



EPRESS

Questions from Directors:

We have a new client, a mother who has a history of depression. Every visit is difficult, and she is sad, slow to respond, and difficult to motivate. She lives with her mother, who helps her. We really want to help her. What can we do different to help?

Depression is a medical condition. It's really important to remind your staff that they can't *change* your client's condition. Trying to change her will only frustrate them, and probably her. The fact that she has medical care is a positive thing, but remember, sometimes physicians have to try different drugs until one works. So remind the grandmother to keep all doctor appointments. And remember to keep a list of the medication that the client uses – those medications may also contribute to the client's demeanor, and make her listless and tired. They may help explain her behavior.

Now, for the visit itself. Work with what you have. Don't plan very complex activities. Don't plan active games if she can't handle them. Focus on small successes, like simply giving the child access to his or her mother. Perhaps the child can draw or color in a coloring book. Perhaps they can play tic tac toe together. Help the mother succeed in small ways in simple tasks. If there is a guardian or therapist involved, be sure to ask him or her to help with recommendations. Document everything so that the court and the caseworker are kept apprised of the visits.

When the dependency system is involved, the case manager will know about treatment and therapy options. Definitely keep her involved, and provide feedback regularly.

Do you have any advice for a Skype visit?

Yes, we do. Below we have provided you with five tips for Skype visits, and on the next phone call, we will provide advice for interactive games and activities. See below:

5 Tips for a Skype Visit

A Skype visit is a supervised visit between the non-custodial parent and the child via the video conferencing software, Skype. We developed these five tips to guide supervised visitation programs' use of Skype in visits. On the next phone conference we will offer more tips.

1. Be aware of how Skype works before utilizing it for a visit.

Before starting a supervised visit and using Skype, it's important for the supervised visitation monitor to understand how the Skype software works (or whatever video conferencing software the program will be using). For information about Skype and user guides, see the website here: <https://support.skype.com/en/>.

Some Skype tools that are important for the visit monitor to understand include:

- How to start and end a call
- How to mute a call and manage sound
- How to add a contact
- How to start and end the video
- How to set alerts and notifications
- How to set privacy settings

Understanding how Skype works is important for supervised visitation monitors to ensure a smooth and safe visit. It may also be helpful for monitors to pass along this information to the visit participants.

2. Conduct an intake with all parties beforehand.

Even though there are no immediate safety concerns for abduction or physical violence in a Skype visit, it is still important for the supervised visitation monitor to meet with all parties beforehand. This allows the monitor to be aware of the family dynamics and risks to each party, while also giving the monitor a chance to go over policies and rules of the program. Even though the parties are not physically together, **all parties must follow the rules of the program to ensure a safe environment and visit.** Monitors will still need to know who is allowed to participate (or walk in

and out of the screen), as well as still document the Skype visit, intervene when necessary, and be aware of all of the conversation between the parent and the child.

3. Have a specific set of rules for Skype visits.

Skype visits are different from in person visits, and therefore will have additional concerns for ensuring safety of a visit. Some topics and rules to consider when supervising a Skype visit include:

- Asking for location information
- Speaking in code or another language
- Making references to abuse
- Setting policies for handling dropped calls or spotty internet access
- Discussing allowed length of the visit
- Trying to gain unapproved online access to the child (such as through social media accounts, or other websites)

In addition, it's important to make clear to the non-custodial parent what actions will result in the termination of a visit. Terminating a visit is easier in a Skype visit, as it does not require a person to physically leave an area, just simply ending a call. But it's still important to discuss with the non-custodial parent beforehand what actions will result in the termination of a visit, or what actions will result in a pause of the visit for the monitor to ensure the safety of the visit.

4. Be ready with activities that parents and children can do during a Skype visit.

Conversation may be more difficult for children and parents over Skype. For this reason, it may be helpful for supervised visitation monitors to be ready with different activities and conversation topics for parents and children to do and discuss during the visit. Different activities and conversation topics may be discussed with the family during intake to help identify topics before the actual visit. Activities should be set up before the visit starts as to not take away from the visit, as well as to ensure that all activities are set up properly.

5. Have an end plan in place when ending Skype visits.

It is important for supervised visitation monitors to discuss with the family beforehand how and when the visit will end. Ending a visit can be difficult and emotional, so the monitor wants to give the participants enough time and instruction to say goodbye and end the call. This end plan can be discussed during intake. Monitors want to make sure that the family has their whole visit time to be able to communicate and that time does not need to be taken away from the visit to figure out how to end a call.

The Effects of Sibling Relationships

By Cristina Batista

Relationships between biological siblings, step siblings, and half siblings can take shape in many different forms. About 80% of children in the United States grow up with at least one sibling. It has been found that siblings have a great impact on the formation of socialization, identity, and self-esteem. A sibling can be an important source of help, comfort, and friendship. For example, a child's personality, social and cognitive skills, self-concept, values, and sense of protection from the outside world are all influenced by the kind of relationship he or she has with his or her sibling(s). Whether the siblings are biological, step, or half, sibling relationships impact the ways children grow, learn, and act.



Sibling Functions

Siblings serve many different functions in the families, including modeling values, teaching skills, protecting from harm, and often acting as their siblings' first friends. These functions can be integral in the development of social skills in a child, as well as encouraging social growth and learning skills of collaboration and compromise with others. Some of the different functions siblings serve are discussed here.



Teaching

Older siblings can sometimes serve as teachers or role models to younger siblings. Younger siblings look up to their siblings most when the sibling is four or more years older. Younger children often learn social norms and pro-social skills, like sharing, from their older siblings. Older siblings help younger siblings develop an understanding of others' minds - in terms

of emotions, beliefs, thoughts, and intentions.

Protection

Outside the family, siblings fulfill the role of protecting each other. This is especially true if close bonds and familial dependability are encouraged by parents and caregivers. Siblings also provide emotional support and protection to each other in times of stress or crisis. Warmth and closeness in sibling relationships are more often seen between same-gender siblings and is more common when siblings are closer in age.

Friendship

In many cases, it will be easier for children to relate to their siblings than to their parents. Depending on the gap between sibling ages, it is possible that siblings will spend more of their time together than with their parents, especially in the earlier years. The relationship formed between siblings begins earlier than any relationships outside of the family and are typically the longest relationship that children will experience during the course of their lives.

Blended Families

In recent years, there are many more families and children being joined together by divorce and remarriage. This means that there are many children experiencing the complexities that come with not only having a new parent, but having new step or half siblings. Step and half siblings can have the same amount of positive influence on each other as biological siblings, as well as fulfill some of the same types of roles. This is especially true if the children are younger and spend more time together than apart. Although sibling relationships in blended families have the potential to have positive effects on the development of the children, there are unique challenges to sibling relationships in blended families.

Step Siblings

Step siblings come into blended families when a parent with children from a previous marriage marries another parent with children from a previous marriage. Step siblings often have a common sense of losing their former family structure and having gained a new one. For this reason, many professionals agree that the process of new step siblings meeting, getting comfortable, and becoming friendly with each other should not be rushed. Parents should not try to force step siblings to like each other, but should instead encourage them to get to know each other and search for common interests. Research indicates that step siblings have the lowest levels of hostility, avoidance, and rivalry of all the type of



siblings. This indicates that it is likely that step siblings will be able to develop positive relationships, even if these relationships do not develop immediately.

Step sibling relationships offer unique positive and negative outcomes from those of biological siblings. Although, step sibling relationships are less likely to include the teaching and helping behaviors found in other sibling relationships, step siblings often are able to see each other as equals and therefore tend to respect each other more than in other sibling relationships.

Half Siblings

Half siblings come into blended families when a parent with previous children has a child with a new partner. Supervised visitation providers may encounter families going through the transition of adding a new child to the family. Here are some tips to share with parents about half siblings:

- Reassure older children that the decision to have another child does not mean they will be loved less.
- Involve the children in planning for the new baby as much as possible, so that they view the new addition with more excitement than anxiety.
- Let the children decide what to call each other – whether it is “brother” or “half-brother.” Each child should have the room to make his or her own choice. If the half-sibling feels offended by the terms used by other siblings, it is important to discuss terminology as a family and to incorporate more family activities to facilitate bonding and friendship.

Sibling Conflict



Sibling rivalry is a natural emotion that grows from sharing biological and emotional ties to parents or caregivers. Many times, children are reacting to a denial or perceived denial of attention or affection from their parents or caregivers, believing that their siblings are going to receive all of it. However, it is natural and normal for there to be conflict among siblings, and it has been found that exchanges in conflict between siblings help youth develop social skills with peers. A healthy

amount of conflict between siblings has been linked to high social competence, emotional control, and better school adjustment. Conflict and competition are more intense when siblings are closer in age and are of the same gender. Rivalry between siblings is most intense in the early years and begins to diminish as siblings approach maturity.

However, this is very different from sibling bullying. Supervised visitation providers may witness or become aware of sibling bullying. If sibling relationships seem to be getting to an unhealthy point, supervised visitation providers can advise parents and caregivers to use the following tips to reduce sibling rivalry:

- Provide consistent, positive, and developmentally appropriate rules
- Nurture each child as a valued individual and spending individual time daily
- Avoid sibling comparisons
- Avoid taking sides in sibling conflicts but support siblings in resolving their disputes

Parents and caregivers can also help manage the interactions between siblings. If siblings are expected by their parents or caregivers to build close, positive relationships, they are more likely to do so. Parental discipline techniques should promote pro-social interactions and relationships between siblings.

Siblings and Visitation

There has been significant research showing that, besides the parent-child relationship, the sibling-child relationship can be the most crucial relationship to a child's development.

This is why, in many cases of parental separation, courts believe it is in the best interests of the children for siblings to be kept together. However, it is possible that sibling



separation does occur. A child may ask about his or her estranged sibling during supervised visitation. Supervised visitation providers should look into the possibility of siblings being able to participate in the supervised visit if it is appropriate and safe. If there is a way that siblings are able to participate in the visitation services, and if it would cause a positive impact on the child, the supervised visitation provider consider allowing times for the siblings to meet together.

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Measles Vaccination: Sticking with the Facts

By Cristina Batista

In the past decades there have been multiple significant outbreaks of vaccine-preventable diseases in countries where vaccines are readily available. A recent report by the American Academy of Arts and Sciences revealed that this may be the result of noncompliance, the act of delaying or refusing vaccination for children by parents or caregivers. There is currently a surge of outbreaks in vaccine-preventable diseases in the United States. Supervised visitation providers should be aware of these outbreaks due to the possible risk of outbreak their child clients face. Being aware of these outbreaks and understanding vaccines can help supervised visitation programs provide a safe and healthy environment for children.



What Do Vaccines Do?

By immunizing infants, children, and teenagers, vaccines are able to protect the entire community. This is called herd immunity, in which a certain percentage of the population needs to continue receiving vaccination for the larger part of society to be protected. This is because there are some individuals who are immune deficient or allergic to some ingredient of the vaccine. Those individuals have to depend on the herd immunity to stay safe from the virus. However, over the

past five years, vaccination has been drifting below the levels needed to maintain herd immunity. This means that these individuals are increasingly at risk.

In 2011, there was a record high of 220 individuals contracting the measles. In 2013, the U.S. reported its largest single measles outbreak in 20 years, with 58 individuals contracting it at the same time. Nearly two-thirds of the reported cases happened in three large outbreaks and were in communities where many parents chose to not vaccinate their children. As of June 2014, the U.S. has seen the highest number of measles outbreaks in 18 years. A single dose of a measles vaccine provides around 95% protection against the measles virus. A second booster dose can help to increase the effectiveness of the measles vaccine to over 99%.

Measles Rates in the U.S in Recent Years

2011: 220 confirmed cases
2012: 54 confirmed cases
2013: 189 confirmed cases
2014: 334 confirmed cases*

*as of June 5, 2014

The Problem

One of the biggest problems facing vaccination is misinformation. There have been many fraudulent and misleading scientific studies that have led to an increase in parent's mistrust of vaccination. Because of misinformation, parents are not able to accurately learn the facts.

The issue of misinformation has grown since a journal posted false and fraudulent information linking vaccines to autism in 1998. Even though the findings of that report have since been proven false, many, including some influential celebrities, still use this misinformation as a platform for their opinions on vaccination. Cases of misinformation like these have led to the growing trend of noncompliance, which is leading to outbreaks of diseases once considered eradicated.

Another problem is that those who choose not to vaccinate put others in danger, such as babies who are not eligible for vaccination until after their first birthdays. The decrease in vaccination is problematic because it leads to debilitating infections, hospitalizations, and in some cases, death. Many cases occur when an individual contracts the disease abroad and brings the virus



back to his or her community in the U.S.

Measles: What to Look For

Measles is a highly contagious respiratory disease caused by a virus. But it can be prevented by



the MMR vaccine. The CDC recommends that kids get two doses -- the first at 12 months of age and the second dose before entering school.

Measles start with a fever, followed by a cough, runny nose, and red eyes. Soon a rash of tiny, red spots will start at the head and spread to the rest of the body. The rash can last a week and coughing can last for up to 10 days. Individuals with

measles are contagious from four days before to four days after they develop the measles rash. For this reason, it is important to contact a doctor before bringing the individual into the hospital or to the doctor.

**There is an attachment to this E Press
from the World Health Organization
about the importance of vaccinations.**

Supervised Visitation

It is important for supervised visitation providers to be aware of the signs and symptoms of measles. If the symptoms of measles are seen, it is important for supervised visitation providers to determine the vaccination status of the child and of other children in the visitation area. If other children in the area are not vaccinated, they are at a high risk of contracting the disease. If a parent expresses the desire to learn more about vaccination, it may be helpful to give him or her the attached [Parents Should Know: Vaccine Myths and Facts Handout](#).

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ADHD in Children: Symptoms, Problems, and New Treatments

By Kayla Kirk



New research and recent studies are questioning the effectiveness of ADHD medication, along with the dangers of overmedication, when it comes to young children. There are many researchers who are looking for different ways to treat ADHD without resorting to medication.

What is ADHD?

Attention deficit hyperactivity disorder (ADHD) is a disorder that makes it difficult for people to inhibit their spontaneous responses—responses that can involve anything from movement to speech to attentiveness.

Children with ADHD may be:

- Inattentive, but not hyperactive or impulsive;
- Hyperactive and impulsive, but able to pay attention;
- Or inattentive, hyperactive, and impulsive.

Symptoms of Inattention in Children:

- Lacks ability to pay attention to details
- Makes careless mistakes
- Has trouble staying focused; is easily distracted
- Appears not to listen when spoken to
- Has difficulty remembering things and following instructions
- Has trouble staying organized, planning ahead, and finishing projects
- Gets bored with a task before it has been completed
- Frequently loses or misplaces homework, books, toys, or other items

Symptoms of Hyperactivity in Children:

- Constantly fidgets and squirms
- Often leaving their seats in situations where sitting quietly is expected
- Moves around constantly, often runs or climbs inappropriately
- Talks excessively
- Has difficulty playing quietly or relaxing
- Is always “on the go,” as if driven by a motor
- May have a quick temper or a “short fuse”

Symptoms of Impulsivity in Children:

- Acts without thinking
- Blurts out answers in class without waiting to be called on or to hear the whole question
- Becomes frustrated at waiting for his or her turn in line
- Says things at inappropriate times
- Often interrupts others
- Intrudes on other people’s conversations or games
- Unable to keep powerful emotions in check, resulting in angry outbursts or temper tantrums

- Guesses, rather than taking time to solve a problem

Just because a child has symptoms of inattention, impulsivity, or hyperactivity does not mean that he or she has ADHD. Certain medical conditions, psychological disorders, and stressful life events can cause symptoms that look like ADHD.

Overmedication in Toddlers

This year the Center for Disease Control (CDC) released data stating that more than 10,000 toddlers are being medicated for ADHD, with medications like Ritalin and Adderall. One of the issues that doctors are raising is that children aged 2 and 3 may be too young for a lifelong brain disorder diagnosis. Some studies have shown that hyperactivity and difficulty concentrating may be signs of other issues. The child may be having trouble sleeping or experiencing some kind of difficulty or trauma in the home, causing the child to act in ways similar to ADHD as a result.

The Problem with Medication

ADHD medication consists of stimulants that increase focus, decrease impulsivity, and improve social behavior. Unfortunately, the benefits found in ADHD medication are limited. It has been found that the effectiveness of medication lessens by the third year of use. Because ADHD medication only works when it is in the system, up to three doses may be required each day. It has also been found that medication use does not have an effect on long term improvements and adjustments. While medication may temporarily help some children, implementing medication does not cause permanent remediation of the symptoms and the underlying neurological causes remain present. Further, there are many children who continue to experience ADHD symptoms, even after taking medication. These limitations of ADHD medications have caused doctors and researchers to look at the neurological approach of mindfulness techniques.

What is Mindfulness?

Mindfulness is a cognitive approach to ADHD treatment. It means teaching individuals to monitor their thoughts and feelings without judgments or other reactivity. Rather than simply being carried away by a certain focus, an individual will notice that his or her attention has wandered and he or she is now able to renew concentration. The focus of mindfulness is to strengthen mental ability.



In this treatment, the individual practices mindfulness by focusing on a chosen target, noticing that his or her mind has wandered, bringing the mind back to the target, and sustaining focus there.

Mindfulness treatment can allow for:

- Improvement in mental performance
- Decline in impulsive errors and actions
- Decrease of self-judgment regarding mistakes or distractedness

What Does this Mean for Supervised Visitation?

Supervised visitation providers need to be aware of any medication that is being administered to children who exhibit hyperactivity and disorganized behavior. Supervised visitation providers should also inquire if a child has received medication prior to the visit and if he or she will need to take medication during the session.

If there are children who are exhibiting symptoms of ADHD, it is important for the supervised visitation providers to take into account the child's current situation, even if providers are asked to recommend an assessment or ADHD treatment.

If a child suddenly begins to show increased symptoms of hyperactivity, distractedness, and/or disorganized behavior, his or her supervised visitation provider should look for any changes in the child's personal and home life to explain these behaviors, before considering ADHD as the direct cause.

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Autism Spectrum Disorders: Disease or Unique Traits?

By: Sally Petterson

Introduction

Autism Spectrum Disorder is a disorder that includes a wide range of difficulties communicating, from those who are unable to verbalize or otherwise communicate and care for themselves to high-functioning individuals with Asperger's Syndrome. Autism affects 1 in 68 children, and no one is sure exactly what causes it. There is no single standard of treatment for autism, as the symptoms are wide-ranging and the theories on treatment strategies are vast. There is much debate over the issue of labeling an individual with autism due to some of the misperceptions that members of society may have. This document examines the debate over whether autism should be considered a disease or a unique difference.



Labeling Autism as a Disease to be Cured

“Autism is not an ‘enemy’ that I must overcome. Autism is my neurology...I did not overcome autism to be who I am today. Instead I learned to accept, to adjust, to be more self-aware, to adapt, to advocate and to work really, really hard.”

– Karly Fisher, adult autism advocate

Those labeled with autism must endure other people's misguided views of them as different, or as missing something. However, individuals with autism simply view the world from another perspective, not usually catching social cues that neurotypical individuals rely upon in society. Therefore, those with autism must deal with ignorance, discrimination, and misunderstanding on a daily basis.



There is no “cure” for autism, as some may say. Autism does not cause a child to be “broken” or in need of “repair.” Many adults with autism are offended at the presumption that they need to be “cured.” Individuals on the autism spectrum are whole people, equal to others in society, they just function in different ways.

Viewing Autism as a Difference to Celebrate

Many people view autism as a uniqueness to celebrate rather than a loss to mourn. Indeed, autism brings about unique features in individuals. Higher-functioning individuals often develop

an intense focus on specific subjects that grasp their interests, such as science, math, music, or art. These individuals become so focused on their subjects of interest that they essentially master them, having more knowledge about the topics than most neuro-typical people. This display of knowledge is impressive for any person. As science has progressed, we have learned that autism does not mean an individual is intellectually disabled, but can have a normal or even exceptional IQ. These findings show that the range of autistic spectrum individuals is diverse and, therefore, autism remains difficult to generalize based on any singular experience of any one individual on the autism spectrum.

Implications for Social Service Providers

“In my earlier writing, I’ve said, ‘I don’t need a cure. I just need understanding.’ I still believe that’s true for me, but I now recognize the tremendous breadth of the autism spectrum. As a result, I am now sensitive to and accepting of the views of others who do want to be “cured,” however that may be defined. My views about the “cure” may differ from yours but I recognize, accept and respect differing points of view, as long as they are not harmful or destructive to others.”

-John Elder Robison

Both viewpoints of autism spectrum disorders have positives and negatives; therefore, social service providers should be sensitive to the unique perspectives and opinions of the family members and caregivers they work with.

The language a social service provider uses with a child with autism and his or her family can help to build a relationship or inadvertently harm it. It is important to use empowering language and keep the child and his or her family involved in any decision-making. The social service provider must be accepting and respectful of the client’s needs and goals.

Resources

For those who want to learn more about autism, please visit the “What is Autism?” page at www.autismspeaks.org/what-autism.

For a web community for autism, you can explore <http://www.wrongplanet.net/>.

Some excellent blogs to explore include:

- <http://autism.typepad.com/>
- John Elder Robison’s blog (John is well-known in the autism community and has written several books focusing on Asperger’s): <http://www.psychologytoday.com/blog/my-life-aspergers>

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Sleep Deprivation and Childhood Obesity

By Carly Starkey

Sleep is an essential part of child development and impacts every step of mental and physical development. It also provides children with the energy needed to learn and play. For this reason, children need much more sleep than the average adult. In fact, according to the National Sleep Foundation, by age two, most children have spent more time asleep than awake and throughout childhood they will spend about 40% of their time asleep.

New research shows that a lack of sleep in children can increase their risk for obesity. This study from Pediatrics found that babies and young children who consistently lack enough quality sleep may have a greater chance of becoming obese by age seven. While most children in the study did not experience consistent sleep deficits, those who did had higher levels of fat mass index, as well as waist and hip circumferences, at all age levels.



This finding does not stand alone, as a study published in *Childhood Obesity* found insufficient sleep as one of the three most significant risk factors for obesity in preschoolers. In addition, another study from Rush University Prevention Center showed that sleep was associated with weight, particularly for children in low-income families, finding that children of healthy weights slept thirty minutes more each night on average. It also linked increased screen time with shorter sleep duration and weight gain.

Supervised visitation providers can benefit from knowing about sleep deprivation and childhood obesity because they can advise families on healthy habits. Supervised visitation providers should emphasize the importance of the children having healthy sleep patterns and the long-term positive effects of healthy sleep.

Why Are Children Losing Sleep?

1. Technology: The increased use of technology by children in general and particularly before bed has been linked to sleep deficits and weight gain in children.

2. Eating habits: Nutrition also plays a role, as less sleep has been linked to the intake of more calories in children, due to late-night eating and increases in cravings that result from insufficient sleep. High caffeine and sugar intake levels can prevent children from falling asleep and have also been found to cause children to eat less healthy foods overall.

3. Environmental factors: Factors such as noise, light, and temperature can keep children up at night. The best environment for sleep has been shown to be dark, cool, and quiet.

4. Sleep schedules: Another factor to the link between lost sleep and obesity are sleep schedules, as it has been found that children who go to bed and wake up later have 1.5 times of



a higher risk of being obese, as well as exercise 27 minutes less a day on average.

5. Lack of consistent rules:

Children of families with established rules on bedtime, caffeine intake, and TV and mobile devices sleep approximately 1-2 hours more than children from families without consistent rules.

Risk Factors of Insufficient Sleep

In addition to causing tiredness and interfering with development, lack of sleep in children has also been linked to health risks and behavioral issues.

- Studies have found increases in diabetes and high blood pressure in children lacking adequate sleep.
- Insufficient sleep in school-aged children has also been found to cause mood swings, behavioral issues such as ADHD, and cognitive problems that can hinder learning at school.
- Lack of sleep in adolescents has been linked to an increase in high-risk behaviors such as substance abuse, suicidal behaviors, and drowsy driving.

Sleep Needs of Different Ages

Supervised visitation providers can help educate parents on the developmental needs of their children, which can allow for best parenting practices and encourage healthy development in children. The sleep needs of children vary greatly by age, which is shown by the information that follows.

Newborns (1-2 months) need 10.5-18 hours a day but are on an irregular schedule. At this age, babies should be put to sleep when still drowsy in order to learn how to get to sleep on their own.

Infants (3-11 months) usually sleep through the night by month 9 and need about 9-12 hours of night sleep with naps throughout the day.

Toddlers (1-3 years) need about 12-14 hours of sleep, including night sleep and naps. The use of a security object, such as a blanket or stuffed animal can aid in sleep for this age group.

Preschoolers (3-5) need about 11-13 hours a night. At this age, nightmares begin. Allow for a nightlight to limit fear and ensure quality sleep.

School-aged (5-12) developmentally require 10-11 hours a night, but their newfound interests of technology and caffeine can cause unhealthy sleep habits. Create restrictions to develop healthy sleep patterns.



Teenagers (13-18) need around 9 to 9.5 hours of sleep a night, but only get around 7 hours a night on average. Encourage sleep with this age by limiting stimulating activities, such as studying, TV, or video games immediately before bed and by maintaining healthy eating and exercising schedules.

Increasing Sleep

To ensure children get enough sleep, setting guidelines and creating rules is a must. To help



increase sleep in children, tell parents and caregivers to follow these simple steps:

1. Establish a consistent bedtime routine. This differs for every child and should be based on his or her developmental sleep needs.
2. Reduce chaos and disorganization in the home environment. Create a cool, dark, and quiet sleep space for children.
3. Create specific rules regarding technology. Monitor screen time before bed, remove TVs from children's bedrooms, and create a plan for when children can use electronic devices in their bedrooms.
4. Limit caffeine and sugar intake. Caffeine and sugar can keep children up at night, especially if consumed before bedtime. Set limits and rules that are age-appropriate and allow for some flexibility.
5. Encourage reading or listening to soothing music before bedtime. This can help reduce technology use and create positive and relaxing pre-sleep activities that promote sleep instead of distracting from it.

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Last month's Phone Conference highlighted the issue of self-care for parents and caregivers. Here's a follow-up article on how to guide parents in taking better care of themselves for the sake of their children. Write to us to get the powerpoint, or get it on our webpage!

Teaching Parents about Self-Care

By Kayla Kirk

Introduction

Self-care is a term widely used to refer to activities and practices that people engage in on a regular basis to maintain and enhance their short-term and long-term health and well-being. If people neglect their own needs and forget to nurture themselves, then they are in danger of deeper levels of unhappiness, low self-esteem, and feelings of resentment. Also, if people spend time only taking care of others, they can be at risk of becoming burned out. This makes it more difficult to care for others, such as their children. Taking time to care for one's self regularly can help increase parent's caretaking abilities and overall energy level. For this reason, it is important that supervised visitation providers teach parents about self-care and give them examples and options. Teaching parents about self-care will benefit the whole family, not just the parent.

Take Care of Yourself

Teaching parents how to take care of themselves and manage their stress is important for their physical and mental health, as well as for the sake of their children. The ability to recognize the signs of stress is important so that parents are able to work towards lessening it. Signs of stress include physical exhaustion, anger outbursts, indecisiveness, change in sleep, change in appetite, headaches, stomachaches, and difficulty concentrating on tasks. Below are ideas that you can give parents on how to take care of themselves and manage their stress.

- **Regular Exercise:** Regular exercise relieves stress, lowers the risk of depression and anxiety, boosts the immune system, increases energy, and sets a good example for children.
- **Plenty of Sleep:** Research shows that getting seven to eight hours of sleep each day is crucial to staying active and alert. Sleeping too little causes problems concentrating and even slows down reaction time. Sleeping too much can cause increased levels of tiredness, feelings of lethargy, and in some cases, a lessened life span.
- **Healthy Eating:** Eating healthy foods provides the energy needed for daily activities, as well as benefits the immune system and increases overall well-being.
- **Good Hygiene:** Keeping up good hygiene increases positive self-concept and confidence. Keeping up with a normal hygiene routine will help maintain optimal health levels.
- **Avoid Unhealthy Habits:** It is easy to start or continue unhealthy habits. Some unhealthy habits include excessive drinking, smoking, the use of recreational drugs, and risky behaviors. These habits can cause more stress and be detrimental to physical and psychological health.
- **Make Time Each Day for Self-Care:** Making time each day for self-care can help manage anxiety levels and lower stress. Self-care can help trigger the relaxation response, which can help maintain healthy levels of calm and peace during stressful life events.



Determine Social Support

Parents should have a positive and helpful support system because it is crucial to a healthy life style. People who genuinely care about the parent are invaluable during good times and bad, as



they help to provide social support. Supervised visitation providers can help parents identify social support systems that can come from a number of different sources such as:

- **Family**
- **Friends**
- **Support Groups**

These are people the parent can turn to for emotional and practical support. Family and

friends differ somewhat from support groups, as support groups are people who are facing similar issues who come together to share their concerns and give each other encouragement and insight, usually led by a professional counselor.

Benefits of Supportive Relationships:

- Research has shown that people with strong support systems maintain better health, live longer, and report a higher well-being.
- Friends and family can make parents more resilient in times of stress and can help them identify the causes of stress.
- Support systems can provide parents with information, advice, guidance, and assistance.
- Support systems can be a resource when parents need time alone or need help with their children.
- Parents can use support systems to listen to their fears and hopes, as well as help them feel understood. They can also provide alternatives to solve problems and help distract the parent from his or her worries.

Overall, whether it's a friend, family member, or a support group, a support system will provide encouragement and help lower levels of stress for the parent. Supervised visitation providers should tell parents that they should not be afraid to ask for help and accept assistance. If they still feel overwhelmed, supervised visitation providers can give them information on seeking additional help.

Seek Help and Support if Feeling Overwhelmed

Parents may still feel overwhelmed or stressed regardless of if they take care of themselves or have strong support systems. When they feel overwhelmed, it is good to recommend that they seek help from professionals. Below are different professionals that could provide support to parents during stressful times in their lives:

- **Physicians:** If a parent is feeling sick, achy, or depressed frequently, he or she may want to see a physician. A physician can examine him or her to see if there is something physically wrong and give recommendations to feel better.
- **Counselors:** A counselor can be a good option if a parent feels like he or she needs to talk to someone with an unbiased view. Counselors can be sounding boards and also provide therapeutic interventions such as mindfulness, cognitive behavioral therapy, thought restructuring, and meditation. Counselors can also provide community resources that can be beneficial to parents.
- **Religious/spiritual advisor:** If the parent is religious or spiritual, his or her religious advisor may be a good option to reach out to. Religious advisors can provide parents with support and guidance connected to their religious or spiritual affiliation.



It is important to let parents know that there is professional help if they ever feel overwhelmed or discouraged. If they are feeling severely depressed or suicidal, the supervised visitation provider should seek immediate support for them.

Challenges to Self-Care

Many things can stand in the way of a parent and self-care. Supervised visitation providers can explain to parents that there may be challenges to self-care that they experience, but also encourage them not to get discouraged.

Challenges can include:

- Time restraints
- Feeling selfish for taking time for self-care

- Work responsibilities
- Childcare restrictions
- Errands
- Children's school work and activities

You should emphasize that although it can be difficult to find time for self-care, by routinely doing things for themselves, parents will enhance their energy levels and feel refreshed. Providers should explain to the parents that they should try to schedule time each day for themselves. Even if it is only ten minutes, getting those ten minutes to focus on themselves can make all the difference.

Conclusion

Self-care is crucial to keep parents healthy and to be active in their children's lives. It can be difficult to find time, but there are resources available to help parents along the way. Remember, self-care includes activities and practices that people engage in on a regular basis to maintain and enhance a parent's short-term and long-term health and well-being. When a parent is healthy and free of stress, he or she will be a more attentive parent and a good role model to his or her children.

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The Role of Parents in Their Children's Fitness and Activity Level

By: Sally Petterson

Introduction

The childhood obesity rate has tripled from the rate of the last generation. These rates are alarming, but there are solutions. One of the main ways to prevent and reverse childhood obesity is through healthy habits such as physical activity and good nutrition. Social service providers can work with parents to help them identify ways to help the children develop these healthy habits.



This article will focus on:

- Why physical activity is important for children's growth and health
- How parents can be instrumental in encouraging their children's physical activity
- Ideas for successfully encouraging various forms of activity
- A case example showing how to assist parents in encouraging their children's physical activity
- Resources for more activity ideas

The Importance of Physical Activity

Children who have active lifestyles and develop healthy fitness levels grow up to have better self esteems and are more motivated to participate in sports and other physical activities. Having high fitness levels as a child helps to lower the risk of developing Type 2 diabetes, lowers blood pressure, strengthens bones, and gives an overall more positive outlook on life.

Implications for Social Service Providers

The activity level of a child is important to the work of the social service provider because it provides a healthy outlet for the child's feelings, as well as encourages positive outlooks and higher confidence. Social service providers can discuss with parents the importance of encouraging activity with their children. Providing opportunities for physical activity amongst the child and parent may help to establish stronger bonds and increase mutual respect and

admiration. Creating active play opportunities at supervised visitation programs can help to provide an outlet for encouraging the physical activity of children!



Parents' Role in Fitness Levels

Children automatically look up to their parents to see how to act and react to situations. Studies have shown that parents significantly influence how children feel about fitness and activity. Knowing this, who is better to model how important physical activity is than parents and caretakers? Children pick up on

parents' cues, follow their leads, and learn by copying the actions of their family members.

Even parents who do not participate in much physical activity can still encourage their children to start picking up healthy physical habits early on in life. Studies have shown that encouraging children's activities is actually more influential than simply modeling healthy behavior. Parents can become involved in their children's activities and sports, as well as encourage their children to participate in physical activity.

Physical activity can be anything from a child chasing the dog around the park to running their first 5K. Physical fitness can be found in a variety of activities. Social service providers can help parents identify different types of activities parents and children can do together to encourage physical activity. Some activities that families can use to gain physical activity include:

- Go for a walk together.
 - To prevent a young child from getting bored, have them play a scavenger hunt where they have to find such things as a red door, three squirrels, someone riding a bike, etc.
- Go on a family bike ride
- Do yard work together
- Sign the child up for a sport
- Find out what activities are offered at the local YMCA
- Get involved in Boy Scouts or Girl Scouts
- Participate in a community fitness challenge
- Find other parents nearby and organize a play-date or neighborhood game of tag
- Have a jump-rope competition
- Walk or ride bikes to school or the grocery store.



- Set up an obstacle course together
- Go camping
- Adapt a board game to incorporate exercise. For example, in Monopoly, every time a player passes “Go,” they must do ten jumping jacks



The average child spends seven hours a day on media screens, such as TVs, computers, or video game consoles, which encourages an inactive lifestyle. To make sure children are getting the minimum daily physical activity they need (which is at least 2 hours for preschoolers and 1 hour for school-age children and older), parents should try to limit media time to ensure they find other healthy ways to entertain themselves.

Parents may try establishing regular times for daily physical activity. Simply going outside in nature can inspire a child to play.

Case Scenario

A client, Harold, age seven, gets dropped off by his mother to see his father at the local supervised visitation program. During the first few visits, you notice Harold seems to have a great deal of energy and has difficulty focusing, which is sometimes frustrating to his father during the visits. After getting to know the mother and building a rapport with her, you inquire about what Harold usually does in his spare time. His mother communicates her frustration at the amount of time Harold spends playing video games, so you ask if she is interested in any ideas to help encourage him to engage in other activities. After his mother expresses interest, you then take a few moments to go over several ideas to promote more physical activity in the household.

What are some examples you could give Harold’s mother to help increase his physical activity level?

Answer: Some ways to encourage Harold to become more involved in activities other than video games could be:

- *Involving Harold in caring for the family pets and accompanying his mother when she walks the dog*
- *Having him earn time with his video games by sweeping in the yard or porch or kitchen*
- *Talking to him about what types of games or sports he enjoys at school and finding teams outside of school he could participate in, while having his mother make time to encourage the activity by attending games or simply demonstrating sincere interest*
- *Getting involved in Boy Scouts*

One of the most important things to relay to Harold's mother is to help Harold perceive these activities as positive. For example, instead of having his mother force him to go outside and play, she can simply minimize the amount of time he is allowed to be on his video games. This gives Harold the opportunity to decide how else he'd like to spend his time when he is not playing video games, giving him a sense of control and autonomy about what activities he wants to engage in. His mother can then give him positive reinforcement when he is participating in physical activities, which can help foster excitement in Harold about the activities.

Resources

Below are some resources for parents to encourage their children to be physically active:

KidsHealth

This website provides several examples of different types of physical activity and why they are important for the growth of a child.

http://kidshealth.org/parent/nutrition_center/staying_fit/exercise.html

Parenting.org

This website provided by BoysTown gives general parenting tips, including ways to encourage physical fitness. It is a great resource for other parent concerns as well.

www.parenting.org

Fun Family Fitness Ideas

This article goes into depth about how to get the whole family involved in raising their fitness levels. It gives great ideas for encouraging family fitness.

http://www.sparkpeople.com/resource/fitness_articles.asp?id=382

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