

Linking Research to Family and Youth Programs

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Grab 'n' Go Breakfast Better Serves Middle School

Crunched for time, many parents are sending their children off to school without breakfast. However, a trial program instituted in a State College middle school may

not only feed those in a rush, but better provide for those entitled to free and reduced price meals.

Skipping breakfast is associated with less-healthy eating, and in some studies skipping breakfast is associated with childhood obesity. But, for those entitled to free or reduced-price breakfast, skipping breakfast may be preferable to being singled out by walking to the cafeteria for what is perceived as a welfare meal. Other children may avoid the perceived stigma as well.

Dr. Martha T. Conklin and Dr. Peter L. Bordi, associate professors of hospitality management, and Meagan A. Schaper, State College food service director, approached the low-breakfast problem by focusing on a way to improve service anonymity, as well as the effectiveness of the School Breakfast Program.

Breakfast was normally served in the cafeteria, which is fully visible via windows from the hallway and administrative atrium. While the students all paid through a prepaid debit card system that masked who was paying for

meals, only those going to eat breakfast were allowed into the cafeteria in the morning, so students assumed that those eating breakfast were receiving a welfare meal.

The researchers decided to set up the *grab 'n' go* food cart in the school's atrium and to suspend cafeteria breakfast service. The new *grab 'n' go* program was tested during the last month of school so it would end naturally.

While not placing breakfast in the hands of every student, *grab 'n' go* breakfast did increase breakfast consumption. The project team considered the *grab 'n' go* service a success and continued the *grab 'n' go* service the following school year.

“...skipping breakfast may be preferable to being singled out...”

The complete story can be found at <http://www.psu.edu/ur/2004/breakfast.html>. Dr. Conklin can be reached at mtc11@psu.edu or 814-863-4847. ■

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“For victims and bystanders alike, repetitive abuse... cannot be rationalized as a normal phenomenon that goes along with growing up.”

Watching others being assaulted, bullied, or sexually harrassed is not a neutral event for bystanders. Children and adult bystanders who witness repeated abuse inflicted on others may experience both a psychological and physiological stress level that, over time, can equal that of the victim.

The victim, who stands in the most immediate psychological and physical danger, suffers a greater level of distress than any bystander. However, research findings of Dr. Richard J. Hazler, associate professor of counselor education, and Dr. Gregory R. Janson, assistant professor of child and family studies at Ohio University, show that bystanders also experience moderate to severe psychological and physiological repercussions. After a time, based on the severity of the ordeal, the impact on victims and bystanders is no longer significantly different.

For victims and bystanders alike, repetitive abuse such as physical or verbal bullying cannot be rationalized as a normal phenomenon

Impact of Repeated Abuse Can Be As Severe For Bystanders as Victims

that goes along with growing up (“kids will be kids”). In fact, analyses of school shootings consistently link such outbreaks of violence with prior bullying experienced by the perpetrators. The data also corroborates previous research that the wounds from repetitive psychological abuse may be as damaging and enduring as those of physical abuse.

Most of the research on repetitive abuse has been self-reports or observational reports of the immediate implications. This study was a first step in the next generation of research that is seeking clarity regarding both the short and long-term psychological and physiological damage done by what are often seen as low-level forms of repetitive abuse. The complete story is at <http://www.psu.edu/ur/2004/bystander.html>. Dr. Hazler can be reached at hazler@psu.edu or 814-863-2415. ■

Dialogue & Personal Example Work Best for Parents in Drug Talks with Teens



Parents can more effectively advise teens about alcohol and drug use if they try dialogue instead of lecture and set an everyday example, rather than give the one-time drug sermon, according to a Penn State study conducted by Michelle Miller-Day, associate professor of communication arts and sciences, and Dr. Ann H. Dodd, assistant dean in the University’s College of Agricultural Sciences.

It is critical for parents to hone both listening and observation skills in discussions with their children about drugs or other issues faced by

young people. Parents can significantly boost their credibility in drug talks with teens by offering personal examples, their own testimonials being the best. In the study, parents often provided accounts of how their own life or the lives of friends and family members were affected by drugs or drug use. Stories of a relative’s alcohol-related death, liver failure, or drug abuse and recovery support claims of the harmful effects of drugs.

Drug talks work best when parents and teens routinely share insights on the benefits and risks of drug use. One tactic parents can use is to ask teens what they hope to gain from use of alcohol, drugs and tobacco (e.g., relaxation, especially around the opposite sex; greater peer acceptance). The parent can then suggest wholesome alternatives to achieve the same end. Once parents and teens learn to communicate on a regular basis about drugs, then target-

ed drug talk becomes more helpful, especially before events such as a prom or dance when teens face stronger temptations to use alcohol beverages or take drugs. The researchers note, these communication techniques also work in giving advice about drinking and driving, coping with peer pressure, and remembering to call for a ride when needed.

“This much is clear—connecting with children about drugs and drug use is an essential part of parenting,” says Miller-Day. “Parents

may or may not be anti-drug, but they should talk with their children about alcohol, tobacco and other drug use, and they should combine their talk with a concentrated effort to listen.” The complete story is at <http://www.psu.edu/ur/2005/dialogue.html>.

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American preschoolers get about 14 to 17 teaspoons of added sugar a day, on average, mostly from fruit-flavored drinks, high-fat desserts and cola-type soft drinks. These foods displace the grain, vegetable, fruit and dairy food groups and lower the quality of their diet, a Penn State study led by Dr. Sibylle Kranz, assistant professor of nutritional sciences, has shown.

Although the most dramatic decrease in vitamin and mineral intakes were observed when children had added sugar levels of more than



25 percent of total calories, consumption of grains, vegetables, fruit and dairy products and the proportion of children receiving an adequate

intake of calcium were low even at added sugar levels of less than 10 percent of calories. “These results suggest that the new National Academy of Sciences Dietary Reference Intake (DRI) which sets a cut-point of 25 percent or less of calories from added sugar are reason for concern,” says Dr. Kranz. “The U.S. Department of Agriculture Food Guide Pyramid limits added sugar consumption to between 6 and 10 percent, and the World Health organization recommends limiting added sugar consumption to less than 10 percent.”

Added Sugar Displaces Food Groups Lowering Quality of Preschooler Diets

Forty percent of the two- and three-year-olds and 70 percent of the four- and five-year-olds with the highest added sugar intake did not get an adequate intake of calcium. Even at the lowest added sugar consumption level studied, 14 percent of the younger children and 39 percent of the older children didn’t receive an adequate intake of calcium.

The researchers note that added sugars are mostly invisible in foods and can surprise caregivers when presented in teaspoons. For example, the average added sugar intake of the two- and three-year-olds in the study was 13.5 teaspoons, and the average intake of the four- and five-year-olds was 17.2 teaspoons. In the highest added sugar consumption group, two- and three-year-olds were getting 23.1 teaspoons per day and the four- and five-year-olds were getting 26.4 teaspoons. Kranz says, “Large, longitudinal studies, examining the long-term effect of high added sugar diets in young children might help elucidate the relationship between diet patterns and chronic disease. However, until more data are available, the DRI for added sugar might adversely affect young children in the long run.”

See <http://www.psu.edu/ur/2005/added-sugar.html> for complete details. Dr. Kranz is available at sxk72@psu.edu or 814-865-2138. ■

“...examining the long-term effect of high added sugar diets in young children might help elucidate the relationship between diet patterns and chronic disease.”

Linguistics May Be Clue to Emotions

Words may be a clue to how people think about and process emotions.

It has been suggested in the past that all cultures have a small number of emotions or emotion words in common, but that every culture has multiple ways of nuancing them. These words include joy or happiness, fear, anger, and sadness.

Dr. Robert W. Schrauf, associate professor of applied linguistics, and Julia Sanchez, graduate student in psychology, Chicago School for Psychology, asked groups of people in Mexico City and Chicago in two age groups, 20 years old and 65 years old, to freely list the names of as many emotions as they could. The emotions were then categorized as negative, positive, or neutral.

The younger participants, regardless of language, tended to use the same sets of words with limited diversity in their responses. The older participants had fewer identical words but far more diversity. A more diverse vocabulary was expected in the older participants because they have experienced more living and have broader vocabularies. However, the proportions of negative, positive, and neutral words remained the same for the older adults with 50 percent negative, 30 percent positive

and 20 percent neutral.

So whether they were young or old, spoke English or Spanish, the proportion of words available to describe negative emotions was always much greater than those for positive emotions and the relationships stayed the same.

People do not pay a lot of attention to assessment of positive emotions. In general, positive emotions signal that things are okay, so we process them more superficially. Negative emotions signal that something is wrong, and so they elicit a slowdown in processing. They require more attention and detail in thinking and, consequently, more words. The full story can be found at <http://www.psu.edu/ur/2005/emotionwords.html>. Dr. Schrauf can be reached at rws23@psu.edu or 814-865-7365. ■



“People know more negative emotion words than positive or neutral words.”

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