Understanding and Working with Autistic Children to Improve their Success in School

Autism isn't a learning disability, but many people mistake it for one. Autism is a spectrum of closely related disorders with a shared core of symptoms. It is a pervasive developmental disorder, usually appearing in infancy and early childhood, causing delays in many basic areas of development such as learning to talk, play, and interact with others, and creating difficulties mastering certain academic skills.

The signs and symptoms of autism vary widely, as do its effects. Some autistic children have only mild impairments, while others have more obstacles to overcome. However, every child on the autism spectrum has problems, at least to some degree, in the following three areas: communicating verbally and non-verbally; relating to others and the world around them; and thinking and behaving flexibly.

Opinions vary widely among experts and parents about how best to treat it. One clear fact is the earlier the intervention, the greater their chance of treatment success. Early diagnosis is paramount, it is important not to take a "wait and see" approach. If you suspect a child may have autism, early, intensive intervention can make all the difference.

Signs and symptoms of autism can include:

- Regression in already developed behaviors and activities
- Lack of interest or engagement with others – avoiding eye contact
- Recoils at being touched
- Rhythmic, robotic or repetitious speech or movements
- Difficulty communicating – relaying or receiving
- Misunderstanding directions, statements, questions, vocal tones, facial expressions, etc.
- Obsessive, restricted, or inflexible behaviors
- Preoccupation with topic of interest – numbers, facts, etc.
- Unusual attachment to strange objects – rubber bands, keys, light switches, etc.
- Difficulty adapting to change
- Insistent on following rigid routines
- Overly sensitive to environmental sights, sounds and smells

A child's treatment is usually tailored according to his or her individual needs. Communication with the child's parents is essential in order to understand what treatment plan the child's doctor has developed. Special education services should also be tailored to the child's individual needs. They are often placed with other developmentally-delayed kids in small groups where they can receive more individual attention and specialized instruction. However, depending on their abilities, they may also spend at least part of the school day in a regular classroom. The goal is to place kids in the least restrictive environment possible where they are still able to learn.

It is important to provide safety and structure to children with autism spectrum disorder. Significant guidelines to follow include being consistent, sticking to a highly structured schedule or routine, praising and rewarding good behaviors, and setting boundaries that they can understand. Create a "safety zone" where they can go to relax and feel safe and secure – this may need to be safety proofed for children that are prone to tantrums or self-injurious behaviors.

Children with autism can become overwhelmed by environmental and emotional factors and may require sensory breaks for emotional regulation. Some of these self-stimulatory behaviors may involve rocking, spinning, tapping, hand flapping, head banging (which can actually soothe a child as long as the surface has padding), rubbing something textured, listening to music, exercising, etc. Frequency or length of these sensory breaks can vary by the child; some children may require a break every couple of hours. One goal is for the child to develop enough self-awareness to know when they need to stabilize, self-regulate and take a sensory break, and to know how to do these things. This will ultimately help them manage better in the world.

Connecting with a child with autism can be challenging, but you don't necessarily need to talk; you can also find non-verbal ways to communicate, such as a look, a touch, the tone of your voice and your body language. You should also be aware of the child's non-verbal cues such as facial expressions, gestures, and sounds they make. Understand their strengths and weakness, likes and dislikes, and how they best learn – seeing, listening, or doing.

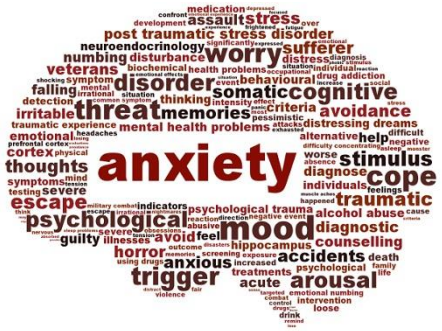
Observe and make yourself aware of what triggers a child's behavioral outbursts. These clues can be helpful in finding a more effective way to help. What time do these events most often happen? Does the same thing often happen first? Many behaviors are set off by an event. Tantrums can often be their way of communicating their frustration and trying to get your attention. Sometimes it just takes figuring out what the problem is. These triggers may involve:

- Sensory sensitivities – Does the room lighting change, such as turning off or on the lights? Certain sounds, such as a humming noise may be distracting; you can move the child away from it. Maybe they tune out because the material isn't engaging. If you're talking about dinosaurs and he's obsessed with machines, you can steer the topic a bit in his direction by spending some time talking about the machines used to study dinosaurs or dig up their bones. Recess may be difficult because the child realized he/she has no friends. Reach out to the other students. Don't assume they should know how to behave around an autistic child; teach them how and you may be astounded by how supportive they become.
- Inability to communicate their needs or physical pain – Are they tired, hungry, thirsty, feeling ill, or dislike the choice of food being served? Look for sources of pain – cuts/scrapes, splinters, bruises, infections, sitting position, etc. There may also be conflicts at home or school that are causing them internal stress. In these lack of communication situations, try using pictures, sign language or a keyboard instead.
- Coordination problems such as being unable to work a zipper, button a coat, place items where they want them to go, etc.

Some things in the classroom may be changeable, others are not; however there are many things you can do to fix the context, and not just the behaviors.

And don't forget to make time for fun. A child coping with autism is still a kid and there needs to be more to life than therapy. Figure out the activities that make them smile and laugh and come out of their shell. They are most likely able to enjoy these activities if they don't seem therapeutic, educational or feel like work, and there are tremendous benefits that result from spending unpressured time with you.

(Source: www.helpguide.org)



Childhood Anxiety Disorders

Anxiety is a natural human reaction, it's an alarm system that's activated whenever we perceive danger or a threat. When the body and mind react, one feels physical sensations, like dizziness, a rapid heartbeat, difficulty breathing, and sweaty or shaky hands and feet. Everyone experiences feelings of anxiety from time to time. These feelings can range from a mild sense of uneasiness to full-blown panic (or anywhere in between), depending on the person and the situation. It can be experienced in many different ways – physically, emotionally, and in the way people view the world around them.

It's natural for unfamiliar or challenging situations to prompt feelings of anxiety or nervousness in people of all ages. Kids feel it, too – when facing an important test or switching schools, for example. These experiences can trigger normal anxiety because they cause us to focus on the "what if's": What if I mess up? What if things don't go as I planned? Anxiety mainly relates to worry about what *might* happen – excessive worry, fear or doubt, leading to interference in academic and/or social activities.

Anxiety disorders are among the most common mental health conditions. Anxiety disorders affect about 40 million American adults and an estimated 10% of children. There are many different types of anxiety disorders, with different symptoms. But they all share one common trait – prolonged, intense anxiety that is out of proportion to the present situation and affects a person's daily life and happiness. Some typical childhood anxiety disorders include:

Generalized anxiety. With this common anxiety disorder, children worry excessively about many things, such as school, the health or safety of family members, or the future in general. They may always think of the worst that could happen. Along with the worry and dread, kids may have physical symptoms, such as headaches, stomachaches, muscle tension, or tiredness. Their worries might cause them to miss school or avoid social activities. With generalized anxiety, worries can feel like a burden, making life feel overwhelming or out of control.

Obsessive Compulsive Disorder (OCD). For a person with OCD, anxiety takes the form of obsessions (excessively preoccupying thoughts) and compulsions (repetitive actions to try to relieve anxiety).

Phobias. These are intense fears of specific things or situations that are not inherently dangerous, such as heights, dogs, or flying in an airplane. Phobias usually cause people to avoid the things they fear.

Social phobia (social anxiety). This anxiety is triggered by social situations or speaking in front of others. A less common form called selective mutism causes some kids and teens to be too fearful to talk at all in certain situations.

Panic attacks. These episodes of anxiety can occur for no apparent reason. During a panic attack, a child typically has sudden and intense physical symptoms that can include a pounding heart, shortness of breath, dizziness, numbness, or tingling feelings. Agoraphobia is an intense fear of panic attacks that causes a person to avoid going anywhere a panic attack could possibly occur.

Post-Traumatic Stress Disorder (PTSD). This type of anxiety disorder results from a traumatic past experience. Symptoms include flashbacks, nightmares, fear, and avoidance of the traumatic event that caused the anxiety.

Symptoms of an anxiety disorder can come on suddenly or can build gradually and linger. Sometimes worry creates a sense of doom and foreboding that seems to come out of nowhere. Kids with anxiety problems may not even know what's causing the emotions, worries, and sensations they have. Although all kids experience anxiety in certain situations, most (even those who live through traumatic events) don't develop anxiety disorders. Signs of an anxiety disorder include:

- Excessive worry most days of the week, for weeks on end
- Trouble sleeping at night or sleepiness during the day
- Restlessness or fatigue during waking hours
- Trouble concentrating
- Irritability
- Shortness of breath
- Heart palpitations
- An inability to be still and calm
- Dry mouth
- Nausea
- Muscle tension
- Headaches
- Dizziness

These problems can affect a child's day-to-day functioning, especially when it comes to concentrating in school, sleeping, and eating. Anxious children can be highly motivated but frustrated, easily discouraged, irritable and will often be tired in the classroom, become withdrawn and participate less and less in class.

It is common for kids to avoid talking about how they feel, because they're worried that others (especially their parents) might not understand. They may fear being judged or considered weak, scared, or "babyish." And although girls are more likely to express their anxiety, boys experience these feelings, too, and sometimes find it hard to talk about. This leads many kids to feel alone or misunderstood.

Here are some things you can do to help a child struggling with anxiety:

- Be attuned to the child’s feelings – acknowledge them in a supportive, nonjudgmental way.
- Talk openly about the child's symptoms and try to understand how they are affecting everyday life.
- Stay calm when a child becomes anxious.
- Recognize and praise accomplishments no matter how small.
- Avoid punishment for lack of progress or mistakes.
- Try to maintain a routine.
- Plan for transitions (extra time in the morning if getting to school is difficult).
- Communicate with other adults in the child’s life so that they can best support.
- Build the child’s coping techniques/relaxation methods – deep breathing, positive self-talk, time-outs.
- Be patient and positive.
- Remind the child that letting go of worry allows space for more happiness and fun.

(Sources: www.nimh.nih.gov; www.adaa.org; www.samhsa.gov)

Opiate/Opioids: Reaching Epidemic Proportions

Alarmingly, the use of opiates/opioids by teens has been steadily increasing. Opiates/opioids, classified as narcotic analgesics, are used to relieve pain and can cause numbness and induce a state of unconsciousness. This class of drugs is derived from the opium poppy plant and includes morphine and codeine. It also includes synthetic or partially synthetic formulas, such as Vicodin, Percodan, oxycodone, and heroin.

Teens may consider opioids as "safe" because opioids start out from a plant, and plants are natural, or because opioid drugs are synthetically manufactured in laboratories that are regulated. Opioids are used to help alleviate pain associated with injuries and/or surgeries.

Experts give two reasons for the high rate of painkiller use and abuse among teens. First, there is a myth of sorts among teens that because the drugs are legal and prescribed for legitimate medical use, they are safe. Teens may find the doctors' prescriptions to be a sort of seal of approval, justifying to themselves that the drugs are safe for all to use. Secondly, these drugs are initially easy to get by simply opening the family medicine cabinet or purchasing them from a schoolmate, family member or friend.

But safe, they are not. Opioids are extremely addictive. In addition to that, they present a number of risks to a teen's health. They can cause breathing and heart rate to slow to dangerously low levels, especially when combined with other drugs such as alcohol. Or they can cause cardiac arrest when mixed with certain stimulant drugs.

Furthermore, while most teen opioid abusers begin with prescription pain medications, many often find themselves turning to a much cheaper opioid alternative, HEROIN.

Many young people who use heroin reported abusing prescription opioids like Oxycontin or Vicodin first. Typically, their painkiller abuse started about two years before heroin use.

Users turn to heroin when it becomes easier to get than prescription pills. These days heroin, many times, is easier to purchase on the streets than prescription painkillers and it is also much, much cheaper.

The reality is heroin isn't at all what it used to be. Not only is the drug much more powerful than before, as the purity levels are so much higher than they were back in the 60's and 70's, but heroin also is no longer limited to the dirty-needle, back-alley experience so many of us picture.

Now it's as easy as purchasing a pill, because that's what heroin has become: a powder-filled capsule known as a button, designed to be broken open and snorted, that can be purchased for just $10. And it regularly can be found on varsity sports teams, on Ivy League campuses, and yes, in safe suburban neighborhoods.

These days, it is not the Janis Joplin's and Jim Morrison's making the headlines for their heroin/opioid overdose deaths but people like Cory Monteith, from the hit TV show, Glee.

More troubling, and even much more common than the famous, are those you never read about in the national headlines, only in the local obituaries. The high school star athlete, the cheerleader, the honor roll student and/or the student council member. Sadly, those are the ones we find ourselves reading about and wondering what could I have done?

The best treatment is always prevention and early intervention. Teens whose parents talk with them on a regular basis about the dangers of drugs are much less likely to use drugs than those whose parents do not. Yet, only one out of four teens say their parents have these conversations with them. For tips on talking to your kids about drugs, visit www.parents.com/kids/problems/drug-abuse/talking-to-your-child-about-drugs.

(Sources: www.drugfree.org; www.livestrong.com; www.philly.com; www.teenvogue.com)

As a parent, have you ever felt like you were speaking a language that your kids couldn't understand and just weren't being effective? Love and Logic is a philosophy of raising and teaching children which allows adults to be happier, empowered, and more skilled in their interactions with children. Love allows children to grow through their mistakes. Logic allows children to live with the consequences of their choices. Love and Logic is a way of working with children that puts parents and teachers back in control, teaches children to be responsible, and prepares young people to live in the real world, with its many choices and consequences.

Love and Logic offers adults an alternative way to communicate with children. The Love and Logic techniques produce immediate results because the techniques are simple, practical, and easy to learn. The concepts behind Love and Logic place a heavy emphasis on respect and dignity for children and at the same time allows parents to grasp simple approaches.

Implementing the techniques of love and logic will assist parents in: staying calm in stressful parenting situations; learning to create environments that stimulate responsibility, resiliency and academic achievement; preventing misbehavior; avoiding power struggles while setting limits; teaching character, responsibility, problem solving and strengthening communication.

Currently, trainings on Love & Logic are happening at Raymond Central High School. To learn more about Love & Logic or to register to attend one of these trainings visit www.talkaboutalcohol.org/toolkit-resources/love-and-logic.