

MODULE 10

AGENDA

- I. Can You Read This?
- II. Welcome
 - A. Vocabulary
 - B. Introduction
- III. Impact on the Family
- IV. What Can Parents Do? - Developing a Plan for Coping
- V. “Thomas - A Bedtime Story for Parents”



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VOCABULARY

Adjustment Disorder: The development of emotional or behavioral symptoms (i.e., depression, anxiety, sleeping problems, inappropriate conduct), in response to an identifiable stress event, that are more intense than one would expect from such a stressor. Children with adjustment disorders may experience significant trouble in school and in social situations.

Asperger's Syndrome (AS): A neurobiological condition characterized by sustained impairments in social interactions and the development of repetitive, restricted patterns of behaviors, activities, and interests. Children with AS usually have no obvious delays in language or cognitive skills, or in age-appropriate skills. Despite attention deficits and organization problems, these children typically have average (and sometimes gifted) intelligence. Early intervention and continued support can be effective in treating AS.

Attachment Disorder: A condition characterized by an inability to develop significant emotional connections with other people. Children, who have been abused and/or neglected, even when very young, may find it difficult to form significant ties. Signs of attachment disorder include difficulty in maintaining eye contact, lying, and a lack of appropriate response to affection.

Attention Deficit Disorder (ADD): A lifelong developmental disorder that affects an individual's ability to concentrate and control impulses. A child who has ADD is not hyperactive, but often has trouble staying on task and concentrating for longer periods of time.

Attention Deficit Hyperactivity Disorder (ADHD): A lifelong developmental disorder that involves problems with attention span, impulse control, and activity level. Typical behaviors include: fidgeting or squirming; difficulty remaining seated when required; distractibility; difficulty waiting to take turns in groups; difficulty staying on task with chores or play activities; difficulty playing quietly; excessive talking; inattention; and engaging in physically dangerous activities without considering the consequences.

Autism: A disturbance, believed to be caused by genetic factors and brain damage, which affects a person's mental, social, and emotional development. Children who are autistic may be withdrawn and show little interest in others or in typical childhood activities. Although autism is a lifelong condition, good training programs can reduce the severity of its symptoms.

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Behavior disorders: Disorders, which are influenced by factors such as heredity, brain disorders, diet, stress, and family functioning, that cause symptoms such as hyperactivity, aggression, withdrawal from social interactions, self-injurious behavior, immaturity, learning problems, excessive anxiety, or abnormal mood swings.

Bipolar Disorder: A mental illness characterized by cycles of mania and depression. During manic periods, individuals may seem very happy and be hyperactive, wakeful, and easily distracted. In very severe episodes, psychotic symptoms may also be present.

Cognitive delays: Delays in the customary development of a person's ability to process information, or think logically or analytically.

Conduct Disorder: A condition characterized by a strong unwillingness to meet societal norms or expectations. A child or teen with conduct disorder may bully or threaten others; initiate fights; stay out late without permission; use weapons that could cause serious harm; be physically aggressive or cruel to animals or humans; force someone into sexual activity; steal, lie, or break promises in order to obtain goods, or avoid debts or obligations.

Depression: A biologically-based mental illness that can have lasting emotional and physical effects, such as feelings of worthlessness, guilt, or indecision. Symptoms of depression include difficulty concentrating; change in appetite or sleep habits; loss of energy, interest, or pleasure; loud, violent, troubled, agitated, slowed, or anti-social behaviors; drug or alcohol abuse; and difficulty with interpersonal relationships. Children and adolescents may suffer from either major depression or manic depression (see Bipolar Disorder). Both are serious medical problems that can be treated with medication and psychotherapy. When left untreated, extreme cases of depression can lead to suicide.

Emotional disturbances or disabilities: Conditions, either regular or occasional, that are often evidenced by a lack of respect for authority; problems in school; an inability to handle changes easily; and problems with other children. Other characteristics can include sleep disturbances; mood swings; and a tendency to act impulsively without considering consequences. Therapy is recommended throughout childhood and adolescence.

Fetal Alcohol Effect (FAE): A disorder associated with cognitive and behavioral difficulties in children whose birth mothers drank alcohol while pregnant. Symptoms are similar to fetal alcohol syndrome (FAS) and can lead to severe secondary disabilities.

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Fetal Alcohol Syndrome (FAS): Birth defects and serious lifelong mental and emotional difficulties that result from a child's prenatal exposure to alcohol. Symptoms may include learning and behavioral disorders (including attention deficits and hyperactivity), poor social judgment, and impulsive behaviors.

Intermittent Explosive Disorder (IED): A condition characterized by feeling little control during tense situations and failing to resist aggressive impulses, often resulting in explosive behaviors (i.e., acts of verbal and physical assault or destruction of property) that are out of proportion to the presenting situation. Past experiences of abuse for a child or adolescent can be the cause of his or her IED.

Learning disabilities: A condition that makes it hard for a person to take in, sort, and store information; **not** a sign of below-average intelligence.

Neurological disorders/problems: Emotional or mental disorders/problems that appear as anxieties, obsessions, phobias, etc., but which are not typically so severe that the person loses touch with daily realities.

Oppositional Defiant Disorder (ODD): A disorder characterized by behavior such as frequent loss of temper; a tendency to argue with adults; refusal to obey adult requests; deliberate behaviors intended to annoy others; spiteful and vindictive behavior; use of obscene language; and a tendency to blame others for mistakes. Symptoms sometimes indicate the early stages of conduct disorder.

Posttraumatic Stress Disorder (PTSD): A syndrome, sparked by traumatic past events, where a person emotionally re-lives past traumas and becomes withdrawn from current events. Symptoms may include sleeping problems, nightmares, intrusive thoughts, and difficulty with concentration.

Reactive Attachment Disorder (RAD): A condition, resulting from an early lack of consistent care, characterized by a child's (or infant's) inability to make appropriate social contact with others. Symptoms include developmental delays; lack of eye contact; feeding disturbances; hypersensitivity to touch and sound; failure to initiate or respond to social interaction; indiscriminate sociability; self-stimulation; and susceptibility to infection.

Serious Emotionally Disturbed (SED): A child whose symptoms can include: inappropriate and sometimes excessive behaviors or feelings (ranging from hyperactivity and aggression to severe depression and withdrawal); depression or unhappiness; problems building relationships with peers or teachers; and a tendency to develop physical symptoms, pain, or fear, associated with personal or school problems.

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How Would I React?

SED Scenarios

1. George is 7 years old and has been diagnosed with Attention Deficit Disorder. He is having problems in school and is in trouble all the time. You are constantly being called to the school to control his behavior. Today, he strapped himself around his chair and would not let go when told to put up his art materials. No matter what the teacher asked, he would not let go of his chair and his art project. He became extremely upset and started screaming and sobbing. This disrupted the entire class. George was taken to the office -- chair and all. You were called once again to the school.
2. Susan is 16 years old and has been diagnosed with Bipolar Disorder. She stole your credit card and went on a shopping spree at the local mall. The charges amounted to \$2500.00.
3. Deidre is 12 years old. Her diagnosis is Oppositional Defiant Disorder. She does not follow any of the house rules that you have discussed and agreed upon. She ran away last night, and was not found until the morning.
4. Alvin, age 9, has been diagnosed with Reactive Attachment Disorder. He has a great relationship with the father figure, but does everything in his power to be mean to the mother. This morning he got mad at the resource mom and went into the room and urinated on the resource mother's side of the bed.
 - ✓ What is the behavior?
 - ✓ How might this impact you, as the resource parent, and other family members (i.e., other children in the home, grandparents, and other extended family)?
 - ✓ What are some strategies that might be used to help the family cope with this child's situation?
 - ✓ What might be put into place to help the child manage this type of behavior?

What Can Parents Do?

- Read, talk, share, and learn as much as possible about the SED with which your child has been diagnosed.
- Get to know your child and his/her habits, limits, abilities, and strengths.
- Encourage positives and strengths. Get the child involved in activities (i.e., baseball, art, martial arts) that interest the child. Provide opportunities for mastery and control. Develop physical outlets for energy.
- Come up with a clear plan of action for both positive and negative behaviors.
- Talk to school personnel about your child; talk to any teacher who will be involved in your child's day.
- Develop a good, workable Individual Education Plan (IEP) with the school and follow up weekly, if not daily. Daily notes are good to reinforce the child's experience or teach appropriate behavior.
- Spend time daily with the child; set aside a certain time each day with the child -- show appropriate affection.
- Be consistent in positive and negative reinforcements.
- Develop a sense of humor and give yourself a break daily -- you can easily burn out!
- Join a support group to share and learn.

Developing a Plan for Coping with Behaviors

- Adapt your lifestyle to prevent or reduce the opportunities for negative behaviors to dominate.
- Understand your child's triggers and what makes it most difficult to manage.
- Can you avoid and/or channel behavior differently?
- Discuss with the child and make a plan that includes both consequences and rewards, and help your child to "get caught being good."
- Help the child find his/her "stress busters."
- Be clear about limits.
- Offer choices whenever possible.
- Teach problem-solving skills.
- Be a partner with the professionals who are working with your child.

