

AGENDA

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VOCABULARY

Adjustment Disorder – the development of emotional or behavioral symptoms – such as depression, anxiety, sleeping problems, inappropriate conduct, etc. – 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 maintaining eye contact, lying, and not responding 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 for 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, that affects a person's mental, social, and emotional development. Autistic children may be withdrawn and show little interest in others or in typical childhood activities. Though autism is a lifelong condition, good training programs can reduce the severity of its symptoms.

Behavior Disorders – disorders - 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-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; or steal, lie, or break promises to obtain goods, or to avoid debts or obligations.

Depression-a biological-based mental illness that can have lasting emotional and physical effects, such as feelings of worthlessness, guilt, or indecision, 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 untreated, extreme cases can lead to suicide.

Emotional disturbances or disabilities – a condition, either regular or occasional, that is 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.

Fetal Alcohol Syndrome – 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 – acts of verbal and physical assault or destruction of property – that are out of proportion to the situation at hand. A

child or adolescent's past experiences of abuse 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 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 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.

Post Traumatic 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, hyper-sensitivity 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.

Can You Read This?

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How would I react?

SED Scenarios

1. George is 7 and has Attention Deficit Disorder. He is having problems in school and is in trouble all the time. You are constantly getting 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 once again called to the school.
2. Susan is 16 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 \$250.00.
3. Deidre is 12. 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 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 his mom and went into the parents room and urinated on the mother's side of the bed.

What is the behavior?

How might this impact the resource parents and other family members (siblings, grandparents, etc.)?

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 – learn as much as possible about the SED that your child has been diagnosed with.

Get to know your child and his habits, limits, abilities and strengths

Encourage positives and strengths. Get him involved in activities like baseball, art, martial arts, etc. 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 the schools 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 or teach to inappropriate 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.

Develop 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 behave

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 their "stress busters."

Be clear about limits.

Offer choices whenever possible

Teach problem-solving skills.

Be a partner with the professionals that are working with your child.

Thomas: A Bedtime Story for Parents

Once upon a time there was a little boy named Thomas, who had his own style of doing things. Thomas wanted to know, how things worked and what was inside things. He liked to take things apart – but usually didn't put them back together again. In his room, it looked like a cyclone had hit. Thomas liked to talk nonstop about the things he found interesting – which were a lot of things- and he liked to argue about things, even with grown-ups. When his teacher gave an assignment, Thomas often forgot it or lost it, but sometimes when he turned it in it wasn't what the teacher wanted at all, although Thomas always said it was much more interesting than what she asked for.

Thomas kept trying things, touching things, and was always on the move.

Thomas never sat in one place, like his desk, for more than a few minutes, and he was always wriggling around and looking at everything but the teacher. His father said that if you could only harness Thomas up to the engine, he could probably pull a train with all that energy. At the same time, when Thomas was really involved in an experiment, like whether raw eggs or hard boiled eggs could balance better on the edge of the stove, he could block everything else out, and forget about his chores or schoolwork. His mother had to remind him again and again to do things, and when he finally did them they were always done the way his mother expected, or were left half done.

As Thomas grew older, he seemed to be even more out of step. His peers were interested in dances, and careers, and music. Thomas was interested in how things worked and watching the clouds move in the sky. He didn't dress like the other teens, or keep his clothes neat, or hang around with them. He said it was because they had nothing interesting to say about the life-style of frogs, but it was also because the others thought he was strange. Not being able to catch everything that was said because of his hearing loss made it even harder for him. He didn't have temper tantrums when he was stressed-out, the way he did when he was little (he felt guilty about those now), but he would go off and shut his door to tinker in his room.

His parents despaired, his grandmother predicted dire things, the other kids, laughed at him, his teachers thought he was disobedient and unteachable, probably retarded, and the neighbors shook their heads.

Thomas even left home for a while and bummed around on the railroad. Nothing would ever come of that boy, said the neighbors. They were sympathetic to his parents about having such a difficult child, but many of them privately thought that if his parents had taken Thomas out behind the wood shed more often he wouldn't be such a problem now.

As Thomas grew into a man, he was able to spend more time tinkering with his experiments. Not just two or three or a dozen times trying out an idea, but hundreds, even thousands of times on one thing. People began to look at him as a real crackpot. He started a family of his own, but was often so preoccupied with his ideas and experiments that he would stay up all night trying things out. If he had gone to a psychiatrist, he probably would have been called obsessive compulsive, bipolar, or just an irresponsible, unrealistic dreamer.

What happened to Thomas? Was it a bonding problem with his parents? Should they have used the wood shed more often? Enrolled him in dancing classes and music lessons with other teens? Maybe his teachers should have thrown him out of school earlier when they thought he was retarded and disruptive, or put him into a special education classroom.

What's your opinion? Think about it as you sit in the evening with the lights on. You know, the ones with light bulbs. The light bulbs that Thomas Alva Edison invented after thousands and thousands of tries, along with hundreds and hundreds of other patented inventions. Sometimes the things that drive parents and teachers crazy like risk-taking, perseverance, or marching to your own music, are the same qualities that can bring light to the world. Think about it.