



LOUISE WILSON, MS, BSN, RN, NCSN

School Nurse Update

#6 11/5/19

IN THIS ISSUE

Welcome to November!

November is the time when school nurses can look back and relish that fact that they (and their students) survived the first months of school! The Department of Health Services (DHS) reported the number of reports to local public health departments turned in was ahead of normal for this time of year. I hope that the new online reporting system was helpful and more efficient for school districts.

I strongly encourage you to read the blog I share in my PRACTICE POINTS this week. **The blog provides an excellent description of evidenced based practice for somatization.** The blog's author describes a Social Emotional Learning (SEL) curriculum she and her school counselor collaboratively developed. **Wisconsin school nurses are reminded of the multiple SEL resources and trainings available via the Department of Public Instruction's [Build Your SEL Expertise](#) website.**

A fellow NASN director shared this [video clip](#) from Johns Hopkins University School of Nursing, and I pass along to **help you articulate to others what you do.** "Our goal: Change the narrative on nursing. Erase misperceptions about what and who we truly are, **expand the understanding of the breadth of our growing profession, eliminate notions that come between us and excellent health care.**"

Attached to the Update are several flyers on continuing education opportunities including one on a **Return to Learn Concussion e-learning** course developed by the Sports Medicine Concussion Clinic team at Children's Hospital of Wisconsin. Note the many opportunities for school nurses to collaborate and share their expertise such as **the collaboration with pharmacists and safe medication practices in teens.** DHS has many resources to promote flu vaccinations and prevent absences both as a school district and an employer.

Finally, note the **Advisory Committee on Immunization Practices' (ACIP) clarification of its recommendations on the use of Tdap vaccine in children who are 10 years of age.** This does NOT affect Wisconsin school immunization requirements!

Latex Allergies

New Self-Injectable Asthma Biologic

Physical Activity Program for Students with Disabilities

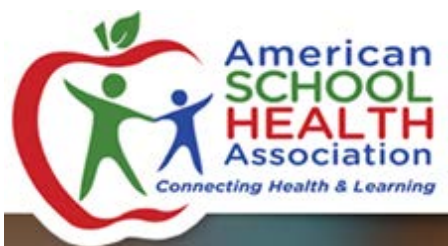
School Nurses and Supervisors

PRACTICE POINTS- School Nurse Use of SEL to Address Somatization

SAVE THE DATE

DPI Building the Heart of Successful Schools – December 4-6, 2019 Wilderness Resort, Wisconsin Dells
[Registration now open!](#)

Wisconsin Association of School Nurses Annual Conference – Chula Vista Wisconsin Dells April 20-22, 2020.



School Nurses and Our Supervisors: Do We Speak the Same Language?

Monday, November 11th 2019, 3:00pm-4:00pm EST

Presented by Dr. Lee-Ann Halbert, EdD, JD, RN, MSN, CNM, CNE, NCSN

The goal of this presentation is to enable school nurses to identify areas of misunderstandings and miscommunications between the nurse and the supervisor regarding school nursing practice. [View this on Ashaweb](#)

DPI News

2019 YRBS Preliminary County Reports

Preliminary county-level YRBS reports are now available for counties that achieved adequate participation. Schools and other stakeholders have until November 1 to review the preliminary report and submit questions about other counties. Information can be found on the [Conducting A YRBS](#) website. State-level results are expected in late 2019 or early 2020. Information on how schools and districts can access their reports is also on the website.

Model School District Policy on Suicide Prevention

The American Foundation for Suicide Prevention, American School Counselor Association, National Association of School Psychologists, and The Trevor Project have collaborated to create this guidebook containing best practices in suicide prevention, intervention, and postvention policies for K-12 schools. [VIEW POLICY.](#)

The Changing Face of America's Adolescents

The Office of Population Affairs has recently updated its website with information on multiple domains of adolescent health, changing demographics, and how adolescents spend their time – information to help improve planning and delivery of health services. [LEARN MORE](#)

University of Wisconsin Seeks to Partner with School Nurses Regarding Medication Safety

Our team led by Dr. Olufunmilola Abraham at the University of Wisconsin-Madison School of Pharmacy is interested in partnering with school nurses in middle and high schools to promote medication safety and cancer prevention awareness among teens. We invite you to partner with us to better understand how best to educate teens about opioid medication safety and healthy behaviors that foster cancer prevention. If your school is interested in partnering with us, please contact our project coordinator, Lisa Szela, via email (lisa.szela@wisc.edu) or phone (608-263-2545) so we can provide you with more information about our projects and schedule a brief informative phone call. We sincerely appreciate your time and consideration. Thank you!



School resources for annual flu vaccine

Interested in increasing your school's attendance this year? Encourage your staff, students, and their families to get an annual flu vaccine. By getting vaccinated against the flu, your students and their parents will miss fewer days of school and work. According to the [Centers for Disease Control and Prevention \(CDC\)](#), the flu causes U.S. employees to miss approximately 17 million workdays, at an estimated \$7 billion a year in sick days and lost productivity.

What is Influenza (flu)? It is a virus that affects the respiratory system and spreads easily from person to person. It can range from a mild to severe illness, even in young healthy people.

What resources are available to encourage vaccination against the flu? We are happy to share a few resources that you and your staff can use to encourage vaccination:

1. [A sample letter template](#) that you can mail/email to parents encouraging vaccination.
2. [Sample social media messages](#) that can be posted throughout the flu season.
3. Flyers/posters that can be printed and displayed around your school hallways, cafeteria, bathrooms, and classrooms.
 - [Don't miss these moments](#)—middle school
 - [No one wants to get sick from the flu](#)—elementary school
 - [School is too much fun to miss](#)—parents
 - [Don't let the flu slow you down](#)—winter
 - [Don't let the flu slow you down](#)—fall

For those schools working with their local health department to conduct school vaccination clinics, we encourage you to use these resources in the weeks leading up to the clinic.

Flu resources for employers and businesses

We are excited to share resources that we developed for local employers and businesses to encourage people to get an annual flu vaccine. We ask you to please share the information below with your local chambers of commerce, businesses, and employment agencies. Our goal is to help reduce the number of missed work days due to influenza.

Why should I encourage my employees to get a yearly flu vaccine? The flu can be especially hard on people such as pregnant women, people over 65 years of age, those with diabetes, or cancer. By vaccinating everyone, we can stop the flu virus from spreading to co-workers that may fall into these categories.

What resources are available to encourage vaccination against the flu? We are happy to share a few resources that you and your staff can use to encourage vaccination:

1. A [template letter](#) you can send to your employees that encourages yearly vaccination.
2. Flyers/posters that can be posted on your bulletin boards and in your hallways, bathrooms, lunch rooms, and meeting spaces.
 - [Not much gets done in a meeting of one](#)—protect your coworkers and family
 - [Not much gets done in a meeting of one](#)—employee missed work statistics
 - [Don't let flu slow you down](#)—fall
 - [Don't let flu slow you down](#)—winter
3. Single photos that you can either print or use on your social media pages.
 - [Get a flu vaccine](#)
 - [Stay home when you are sick](#)
 - [Wash your hands](#)
4. Encourage your employees to make an appointment with their doctor or use [Vaccine Finder](#) to find a vaccinator near them.

Help us promote open enrollment

Starting on Friday, hundreds of thousands of Wisconsinites will have from November 1 through December 15 to select their health insurance coverage for 2020 during the Healthcare.gov open enrollment period.

We have launched the Get Covered Wisconsin awareness campaign at [GetCovered.WI.gov](#) to help Wisconsin residents better understand their health care options. We need your help to get more Wisconsinites covered during this year's open enrollment period.

[Check out our partner toolkit](#)

To help support our awareness campaign we created a number of promotional materials. Our handouts, email buttons, and website banners are available for your use in the [Partner Toolkit](#). Resources are available in both English and Spanish.

We cannot do this without you—our partners. So together, let's get Wisconsinites covered so they have access to high quality, affordable health care.

The [Weekly Respiratory Report](#) for the week ending October 26, 2019, is now available.



News from the National Association of School Nurses...

Managing Chronic Health Conditions: Latex Allergies in Schools

Have you considered student exposure to latex in your allergy plans? Check out these resources for dealing with latex allergy:

[Latex-free School Product List](#)
[Latex-free Sports Equipment List](#)

On-demand Course Available for Myalgic Encephalomyelitis/Chronic Fatigue Syndrome

Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) is estimated to occur in as many as two out of 100 children and adolescents (CDC, 2018). There is no diagnostic test available now. This course will review a variety of aspects around ME/CFS. [LEARN MORE](#)

Infographics Highlight Impact of Social Determinants of Health

The National Institute for Health Care Management (NIHCM) Foundation shares social determinants that affect health outcomes (economic stability, education, and more). Multiple solutions are suggested in their newly shared infographics. [LEARN MORE](#)

Latex and Cross Reactivity

Should people with latex allergy avoid all fruits and vegetables that cross-react with latex? We spoke with allergist Sandra Gawchik, MD, in our latest "Ask the Allergist." [Watch now](#)



A New Self-Injectable Biologic

FDA has approved FASENRA® (benralizumab), an asthma biologic medication, as a new pre-filled auto-injector that patients can self-administer at home. [Read more](#)



Wisconsin Asthma Coalition News

Upcoming Webinar: Thursday, Nov. 14

Join us on November 14 from noon-1:00 p.m. for our next WAC Webinar. Theresa Guilbert, MD, MS is a professor at the University of Cincinnati and the Director of the Asthma Center at Cincinnati Children's Hospital & Medical Center (CCHMC). She has 20 years of experience in providing clinical care to children and adolescents with preschool, childhood and severe asthma particularly in disadvantaged youth from the inner-city. Dr. Guilbert also has interest in using technology for novel care delivery systems and has developed a telehealth clinic which serves several inner-city school-based health centers. She will present data from a pilot study performed in Cincinnati schools using a telehealth-based medical and self-management intervention and how this led to the development of an asthma clinic in several school-based health clinics. Click [here](#) to register.

From the Immunization Action Coalition

The Advisory Committee on Immunization Practices (ACIP) met in Atlanta on October 23–24, 2019. During the meeting, several topics were discussed for informational purposes only. In addition, ACIP took votes related to use of adult tetanus-diphtheria-pertussis (Tdap) vaccine.

Tdap Vaccine Approved as Substitute for Td Vaccine

ACIP voted unanimously to allow *either* Td or Tdap vaccine in almost all situations where currently only Td vaccine is recommended. Specifically, either Tdap or Td vaccine is now recommended for:

- Decennial (every 10 years) Td booster;
- Tetanus prophylaxis for wound management;
- Catch-up immunization schedule for persons age 7 and older, including pregnant women.

The Committee reached this decision after noting that there were no substantive safety concerns or increased adverse events when Tdap is given in place of Td. Several members also noted that this change supports commonly accepted clinical practice. ACIP also unanimously approved this Tdap substitution within the VFC program.

Finally, ACIP also took this opportunity to clarify its recommendations on the use of Tdap vaccine in children who are 10 years of age. The current ACIP guidance, [Prevention of Pertussis, Tetanus, and Diphtheria with Vaccines](#), recommends that children 7–10 years of age who receive Tdap inadvertently or for catch-up immunization should be given an adolescent Tdap dose at age 11–12 years. However, both Tdap vaccines currently in use in the United States are licensed beginning at 10 years of age. Therefore, the Committee will issue a Policy Note in the MMWR to clarify that children who receive a dose of Tdap at ≥ 10 years of age do not have to have the Tdap dose repeated at age 11–12 years.

Register Now!
Hiding in Plain Sight
November 22, 2019
8:30 - 11:30 a.m.

REGISTRATION IS FREE TO ALL CESA 6 DISTRICTS
online registration available [here](#)

Would you know what to look for
if you suspected drugs or alcohol were hidden?

Join our guest speaker Ashleigh Nowakowski for this half-day session
as participants will look at the classroom environment and ways
drugs vaping and alcohol are brought into the classroom.

This event is co-sponsored by the
CESA 6 College and Career Readiness Center and the CESA 6 Safe & Healthy Community

The Healthy Schools Toolkit 101

Join Dr. Jason Purnell of Health Equity Works for a webinar on **Thursday, November 14 from 2:00 to 3:00 pm ET** to learn more about how you can use the Healthy Schools Toolkit to leverage your people, systems, and messages to support your students' learning and development.

[Read more](#) about and [register](#) for the webinar.

Not able to join the live webinar? [Connect](#) with the Healthy Schools Toolkit team to learn about more opportunities and receive a copy of the webinar recording.

Physical Activity Program for Students with Disabilities

The "*I Can Do It!*" program is a strategic physical activity program for students with disabilities in the K-12 school setting designed to provide access, equity, and facilitate and encourage opportunities for students with disabilities to be physically active for 60 minutes a day. This can be accomplished by accumulating the 60 minutes through physical education, adapted physical education, recess, classroom physical activity breaks, active transport to and from school, community partnerships, and extracurricular activities, including a variety of club and sport activities. Information can be found at: <https://acl.gov/programs/health-wellness/icdi>.

The implementation of *I Can Do It!* supports the Physical Activity Guidelines for Americans, 2nd edition, the newly released National Strategy for Youth Sports, and the WSCC model. The program is *easy* to implement and has *shown several positive* outcomes for students with disabilities.

The *I Can Do It!* program was a funded research project under HHS between 2004 and 2008 through several universities including Slippery Rock, Wisconsin, Oregon, and New Mexico. In Miami Dade County it was also implemented as part of several federal grant and foundation projects such as the FNIH, Florida Developmental Disabilities Council, Carol M. White PEP Grants, CTG, and CPPW.

The official website can be found at: <https://acl.gov/programs/health-wellness/icdi>. For additional information or to get your states or districts involved in this program, please contact Dr. Jayne Greenberg, Jayne.Greenberg@hhs.gov.

PRACTICE POINTS



In the # 4 DPI School Nurse Update 10/8/19, I encouraged school nurses to develop their mental health assessment skills and to work collaboratively with pupil services colleagues and school counselors in particular, to address the burgeoning mental health needs of today's students. I want to share with you a blog written by a school nurse, Rebecca Kilfoy, MSN, NCSN, RN, APRN, from Chester Springs, PA. This blog was published October 15, 2019 on *The Relentless School Nurse*, a [blog site](#) by school nurse Robin Cogan, Med, RN, NCSN. In the blog, Rebecca describes her collaboration with her school counselor, Sarah Weber, M. A., M. Ed., to meet the social and emotional needs of students. Rebecca provides an excellent description of evidence-based practice for somatization. I think Wisconsin school nurses can use this information to support their interactions with students for "all those stomachaches and headaches." Please take the time to read this lengthy, but worthy blog!

Sarah and I had been talking at the beginning of the 2018-2019 school year during one of our daily walk-about. The walk about was recommended to us by our Principal when we both started at our school. He insisted that we use our planning time in the mornings to grab a cup of something and head out to talk with the staff about the children, their lives or really anything that comes up. These walks removed us from our tiny islands in the office wing where we are often times isolated during the school day and enabled us to connect and develop relationships with the teachers. This valuable time in our day is now devoted to making these connections and developing trusting relationships with the staff we are so dependent upon helping us achieve our goals to maintain a safe and healthy school environment. It has easily become my favorite part of the day and has been a valuable tool in building relationship with our teachers. As we walked, we were talking about my Health Office and what our goals for the year would be.

In my 6 years at the school and 8 years as a school nurse, I have identified that the majority of my visits are for illness or a discomfort that really has no organic reason. In many cases a trip to the bathroom, a drink of water and a mint send these kids back to class with no further visit for the day. But they are the kids that are repeatedly coming to my office or calling on Mrs. Weber for help. We knew we could be doing more to help these kids and perhaps reduce the amount of time they were spending outside the classroom traveling to our offices.

So I started to look into the research and identified a few articles written about Somatization. Somatization is a medical phenomenon where a patient presents with a debilitating physical symptom and after medical examination and testing no organic cause for the symptom is found. This is a common problem we see in our primary care offices and our school nursing offices. The research for addressing this condition in school is limited. I reached out to my nursing colleagues across the country and indeed we all see it but due to busy offices or lack of resources it is not really addressed. The children keep coming and we try our best to help relieve their physical symptoms with what we have on hand. Tylenol for headaches, antacids and crackers for stomachaches, cough drops for "sore throats" and rest when all else fails. I seldom send a child home because they are not sick. They leave our offices pacified but really what did we do to help the cause for the visit?

Sarah and I both studied Social and Emotional Learning in a graduate Master of Education program out of Neumann University. In class discussions with other educators, we often times discussed the frequent visitor, those kiddos that seek out the nurse multiple times a week, and the effects on the teachers' classrooms. The theme I was hearing from classroom educators was how do we get them to stay in class, engage in learning and minimize their disruptions to go to the nurse. As I had stated, studies are limited but those that have been done on somatic symptoms in school-aged children indicate that stress is the primary reason for the symptoms. We are not doing enough to address the emotional needs of the child.

The studies show consistently that about 10% of children somaticize and end up presenting to primary care physicians with a condition called RAP (frequent unexplained stomachache). The term RAP describes children with at least three episodes of pain over a period of 3 or more months severe enough to interfere with the activities. I have a child in school now undergoing medical examination for this disorder. She presented to my office 24 times last year. I discussed the frequent visits with her parents and referred her parents to their physician. They were unable to identify a physical cause for her stomachaches.

These children can end up going through needless and risky medical procedures, because we cannot ignore their pain but often, no medical reason is found for their pain. Parents are frustrated as well as teachers because they miss a lot of school. With this many children experiencing this phenomenon one has to ask, "What is really going on with this child and how can we help?" As a school nurse I feel it is my responsibility along with the school counselor, classroom teacher and family to identify these children and get them the help they need.

The National Association of School Nurses agree that research is needed to addresses mental health issues and screening tools, the importance of a school nurses in every building and the effects on academic outcomes

related to frequent office visits for somatic symptoms. This is research I hope to do one day as part of a Doctoral program I will be starting soon.

We know that children that somaticize are at increased risk for anxiety and depression as well as other psychopathologic illness. They have increased school absences, emotional and behavioral difficulties and ultimately academic and relationship problems. We can probably count on two hands kiddos we work with every day that resemble this profile.

In order to talk about treatment we need to identify risk factors so we are sure we target the appropriate community. Risk Factors for somatization include:

- Childhood adversity which refers to extremely difficult circumstances experienced by children such as poverty, abuse or neglect, and exposure to violence. Adverse Childhood Experiences or ACEs is a buzz term getting a lot of attention by pediatricians and educators.*
- School Stress. These are your children that are bullied and often times just teased enough to elicit a physical response. Bullied children were over four times more likely to develop depression, three times more likely to have anxiety or feel tense, almost five times more likely to wet the bed, and more than twice as likely to report pain, tiredness, or poor appetite. These are the symptoms I see in my office. I think when we talk about school stress we also have to address academic pressures as well as digital media's effects. These are topics for a whole other discussion.*
- Social isolation or alienation are also other risk factors.*

The last question to be answered is what causes somatization. The research found significant correlation between somatization and stress. Stress was the number one cause of somatization in school aged children. As the school nurse I am uniquely qualified to holistically address the mental and emotional needs of students from physical, psychological, and social perspectives. It is my role to recognize somatization behavior as a potential early identifier of mental health needs and stress in a school-aged child. As the school nurse, I see these children every day, year after year and because of my consistent presence in their lives, I have become a trusted adult to seek help from. Because of my relationship with my school counselor, a team if you will, we are in a position to make real change in their lives and support their mental health. She addresses much of the emotional component in her guidance lessons, but these are only provided to K-3 in our building. What do we do to reinforce in the 4-6 population of kids? Those that are really starting to see the effects of external stress in the form of social media and academic pressures. This is why it is so important for all schools to have a certified school nurse and school counselor on site all day, every day.

We have all been there, a stressful time in our lives when our bodies respond with an elevated heart rate, dry mouth, and abdominal upset. We know what stress feels like in our adult bodies. We can identify our feelings because we have years of experience with these feelings. For a child, stress is a new phenomenon. The feelings of fright, flight or freeze can often times be confused with illness. The children are confused about what to do with these feelings. Our plan helps to give them ways to move forward rather than just coming to the nurse for me to solve it for them. We know our children with adversity and hard tough lives at home must be feeling this sensation almost daily. For them the long term effects of stress are causing other symptoms and illness as well. But we also need to consider our children from that "perfect" home. These children are often times being raised in sheltered and happy environments, where every need is met and every desire fulfilled. But these children too experience ACEs and stress. And as they grow and develop into middle school and high school students, social and academic pressures increase and stress magnifies. Again a much bigger topic for another discussion.

Let's move on to what we can and are doing in our school to address stress in our K-6 community. As the school nurse and the school counselor it is our primary goal and objective to assure we are providing a safe and healthy environment for our students and staff. School Wellness is more than just band aids and vomit bags. Through development of therapeutic relationships and interdisciplinary interventions, as a team we are able to address the social and emotional health of our children by mitigating the effects of school stress, childhood adversity, neighborhood violence and other psychological co-morbidities. These are things we see every day in our schools and the children need our help to manage and develop skills to cope. We promote a culture of kindness and caring in our building that takes priority. Sarah in her role as a school counselor under pupil services collaborates with outside therapists to formulate and support the cognitive therapies prescribed and working together we developed an Emotion Management Program to address the stress our children are feeling.

So I ran the numbers. In 2018, I saw 3053 students. While my send home rate is below national average of 10%, I do represent the 10% somatization numbers. I usually send home for vomiting, fever and diarrhea only. My stomachaches and headaches stay in school with coaching. My average office visit lasts about 15-20 minutes for these complaints. This is time lost in the classroom, for many students multiple times a week and usually around the same time of day. This data tells me, they are avoiding school most likely due to a strong emotion. Treatment was just a bathroom break, temperature, drink of water and maybe a lie down. Mints also help. I was going through a ton of lozenges and mints. But was I really helping because they were just coming back again in a day or two with the same complaint or something new.

Our Emotion Management program has five parts. This all started with a restructured nurse's pass to include not only illness and injury for reason to visit but also include emotion as well. The nurse pass also includes these tools as a "three before me" approach to self-care. On the reverse is an area for me to communicate with the teacher and the child about what we identified and did to care for ourselves. These passes can be kept in their desk as a resource for future illness.

We first meet with each grade as a whole. In this time we talk to the children about what a strong emotion looks like and feels like. We may do a game to get them stressed and then talk about how their bodies are responding. We talk about all the different feelings we can have and what would make us feel that way. Feeling nervous because you did not prepare for the math test or forgot your homework and you know your teacher will be upset. Sad because you had a disagreement with a friend at recess and did not have time to resolve it before the whistle blew. Anxious because your mom is in the hospital and grandma is watching you but does not know how to take care of your needs.

The next step is a 30 minute classroom lesson where we demonstrate up to six different calm down techniques and allow practice time. These include guided meditation, imagery, five senses grounding, art, journaling and mindful breathing. These lessons can be adjusted to grade level and we ask that the teachers stay behind to watch. Many of the teachers have reported using these tools for themselves. The children leave the lesson with a desk card that has a pictogram of three of their favorites. We provide each classroom with a flip chart tool that describes each tool for use in the classroom. The card is kept at their desk to remind them of the tools and assist teachers in keeping them in class rather than sending to the Health Office. Feedback from teachers has been promising. The kids are using the cards and staying in class.

I have developed an emotion scale and it is part of assessment now with every child, a sixth vital sign if you will. When a child comes in now with a somatic complaint, I ask them to identify an emotion. We discuss class and what they are learning. I have been able to identify anxiety about math, reading and writing. When I attend IST meetings now, I come with data to assist the team in identify struggling students or supporting those already identified. I have had discussions with families which have then helped them to help their child at home.

As with any new adventure, there are hurdles to overcome. We had full administrative support to be out of our offices for the lessons. This was essential for the programs success. Teachers were resistant at first to give up 30 minutes of academic time for this. I asked them to just give it a chance. It is just one 30 minute session. These 30 minutes lost have gained them the ability to ask the child to self-care, wait for a transition time to leave if needed. Rather than sending the child to me, the child stays in the classroom. Teachers were concerned about manipulation of the tools to avoid work. I explained, and correct me if I am wrong, is it not better to allow the child to pull out a sheet of paper to color or doodle while you give instruction and be there to hear the instruction or have them interrupt you every two minutes to come see me or eventually lose them to the Health Office for 20 minutes? Better to let them rest their head or deep breath in the corner while still hearing your instruction?

My practice in the Health Office has changed for the better. I am now practicing with a greater sense of pride of what I am providing to the students and their families. Sarah and I along with our Principal and staff are rolling out an entire Social and Emotional Learning program to the students this year. Our Superintendent along with the School Board has recognized the importance of a fully integrated SEL approach in educating our children. I am proud that the Health Office can be a vital part of this work. The students still come to the office but now they come with authenticity and honesty about what is bothering them. I am then better able to assist them in a more meaningful way. My mint supply hasn't run out.

References

Shannon, Bergren & Matthews. (2010). Frequent Visitors: Somatization in School-Age Children and Implications for School Nurses. *Journal of School Nursing*, 26(3),169-182.

Lavigne, Saps & Bryant. (2013). Models of Anxiety, Depression, Somatization, and Coping as Predictors of Abdominal Pain in a Community Sample of School-Age Children. *Journal of Pediatric Psychology*, 39(1) 9-22.

School Nurse Webpage: <https://dpi.wi.gov/sapw/bupil-services/school-nurse>

To join the School Nurse Email List and receive school nursing updates and information send an email to join-schoolnurse@lists.dpi.wi.gov





School Advocate and Leaders Network



November 22, 2019 | 8:30 – 11:30 AM

HIDING IN PLAIN SIGHT

Would you know what to look for if you suspected drugs or alcohol were hidden?

- We will look at the classroom environment and ways drugs vaping and alcohol are brought into the classroom presented by Ashleigh Nowakowski

Ashleigh Nowakowski, Executive Director, has been working in the substance abuse prevention field since 2009. Her work includes speaking in middle and high schools, teaching in health classes, and working with high risk youth in the Detour program. Ashleigh also has experience working with youth who are concerned about a loved one's substance use. Ashleigh has her Master's degree in Public Administration.

Your Choice to Live, Inc. was established as a 501(c)(3) non-profit organization in 2012 by the Lybert family after their son struggled for many years with a drug addiction. The Lybert's began sharing their family story of the struggles of addiction in order to help others navigate similar situations. For more information, visit www.yourchoice-live.org

WHO SHOULD ATTEND?

Counselors, classroom teachers, administrators.

DETAILS

LOCATION

CESA 6 Conference Center
2300 State Hwy 44 | Oshkosh, WI 54904

REGISTRATION

- Register online at: www.cesa6.org
- Fee: Free for CESA 6 districts

CONTACTS

Jackie Schoening

jschoening@cesa6.org | 920-420-5170

Tania Kilpatrick

tkilpatrick@cesa6.org | 920-236-0531

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akirk@cesa6.org | 920-236-0510

Sexting refers to an act of sending or receiving sexually explicit images, messages or videos on a cell phone or through the Internet.

TIME:

Workshop: 8:30am-3:30pm

Registration: 8:00am-8:30am

DATES/LOCATIONS:

■ December 4, 2019

Building the Heart of Successful Schools
(BHSS) Preconference

Glacier Canyon Lodge - Wilderness Resort
45 Hillman Road

Wisconsin Dells, WI 53965

Contact: Jackie Schoening, CESA #6
(920) 236-0515; jschoening@cesa6.org

■ March 9, 2020

CESA #1, N25W23131 Paul Road #100
Pewaukee, WI 53072

Contact: Christine Kleiman, CESA #7
(920) 617-5645; ckleiman@cesa7.org

■ April 24, 2020

CESA #9, 304 Kaphaem Road
Tomahawk, Wisconsin 54487

Contact: Lynn Verage, CESA #9
(715) 453-2141; lverage@cesa9.org

COST: \$200.00 (payable to CESA #4)
Includes lunch, snacks, and an Instructor's Manual (which is normally \$450.00) This reduced fee is provided by a Wisconsin Department of Instruction grant.

Send Payment to:

CESA #4 ATTN: Mary Devine
923 East Garland Street
West Salem, WI 54669

PLEASE include and clearly define: Participant name, exact name of workshop, and date, with all checks or purchase orders.
Thank you!



This sexting curriculum has been used as a diversion program in Winnebago and Outagamie Counties, to divert youth offenders from having a criminal record. As a prevention program in schools, the curriculum offers the opportunity for preventative lessons being taught to all youth so they better understand what is at stake if they sext. The curriculum helps students recognize negative influences that social media has on youth and acknowledge healthier ways to communicate and set boundaries.

Participants will:

- Better understand the process of implementing the program within their county, community, agency or place of education.
- Understand the structure and layout out of the five-week lessons.
- Learn the core concepts of each week and how they all play into one another.
- Practice the activities together and work through exercises as a team.
- Review the Pre and Post evaluations, forms and tests.

Sign up now! Maximum limit of 30 participants per workshop



About the presenter:

Over the last 10 years of working as a youth/teen advocate within the fields of domestic violence and sexual abuse, Bryan Wright held many effective, and life altering group sessions and created numerous activities that have now turned into the *Family Dynamics Series*. As the Instructor/Author, Bryan has been able to tailor curricula and activities specifically to the issues that families and youth are facing today.

Read more about the curriculum and Bryan at:
<https://www.dynamicfamilysolutions.net>

ONLINE REGISTRATION:

■ Wisconsin Dells—December 4, 2020

<https://login.myquickreg.com/register/event/event.cfm?eventid=24571>

■ Pewaukee—March 9, 2020

<https://login.myquickreg.com/register/event/event.cfm?eventid=24852>

■ Tomahawk—April 24, 2020

<https://login.myquickreg.com/register/event/event.cfm?eventid=24853>

Registration Questions:

Mary Devine (608) 786-4800; mdevine@cesa4.org



Concussion e-learning course

Return to Learn is an online course designed for educators to help get students safely back into the classroom after they have sustained a concussion, without making symptoms worse. This course is designed to be used primarily in middle and high school settings by:

- Educators
- School nurses
- School counselors
- School psychologists
- School administrators

The Sports Medicine Concussion Clinic team at Children's Hospital of Wisconsin developed this course to include a process for schools to follow and strategies for academic adjustments to help support students as they recover.



To register, visit HealthyKidsLearnMore.com/Concussion

Course information

Each of the 12 lessons focuses on a different aspect of concussion and recovery for students. Lessons include:

- What is a concussion?
- Concussion signs and symptoms
- School attendance and breaks
- Academic clearance
- Return to play
- Computerized testing



Upon successful completion of the course, educators will receive a Return to Learn Champion designation as well as resources to support the implementation of Return to Learn in their school setting.

To register, visit HealthyKidsLearnMore.com/Concussion



All e-learning programs are brought to you by the health education experts at Children's Hospital of Wisconsin, one of the leading pediatric hospitals in the country.

Children's Hospital of Wisconsin e-learning, Milwaukee, WI 53214

HealthyKidsLearnMore.com / (866) 228-5670 / healthykids@chw.org

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THE HEALTHY SCHOOLS TOOLKIT 101:

An introduction to a tool designed to help education leaders build healthy schools that support the whole child and lead to student success. [Learn more](#) about the webinar.

**JOIN US AT 2PM ET
WEDNESDAY, NOVEMBER 14**

REGISTER FOR THE WEBINAR AT

<https://zoom.us/join/0a3ffc3f62cebbcb7510d14dfea9e911>



HOST

Jason Purnell, PhD, MPH
Associate Professor
Brown School
Wash U in St. Louis

