

New Baby? No Problem!



Having another child join the family may be one of the tougher things an older child has to deal with, but these tips from the University of Michigan Health Systems can help:

- Tell your child about your pregnancy when you tell your friends. He needs to hear about it from you, not from someone else.
- If you plan to move your child to a new bed and/or bedroom, do so well before the baby arrives, so she doesn't feel displaced by the baby. This also goes for any other major changes.
- Check with your hospital about sibling preparation classes and hospital tours.
- Bring your child to prenatal visits so he can meet your birth attendant.
- Give her a realistic idea of what to expect when the baby first arrives: You will be tired, and the baby will take a lot of your time. The baby will not be able to do much at first. The baby will not be a playmate.
- Visit friends with a new baby prior to your baby's arrival.
- Read books about pregnancy, birth, newborns, and baby siblings with your child. Give him a chance to ask questions, voice concerns, and vent feelings inspired by the books.
- Look at pictures/video of your older child's birth and babyhood. Tell her about her birth and what she was like as a baby.
- Have your child practice holding a doll and supporting the head. Teach him how to touch and hold a baby very gently.
- Let her participate in preparations in any way possible. Give her choices, such as choosing the baby's coming-home outfit.

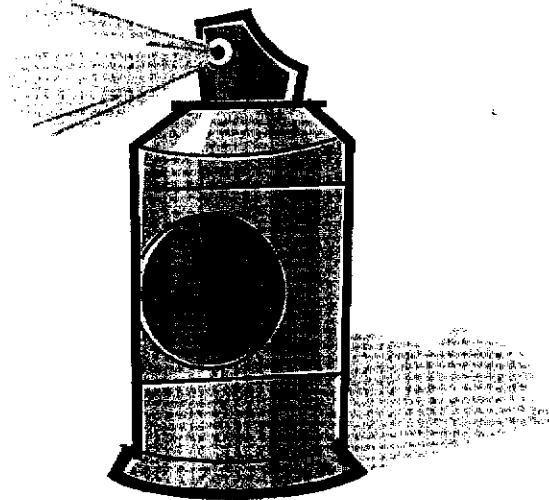
There are many things that can contribute to a difficult adjustment:

- A child's personality has the most influence on how he/she reacts to a new baby.
- Children with a closer relationship with their mothers show the most upset after the baby is born.
- Children with a closer relationship with their fathers seem to adjust better.
- Stress on the family can make your older child's adjustment harder.
- Your child's developmental stage may affect how well he/she accepts the new baby.

High Use of Inhalants Disturbing

An annual average of 593,000 adolescents ages 12 to 17 use inhalants for the first time each year, according to combined data from the 2002 to 2006 National Household Survey on Drug Use and Health (NSDUH). The NSDUH defines inhalants as “liquids, sprays, and gases that people sniff or inhale to get high or to make them feel good.”

The most frequently mentioned types of inhalant used were glue, shoe polish, or products containing toluene (29.6%); gasoline or lighter fluid (25.7%); and spray paints (24.4%)—household products that are readily accessible to many youths. Younger adolescents (ages 12 to 15) were most likely to use these three types of inhalants, while older youths (ages 16 or 17) were more likely to use nitrous oxide or whippets (products found in whipped cream canisters) (43.4% and 59.3%, respectively).



For more information about inhalant use, visit the National Inhalant Prevention Coalition at <http://www.inhalants.org/> or <http://www.cesar.umd.edu/cesar/cesarfax.asp> (CESAR FAX 17.12)

Texting Is a Pain

According to a recent article by Dan Cannon of *Ergonomics Today*, the Chartered Society of Physiotherapists has warned that the increase in text messaging may contribute to a rise in repetitive strain injury (RSI) in young thumbs.

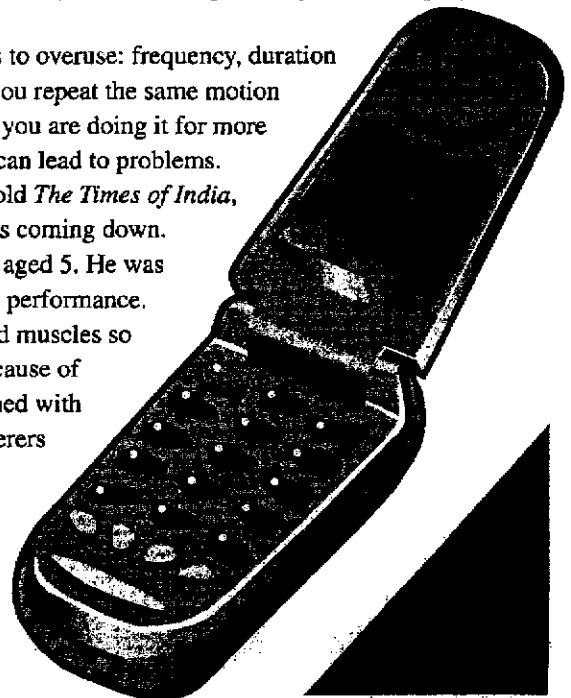
Sending text messages from cell phones—known as “texting”—is extremely popular with teens, as is chatting online and playing video games. Add them all up and you’ve got potential problems.

Bronwyn Clifford, of the Association of Chartered Physiotherapists, said recently, “Too much texting can result in pain and swelling of the tendons at the base of the thumb and wrist. The thumb is not a very dexterous digit. It is good at grasping but not good for repetitive movement.”

Clifford, who specializes in treating RSI, says there are three components to overuse: frequency, duration and intensity. With text messaging, she says you need to look at how often you repeat the same motion and over what period of time. If you are doing it for more than 10-15 minutes at a time, it can lead to problems.

Dr. Deepak Sharan recently told *The Times of India*, “Year by year, the age [of RSI] is coming down. The youngest we’ve treated was aged 5. He was brought to us for poor scholastic performance. We found he had RSI of the hand muscles so he couldn’t grip a pencil. All because of hours of computer usage combined with video gaming.” The biggest sufferers are college students and young adults, he added.

For more information, visit:
<http://www.ergoweb.com/news/detail.cfm?id=1188>



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If You Care You Share

Learning to care for—or share with—others can be difficult for young children because they are so focused on themselves. But, thinking about others—their feelings and their needs—is a critical social skill. Very young children know when someone is unhappy or hurt, but they need guidance to learn how to help.

As parents, there are many ways to help children learn to care for others:

Model caring. When you see someone in need, offer your help. Talk with your child about how good it makes you feel to help another person, even with something simple.

Praise helping. When you see your child do something to help others, notice it and mention that you appreciate it.

Offer opportunities for children to care and share. Arrange specific times for children to help each other. For example, ask one child to help another with a chore, teach someone a game, or share a special talent.

When someone is unhappy or needs help, talk about it as a family. For example, if the local news reports on a fire in your town, talk about it with your child.

Treat others the way you would like others to treat you. The best way to teach children how to care for others is to treat them with love and kindness, so they learn to give the same in return. Talk to your child about appropriate ways to help, speak, or play with others.

For more information, visit: www.bbblocks.samhsa.gov/family/talkingListening/caring_sharing.aspx



Adolescent Mental Health: An Insider's Look

Pervasive throughout all societies and cultures, mental illness impacts families, friends, employers, schools, and our health and judicial systems. National Institute of Mental Health (NIMH) researchers have found that, unlike most disabling physical diseases, mental illness begins early in life. Indeed, the Surgeon General has estimated that 20% of our nation's children under the age of 18 are affected with emotional and behavioral disorders, and between six to nine million of them are suffering from what are known as serious emotional disabilities (SED).

Half of all lifetime cases of mental illness begin by age 14. Each year, hundreds of thousands of young people are admitted to psychiatric hospitals, residential treatment centers, boot camps, therapeutic foster homes, and behavioral academies.

Book author (*The Forgotten Future: Adolescents in Crisis*) Deborah Clark Ebel believes that, while in some cases children and teens may be very appropriately referred to and treated in such facilities, it's time to question the validity and benefit of many of these out-of-home placements.

"Parents place their children into the care of inpatient mental health facilities expecting that their child will receive an intensive therapeutic experience, but often that does not happen," says Ebel.

Treatment for children and adolescents with severe mental illnesses has come under scrutiny in recent years following Seung-Hui Cho's massacre at Virginia Tech and other young people planning Columbine-style shootings. Privacy laws prohibit disclosure of any mental health treatment or psychiatric hospitalization that these young people may have received.

Opening Doors With Outside Activities

There are many reasons why parents enroll their children in extracurricular activities. Whatever the reason, the benefits of participating in these programs are numerous:

They broaden a child's horizons.

Participating in extracurricular activities enriches children's life experiences.

They promote physical development.

Playing a sport gets your child off the couch and onto the field.

They encourage team spirit and social skills.

Learning to be a team player is an essential life skill.

They teach time management.

Extracurricular activities require children to organize their time so that they can do their activities and succeed in school, while still finding time to eat and rest.

They build confidence.

When given opportunities to learn and excel in an activity, children build confidence, which in turn benefits them in all aspects of their lives.

They provide an outlet for stress.

Time away from the academics of school can serve as a great physical and psychological outlet for stress.

They lower the drug and alcohol risk.

Children who have busy lives filled with productive activities are far less likely to experiment with drugs than their less-involved peers.



They teach commitment and decision-making.

Extracurricular activities are a perfect opportunity to teach children about making decisions and sticking to a commitment. Discuss options with your children, but give them the power to decide which activities to sign up for.

For more information, visit:

http://school.discoveryeducation.com/parents/teacherlink/articles/extracurriculars_2.html

For more information, contact:

For information about the Chippewa Valley Coalition for Youth and Families, whose mission is promoting safe and drug free youth and supporting families and/or Student Assistance (drug and violence prevention) programs in Chippewa Valley Schools, please call 586/723-2360.