

# Helping Hand

Volume 22, Issue 2

## ADD: Causes, Characteristics and Treatment

ADD affects between three and five percent of all children, meaning that in an average classroom of 30 students, at least one child may have the disorder. The symptoms of ADD often disappear when the child reaches adolescence, although the condition can continue well into adulthood.

One widely accepted theory concerning the causes of ADD has to do with how the brain processes information. A normal brain has a filter that allows it to focus, but this filter doesn't work as well in the brain of a person with ADD. Environmental stimuli enter the brain all at once in a garbled, noisy rush, making it difficult to focus on one activity.

ADD has no clear physical signs and is identified by certain characteristic behaviors. The most common behaviors fall into three categories: **inattention** (unable to focus for very long, easily bored), **hyperactivity** (constant activity/talking, restless) and **impulsivity** (unable to curb immediate reactions, not thinking before speaking).

Not everyone who is hyperactive, inattentive or impulsive has ADD. Because every child shows some of these behaviors at times, it is important to consider all possible causes for these behaviors. Psychiatrists, pediatricians and psychologists are among the specialists qualified to diagnose someone with ADD. In making such a determination, these professionals consider the age when these behaviors first appeared and whether they are as frequent or severe as behaviors found in others of the same age.

Medications known as "stimulants" are often used to treat the symptoms of ADD. Research shows that medication in combination with behavior management is the most effective treatment.

There are no quick cures. Although half of all children with ADD will experience the disorder well into adulthood, people do learn to adapt and live fulfilling lives. With effective combinations of medicines, new skills and emotional support, people with ADD can develop ways to control their attention and minimize their disruptive behaviors.



# Identifying Self-harm and Cutting

It's called many things — self-injury, self-harm, cutting, and self-abuse.

Broadly speaking, self-injury is the act of attempting to alter a mood state by inflicting physical harm serious enough to cause tissue damage to one's body. Approximately 1% of the United States' population uses physical self-injury as a way of dealing with overwhelming feelings or situations.

The forms and severity of self-injury can vary, although the most commonly seen behavior is cutting, burning, and head-banging. Other forms of self-injurious behavior include: carving, scratching, branding, marking, burning/abrasions, biting, bruising, hitting, picking, and pulling skin and hair.

Studies suggest that when people who self-injure get emotionally overwhelmed, acts of self-harm bring their levels of psychological and physiological tension back to a bearable level almost immediately. In other words, they feel a strong uncomfortable emotion, they don't know how to handle it, and they know that hurting themselves will reduce the emotional discomfort extremely quickly. They may still feel bad (or not), but they don't have that panicky, jittery, trapped feeling.

Self-harm and suicidal thoughts may or may not be linked. If you or someone you know self-injures, seek further support and assessment. If you believe that there is imminent danger, contact 911. Otherwise, help is available through health insurance companies, employee assistance programs (EAPs), community mental health agencies, private practitioners, and local hotlines, which can all provide referrals to counselors, or through your medical provider, who can assess medical injury and can often make a referral to a mental health provider.

**It's not self-injury if the primary purpose is sexual gratification, body decoration (e.g., body piercing, tattooing), spiritual enlightenment via ritual, or fitting in/being cool.**

## Preventing Underage Alcohol Use: Resilient Adolescents

### Building resilient adolescents

Research tells us that children with resilient qualities — good problem-solving skills, social competence, strong self-identity and healthy expectations — are less likely to become involved with alcohol and other drug use. Adults can provide the elements to build resiliency in young people. These elements are:

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v22i2

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Troy, Michigan

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PO Box 99515  
Troy, MI 48099-9515  
248-588-7733; 1-800-453-7733  
www.PRPOnline.net

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Please send suggestions or contributions to the editor at the above address or through your student assistance program.

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.

- **An adult who cares.** To reach a productive and healthy adulthood, youths need the care and support of adults they love. Resilient children usually have at least one adult in their lives whom they trust — an adult who encourages and guides them. Not only parents, but teachers, coaches, counselors and other mentors can make a big difference in a youth's development.
- **Successful adolescents and supportive adults.** Youths must know that the adults in their lives feel they are capable, valuable people. They also must learn that effort and education lead to achievement.
- **Getting involved.** The more involved we are with youth, the more we know about their lives and the less alienated they will be. When youth know what meaning and value you give to life, they will be much less likely to find life pointless and more apt to respect the values they have learned.

# Transitioning from Summer Vacation Back to School

As summer winds toward its inevitable end, parents and children alike experience mixed emotions about returning to the more structured routines of the school year. Being aware of some of the emotional issues that may arise for children and planning ahead for the shifts in routines can help smooth the transition and lay the groundwork for a successful school year.

## Getting ready

If parents show enthusiasm about the new school year and include their children in the preparation, children will feel more excited and resist schedule changes less. Adjusting bedtimes, bath times and television routines at least a week before school starts helps to establish the school schedule.

Many children get excited about shopping for school supplies or a new clothes, but experts caution that comfort and convenience are the top priorities, especially for young children's clothing. If you have an older child, find out if his or her school has a dress code, and determine budget and style guidelines before you head to the mall.

## Preparing for the first day of school

Whether your child is 5 or 15 years old, he or she will be anxious about what to expect. Familiarize him or her with the building and the routine ahead of time to help make the experience less stressful.

Contact the school to arrange a tour ahead of time and meet the teacher(s). Walking the route to school or driving the bus route will further reduce your child's fear of the unknown.

## Getting past separation anxiety

Most children calm down very quickly as soon as the parent is out of sight, but some children, especially those just beginning school, experience separation anxiety during the first weeks of school. Children who have been in day care may adjust more readily, but there is no guarantee.

If your child is still clinging to you tearfully after the first week, talk with the teacher. Most teachers are familiar with this common behavior and will help you make a plan to ease both your child's and your anxiety. Even reluctant children eventually adjust once familiar with the setting, teacher, and a friend or two.

## Dealing with school refusal, school phobia

School refusal and school phobia are generally seen in slightly older children, but can develop at any age. Children who refuse to go to school often have a very specific reason. They may be experiencing bullying, going through difficulties with a teacher or responding to a problem at home.

The best strategy is to talk to your child and try to draw out why he or she doesn't want to go to school. Letting a child stay home is not the answer and increases the potential for school phobia. You may wish to ask your child's teacher or guidance counselor to help if you are unsure how to work through the problem.

## Helping with homework

Before school starts, help your child set up a workspace to do homework. It should be quiet, well lit and as free from distractions as possible. You may need to experiment to find the right setting for you child, but when you find it, be consistent.

Schools and teachers vary in their homework policies. If your child's teacher does not inform you of homework expectations, be sure to ask.

## Settling in

A month or two into the school year, most children will be well established in their new routines. Parents can help maintain their children's equilibrium by providing consistency, structure and enthusiasm for their academic endeavors, extra-curricular activities and friendships. Being curious about and involved in your child's school experiences will enrich your lives and provide continuing education for both of you.



## What if My Child is Obese?

Childhood obesity is an emerging health problem that appears to be linked to high-fat diets and sedentary lifestyle. American children now spend approximately three hours a day in front of the television or computer.

Some parents used to think that a healthy child had “chubby cheeks.” The thought was that a child’s health was defined by his or her weight. But the truth is that obese children tend to become overweight adults.

A child suffering from obesity usually is a child suffering in silence. If your child is significantly overweight, don’t wait until the problem becomes unmanageable. Go to your primary-care physician for an evaluation.

If you have a young child who is prone to weight gain, try to get him or her involved in sports. Lack of exercise and expenditure of energy has been cited as a major reason for the increase in obesity in this country. Sports activity is wonderful for the mind and spirit as well.

If your child has reached the teen-age years where image appears to be everything, tread carefully. There is a fine line between a child who is “growing into his or her body” and one who has “outgrown his or her body.” Although it never is too early to serve a healthy diet, placing too much emphasis on food, either as a reward or punishment, may lead to maladaptive behaviors such as bulimia and anorexia.

Let your doctor determine whether your teen is obese, and if treatment is appropriate. Many children carry the emotional scars from being called “pudgy;” you do not want to add to those scars by taking drastic measures. Being there when children are hurting is a key to good parenting. You can demonstrate your compassion and understanding by acknowledging his or her pain and feelings of rejection. For example, you might want to say, “It must hurt a lot to be teased about your weight. What can I do to help you through this?”

If your child has been diagnosed with obesity, the most loving thing you can do is to assist him or her on the road to recovery. A gentle suggestion that you are concerned with your child’s health often is the best way to initiate treatment.

