the late 1960s, was direction of a multi-media sex and drug education curriculum for Guidance Associates.

## Research Project

John Tuthill, M.D. is conducting an indepth research project with students at Phillips Exeter on the effects of salt intake and blood pressure recordings. Information will follow in a future issue of the ISHA newsletter, or you may contact Dr. Tuthill for details.

Friday, May 6, 1983  
"Building Programs in Health Education"  
An ISHA Conference at  
Phillips Exeter Academy

### Alma Ata Declaration

It is of interest that the International Conference on Primary Health Care meeting in Alma Ata, U.S.S.R. on September 12, 1982 made a number of declarations. The first is reminiscent of the ISHA definition of good health. The declaration states:

*The conference strongly reaffirms that health, which is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector.*

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### Useful Publications and Books

*The Physician and Sports Medicine*, McGraw-Hill, Inc., 4530 W. 77th St., Minneapolis, MN 55435.

*Psychotherapy with Children of Divorce* by Richard Gardner, pub. Jason Aronson, 1976. This is a useful book for teachers and counselors working with students hurting from divorce.

*Diagnostic Criteria from Diagnostic and Statistical Manual of Mental Disorders*, Third Edition (DSM-III), useful for counselors.

In the Choate Rosemary counseling program, we have devised a special form which each counselor has to complete on each student or faculty seen for counseling, whether it is for one visit or many. This form is designed to make counselors think about the diagnosis and strategy. The diagnosis asked for is that based on the book mentioned above. These forms are proving a useful tool for the school's counselors. Have you tried something like this? If so, send me your ideas. *David Connell*.

### Important Resource Persons

Jean Kristeller, Department of Psychology, Yale University, 203-432-4664. Res. phone 203-787-3755. Schools with female students are becoming aware of Bulimia as a relatively new disease. Jean Kristeller has studied this eating disorder extensively and leads excellent group discussions on the topic.

Suzanne M. Sgroi, M.D., 419 North Main St., Suffield, CT 06078. 203-668-7375. Dr. Sgroi is an expert on child abuse and an outstanding discussion leader.

Nancy Clark, M.S. R.D., Sports Nutrition Associates, 830 Boylston, Brookline, MA 02167. 617-739-2003. Ms. Clark, a sports nutritionist and author of *The Athlete's Kitchen*, recently spoke to Choate Rosemary faculty and students on "Food for Sports," including such topics as: Should I lose weight? How do I gain weight without getting fat? Should I take extra vitamins? Does carbohydrate loading really work? Does a candy bar give quick energy? Are there foods that build muscles? Ms. Clark's presentation was very well received.

### The Lethal Trio

In America, accidents, homicide and suicide are the leading causes of death in adolescents (ref. 1-4). The Choate Rosemary Hall counseling team reports depression as the most common psychiatric diagnosis, and we can all think of families in which adolescents have died in auto accidents. It is known that homicide may be associated with identifiable victim behavior (ref. 2). These facts should stimulate us to examine what is happening in our own schools. It may be important to identify those students and families at risk, and to explore whether health education can play a useful part in preventing these causes of death.

1. Hollinger, PC, Offer D. Prediction of adolescent suicide: a population model, *AM J. Psych* 1983; 139: 302-7.

- Hollinger, PC. Self-destructiveness among the young: an epidemiological study of violent deaths. *Int J Soc Psychiatry* 1981; 27: 277-81.
- Petzal, SV, Riddle M. Adolescent suicide: psychosocial and cognitive aspects. *Adolsc Psychiatry* 1981; 9:343-96.
- Miller D. Adolescent suicide: etiology and treatment. *Adolsc Psychiatry* 1981; 9:327-40.

### ISHA Council

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ISHA Newsletter Readers: We invite your contributions to this publication. As you read this issue, please put pen to paper with your comments and suggestions. *Ed.*

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### Independent School Health Association

Membership in ISHA is open to all independent schools and members of their staffs. Membership fees are levied per calendar year as follows:



Schools with under 500 students	\$100.00
Schools with over 500 students	\$200.00
Individual memberships, each	\$ 20.00

Your support is appreciated.

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Please make checks payable to INDEPENDENT SCHOOL HEALTH ASSOCIATION, INC., and mail to:

Claudia Molinari  
Executive Secretary, ISHA  
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Your name will be added to our mailing list for future newsletters and notices of upcoming conferences.

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### Independent School Health Association

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