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WELCOME TO THE SEPTEMBER ISSUE!

Borrowing from Dr. Mona, "summer is coming to an end, but feel good activities continue."

Life in Motion is sponsoring the first-ever Movement Disorders Summit in Washington, DC, on September 14, 2006. The Summit goals are to raise awareness about movement disorders, and to improve the quality of life for people with movement disorders. The Summit will be held at the Phoenix Park Hotel. The preliminary Agenda is available at:

<http://www.life-in-motion.org/lwc/agenda.asp>

Patients are invited and encouraged to attend.

October is Movement Disorders Awareness Month!

Are you aware that there are more than 30 movement disorders that affect over 40 million Americans?

Most people are not. Movement disorder conditions affect almost 14% of all Americans - more than those affected with cancer, diabetes or stroke. Express yourself during October by advocating for awareness, accurate diagnosis, and quality of care.

Enjoy reading the September issue brought to you by **Life In Motion** coalition member **Tremor Action Network**.

Mental Health: Summer Coming to an End

By Mona Reeva, PhD, MPH, LCSW

Weather in the Berkeley area has been gray, overcast and cool following the heat spell we all endured. Five miles in three directions brings warmer weather with much more sunshine. However, here I sit and wonder whether the tomatoes I planted will actually ripen and hope for the heat of September and part of October. And I am reminded that the summer is soon coming to an end. Schools reopen, traffic patterns change, children are not seen at their usual hangouts, and vacations are drawing to a close.

The outdoor fun we have during the summer months seem to morph into more indoor activities including passive ones that find us sitting in front of the television wondering if the new television season will be worth the effort and time. So I choose to think now about what kinds of "fun" we can have while the weather and the seasons change, and how this "fun" can effect our moods and mental health.

Living in California or other states that are bathed in sunshine for more parts of the year than others can allow for many more outdoor activities most of the year. Whether walking, gardening, hiking, or taking a picnic to the park, among other activities, we have the opportunity to take in the fresh air, sunshine and store up our Vitamin D. (As an aside, more studies are being done about Vitamin D and its beneficial effects, and the need to take more than the usual recommended amount. I suggest that you look into this yourselves and discuss with your health care providers.)

What do I mean when I talk about fun? I include those activities that feel good, that provide a sense of pleasure and a sense of well being. They can include also a feeling of accomplishment. Fun can be a part of the work world

depending upon how we perceive the work we do and the environment in which we do it. And it can include those other choices we make to fill our time.

I find that I get lots of good feelings when I use my time to volunteer to help others. For example, I volunteer once a week for a four hour shift at the information booth at a local airport. This provides me with learning about what is going on about town in order to help travelers who are coming for a visit. It becomes a mutual process. And for me an avowed people watcher, what an experience! I get to see every body type coming through the airport. Our species holds a most fabulous array of physical attributes. I love it! I go home possibly exhausted, and a happy camper.

**Being involved is the key to good
mental health.
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get in the way of socializing.
It is up to us to not be excluded
because of what nature has
provided.**

I belong to a number of groups including: a monday lunch group, a couples book club, an advisory board to a non profit health through art organization where I also, when time allows, volunteer to fold, staple and do what ever else is needed. And also to a camera club that meets weekly. Then what do I do with my extra time? Or is

there any?

Yes, there is extra time since I mostly retired. I have taken up jewelry making using an unusual assortment of beads and hope to sell these beautiful necklaces and earrings as well as some of my photographs.

That famous question among retirees holds true: how did I have time to work? I don't know.

Am I alone in these endeavors? No. And one could ask, why engage in so much when you are now mostly retired? The answer is quite simple for retirees and for those younger who are still working for an income. Being involved is the key to good mental health. Remember what I wrote earlier - having fun, being involved with what gives you a sense of pleasure, a sense of well being, and also meeting other people, making new friends, doing things together,

generating new and more interesting activities that fuel a sense of well being. These are the ingredients of good mental health. Now that summer is coming to a close, we needn't spend all our time indoors, nor doing a limited amount of whatever we do. We can expand our involvement in the world around us. There are many organizations that could use our help. There are many activities that we thought we could never engage in and can.

Most of us reading this newsletter and article know that movement disorders can try to get in the way of socializing because of social embarrassment and wondering how others see us. Recall how we see others with this same disorder and that will help us get over the embarrassment. All of us have some disorder, illness or disease. Some are visible, some not. We are, all, members of this human species that must co exist. It is up to us to not be excluded because of what nature has provided. We can use our experience as a learning and teaching tool for ourselves and for others. Go out there and - have fun!

I would love to get notes, emails or letters from you about my articles. Tell me what you want me to write about, whether any of my articles have helped you in improving your mental health, and what bothers you. Such communication would be helpful to me in writing. Thanks!

About the Author

Dr. Mona Reeve has worked in the field of mental health and human services for over 40 years. She is an "avid long time photographer, with interest in travel, jewelry making, gardening and the outdoors." Her photography is exceptional! You can view her photographs at <http://www.flickr.com/photos/drmona/>

Dr. Reeve's quarterly column focuses on mental health issues. Readers are invited to ask questions that will be featured in the December issue of Spikes & Spasms. Contact Dr. Reeve directly at mreeva@comcast.net.

My Walk on the Parkinson's Path

By Kenneth Delabre

The title of this article is also the title of my upcoming book.

Let me introduce myself. I am Kenneth Delabre, a 42 year old male from Kankakee, Illinois. I was diagnosed with Young Onset Parkinson's Disease April 24, 2001, at 36 years of age. I was 20+ days shy of my 37th birthday.

As to how I came about writing this book, I simply started to journal while living in a nursing home for 22 months. In journaling I was trying to work on some personal issues, which only I could deal with. Things like the fact my wife at the time wanted a divorce. Mistakes made during my mental breakdown. The mistakes were said and done, towards my now ex-wife and ex-stepdaughters.

I never thought at first that my journal could be a book, until a staff member said when I was finished would I like to send it in to *Readers Digest*. Several staff members commented that my writing style was very good. One in particular shared that I admit things that she could never have admitted to if she was writing it.

As I continued writing, I realized that my story could help inspire people to do their best and keep pushing themselves. I was pleasantly surprised when *Tate Publishing* told me they wished to publish my book. Upon hearing the good news I decided to help others, by sharing the royalties between charities. The royalties will be distributed to the National Parkinson's Foundation, the Restorative Neurological Center at NorthWestern Memorial Hospital, and to a college fund for my sons.

Several *sponsors* helped me to get the book published. I

would like to once again thank them all for their support.

My Walk on the Parkinson's Path is exactly what this book talks about. It is my life from diagnosis, to getting out of the nursing home and everything in between. I have included a small portion of the book.

"*My Walk on the Parkinson's Path* is not being written to glamorize my life with Young Onset Parkinson's Disease. Nor am I writing to boast of how well I have come through everything. I am writing this book as a form of self-therapy. To help me deal with my past along with letting people know what can happen to persons with Parkinson's; the role medications, depression and stress can have on

their lives. That is, depression and stress can add enough problems on their own, but add in the stress of a marriage, either with children of your own or stepchildren.

I simply want people to be aware of how serious things can get.

As one of the counselors at the nursing home says, "TOUGH TIMES NEVER LAST, TOUGH PEOPLE DO!"

I hope you enjoy the book when it becomes available.

My Walk on the Parkinson's Path is not being written to glamorize my life with Young Onset Parkinson's Disease. I realized that my story could help inspire people to do their best and keep pushing themselves.

About the Author

Kenneth Delabre describes himself as "an average man living life with Parkinson's disease, not anyone of fame or notoriety." He never intended for his journal to become a book. But staff members, sponsors, and Tate Publishing thought otherwise. You can read more about Kenneth and *My Walk on the Parkinson's Path* at <http://home.earthlink.net/~kdelabre/index.html>.

Kenneth invites you to contact him at sodas8261@mypacks.net.

RLS Research Project

By Hokuto Morita

Upon completion of my first year at Penn State College of Medicine, I chose to do research on restless legs syndrome (RLS). This disease which afflicts millions of people (10% of the U.S. population), is characterized by pain, discomfort, or unusual feelings in the legs that is relieved by movement. The symptoms tend to worsen at night and this can really affect the sleeping patterns of patients (and their partners). Some patients often find themselves getting out of bed and walking around at night just to relieve the pain and unpleasant sensations in their legs.

In October, 2005 Dr. William Ondo, assistant professor of neurology at Baylor College of Medicine, reported that there may be an association between essential tremor (ET) and RLS in at least some cases. It is not quite clear from the article, *Association between restless legs syndrome and essential tremor*

(Source: Movement Disorders, VL 21, No. 4, Pgs. 515-518), how strong the association is because of limitations in the study design, but Dr. Ondo's research documents that in the 100 ET patients examined, one-third (33 patients) "met the criteria for RLS."

It's hard to tell from this study how strong the association is because Baylor College of Medicine has a highly specialized movement disorders center (Parkinson's Disease Center and Movement Disorders Clinic), and it could very well be that the PDCMDC only sees the hardest or most severe cases (like those who have multiple complications of ET). Even though it's not exactly known how strong the association is, Dr. Ondo's paper is still important because it suggests that at least in a subset of patients, the two movement disorders might have some things in common. It also generates an idea that can be tested by epidemiologists to look for how strong the "suggested association" is. This would require very

thorough population based studies.

Before I started the RLS research project I knew little about restless legs syndrome. As part of Penn State's medical school curriculum, students are required to participate in a research project. The internship gives students exposure to productive research experience. Some students choose to do clinical; some choose to work with mice and cells in a lab. I chose a project that involved movement disorders. The strongest movement disorders research program at Penn State is the RLS research program.

James Connor, PhD, professor and vice chair for research in the Penn State College of Medicine department of neurosurgery, is considered "a pioneer" for his research studies of restless legs syndrome. Prior to Dr. Connor's research, other researchers thought RLS was a mental (psychiatric) condition. Dr. Connor and his research team, in the first ever post-mortem RLS autopsy, found that the brains (brain tissue) of RLS

For any disease, having a good animal model is key, because it allows for further investigations to screen drugs or try new treatment strategies.

patients tend to be low in iron and other proteins involved in iron regulation. In a 2005 interview, Dr. Connor stated, "Discovering the relationship between RLS and iron deficiency really shows that this condition is not psychiatric; in fact, it's quite the opposite." (Source: The Pennsylvania State University, 2005, What is Restless Leg Syndrome, and how can it be cured?, *Research Penn State, August.*)

Clinically, RLS patients are treated with drugs (dopaminergics: precursors and agonists) that raise dopamine functions (dopamine has more than one function), but some patients also respond well to iron therapies (oral and IV). There are research publications suggesting that iron levels can affect functioning of dopamine pathways or vice versa. This has also been shown in brains from RLS patients.

The research project I participated in focuses on the function of dopamine pathways in mice in which iron regulation has been disrupted. The purpose of this kind of study is to see if we can identify the same type of changes in the mice that we see in RLS patients. If we identify the same types of changes, then these mice can potentially be used as animal models for RLS.

For any disease, having a good animal model is key, because it allows for further investigations to screen drugs or try new treatment strategies. For ET, the best animal model is probably the harmaline induced tremor model. Dr. Adrian Handforth of the VA Greater Los Angeles Healthcare System is currently using the harmaline model to screen for possible therapeutic compounds for ET.

In the same way, RLS researchers are trying to develop an animal model for RLS, because in many cases treatment is still not satisfactory for RLS patients.

The RLS mouse model project that I've had an opportunity to work on is still ongoing, and the research team is excited about its potential. As for any possible connections between RLS and ET, it's too early to say, but I hope that the Penn State project proves valuable to me as a future researcher.

For more information about RLS, please visit the following websites:

<http://www.rls.org>

<http://www.wemove.org/rls/>

About the Author

In 2005 5,600 applicants strived for acceptance to Penn State College of Medicine's doctor of medicine program. 135 individuals were chosen to enter the Class of 2009. Hokuto "Hok" Morita, with ET since age 5, is currently a second year medical student. He plans to become a movement disorder specialist.

Does Electrical Coupling among Neurons play a Role in Tremor?

By Adrian Handforth, MD and Fredricka Martin, PhD

Neurons usually influence each other by releasing chemicals that act on receptors to affect the firing rate or other neuronal properties. Another way that some neurons affect neighboring neurons is by "electrical" coupling. Two neurons may have parts of their membranes touch and form an open channel, known as a gap junction. This is like two rooms with an open door between them. Because the air can flow from one room to another, the two rooms share the same air temperature. When two or more neurons share open gap junctions (electrical synapses), their cytoplasm shares the same voltage, so that when one neuron fires, the other fires as well. A great deal needs to be learned about gap junctions but they have been appreciated as a mechanism for synchronizing the activity of neuronal networks.

Evidence from a variety of sources indicates that something is anomalous in the functioning of the cerebellum in persons with essential tremor (ET). A powerful source of inputs to the cerebellum is the inferior olive, a small structure in the lower hindbrain. Neurons of the inferior olive tend to have membrane voltage oscillations of about 5 to 12 cycles per second. When stimulated by the drug harmaline in the dish or in rodents, these neurons will fire in bursts at this frequency. This frequency is similar to the tremor frequency, and in rodents, harmaline causes tremor that depends on rhythmic inferior olive burst-firing.

Inferior olive neurons are very well coupled by gap junctions that use the protein connexin 36. Dr. Fredricka Martin and I postulated that if mice are administered

drugs that block gap junctions or, to be more specific, connexin 36, we may be able to prevent harmaline-induced tremor. This would be useful information, because it would suggest that eventually drugs that block gap junctions could be taken by persons with ET to prevent tremor. We were aware of reports that mice with the gene for connexin 36 knocked out are still able to express tremor in response to harmaline, but supposed that such mice may have developed compensations during their development so that these results could not be extrapolated to the potential efficacy of gap junction blockers.

When our experiments were carried out we found that the long chain alcohols heptanol and octanol, and the licorice-

derived steroid carbenoxolone, which block gap junctions, all suppress tremor in the mouse harmaline model. In contrast, glycyrrhizic acid, a compound closely related to carbenoxolone but without gap junction blocking activity, did not suppress tremor. These results suggest that gap junction blockers might become a useful way to suppress tremor. A

strong caveat is that most drugs have several mechanisms of action, and these agents may be working in ways that do not involve gap junctions. Octanol is being evaluated in clinical trials at NIH. Carbenoxolone is not on the market.

Heptanol, octanol, and carbenoxolone block gap junctions made of a variety of proteins; they do not act solely on connexin 36 gap junctions. In 2002, we learned from Dr. Miduturu Srinivas at the Albert Einstein College of Medicine, Bronx, that his group had determined that the marketed anti-malarial drug mefloquine, sold as Lariam, specifically blocks gap junctions made of connexin 36, but not other gap junctions that they tested.

We thus tested whether mefloquine suppresses tremor in the mouse model and in a pilot clinical trial. Our four clinical trial participants did not show a reduction in their ET tremor. The mice did show a robust suppression of

This study is an early step in exploring the potential role of gap junctions in tremor expression. We are optimistic that continued research in this area will yield insights that will translate into new therapies for ET.

harmaline-induced tremor, but required a dose two to three times higher than that which is achievable in humans. (The dose of mefloquine cannot exceed the dose used to treat malaria, because of risks of neuropsychiatric complications.)

This might suggest that a mefloquine-like derivative, fashioned to be more potent at blocking connexin 36 gap junctions, might be a promising therapy for ET. Not so fast! While our work was in progress, Dr. Dimitris Placantonakis and colleagues at the New York University School of Medicine published an elegant experiment in which they showed that when a mutant connexin 36 was inserted with a viral vector into the inferior olive to disable gap junctions, the rats were still able to express tremor in response to harmaline. This experiment indicates that connexin 36 is not critical for tremor expression, and therefore this cannot be how mefloquine or the other drugs we used suppress tremor.

The mechanism how mefloquine suppresses tremor is thus unknown, and may not necessarily involve any gap junction. Carbenoxolone, used widely in neuroscience research as a gap junction blocker, is probably acting on another gap junction to disrupt tremor expression. For example, the gap junction pannexin 1, found in the inferior olive and parts of the cerebellum, is sensitive to carbenoxolone.

To wrap up, this study is an early step in exploring the potential role of gap junctions in tremor expression. We are optimistic that continued research in this area will yield insights that will translate into new therapies for ET.

About the Author

Dr. Adrian Handforth is a Movement Disorder Specialist with the Neurology service of the VA Greater Los Angeles Healthcare System. His primary research interests are ET and seizure disorders. He and Dr. Martin are currently developing the Harmaline mouse model of tremor as a screening tool for potential therapeutic compounds. For this work they have been awarded a grant from the Parsons Foundation.

Nurses with disabilities work! An answer to the nursing shortage

By Donna Carol Maheady, ARNP, EdD

Palm Beach Gardens, Florida, July 11, 2006 - Donna Carol Maheady, winner of the AJN 2004 Book of the Year Award, did it again. Her new book, *Leave No Nurse Behind: Nurses Working with disAbilities* was published by iUniverse, Inc.

In the midst of a national nursing shortage, many trained nurses who can and want to work are being denied the opportunity. They are being pushed out of jobs and turned away from unfilled positions, all because they have disabilities.

Eleven nurses who defied disability tell their personal stories of courage and determination in the face of stigma and discrimination, proving that nurses with disabilities have the ability to successfully fill the jobs that so desperately need filling.

A car accident. A fall. A stroke. Depression. Disability can happen to anyone and at any time. By knowing the ins and outs of disability laws as they relate to those in the nursing profession and taking the measures outlined in this book, you can ensure that you will be prepared should disability ever happen to you.

This book serves as both as inspiration and as a practical guide for nurses living and working with disabilities and for students with disabilities pursuing careers in nursing. Nursing with a disability is a challenge, but with proper planning, the right knowledge and perseverance, it is not impossible. The nurses who share their stories here are living proof of that.

Nursing with a disability is a challenge, but with proper planning, the right knowledge and perseverance, it is not impossible.

Nicole Freeman, RN, BSN writes:

"One day, while practicing airway management with an anesthesiologist, my right hand and arm began shaking uncontrollably as I placed an airway. "You need more practice. What's the matter with you?" he snapped. I had no idea what had happened.

By January 2001, I had quit my job entirely. It became apparent that the essential tremor was permanent and could not be sufficiently controlled so as to allow me to perform the required fine motor skills.

I knew that my fine motor skills were probably going to be permanently impaired. I decided to put my disability to work for me, looking at a broad spectrum of opportunities within the field of nursing. As I turned towards the things that I could do, I realized that I was still an intelligent, thoughtful, resourceful and creative individual - my hands just didn't work very well. As a nurse with more than two decades of experience, I knew that I had a lot to offer.

I found a neurologist who was finally able to find a better medication solution for my tremors. I applied for a job with a company called Care Core National, which pre-approves radiological procedures for health insurance companies. I was hired for the position and was fortunate that the company accommodated my needs by purchasing an adaptive mouse developed by IBM.

While I do miss the excitement and intensity of flight, emergency and critical care nursing, I recognize that this disability has sent my life and career in directions that I may not otherwise have explored. It has made it possible for me to show others that as a nurse, I am far more than a pair of hands, disability or no disability."

For hospital administrators, human resource personnel and nursing educators, this book demonstrates that shutting

out nurses and nursing students with disabilities out of the profession only does the profession and the patients who need them a disservice.

Let's try not to leave any nurse who can work and wants to work behind. The cost to society of underutilizing the hearts and minds of these professionals is staggering.

About the Author

Dr. Donna Maheady is an adjunct Assistant Professor in the Christine E. Lynn College of Nursing at Florida Atlantic University. She is the founder of the nonprofit resource network, <http://www.ExceptionalNurse.com>, and author of *Nursing Students with Disabilities Change the Course*.

Leave No Nurse Behind: Nurses Working with disabilities, ISBN 0-595-39649-6, is available for \$14.95 at <http://www.Amazon.com> and from other online booksellers.

For further information, please contact Donna at ExceptionalNurse@aol.com.

Will Coaching help you?

By Terri Sterling, MSP

Do you have unfulfilled dreams? Have you lost your motivation because you are tired of struggling? Would you like to reduce your anxiety and live the life you have been dreaming of? Than maybe coaching can help you to reduce your fears, find out what motivates you, inspire you, and help you to develop your talents. Coaching can help you nourish your soul with creativity while living a life with Dystonia or another movement disorder.

Coaching is a way for you to become invested in your future and in your present life. It can help you learn what motivates you and how to overcome the obstacles in your way that may be preventing you from living a fulfilling satisfied life. Coaching can increase your awareness of the statements you say to yourself, which can be limiting the success you seek. People with movement disorders may not have complete control over their bodies but they do have the ability to decide how they will view their life. Creativity can help you to cope and solve the difficulties that keep you stuck in a rut. Do not let your disability prevent you from fulfilling your dreams, instead, take charge of your life by creating proactive goals for your future.

Movement disorders can create social, career, family, and relationship issues. When each person learns they have a movement disorder, it may be a relief to have a name for it, and to find a compassionate doctor who is willing to help us. Our family members have to adjust watch the pain we may be experiencing, and can be at a loss for comforting words. Our families are affected as plans are changed, social isolation sets in, and financial difficulties arise. As each family member becomes overwhelmed, communication can break down, causing relationship issues. In the meantime, your dreams are getting lost in the struggle to survive and adjust to having a life with a disability. Coaching can help

you find a way to fulfill your dreams and lead a satisfied life.

Movement disorders can be difficult to cope with. Dystonia is a neurological disorder, which causes involuntary muscle contractions to force the body into abnormal movements and postures. Dystonics often have tremors in their hands or other places, which looks similar to essential tremor. Having tremors can create social issues and misunderstanding as people misinterpret your body language. Eating in public can be difficult if your tremors are bad enough that controlling a fork and knife is difficult. If you are having difficulty living a fulfilled satisfied life, then coaching can help you adjust to having a disability and can enhance your life. The coach and the therapist have an equal relationship.

Do not let your disability prevent you from fulfilling your dreams, instead, take charge of your life by creating proactive goals for your future.

About the Author

Terri Sterling is the owner of *Inspiration*, a private coaching business for people who are creative or who have movement disorders. She has a masters in psychology and 13 years of experience. Terri has generalized Dystonia, which affects her back, neck, arms, and her ability to physically write. She receives Botox injections, which helps her to write like any able-bodied person.

Terri can be reached by email at

terricreativity@yahoo.com . You can call her at

215-853-2615 and leave a message. Terri's inspirational website can be viewed at:

http://www.freewebs.com/terris_inspiration/index.htm

No one is eliminated from Bullying

New state law addresses harassment in schools

By Megan Varner

Spikes & Spasms Note:

An excerpt from South Carolina's news article, "No one is eliminated from bullying," is courtesy of Darlene Cox. She was interviewed on behalf of her son Michael, a high school student diagnosed with essential tremor (ET). Both Darlene and Michael appeared on "Fox 21 News;" the same day the newspaper article was featured.

Fox's interview reported that Michael's medical condition of ET has made Michael a target for bullies. Darlene has documentation, 31 Word doc. pages, that substantiate Michael has been a target since the 3rd grade.

School children and teenagers have bullied, threatened, harassed Michael, calling him names - "shake n bake," retard, earthquake, and recently a new one; "Twitch." Michael is almost 16, is 5'11," and weighs 210 pounds. His height and weight have not deterred teenagers from picking on him because of ET.

School educators - principals, counselors, teachers, were unwilling to protect Michael. One principal became enraged with Darlene, pumping his fist directed at her, when she asked for his assistance. The principal proclaimed that "he was not scared of anybody in Abbeville County." His solution was to send Michael to another school. Darlene moved Michael, but the new principal suggested home schooling. Michael's teachers were equally unsupportive, calling Darlene to exclaim that Michael was not smart enough, that Michael was lazy. One teacher was verbally and physically abusive, striking Michael's head with a book.

Even with the "Safe School Climate Act" in place for the new school year, Michael has endured a couple of incidents.

But, Michael can say, "There is one person who knows he is worth fighting for." His Mom! Darlene and Michael are hoping to appear on the Dr. Phil Show. TAN hopes along with Darlene and Michael that the invitation becomes a reality. Darlene has one invitation she can count on; another article (Dec. issue) for Spikes & Spasms, sharing her poem, "Michael's Pain," along with her narrative on how she became involved with the Bully Police organization, advocating for passage of the new law.

Greenwood, South Carolina, August 9, 2006 - Each day in schools across America, thousands of children and teenagers are the targets of bullies, and experts say the act can lead to lengthy struggles with depression, anxiety and fear for victims.

In June, S.C. Gov. Mark Sanford signed into law a new law that will help school districts in the battle against bullying.

Local school administrators say the law, called the Safe School Climate Act, is just one more step put in place to protect students, though some parents said teachers and counselors need to be more vigilant in stopping the behavior in area schools.

Bully Police USA, an organization that acts as an advocate for bullying victims, reports on its Web site that South Carolina ranks low in reports of bullying, though the act does happen regularly in the state's schools.

According to the South Carolina Legislature's Web site, the Safe School Climate Act, signed by Sanford on June 12, is aimed at preventing harassment, intimidation or bullying in schools. It instructs local school districts to adopt a policy prohibiting the behavior and requires that the state board of education develop model policies to incorporate into training for teachers, counselors and school administration.

Robert McClinton, Greenwood School District 50's assistant superintendent for administration, said the district had in place tough anti-bullying policies before the

law was signed into action, though he added that it is definitely a step in the right direction by South Carolina lawmakers. "The legislature has seen this need," he said. "They've seen it is a problem and they needed to address it." McClinton said bullying can happen to anyone, regardless of age, gender or ethnicity. "I can tell you that, in all my years in (education), no one is eliminated from bullying," McClinton said.

McClinton said District 50's zero-tolerance policy on bullying is listed in the rights and responsibilities handbooks given to each student, and he said guidance counselors, teachers and school staff are trained to listen to students and respond appropriately to reports of bullying in Greenwood schools.

Abbeville County School District Assistant Superintendent Kathy Stevenson said her district enforces a similar zero-tolerance policy. "From time to time we have bullying, but fortunately we have very little of those incidents," Stevenson said.

"Some form of bullying will always be around. The biggest thing is how it is handled, and that's where this law helps out."

She said the incidents most frequently occur after school has been in session for a few weeks, as students become accustomed to their classmates' personalities and behaviors. "At first, everybody is putting on an image," she said, "but then things become the reality." Stevenson said bullies are sometimes compelled to taunt other students because of past treatment, and she said it is important for schools to put a stop to the behavior quickly when it arises. "If it isn't corrected, then it can become full-blown," she said, adding that a bully's violence can become more extreme with time. Stevenson said the Abbeville school district has a student support team -- comprised of teachers, family members, students, counselors and others -- to help after incidents of bullying, and both districts have penalties for bullying that can, depending on the severity of the incident, lead to a student's suspension or expulsion from school.

But at least one parent in the Abbeville district said she wants teachers and administrators to be more proactive in taking a stand against bullies. Darlene Cox said her 15-year-old son, Michael, has been the victim of bullying throughout his school career, and she said some teachers and administrators have refused to address the problem, which leaves her feeling like she is "fighting an endless battle because nobody listens." Darlene, who gave permission to use her son's name in this article, said Michael's problems started years ago when a group of children "jumped him" on a playground and beat him in his back. She said she went to the principal, though no disciplinary action was taken on the students. "Nothing was done to those kids," she said. "My son was going back to school and nothing had happened to those kids. They still taunted and teased him."

Stevenson said school officials and district administrators are always willing to talk with parents who feel their child is experiencing bullying, and she said the district takes issues such as Darlene's seriously.

Darlene said administrators have recommended school changes for Michael over the years - which she has done - though the bullying has never completely gone away. She said Michael has had changes in his personality since the bullying began and now has complications with panic attacks, low self-esteem and depression. "It's hard as a parent having to watch these things," she said, adding that homeschooling would be a last resort. "I feel like, when it reaches the point where he feels like homeschool is his only option, we'd do it. But as long as he wants to try to handle it at school, (I'll leave him in public schools).

"If we run from this and don't stand and fight," Darlene says they're doing a disservice to both Michael and a number of other kids: "I feel like more teachers need to take a stand against things like this."

Those feelings, Darlene said, led her to join the South

Carolina chapter of Bully Police USA, and she works as the organization's Abbeville district director. Darlene said the organization was excited about the new law, though she said officials are waiting to see how effective it will be in curbing the behavior. "Some form of bullying will always be around. The biggest thing is how it is handled, and that's where this law helps out. ... It's one step further in the right direction," Darlene said. "More people are listening, more people are paying attention. Where that will lead, I don't know."

About the Author

Megan Varner is a senior staff writer for The Index-Journal, news source for Greenwood, SC. Megan has written numerous articles on various subjects.

Darlene Cox is Co-Director and Abbeville School District Director for Bully Police USA S.C. The watchdog organization website for bullied children is:

<http://www.bullypolice.org/>.

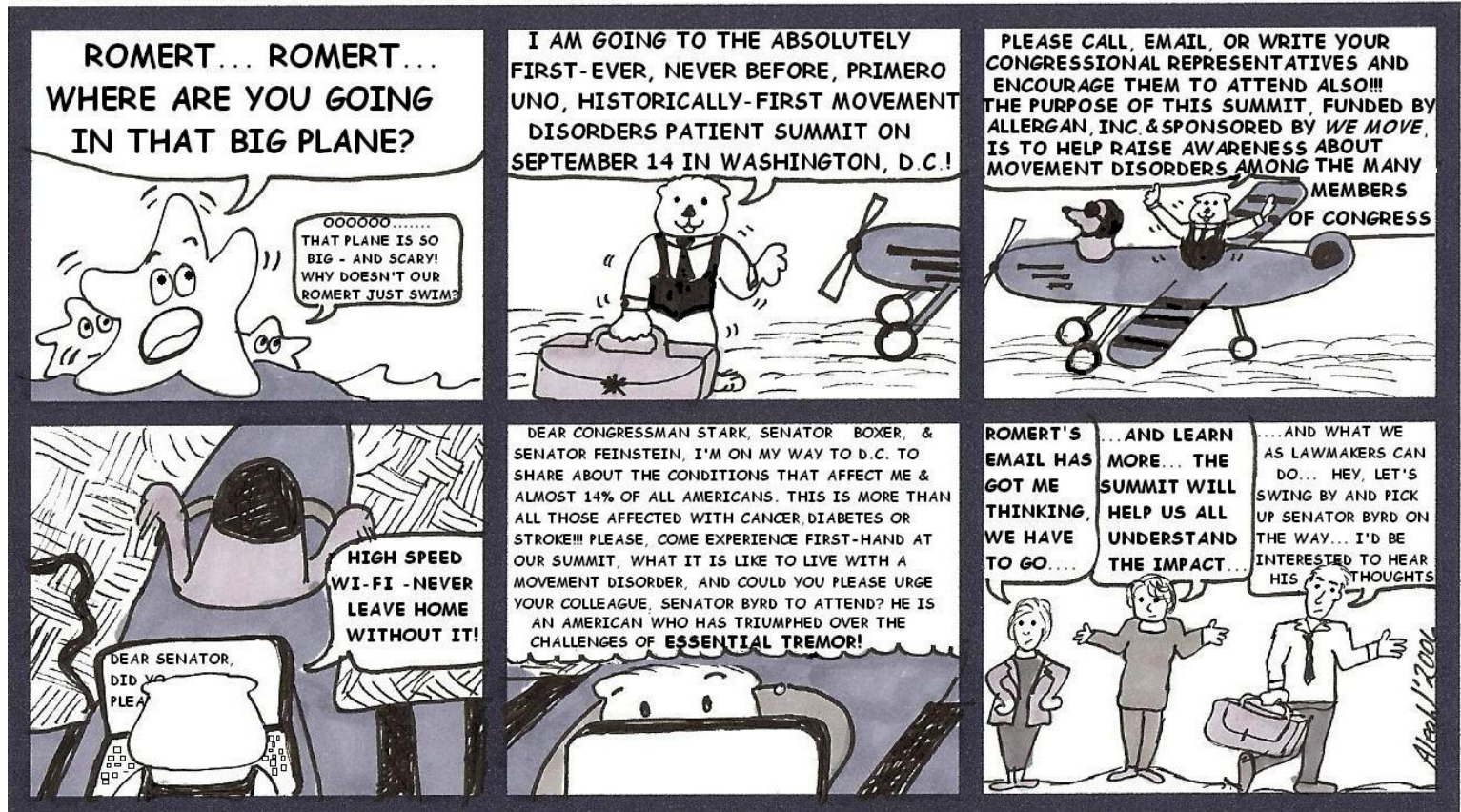
For more information about Bully Police, please contact Darlene at ddmb@wctel.net. Darlene is available to assist families of children and young adults with ET. You can also call her at 864-391-4487.

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