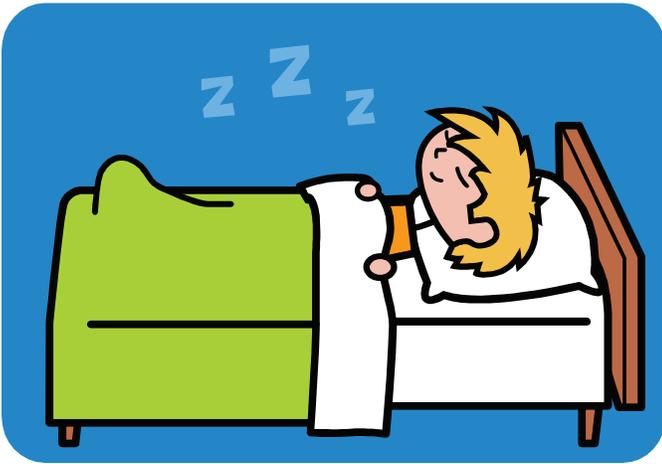


Helping Hand

Volume 20, Issue 8

An Overview of Childhood Sleep Disorders



Studies show that more than 2 million children suffer from sleep disorders. Typically, children require 9-10 hours of sleep per night, and the National Association of School Psychologists estimates that 30% of children may, at some point, struggle to meet these minimums. Sufficient deep-stage, REM (Rapid Eye Movement) sleep and non-REM sleep are essential to physical and emotional well-being, and children may display emotional and behavioral problem if they are deprived of this rejuvenating sleep for one reason or another.

There are several causes and implications of sleep disorders, and the severity of sleep disorders ranges from minor, and simple to treat, to more severe and

difficult to resolve. A pediatrician can be critical in determining whether or not the problem comes from an underlying physical issue that requires attention and treatment, so consultation may be advised. School counselors, teachers, and parents may have different experiences of a child who isn't sleeping well, so providing a doctor with information from school can be especially helpful.

Many sleep disorders are common and will fade away as the child grows up. Others may be due to an underlying physical condition that may need medical attention. Here is a brief overview of the most common sleep issues a child may face:

Sleep-walking may be seen in younger children who will generally outgrow it by adolescence. Some children may have trouble falling asleep due to anxiety, and may experience an improvement through emotional support and care from loved ones.

Bed-wetting can occur during non-REM sleep (primary enuresis) or during REM sleep (secondary enuresis), and may or may not be due to a physical or emotional issue.

Some children experience **night terrors**, which generally don't awaken a child, but may require clinical intervention if it doesn't resolve on its own.

Obstructive sleep apnea is experienced by a very small number of children (1-3%), and is typically resolved by the removal of the tonsils and adenoids.

Narcolepsy is a potentially serious neurological condition that causes irresistible urges to sleep and even hallucinations. Treatment may require scheduled and lengthy sleep at night and/or medications.

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Coping with Peer Illness/Loss

Children experience the illness or loss of classmates in many of the same ways as adults - They may feel sad or angry, or worry when what they feel is different than what others feel. They can dazzle with compassion or embarrass us. Children lack life experience and are still developing. This can lead them to believe that they are responsible for another child's suffering or to feeling jealous if another student is getting a lot of attention.

While a child or teen may not say much, he or she often thinks or feels a lot. Children lack verbal skills to share many complicated thoughts about illness and death. Also, a child may not be as focused on or aware of a peer's situation as we might expect. That's okay.

Children respond to illness and death in unique ways. Provide basic facts tailored to your child's age and personality. Let him or her know that adults are handling the situation. Encourage a card or visit to the sick child or surviving family if everyone will find this helpful. Limit adult-level conversation about the situation in front of your child. Provide extra affection and reassure your child, when true, that an illness is not catching and that you will do everything you can to keep him or her safe.



Impulse Control Disorders

One of the challenges of growing up is learning to control our impulses. Children with impulse control disorders have an especially hard time doing this. Impulse control disorders include trichotillomania (uncontrollable hair-pulling), pyromania (setting fires), and intermittent explosive disorder (uncontrollable sudden emotional outbursts). Some disorders like ADHD and drug abuse also involve impulse control problems.

No one knows for sure why some children get these disorders. It is usually less important to ferret out the cause than to find out what works to help a child do his or her best.

Parenting a child with an impulse control is especially difficult. He or she may be physically aggressive or do things that make him or her unpopular or that embarrass you. Usually counseling and medication help, and your child's pediatrician and school counselor can help you find the right specialist. As a parent, be realistic and store up good memories for times when you get frustrated and discouraged. Pay a lot of attention to the things you enjoy about your child. Make small, manageable goals for improvement instead of ones that are too big. Don't take your child's behavior personally. Pay attention to your child's motivations and look for opportunities to give rewards that match his or her interests. Be patient and take joy in small improvements.

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Involving Parents in Education

What can you do to get parents involved in their children's education? Parents are so busy that they may, unintentionally, overlook the subtleties of child-rearing. This does not necessarily mean that they are neglectful. Many just need a little guidance to help them help their children. When it comes to a child's inability to succeed in school, parent involvement can be critical. Studies have proven that children who have parent participation have better test scores and a higher percentage of homework done.

Parents often benefit from tips on helping their children with homework. They want and need to understand what their children are learning and how to help them at home. Parents can also engage teachers by requesting more information and providing more feedback about a child's ongoing studies. This will also strengthen the parent/teacher connection.

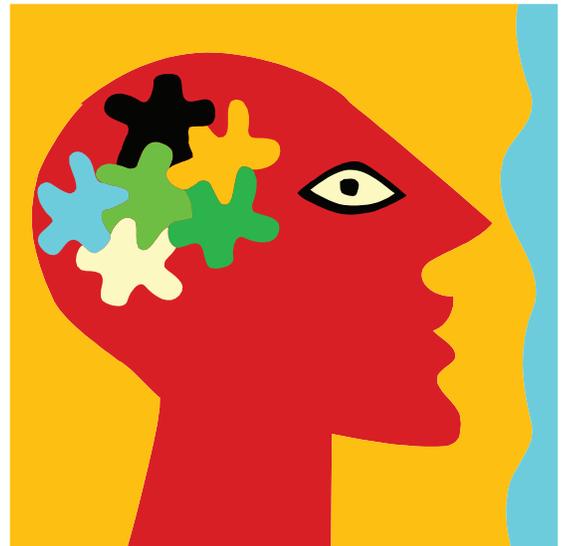
Parents need to be aware of the power their presence has on their children and their future. Parents can become more sensitive and less critical of children by recalling some of their own personal struggles, and providing support accordingly. A parent's positive attitude can provide a safer environment for children to ask questions and feel more confident in their ability to accomplish goals. With the help of teachers and parents our children will have the tools to grow and develop into contented and productive people.

Simple Solutions for Improving Memory

Have you ever suddenly remembered something because of a song on the radio or something you smelled? These memories are tied to the external experience at the time the memories are made. The memory is a vault for all of your experiences, not just formal education. Using more parts of your brain will help you improve memory. Try these simple techniques and tips for better memory retention.

Using the senses as well as phonics in learning enhances the brain's ability to memorize information. Using colors to help stimulate memorization works by allowing the individual to assign color to a specific role or theme. Verbal association allows us to talk ourselves through the information. This verbalizing helps solidify the information into memory. Kinesthetic (or touch) memory stimulates the most primary of memory functions. Touching, moving and the ability to work with the hands trigger the mind to assign memories to these physical sensations.

There are other techniques that can be used. For example, children are taught to use formulas to help with mathematical concepts, and mnemonics to memorize scientific information. *ScienceDaily* found that poor memory, and not low intelligence, in children may be the cause of under-achievement. In short, the brain and mind function best when truly engaged. Engage all parts of your mind and body to remember more things more easily.



Reference:
ScienceDaily Feb. 29, 2008

Talking About Methamphetamine

While the 2009 Monitoring the Future survey indicates that the number of young people using methamphetamine has stabilized, students are still at risk. Although some parents are leery of bringing up the subject due to their own history of use, most parents struggle with how to talk about drug abuse.

Prepare what you want your child to know (practice ahead of time) and then wait for an organic opportunity to bring it into the conversation.

Start with open-ended questions. Teens crave connection but worry that parents will immediately jump to conclusions. Stay away from “do this/don’t do that” when opening a conversation. Is your child worried about handling it if approached by a dealer or pressured by peers? Does he or she know what meth looks like? Is another student’s drug use worrying your child? What kinds of things would he or she find helpful from you?

Put yourself in your child’s shoes. How would you (at age 10 or 17) have felt about being approached the way you plan to talk to your child? Threatened? Judged? Supported?

At some point, do explain that you don’t want him or her to use the drug and share worries about safety and health risks. Chances are good, however, that by using these strategies you can meet your child in a good place.

Reference:

“Teen Marijuana Use Tilts Up, While Some Drugs Decline in Use” and related tables, <http://monitoringthefuture.org/data/09data.html#2009data-drugs>

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Some children may experience *delayed sleep-phase syndrome*, which is a disruption in the normal sleep (circadian) rhythm, that results in trouble falling asleep. Light therapy, gradual changes to a child’s daily sleep schedule, and/or brief medication therapy may be used to treat the problem.

Parents and educators will likely experience the first signs of a child’s sleep disorder, which may include crankiness, tiredness, and poor performance. A visit to the child’s physician may be helpful in identifying and treating a sleep disorder, and the quickest to ensure a good night’s sleep for everyone involved.

Reference:

American Academy of Child and Adolescent Psychiatry, “Children’s Sleep Problems,” http://www.aacap.org/cs/root/facts_for_families/childrens_sleep_problems

For more information, contact: