Student Assistance Coordinators are a valuable resource for students and their families. The Student Assistance Program of the Franklin Township School District provides a variety of programs and services to students and their families in safe, comfortable, professional setting. A strikingly large percentage of school-aged children in the United States are in crisis. Drug and alcohol abuse, violence, bullying, depression, suicide, stress and anxiety disorders, eating disorders and other social/emotional issues threaten the well being of all students, their families and society as a whole. As the problems have escalated in recent years, so have the demands on schools throughout the country to address them. Administrators, teachers, parents and students understand that school success is predicated on a safe and healthy learning environment. Student Assistance Coordinators identify, address and monitor individual students as well as coordinate and oversee the district prevention/intervention efforts. As licensed, certified, trained mental health and substance abuse professionals, our Student Assistance Coordinators address student substance abuse, mental health and other behavioral problems through assessment, individual and group counseling, family intervention and referral. Additionally our Student Assistance Coordinators provide professional development to administration and staff in accordance with N.J.S.A. 18A:40A-15 (in-service training on identifying symptoms and behavioral patterns which may be indicative of substance use) and N.J.S.A.18A: 6-111 (in-service training on depression and suicide prevention).

Our Student Assistance Coordinators work in conjunction with our district’s guidance department and community agencies to provide our students and their families with the necessary resources to assist them in developing to their highest potential.
Referrals for Assistance

Student Assistance Services are available in all of our district schools. Students or parents seeking assistance may contact the SAP program directly either by contacting the respective Student Assistance Coordinator assigned to their school by email, phone or office (see below). Once contact has been made, an initial appointment will be scheduled to assess the student’s needs and plan accordingly.

Students may also be referred to the program by their teachers or administration. There are times when teachers may express concerns regarding student behaviors, mental health or possible substance use. In those cases student confidentiality will be maintained.

All services offered through the Student Assistance Program are CONFIDENTIAL. Students are by nature quite guarded regarding the disclosure of many personal issues including drug/alcohol abuse to adults, especially teachers, administrators and other school personnel. Students seeking assistance through the Student Assistance Program are protected by federal confidentiality regulations (42 CFR Part 2).

### Student Assistance Services K-8
Franklin Middle School

Ms. Valerie Northej, LCSW, LCADC, SAC
Guidance Suite Rm. 100H
(732) 249-6410 ext. 217
vnorthej@franklinboe.org

### Student Assistance Services 9-12
Franklin High School

Mrs. Stacy Hale, MA, M.ED, LPC, SAC
Rm. B233 (732) 302-4205
shale@franklinboe.org

Mr. Jason Marchitto, MA, LPC, SAC
Rm. C255 (732) 304-4200 ext 4321
jmarchitto@franklinboe.org

Whatever you do, you need courage. Whatever course you decide upon, there is always someone to tell you that you are wrong. There are always difficulties arising that tempt you to believe your critics are right. To map out a course of action and follow it to an end requires some of the same courage that a soldier needs. Peace has its victories, but it takes brave men and women to win them.

-Ralph Waldo Emerson
Advantages of the Student Assistance Program?

THE SAC vs. OTHER SCHOOL PERSONNEL

According to the Association for Student Assistance Professionals, interventions by non-SAC faculty members often create a conflict of interest for the faculty member and threaten student privacy. The New Jersey State Legislature has correctly identified the extent of non-academic challenges facing students today. For example, they have recognized that a significant number of young people are already involved in the abuse of alcohol and other drugs, and that many children and adolescents are at a high risk of developing alcohol and other substance abuse problems. As a result, legislation was created that mandates schools to provide both education and intervention with students experiencing substance abuse and other social/emotional issues (18A:40A-8).

CONFIDENTIALITY

The Association of Student Assistance Professionals also states, students are by nature quite guarded regarding the disclosure of many issues (particularly drug/alcohol use) to adults. Many students worry about the conflict of interest in discussing personal issues with teachers, administrators, and guidance counselors when these are the very faculty members who grade them, discipline them, write their recommendation letters, and frequently communicate with their parents. Congress has recognized these obstacles, and created federal confidentiality regulations (42 CFR Part 2), providing student access to confidential treatment for alcohol and drug related issues. In the event that other issues surface, the SAC is best equipped to communicate the nature of the problem with both the student and their family, and develop an appropriate treatment plan, which might involve additional community resources when necessary.

Association of Student Assistance Professionals New Jersey
www.asapnj.org

SAC Services and Programs

Counseling Groups:
- Individual / Group Counseling Sessions
- Substance Abuse Awareness
- Quit 2 Win Tobacco Cessation

Student Centered Prevention Programs:
- Reaching Everyone by Exposing Lies (R.E.B.E.L)
- Teens Achieving Goals (T.A.G.)
- Teen Pep Prevention Education

Assembly Programs
- Project Wisdom
- Connections Leadership/Mentoring Program
- Sisters in Training for Life (S.T.F.L.)

Other:
- Community Referrals
- Youth Empowerment Conferences
Bullying and Suicide Prevention

There is a strong link between bullying and suicide, as suggested by recent bullying-related suicides in the U.S. and other countries. In recent years, a series of bullying-related suicides in both the U.S. and across the globe have drawn attention to the connection between bullying and suicide. Though too many adults still see bullying as "just part of being a kid." However, this issue is a serious problem that leads to many negative effects for victims, including suicide. Many people may not realize that there is also a link between being a bully and committing suicide. Therefore, parents, teachers, and students need to learn the dangers of bullying and help those students who may be at risk of committing suicide. Bully-related suicide can be connected to any type of bullying, including physical bullying, emotional bullying, cyber-bullying, and sexting or circulating suggestive or nude photos or messages about a person.

"Sometimes your joy is the source of your smile, but sometimes your smile can be the source of your joy."

- Thich Nhat
Statistics

* In a cohort study of 1,118 9-11 year olds, researchers found that many psychosomatic and psychosocial problems occur as a result of bullying.
* Children with depressive symptoms and anxiety are at an increased risk of being victimized.
* Researchers have found that experience with peer harassment whether as a bully or victim contributes to depression, decreased self-worth, hopelessness and loneliness all risk factors for suicide.
* 2,000 randomly selected middle schoolers, 20% (19.7% females/20.9% males) have reported thinking about attempting suicide while 19% reported attempting suicide (17.9% females, 20.2% males).
* Researchers found that bullying and cyber bullying victimization was a stronger predictor of suicidal thoughts and behaviors than was bullying and cyber-bullying offending.
* Traditional bullying victims were 1.7 times more likely and traditional bullying offenders were 2.1 times more likely to have attempted suicide than those who were neither.
* Cyber bullying offenders were 1.5 times more likely to have attempted suicide than those who were not cyber bullying.

Signs of Suicidal Ideations

* Distrust in previous favorite extra curricular activities
* Losing interest in a job or college plans
* Drug/ethanol use
* Behavioral problems
* Withdrawal from friends
* Sleep Changes
* Changes in eating habits
* Neglect personal hygiene
* Chronic complaints of stress
* Decreased concentration/attention
* Decreased grades
* Lack of interest in school work

Taken from: Cyberbullying and Suicide Hinduja Sameer
& Patchin, Justin Ph.D Cyber Bullying Research Center.
New Trends in Teen Substance Use

In staying abreast of the new trends in substance abuse, it is extremely important to understand the terminology or slang associated with those who use various forms of drugs and alcohol. Unfortunately, teens will disguise their drug use by using various slang terminology when discussing their drug/alcohol experiences or need to use while in school, home, work etc. Although, some slang used by teens can be completely harmless and may not refer to certain drugs of choice, there are many that do. Therefore, becoming aware of the new trends in teen substance abuse and the nicknames associated with substance abuse is extremely useful for parent who feel their child may be using drugs. Educating yourself on the various slang terminology, can also help you to differentiate between ordinary communications and terms that could relate to drugs. Some examples of the most commonly abused substances by today’s teens may include:

**“Syrup,” “Purple Drank,” “Sizzurp,” “Lean”**

Drinking prescription-strength cough syrup containing codeine and promethazine mixed with soda was referenced frequently in rap music beginning in the late 90s and has now become increasingly popular among youth in several areas of the country, according to recent CEWG data. Users may also flavor the mixture with the addition of hard candies. Codeine and other opioids present a high risk of fatal overdose due to their effect on depressing the central nervous system, which can slow or stop the heart and lungs. Mixing with alcohol greatly increases this risk.

**“Molly”—slang for “molecular”—refers to the pure crystalline powder form of the club drug MDMA (3,4 methylenedioxymethamphetamine), which in pill form is known as ecstasy. Molly, which is usually purchased in capsules, has seen a surge in interest in the past few years, being celebrated frequently by popular music artists. MDMA in any form produces energy and euphoria in users but also may dangerously affect body temperature and cause confusion, depression, and sleep problems. News reports elsewhere have reported “Molly” capsules containing cocaine, heroin, and other substances.

**K2/Spice (Synthetic Marijuana)** aka “SPACE” “Spice” refers to a wide variety of herbal mixes that produce experiences similar to marijuana (cannabis) and are marketed as “safe,” legal alternatives to that drug. Sold under many names, including K2, fake weed, Yucatan Fire, Skunk, Moon Rocks, and others — and labeled “not for human consumption” — these products contain dried, shredded plant material and chemical additives that are responsible for their psychoactive (mind-altering) effects. Spice users report experiences similar to those produced by marijuana—elevated mood, relaxation, and altered perception—and in some cases the effects are even stronger than those of marijuana. Some users report psychotic effects like extreme anxiety, paranoia, and hallucinations.

**Marijuana** The intoxicating effects of marijuana are due to the chemical called tetrahydrocannabinol, better known as THC. All forms of marijuana are mind-altering (psychoactive). Common names for Marijuana include Blunts, Weed, Mary Jane, Herb, Baked, Indo, Hydro, Haze, and Ganga. The amount of THC in marijuana samples confiscated by police has been increasing steadily over the past few decades. In 2009, THC concentrations in marijuana averaged close to 10 percent, compared to around 4 percent in the 1980s. For a new user, this may mean exposure to higher concentrations of THC, with a greater chance of an adverse or unpredictable reaction. Increases in potency may account for the rise in emergency department visits involving marijuana use. For experienced users, it may mean a greater risk for addiction if they are exposing themselves to high doses on a regular basis.

**Alcohol** Ethyl alcohol, or ethanol, is an intoxicating ingredient found in beer, wine, and liquor. It is a central nervous system depressant that is rapidly absorbed from the stomach and small intestine into the bloodstream. A standard drink equals 0.6 ounces of pure ethanol, or 12 ounces of beer; 8 ounces of malt liquor; 5 ounces of wine; or 1.5 ounces (a "shot") of 80-proof distilled spirits or liquor (e.g., gin, rum, vodka, or whiskey). Intoxication can impair brain function and motor skills; heavy use can increase risk of certain cancers, stroke, and liver disease. Alcoholism or alcohol dependence is a diagnosable disease characterized by a strong craving for alcohol, and/or continued use despite harm or personal injury. Alcohol Street terms include: Booze, Brews, Hard stuff, Hooch, Juice, Sauce, and more.

**Ecstasy**, or 3,4-Methylenedioxymethamphetamine (MDMA), is often called “X”. Other names include: XTC, E, X, Beans, Adams, Hug Drug, Disco Biscuit, Adam, and more. When ecstasy is mixed with LSD or acid, it is called “Candy Flipping”.

**Ritalin** is commonly prescribed for attention deficit hyperactivity disorder (ADHD), but when abused it is sometimes called “Kibbles and Bits” or “Pineapple.”

Knowing What to Look for:

In determining whether or not your child may be experimenting or abusing drugs/alcohol, it is very important to recognize certain behaviors that encompass issues related to substance abuse. Familiarity with the signs and symptoms of persons abusing illegal substances can assist you in exposing the evidence related to your suspicions. Confirming your suspicions can also help you begin that conversation with your child about your concerns. Here you will find a comprehensive list of behavioral characteristics associated with substance abuse.

Keep in mind: Many of these signs of drug use or alcohol use — in isolation — may be just normal teen behavior. Mood swings or changes in behavior are a standard part of growing up as teens make the transition from childhood to adulthood. However, as you start to recognize more and more of the these signs and symptoms in your teen, a picture of drug or alcohol use may begin to become clear.

New Jersey Partnership for Drug-Free America
www.drugfree.org

Signs and Symptoms

Behavior characteristics associated with substance abuse

- Abrupt changes in work or school attendance, quality of work, work output, grades, discipline.
- Unusual flare-ups or outbreaks of temper.
- Withdrawal from responsibility.
- General changes in overall attitude.
- Deterioration of physical appearance and grooming.
- Wearing of sunglasses at inappropriate times.
- Continual wearing of long-sleeved garments particularly in hot weather or reluctance to wear short sleeved attire when appropriate.
- Association with known substance abusers.
- Unusual borrowing of money from friends, co-workers or parents.
- Stealing small items from employer, home or school.
- Secretive behavior regarding actions and possessions; poorly concealed attempts to avoid attention and suspicion such as frequent trips to storage rooms, restroom, basement, etc.

Substance Abuse Outpatient Treatment Facilities:

Princeton House Behavioral Healthcare
140 Livingston Ave. North Brunswick, NJ
(732) 435-0202 North Brunswick Facility
www.princetonnhs.com

GenPsych Behavioral Health Services
981 Route 22 West, Suite 3D Bridgewater, NJ 08807 (908) 231-0511 Toll Free (855) 436-7792
www.genpsych.com

Somerset Treatment Services
118 West End Ave. Somerville NJ
(908) 722-1232 x3019
www.somersetreatmentservices.org

Allies Adolescent and Family Services Richard Hall
CMHC Franklin Blvd. Somerset, NJ (Satellite office)
(908) 253-3168-Adolescent and Family Services
(908)253-6135 Assessment Center
www.mentalhealth@co.somerset.nj.us

UMDNJ Behavioral Health
667 Hoes Lane Piscataway, NJ 08855
(800)-969-5300
Board of Education & Administration

MISSION STATEMENT
The Mission of the Franklin Township Public Schools is to provide excellent educational opportunities that meet or exceed New Jersey Core Curriculum Content Standards for every student; maintain an environment that engenders an appreciation of the value of every student; develop every student to his/her highest potential; and instill the attitudes, skills, and knowledge necessary to become independent, contributing members of a democratic, multicultural society.

Franklin Township Public School District
Student Assistance Department
1755 Amwell Road
Somerset, NJ 08873

Resource Directory
Parents Parent’s Place
www.parentsplace.com

Partnership for a Drug-Free America
www.drugfree.org

The Antidrug
www.theantidrug.com

SAMHSA National Clearinghouse for Drug and Alcohol Information
www.health.org

National Council on Alcoholism and Drug Dependence
www.ncadd.org

The Association of Student Assistance Professionals of New Jersey
www.asapnj.org

Bullying.Org
www.bullying.org