

Family and Children's Services Children's Developmental Services



Parents and caregivers please feel free to share this newsletter with your workers.

Newsletter
July/August 2006



Featured Article Attachment and the Special Needs Child

Attachment is often defined as the “theory of love.” It is the special emotion and commitment we feel for another person. We begin learning about the “theory of love” from the moment we are born and continue throughout our lifetime. Much has been written about how attachment develops between infants and their parents and how secure attachments result in confident, well-adjusted children and then adults. Attachment begins and grows as the parent and child strengthen their love for one another by “dancing together,” synchronizing their communication through touching, smiling, and playing. But what if the child’s ability to respond is altered by developmental delays or mental or physical conditions? A parent will face many challenges in creating a secure attachment and must work even harder to help their child develop a secure sense of self.

Pioneer researchers began looking at the relationship between parent and child decades ago. In the 1920’s Arnold Gesell, a famous pediatrician, and John B. Watson, a well-known psychologist, had conflicting theories regarding the treatment of children. Gesell suggested that children were what they were the minute they were born, and it didn’t matter what parents did to change or shape them. Watson, on the other hand, contended that children were completely a product of their environment and too much “spoiling” by parents—usually the mother—could be dangerous. Watson’s theory became well recognized and generally accepted in the US. Children were often told to keep quiet and left alone so as not to “spoil” them. Almost two decades later John Bowlby, who is now considered the father of the attachment theory, introduced the idea that the



www.childrensdisabilities.info

relationship between the mother and infant in the first years of life is the key to determining who we are, our ability to develop quality relationships, and our overall future well-being. Bowlby’s research has since been extensively studied by others and his ideas and beliefs have been confirmed.

In an ideal home, an infant will cry, smile, laugh, and even move his body in certain ways to communicate his needs to a parent, generally his mother. She responds to the infant’s needs and the “dance” between mother and infant is repeated over and over. Of course, a father can also create this dance. As the parent consistently meets the needs of the infant and the child, he begins to feel secure in his surroundings and grows to feel confident, positive, and comfortable with himself.

When a child has developmental delays, the dance between parent and child may not be as easy to achieve. For example, a premature infant who has developmental delays may not smile at the typical four to six weeks corrected age, she may not be able to coo, clap her hands, or even sit on the floor and play with mom and dad as a term child can. She may not give clear messages as to when she is hungry, tired, or over stimulated. If the parent has a difficult time understanding the babies cues, or the baby does not respond as expected, the “dance” is interrupted and the synchrony between them can be broken. Also, when a child is dependent on her mother for needs beyond the routine feeding, holding, playing each day, the dynamics of love between them can change. The mom may have to switch back and forth between the roles of being a nurse and mother, which can confuse both her and the child.

Because attachment is so critical to a child’s well-being, and attachment can be more difficult when a child has special needs, parents need to take extra effort to

understand their special child. From the moment the child arrives home, parents must watch carefully and learn what each behavior means through patterns, body and verbal language, and how he tolerates your interactions. He may be saying that he is ready for more touching, talking, or playing, or that he's had enough. As he grows he will be able to communicate more and more in his own special way. What's important is that parents respond appropriately. Kangaroo care, infant/child massage, and even yoga for kids are excellent tools for creating a bond between parent and child. The absolute key to developing a securely attached child is making him feel as if he is the center of the universe and that his parents understand and believe in him no matter what obstacles he may face.

Although the dance between parent and child may be more difficult to achieve when the child has special needs, it is equally—probably more—important. A securely attached child, and then adult, will have an optimistic and balanced life, and will most often contribute positively to the world.

Copyright Dianne Maroney.

Reprinted on Children's Disabilities Information with the author's permission. This article was printed in the Exceptional Parent magazine October 2001 issue, pp. 66-67. Dianne Maroney is the co-author of "Your Premature Baby and Child" (Berkley, 1999), a comprehensive handbook for preemie parents that gives critical information regarding the first five years of their preemie's life. Her website is <http://www.premature-infant.com/>

SIBLING SIDELINE



Growing up together

Most siblings cope very well with their childhood experiences and sometimes feel strengthened by them. They seem to do best when parents, and other adults in their lives, can accept their brother's or sister's disability and clearly value them as an individual. Avoiding family secrets, as well as giving siblings the chance to talk things over and express feelings and opinions, can go a long way to help them deal with worries and difficulties that are bound to arise from time to time.

Below we highlight some of the issues that often crop up for siblings of a disabled child, and some examples of the ways parents have found of responding to these:

Limited time and attention from parents

- Protect certain times to spend with siblings, e.g. bedtime, cinema once a month
- Organize short-term care for important events such as sports days
- Sometimes put the needs of siblings first and let them choose what to do

Why them and not me?

- Emphasize that no-one is to blame for their brother's or sister's difficulties
- Come to terms yourself with your child's disability
- Encourage siblings to see their brother or sister as a person with similarities and differences to themselves.
- Meet other families who have a child with a similar condition, perhaps through a support organization

Worry about bringing friends home

- Talk over how to explain a brother's or sister's difficulties to friends
- Invite friends round when the disabled child is away
- Don't expect siblings to always include the disabled child in their play or activities

Stressful situations at home

- Encourage siblings to develop their own social life
- A lock on a bedroom door can ensure privacy and avoid possessions being damaged
- Get professional advice about caring tasks and handling difficult behaviour in which siblings can be included
- Try to keep the family's sense of humour

Restrictions on family activities

- Try to find family activities that everyone can enjoy, e.g. swimming, picnics
- See if there are holiday schemes the sibling or disabled child can take part in

An adult sister remembers:

- Use help from family or friends with the disabled child or siblings

Guilt about being angry with a disabled brother or sister

- Make it clear that it's alright to be angry sometimes - strong feelings are part of any close relationship
- Share some of your own mixed feelings at times
- Siblings may want to talk to someone outside the family

Embarrassment about a brother or sister in public

- Realize that non-disabled relatives can be embarrassing, especially parents
- Find social situations where the disabled child is accepted
- If old enough, split up for a while when out together

Teasing or bullying about a brother or sister

- Recognize that this is a possibility.... and notice signs of distress
- Ask your child's school to encourage positive attitudes to disability
- Rehearse how to handle unpleasant remarks

Protectiveness about a very dependent or ill brother or sister

- Explain clearly about the diagnosis and expected prognosis - not knowing can be more worrying
- Make sure arrangements for the other children can be made in an emergency
- Allow siblings to express their anxiety and ask questions

Concerns about the future

- Talk over plans for the care of the disabled child with siblings and see what they think
- Find out about opportunities for genetic advice if this is relevant and what siblings want
- Encourage them to leave home when they are ready

I am one of five girls. I am the eldest and was 11 years old when Helen was born. She was a beautiful baby and I fell in love with her instantly.

However, as time went by I gathered from various overheard conversations that something was seriously amiss. Helen had profound physical and mental disabilities and there was a lot of disagreements between my parents on the best thing to do. There were loads of visitors and phone calls but no one ever really explained what was going on.

Eventually my parents joined the local Mencap group. They found this very helpful but I was not keen on having to join them in attending the social activities when I preferred to see my own friends.

One of the difficult things for me was not having enough of my parents' attention. As the eldest I was often the "little mother". I felt obliged to be supportive to my parents and felt guilty about resenting this. It was not acceptable to complain about Helen's behaviour even though she often bit or attacked us. I was told how lucky I was to have a sister like Helen - a view I did not always share!

It was not until I became an adult that my sisters and I actually talked together about our experiences of growing up with Helen. As a parent myself now I understand how tough it was for my parents. I realize too, that I would have had to compete for attention anyway with four sisters even if one had not had special needs. These days one of my greatest pleasures is the delighted smile on Helen's face when she sees me



“AN OASIS” – THE MULTI-SENSORY ROOM

Imagine yourself in a place with shimmering lights, cushioned floors, soothing music, strategically placed mirrors, and a variety of textures and activities to address all sensory needs.

Enter the magical world of the Multi-Sensory Room located at Family and Children's Services. Here you will find a wonderful blend of sights, sounds, textures and aromas. An environment filled with fascinating visual displays that surround and absorb. Colorful objects beckon to be touched and admired. Orbiting images, lights and colors make interesting diversions. Gentle vibrations and massage soothe the body and reduce stress. The atmosphere fills with pleasant sounds, while delicious aromas are subtly dispensed in the air. A true multi-sensory environment stimulates all of the senses. Our room incorporates equipment and materials that offer a broad range of sensory experiences.

Our room is designed to engage and stimulate the user's senses and provide a method for nurturing sensory integration. For most people, effective sensory processing and sensory integration occur automatically. Basically, it is the ability to take in, sort out, and connect information from the world around us through our senses. It is something we do every day to survive. But for individuals with disabilities and developmental delays, sensory integration can be a real challenge.

Research shows that multi-sensory environments offer a wealth of benefits. While being entertained in the room, the user can learn to attend, focus and relax. Through relaxation, they can learn coping skills and in becoming calm, develop focus and longer attention spans. This environment offers the participants and their caregivers an opportunity to improve communication and enhance their understanding of each other. Each individual's experience is unique.

The use of the room should be self-directed by the user and not focused towards any specific

educational or therapeutic outcomes. This approach creates an atmosphere of safety and security. Self-direction allows the caregiver an invaluable opportunity to see the user as they really are – free to make their own choices. The focus should be to assist the user to gain the maximum pleasure from the activity in which they are involved.

The Multi-Sensory Room is a wonderful experience to enjoy and share – and a place to replenish the spirit.

For more information on the Multi-Sensory Room at Family and Children's Services contact Brenda Witherspoon at 274-7787 Ext 243



CRAFT CORNER

"TEDDY" BEAR CAKE



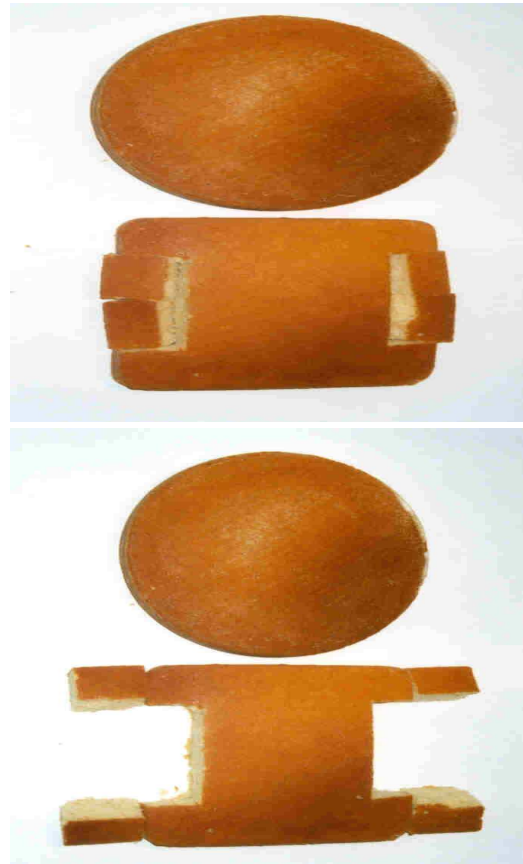
Instructions:

- 1) Bake a 9 inch round and a 9 inch square cake. Ensure that your pans are greased and floured so that cake removes from pan easily. Cool.
- 2) Cut 1 inch from top, 1 inch from bottom, and 1 inch into square cake (see picture at side). Cut again in half.
- 3) Arrange in shape of teddy bear.
- 4) Frost - cover with coconut and candies (for chocolate coconut - put coconut in a bowl pour in melted chocolate chips combined with a little margarine - knead chocolate into coconut with hands)

PAPER PLATE TEDDY BEARS

Need: Brown paint, paper plates, Scissors, Crayons, Red and Brown constructing paper, Brown yarn, Glue, and a Black pom pom.

Directions: Let the Children paint a paper plate brown. Give them a choice of light, medium and dark brown. When they are dry they can add construction paper ears, eyes and bow tie (or hair bow). Let the children glue on some brown yarn hair for texture. Draw a mouth and put on a pom pom nose.



Teddy Bear Rhyme

(Do the actions as you say the rhyme)

*Teddy Bear, Teddy Bear, turn around,
Teddy Bear, Teddy Bear, touch the ground,
Teddy Bear, Teddy Bear, reach up high
Teddy Bear, Teddy Bear, wink one eye,
Teddy Bear, Teddy Bear, slap your knees,
Teddy Bear, Teddy Bear, sit down please.*



Butterfly Thoughts

Young children are great examples of "living in the moment".....

And if we slow ourselves down
To BE in those moments with
them, there is no greater joy!

ANNOUNCEMENTS

The Community Integration Program of Family and Children's Services is running a Craft/Social Group. We will be running a combined age group once a week for children age 6-14 for the summer months.

Through July and August, while school is out, we will change the time of the group to early afternoon and have other activities as well. The group will continue throughout the fall as well. These dates will be determined in late August. Once school starts again, the time will be changed to after school and the schedule will go back to every 2 weeks

Dates for the group are: **1:00 – 3:00 p.m.**

July 19, 2006 – Lions Park

August 9, 2006- Teddy Bear Picnic Legion Park (bring teddy and a sandwich)

August 2, 2006 – craft

August 16, 2006 – Pizza Hut – making pizzas

August 23, 2006 - craft

The group will be held at Family and Children's Services in the Board Room unless otherwise indicated. When we go to the Parks and Pizza Hut please meet there and pick up there. Also remember to bring sunscreen for all outdoor activities.

To register for the group if you haven't done so already please contact *Debra Bruyere* at 274-7787 ext. 229. A registration form can be completed over the phone.

If you are already registered please RSVP if you will be attending.

Do you have something to Share? Please phone Debra Bruyere at 274-7787 ext. 229 or email debrabruyere@cas.gov.on.ca

Are you aware that Family and Children's services offer a variety of voluntary services within the Rainy River District? These services include:

Children's Mental Health Services –

Assisting children, adolescence and their families who may be experiencing emotional, social, and/or psychological problems in their school, family, and/or community life. Services are provided free of charge, for a wide range of difficulties from mild adjustment reactions to severe psychiatric problems in children ranging in age from birth up to 18 years.

Child Development –

Servicing children 0 – 6 years of age who are at risk for a delay, or children with a diagnosed physical, developmental or sensory disability. Some of the services provided include early intervention programs, developmental screening and assessments, assistance with transition to school for special needs children, and parenting programs on a group or individual basis.

Community Integration –

servicing children with a physical or developmental disability 6 years – 18 years and up to 21 years as long as they are in school. The primary focus of this program is to facilitate integration into the community. Some of the services provided include developmental assessments, advocacy in relation to other agencies, linkages to health, financial, and educational resources in the community.

Family Relief –

a program that provides families a respite period from the responsibility of the daily care of an individual with a physical and/or developmental disability. The three options to services include In-home respite – provided in the family home, Out-of-home respite – provided in the approved worker's home, and community participation – The individual is accompanied by their Family Relief Worker into the community to participate in community events or activities.

For more information about the above voluntary services please contact

Family and Children's Services

For Fort Frances call (807) 274-7787 or 1-800-465-7764 (Toll Free), for Atikokan call 597-2700, and for Rainy River call 852-3387.

To make a referral for service, please call Integrated Services Northwest, The Integrated Services for Northern Children Program for Single Point of access.

For Fort Frances, Rainy River and area call 274-9797, for Atikokan area call 583-2565.