

Present: committee members Deirdre d’Albertis, Diane Lyons, Laura Schulkind, and Joe Phelan; invited guests from BMS/RHS John Kemnitzer (BMS Principal), Carmela Fountain (BMS School Counselor), Teresa Costakis (School Nurse), Megan Rodier (BMS/RHS Social Worker), Cassi Wintermantel (BMS/RHS School Psychologist), Marc Burg (BMS/RHS Assistant Principal), Jeff Levinson (RHS Guidance Counselor).

Members of the subcommittee welcomed Rhinebeck’s Pupil Support Services professionals to help the group consider how to identify and track indicators of success (as well as unintended consequences) with the new school start time coming into effect this fall. In a wide-ranging conversation, all of our guests spoke to the connection between sleep and other factors that have a major influence on the health and well-being of our students.

School Nurse Teresa Costakis stated that trips to her office would be one relatively clear-cut measure of student wellness. She often sees exhausted students who feel unwell, need breakfast passes (having been unable to eat before leaving for school), or who simply need to lie down upon occasion. She expressed her willingness to chart changes in that behavior (if any) to help measure the impact of a later start time in 2016-17. Others agreed that sleep-deprived students present with a host of symptoms in the first few periods of the day; asking teachers to attend to affect and engagement during those early morning hours should be one valuable source of comparison for us to chart next year.

Lack of sleep is a serious problem that impacts our students and arises from a complex array of causes. Why don’t kids get enough sleep? Is it enough simply to push the start time later without addressing the underlying causes of poor sleep hygiene? How can we be certain that this one change will make a difference unless we take the opportunity to raise awareness of the problem within our community? As one person pointed out, parents can do something as relatively simple as buy an alarm clock rather than set the alarm on a cell phone; keeping the cell phone out of a student’s bedroom is one crucial way to minimize nocturnal disturbances and ensure uninterrupted, restful sleep.

Parents have a large role to play in understanding the impact of technology on their children’s health. Technology addiction is soon to be recognized as a mental health problem in the DSM. Anecdotally, our Pupil Support Services staff are encountering an ever-greater sense that there is “no escape” from pressures associated with school interactions once students head home. Social media is present in our children’s lives 24/7. We need to equip families as early as elementary school to cope with the influence of hand-held devices/smartphones. According to Common Sense Media, both parents and kids recognize that patterns of use (or over-use) are well-established by the teen years:

<https://www.commonsensemedia.org/technology-addiction-concern-controversy-and-finding-balance-infographic>

In Fall 2015, the American Academy of Pediatrics revised its previous recommendations strictly to limit young children's access to screen time to be more realistic (given the ubiquitous presence of pads and phones in most homes), proposing that guidance rather than flat out prohibition is necessary if parents are to counter kids' over-reliance on technology.

The AAP's latest recommendations for Parents include: *“• Set limits at every age. Limit-setting is key in digital media use — just like in diet, behavior, sleep, and parenting in general. Parenting strategies are the same across various environments, including screen media. • Avoid displacement. When using digital media, caregivers should consider what it is displacing, and strive to maintain protected time for conversation, play, and creativity. • Address digital etiquette. Children and young adults must learn that online interactions should follow the same social guidelines as face-to-face encounters. Conversations about appropriate content, etiquette, empathy, and safety should occur early to provide a foundation for all digital media use. • Engage in using digital media together. Parents were advised to let their children show them what they are doing online; this helps children feel empowered and helps the parent learn while both are engaged. While classic parent-child activities like reading a story or playing a game look different in digital formats, it remains important to value time spent together. • Create definitive media-free zones. Create media-free zones such as during meal times and at bedtime, and set aside specific days or hours as “media-free” periods. Parents should also eliminate background TV, which dramatically reduces conversation or “talk time” with children. • Model media behaviors. Adults need to be attentive to their own personal digital media use (or over-use). Parents and other caregivers may ignore their children when using their own devices, and parental behavior provides strong modeling for children's behavior, including adult digital media use. It was noted that every media interaction is an opportunity and a possible teachable moment. Parents should recognize that teens are likely to make mistakes online — as they do offline — and that such mistakes present opportunities for learning and growth.”*

https://www.aap.org/en-us/Documents/digital_media_symposium_proceedings.pdf

Our visitors emphasized the importance of sharing such pragmatic counsel with families. How best to reach busy parents who barely have time to make dinner after work much less attend information sessions? Parent Academy events are rich in terms of resources but relatively few people seem to be taking advantage of these opportunities to learn more. This is a communications challenge to our district and one the board will need to grapple with as we explain the school start time change and its benefits (create newsletters, use the website, offer food and childcare to participants for evening events, revamp open houses?)

An unexpected theme to emerge from our conversation was the immense difficulty in engaging tardiness as a problem based as much in parent behavior as it is in student conduct. There may be as much as 5% of our student population that we might consider chronically tardy. These are students across the achievement spectrum. Unexcused tardiness is not a problem, rather it

is the phenomenon of EXCUSED tardiness that has a negative impact on classroom dynamics and student learning. Helping parents to understand that their own schedules must not take precedence over their children's regular and reliable experience of the school environment is a long-term goal.

Students are experiencing a greater sense of anxiety than any of our professional staff have ever seen before. Renewed focus on health and wellness could not be better timed. Attention to sleep and physical/mental/emotional well-being is a point of entry for our community to think intentionally about how to support our young people through their experience of school.

In closing, the group did begin to identify a range of indicators for future study:

- a sleepiness questionnaire to be administered before the end of the current semester and then re-administered in the fall

- an online parent survey

- data on visits to the Nurse's Office

- data on bus ridership

- cafeteria use in the first few periods/breakfast purchases

- teacher observation of first period student engagement

- data on tardiness (as well as absenteeism and disciplinary infractions).

Dr. Barbara Chatr-Aryamontri of the Northern Dutchess Hospital Sleep Center has been assisting the group in working up an assessment plan.

Respectfully submitted,

Deirdre d'Albertis