

# Helping Hand

Volume 19, Issue 8

## Does My Child Have an Autism Spectrum Disorder?

It is clear that more children than ever before are being classified as having autism spectrum disorders (ASDs), but, it is still unclear how much of this increase is due to changes in how doctors identify and classify ASDs in people, and how much is due to a true increase in prevalence. By current standards, ASDs are the second most common serious developmental disability after mental retardation/intellectual impairment, but they are still less common than other conditions that affect children's development, such as speech and language impairments, learning disabilities, and attention deficit/hyperactivity disorder (ADHD). Many times, parents notice that there is something "different" about their child before others do.



### NOT SURE WHAT TO LOOK FOR?

According to the Centers for Disease Control and Prevention, people with ASDs might:

- **Not play "pretend" games (pretend to "feed" a doll)**
- **Not point at objects to show interest (point at an airplane flying over)**
- **Not look at objects when another person points at them**
- **Have trouble relating to others or not have an interest in other people at all**
- **Avoid eye contact and want to be alone**
- **Have trouble understanding other people's feelings or talking about their own feelings**
- **Prefer not to be held or cuddled or might cuddle only when they want to**
- **Appear to be unaware when other people talk to them but respond to other sounds**
- **Be very interested in people, but not know how to talk to, play with, or relate to them**
- **Repeat words or phrases said to them, or repeat words or phrases in place of normal language**
- **Have trouble expressing their needs using typical words or motions**
- **Repeat actions over and over again**
- **Have trouble adapting to changes in routine**
- **Have unusual reactions to the way things smell, taste, look, feel, or sound**
- **Lose skills they once had (for instance, stop saying words they were once using)**

Remember, only a doctor or specialist can make a true diagnosis.  
Talk to your child's doctor or nurse if your child loses skills at any age.

# Parent Involvement at School



We've all heard the adage "it takes a village to raise a child." Indeed, it takes more than simply one teacher to educate a child. In order for a child to reap the most from the educational process, the child's parents and/or guardians must be directly involved with the process as well. There are numerous ways for parents to become involved in the classroom. Look for opportunities such as field trips, bake sales and other special events. If such an opportunity does not exist, create one yourself, parents. Capitalize on your special talents and interests and use them to create special events in the class. If you are an artist, lead your child's class in a painting project. If you are a carpenter, plan out an easy do-it-yourself project for the students.

**Helping Hand** v19i8  
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Troy, Michigan

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HELPING HAND is published monthly (September-May) to provide timely information to readers; its contents are not intended as advice for individual problems. Editorial material is to be used at the discretion of the reader and does not imply endorsement by the owner, publisher, editor, or distributors.

# Preventing Teen Meth Abuse

While meth (Methamphetamine) use in the US has been declining, widespread media coverage about the drug often raises many questions and causes parents to worry about whether their children are exposed to or are using this dangerous substance. Meth is a stimulant drug used for the euphoria it produces and for weight loss and increased libido. The down side of the high is addiction and a variety of toxic short- and long-term effects. One of the most serious and unpleasant side effects is "meth mouth," where the users' teeth rot from the inside out.

Parents need to talk to their kids about meth and the reality of what it does to the body. Parents also need to know when their teen might be using meth. Some of the most common signs and symptoms are extremely dilated pupils, dry or bleeding nose and lips, chronic nasal or sinus problems and bad breath. Because meth is a stimulant, users also experience hyperactivity and irritability. This includes a lack of interest in sleep and food, leading to drastic weight loss or anorexia. It may also cause users to be aggressive, nervous, and engage in disconnected chatter.

Some short-term effects are irritability, anxiety, insomnia, Parkinson-like tremors, convulsions and paranoia. Longer-term effects can include increased heart rate and blood pressure, damage to blood vessels in the brain, stroke and even death. Psychotic symptoms can sometimes persist for months or years even after the user has stopped taking the drug.

With all that in mind, the good news is that meth use is indeed declining among youth. The Monitoring the Future study shows that among 8th, 10th, and 12th graders, meth use has declined by 28, 47, and 51% respectively in the past three years, and it is important to note that despite all the media coverage about teens and meth, marijuana is still the most commonly used drug by teens.

If you suspect a teen in your life is using meth or is exposed to meth, the time for conversation is now. Discuss the risks and effects of using this substance. Even without addiction, experimentation is too great a gamble.



# Childhood Sleep Problems

Many childhood sleep problems are related to poor sleep habits or to anxiety about going to bed and falling asleep. Persistent sleep problems may also be symptoms of emotional difficulties. "Separation anxiety" is a developmental landmark for young children. For all young children, bedtime is a time of separation. Some children will do all they can to prevent separation at bedtime. However, to help minimize common sleep problems, a parent should develop consistent bedtime and regular bedtime and sleep routines for children. Parents often find that feeding and rocking help an infant to get to sleep. However, as the child leaves infancy, parents should encourage the child to sleep without feeding and rocking. Otherwise, the child will have a hard time going to sleep alone.

Nightmares are relatively common during childhood. The child often remembers nightmares, which usually involve major threats to the child's well-being. Nightmares, which begin at a variety of ages, affect girls more often than boys. For some children nightmares are serious, frequent, and interfere with restful sleep.

Fortunately, as they mature, children usually get over common sleep problems as well as the more serious sleep disorders. However, parents with ongoing concerns should contact their pediatrician or directly seek consultation with a child and adolescent psychiatrist.



## NOT SURE WHAT TO LOOK FOR?

- **Frequent awakening**
- **Talking during sleep**
- **Difficulty falling asleep**
- **Waking up crying**
- **Sleepy during the day**
- **Having nightmares**
- **Bedwetting**
- **Teeth grinding/ clenching**
- **Waking early**

Source: American Academy of Child & Adolescent Psychiatry

# Helping Young People Deal with Grief

Whether a child loses a classmate, family member, or other important person, it is important to help them through the stages of grief. Depending on their ages, children express their grief in ways that are different from adults. According to The Dougy Center ([www.dougy.org](http://www.dougy.org)), a national organization that helps grieving adults and children, adults describe grief as living in a heavy fog for awhile, but children bounce in and out of grief, crying one moment and laughing the next. This is confusing for them because they don't understand why they feel this way. Some children talk incessantly about the loss or the lost loved one; others don't say anything about it at all. They may be too young or immature to connect words with their feelings.

The way children can best express themselves is through their behavior. Grief is a powerful emotion that creates energy in the body. Children will get rid of this energy – their grief – by playing really hard or by drawing out their feelings or playing games that might include acting out some part of the loss event or their understanding of it. They also may experience difficulty concentrating. Others may become aggressive or hurt themselves as a way of relieving the pain they can't articulate or to get comforting attention from adults.

All of these responses are normal. But if they last for several months or interfere with a child's normal functioning after a few months, get professional help for the child.

Older children and teens may express their grief in the same ways as young children but with behaviors more suited to their ages. They may withdraw and want to be alone more than before or get into a shouting match or physical fight. They also may become a model young person, assuming a role as a responsible caretaker in their homes. Again, if these behaviors persist, seek help for the young person.

