

Camp Handouts

Day One

Presented by
Nancy Thomas



Sponsored by

FIRST YEAR OF LIFE CYCLE

1
NEED

4
TRUST

FREUD: ORAL
ERIKSON: TRUST VS. MISTRUST

2
RAGE
REACTION

3
GRATIFICATION
OR
RELIEF

NECESSARY INPUT

- a) Eye Contact
- b) Touch & Labyrinthine Stimulation
- c) Lactose
- d) Smiles

SECOND YEAR OF LIFE CYCLE

1
CHILD'S
WANTS

4
PARENTS ALLOW:
Increasing
Independence

FREUD: ANAL
ERIKSON: AUTONOMY
VS.
SHAME & DOUBT

2
PARENTS GIVE:
Optimal
Frustration or
Appropriate "NO"

3
CHILD GIVES
Acceptance of
Parental Requests

NORMAL
TWO YEAR OLD
NEGATIVISM

EXCERPT FROM *PARENT EDUCATION TEXT* BY FOSTER W. CLINE, M.D.

Causes

Any of the following conditions occurring to a child under 36 months of age puts a child at high risk for developing RAD:

1. Maternal ambivalence toward pregnancy
2. In-utero trauma, drugs, alcohol exposure
3. Abuse (physical, emotional, sexual)
4. Neglect
5. Sudden separation from primary caregiver
6. Undiagnosed or painful illness such as colic or ear infections
7. Inconsistent or inadequate day care
8. Chronic maternal depression
9. Several moves and/or placements (foster care, failed adoptions)
10. Unprepared mothers with poor parenting skills

Attachment Disorder Symptoms in Children

1. Superficially engaging & charming
2. Lack of eye contact on parent's terms
3. Indiscriminately affectionate with strangers
4. Not affectionate on Parents' terms (not cuddly)
5. Destructive to self, others and material things (accident prone)
6. Cruelty to animals
7. Lying about the obvious (crazy lying)
8. Stealing
9. No impulse controls (frequently acts hyperactive)
10. Learning Lags
11. Lack of cause and effect thinking
12. Lack of conscience
13. Abnormal eating patterns
14. Poor peer relationships
15. Preoccupation with fire
16. Preoccupation with blood & gore
17. Persistent nonsense questions & chatter
18. Inappropriately demanding & clingy
19. Abnormal speech patterns
20. Triangulation of adults
21. False allegations of abuse
22. Presumptive entitlement issues
23. Parents appear hostile and angry

Attachment Disorder Symptoms in Infants

1. Does not use crying appropriately to get someone to address needs
2. Often does not settle when needs are met by Mom (primary caregiver)
3. Overreacts or often startles to touch, sound and/or light
4. Listlessness with no medical reason (infant depression)
5. Limited holding onto or reaching for caregiver
6. Lack of appropriate stranger anxiety between 6 - 9 months of age
7. Shows minimal interest in interacting with people
8. Does not smile back or respond with activity to smiles or baby talk
9. Often does not follow human movement with their eyes
10. Avoids eye contact
11. Self abusive behavior (head banging- self biting- hair pulling)
12. Is resistant to cuddling (stiff)

Keys to Bonding High Risk Babies-Every minute you invest holding your child, smiling into their eyes is **ONE** HOUR less pain when they are teens

1. Breast feed if possible
2. Always hold bottle (NEVER prop it)
3. Carry the baby in a snugli or fabric carrier on the front, facing mom 4 to 6 hours daily
4. Massage baby 20 minutes each day while smiling and using high voice.
5. Hold & rock infant with loving eye contact, smiles and singing or reading in happy "baby talk" each day
6. Feed sweet milk in Mom's arms with soft eye contact; touch (stroke baby's face, hold fingers) loving voice.
7. Baby should nap daily resting skin to skin on Dad's chest,
8. Baby sleeps with or near parents at night. Be careful to avoid falls.
9. Do not allow baby to self-feed
10. No "baby carrier," baby is in arms
11. No stroller facing away from Mom
12. No one feeds baby except Mom
13. No one holds baby except for Mom and Dad unless less than five minutes/day
14. Baby must not be left to cry alone for longer than 3 minutes
15. Hold baby facing you-heart to heart
16. No exposure to TV for one full year
17. Delay painful medical procedures, if possible, until child is bonded
18. Play Mozart's music to soothe baby
19. Respond to baby's attempts to get your love & attention with joy!!!

The following information was drawn from the research and writings of Daniel Amen, M.D., Clinical Neuroscientist, Bruce Perry, M.D., Ph.D., Baylor College of Medicine and Bessel van der Kolk, M.D., Harvard Medical School.

“When your brain works right, so can you. When your brain doesn’t work right, neither can you.” Daniel Amen, M.D.

www.brainplace.com www.amenclinic.com

“Experience changes the brain.” Bruce Perry, M.D.

“Attachment is at the heart of all human endeavors.” Bruce Perry, M.D.

www.childtruma.org

R - Complex (reactionary mind/brain stem)

Survival mode

Fight - Defensive, tantrums, argues, negative

Flight - Runs away, hypervigilant, stress-filled, anxious

Freeze - Shuts down emotions, shuts down learning, disassociates

R - Complex is activated by:

Fear, threats, intimidation, criticism and negative input

Limbic System (emotional mind)

Emotions, love, kindness, caring, appreciation, compassion, attachment
(this is the normal filter)

Limbic System is activated by:

Feeling of safety, acceptance, up and down movement

Neocortex (thinking cap)

Reasoning, planning speech, language, sight, hearing, creativity, analyzing, time, logic, most school work (reading, math, science, English and test taking)

Neocortex is activated by:

Joy, laughter, oxygen and Mozart’s music

Temporal lobes (memories and experience)

Left side damage - violence, learning problems, temper, aggression, irritability, language, listening and reading

Right side - mood stability, social cues, such as reading facial expression, rhythm and music.

Highly affected by:

Caffeine and nicotine which decreases the blood flow

Sleep deprivation show less activity in these lobes.

Optimize Lobe health with

Music, positive and complicated and positive input.

Children need to sleep ten-twelve hours a night, NO light on.

Basal Ganglia - highly damaged by PTSD

Under active - not enough dopamine,

Attention Deficit Disorder,

Poor handwriting,

Parkinson's disease,

Lack of motivation, tiredness

Optimize by: Ritalin increases dopamine, protein increases dopamine, more oxygen, positive thoughts and exercise.

Over active - too much dopamine,

anxiety disorders, panic attacks, freezing during stress,

Tourette syndrome, hyper vigilance, heightened fear.

Optimize L-Tryptophan (5-HTP) at bedtime, improves sleep, decreases aggression, improves mood, increases serotonin. St. John's Wort, no Ritalin

Cingulate Gyrus (The gear shifter)

ODD- Oppositional Defiant Disorder

OCD- Obsessive Compulsive Disorder

Inability to shift from the inner core to the outer cortex

Optimize by:

Correct quickly (do not allow repeat of any behavior, especially arguing) consequence the first time.

Exercise increases oxygen to the brain

Deep belly laughs

Positive input

Strong sitting (quiet, calm, open breathing, time to shift gears)

Research from **Bessel van der Kolk, MD**

Left

Right

LOGIC

COPING

DATE

EMOTIONS

TIME

FACTS

ORGANIZE

SEQUENCE

IDENTITY

LANGUAGE

“Traditional therapy is useless for severely traumatized people, but especially children because it does not reach the parts of the brain that were most impacted by trauma.”
Bessel van der Kolk, M.D.

Camp Handouts

Day Two



Attachment Therapy

Why traditional therapies fail with RAD kids:

Establishing relationship with client not possible

Brain structure (Bessel van der Kolk, MD)

Con, manipulate, lie, control

Must utilize mother as the change agent

Mother is an essential part of the bonding (not in the waiting room).

Empower the mother with right techniques/skills. Parenting and therapy must go hand in hand.

Instant availability (commitment) the covert message, “You are important!”

Time is based on needs of child/family not on 50-minute hour. Session is over when child is calm never in mid-rage.

Attachment therapists are highly trained and skilled in dealing with rage-filled children. Heart surgeons don’t read a book then cut!

Confrontive techniques are used to deal with issues. “Waiting until they are ready” does not work with this level of pathology.

Success is based on behavior in the home not in the therapist’s office.

Support Ideas

1. Realize this is a very painful situation. If you are on the Mom's side, you are on the child's side. If you take the child's side against the Mom, they both lose.
 2. Listen with open ears and hearts. Not judging, not being critical. Condemning, criticizing or blaming Does Not Help! Lift the burden, don't load it down.
 3. Make short, loving phone calls (occasionally) to listen and encourage, not to advise, not to gather information or "check on them". Tell her she can call whenever she needs an ear.
 4. Take her to lunch or dinner.
 5. Rent a funny movie and share it.
 6. Send her flowers, chocolate or cards with love and a smile in it.
 7. Bring her some dinner or baked goods.
 8. Hugs are always healing. Moms need 12 a day minimum.
 9. Do Not give unasked for advice.
 10. Take all information as confidential.
 11. Pray for them.
 12. It is very helpful to educate yourself about Attachment Disorder.
 13. Run errands to help lift the load.
 14. Take the kids somewhere for the afternoon. Be sure she knows it's because she deserves a break and not because she can't handle it.
 15. Give her a gift certificate for a massage, hair salon, hot springs
 16. Give her Mozart's music or some other calming or uplifting tunes.
 17. Give her a stuffed animal filled with love for her inner child.
 18. Give her one of the Chicken Soup for the Soul books.
 19. Scratch her back, pat her shoulder.
 20. Buy her bubble bath and watch the kids for an hour or so while she soaks to music.
 21. Remind her of her special traits and talents.
 22. Tell the child often, in front of her, how lucky they are to have a mom like this.
 23. Absolutely, never show up without calling to check for an appropriate time to visit.
 24. Never tell her to "Just love the child more". If you already have, beg forgiveness for not understanding.
- **** Do not say, "Let me know if I can help." Instead, do one or more of the above

Give Me a Break!

Providing respite/relief/child care for families with special needs children with emotional disorders such as RAD

Regular Respite

To allow parents to have a life and maintain adult relationships

Parents can have a break

Child is “normal”

Child can play with other kids

Child can join in family activities

Regularly scheduled to maintain emotional health of parents

This should be provided by an approved friend or family member

Therapeutic Respite

To lift parents burden and help child continue toward healing

Parents need a break or to maintain emotional health of parents

Child is emotionally disturbed (RAD)

No bonding activities (eye contact, hugs, smiles, hugs, sugar)

Tight structure

Child does not play or interact with other children or pets

Absolutely no television, video games, or computer

Parents are supported and encouraged-never blamed or questioned

This should be provided by a well-trained adult

Therapeutic Motivational Respite

To motivate child to appreciate and reach toward real parents (attitude adjustment)

Not more than 10 days away from family

Should be prescribed by therapist

Emotionally disturbed child is blowing out or stuck in bad behavior

Non-punitive and not “mean” or cruel

Child works on life with chores/writing papers/apology letters etc.

No bonding activities -no playtime

Maintain tight structure

Soup kitchen meals three times daily

This should be provided by a well trained, experienced therapeutic parent

NORMAL STAGES OF INTERNALIZATION

STAGE 1

"I'll take it"

(1-3 years old)

-Represents primary process thinking.
(no lid on the id)

STAGE 2

"I would like to take it, but dad (mom) would kill me!" Parents seem as all powerful in size, power and mental ability.

(2-5 years)

-Represents causative thinking although primitive. (even this is not present in severely unattached) they steal unless parent is in sight.
(outside lid on id)

STAGE 3

"I would take it but my parents might find out."

(still fearful, 5-7 years)

-They show playful causative thinking. The child is "playing the odds".

(partial lid on id)

STAGE 4

"I would take it, but if mom found out, she'd be upset."

(wistful, 6-9 years)

-Shows solid beginning of internalization of object

(Lid on id)

STAGE 5

"I would take it, but I don't feel good about doing things like that."

(7-11 years)

-Internalization is complete and the child's own moral values are in place.

(superego complete)

from Understanding and Treating the Severely Disturbed Child
by Foster Cline MD

Recommended Reading

Adopting the Hurt Child, Gregory Keck, PhD. & Kupecky,
Pinon Press '95

Attaching and Adoption, Deborah Gray 2002

High Risk: Children Without a Conscience, Dr. Ken Magid and
Carole McKelvey, Bantam Books 1989

Understanding and Treating the Severely Disturbed Child 1979

also

Parent Education Text "What shall we do with this Child" 1982

also

Conscienceless Acts Societal Mayhem 1995

Above four books by Foster Cline M.D./available through Institute for
Attachment & Child Development,(303) 674-1910

Holding Time, Martha Welsh M.D. Simon and Schuster 1988

The Miracle Worker, William Gibson Bantam Books/Perma 1962

The Secret Life of The Unborn Child, Thomas Verny, M.D.

Dell publishing a division of Bantam 1981

Can this Child be Saved?, Foster Cline, M.D. & Kathy Holding

Ghosts from the Nursery Robin Karr-Morse

Therapeutic Parenting it's an Attitude, by Deborah Hage

Touching (the Human Significance of the skin), Ashley Montagu

Harper and Row Publishers

Facilitating Developmental Attachment, Hughes, D.A, Northvale, NJ:
Jason Aronson Inc.,1997

The Family Virtues Guide, Linda Kavelin Popov, Penguin Books

Attachment, Trauma, and Healing. Levy, and Orlans, 98, CWLA Pub.

Becoming Attached, Karen, 94, Oxford, NY: Oxford University Press.

Parenting with Love and Logic Jim Fay and Foster Cline

Broken Hearts: Wounded Minds by Elizabeth Randolph, MSN,

PhD/available through Families by Design, 970-984-2222/
www.attachment.org

www.attachment.org

The Handbook of Attachment Interventions by Levy, Academic

Press 1999, available through Families by Design, 970-984-2222 /

www.attachment.org

When Love is Not Enough, Nancy Thomas, 1997, available through

Families by Design, 970-984-2222/www.attachment.org

99 Ways to Drive Your Child Sane by Brita St. Clair, available through

Families by Design, 970-984-2222/www.attachment.org

Parenting the Hurt Child, by Greg Keck, PhD

Change Your Brain, Change Your Life, by Daniel Amen, MD

Healing the Hardware of the Soul, by Daniel Amen, MD

Broken Hearts, Wounded Minds, by Elizabeth Randolph, MSN, PhD

Camp Handouts

Day Three



Lighting the fires of learning with RAD & ADD

#1 Take good care of yourself!

A+ sleep, nutrition, quiet time, home preparation (including alarm)
Laughter has been clocked at 70 MPH! Use it to blow your problems away!

Contact other parents for support

www.attachment.org www.deborahhage.com www.attach.org
www.syix.com/adsg www.attachment-ga.com

#2 Use personal power to establish respect

The child will internalize the parent of perceived power, if there is none - they will internalize their own rage and not learn to trust.

#3 Create and maintain a heart to heart connection

Eye contact+ touch+ movement+ smiles+ lactose= bonding & trust

Appreciation builds bonds! !

A secret weapon!!

Snuggle time is a time to share feelings and laughter with each other! Try singing lullabies, telling fairy tales, doing the itsy bitsy spider.(all with eye contact, touch, smiles, and movement, and sugar!!!) Slip them a caramel for the milk sugar! The chewiness keeps them quiet longer and simulates the same sucking and jaw motion as a nursing infant!

#4 Set limits and help child accept limits

Respectful, Responsible and Fun To Be Around = LOVABLE

Behavior receiving the most pizzazz is the one the child will repeat!

#5 Teach self-control

Basic compliance= Come, Go, No, Sit, Stay (should be learned by 18 months of age)

#6 Super charge your expectations of responsibility

Chores should be done- fast & snappy and right the first time.

The chore is not as important as the child!

#7 Be sure child makes restitution for damage
child must earn the money and pay back double to learn from it

#8 Remove barriers between you and your child
Don't let material things get between you and your relationship
Turn off the TV!

#9 Avoid the wrong control battles and win the war against rage

NO WARNINGS

NO SECOND CHANCES

NO FOOD OR BATHROOM ISSUES

NO CLOTHING, HAIR DOS, OR FRIENDS HASSLES

NO ANGER (THEY FEED ON IT)

NO UN-ASKED FOR ADVICE (covert message: you can't think
for yourself!)

#10 Teach child to think for him/herself

Natural consequences

Super natural consequences

Always given with empathy (no anger)

Planned to turn child's thoughts to the inside rather than the
outside

#11 Help child to process feelings

(These can be discussed or written by the child)

* WHAT HAPPENED?

* WHAT WAS I FEELING?

* HOW DID I HANDLE IT?

* HOW DID IT WORK OUT FOR ME?

* HOW AM I GOING TO HANDLE IT IN THE FUTURE?

Some parents yell so loud the child can't hear his inner voice.

(Talk less)

#12 Build self-esteem

We attract the same level of self-esteem in friends that we have.

Use **conditional** positives to build self-esteem

5 POSITIVES = 1 NEGATIVE (Just to balance it out!!)

Privilege Schedule

Privileges **MUST** be earned or the child will blow it to let you know they cannot handle so much.

Children with RAD do not handle activities well. Too much, too soon, sets them up for failure. Examples of possible requirements are: being respectful, responsible, and fun to be around. An example of being respectful would be saying “yes, mom” or “yes, dad” with eye contact. An example of being responsible would be doing chores fast and snappy and right the first time, making their bed daily, remembering to take medications with no reminder. Examples of being fun to be around would be: no unscheduled tantrums, being considerate to siblings, being willing to help, an attitude of gratitude. Tie in something pertaining to the goal, such as not interacting with the pets in order to earn their petting privilege.

The plan is written out and reviewed with child. The goals are selected and set steps to achieve goals are reviewed. The steps to achieve each goal must be attainable! Written plan is posted on the fridge. The goals are cumulative. The plan is to give rather than continually take away privileges!!

Goal setting is a very important skill for the child to learn.

Children need to have playtime everyday!

Daily Fun activities that should not require earning:

Reading (book is selected by parent)

Legos, Lincoln logs, toy farm sets, erector sets, etc.

Drawing/coloring (washable crayons only)

Jumping on a mini tramp (with adult present)

GOAL WORKSHEET

PRIVILEGE TO EARN

PARENT EXPECTATIONS

LENGTH OF TIME

EXAMPLE:

BUNGIE CORD JUMPING
PAID/ WILL WRITTEN

MONEY EARNED FOR LIFE INSURANCE/DEBTS
TWO MONTHS

Camp Handouts

Day Four



Teacher on the Team

DO:

- * Use Action Not Anger
- * Pizzazz Positive Behaviors
- * Communicate with Parents
- * Hold Student Accountable
- * Consequence the FIRST time
- * Have a Take - a - Hike Plan
- * Use a Think Spot for Power Sitting
- * Assign "Chores" for Restitution
- * Give Conditional Positives
- * Maintain a Professional Attitude
- * Support the Mom

NO:

- * Anger
- * Warnings / Second Chances
- * Bribes
- * Special Reminders / Lectures
- * One on One Time along
- * Unconditional Positives/Neg
- * Motherly / Nurturing Role
- * Notes Sent w/ Student
- * Homework for Parents
- * Class Pet Privilege
- * Hugs on Demand
- * Special Powers Over Others
- * Doubt Student Knows Rules
- * Co-dependent "Everyone Smiling"

RESOURCES

The Love and Logic Series for Teachers

To order: Cline/Fay, 800- 338-4065

Interpreting Children's Drawings

by DiLeo at Brunner/Mazel

Learning Disorders and

School Problems by Dr. Cline

To order: Institute for Attachment
& Child Development 303-674-1910

The Secret World of Drawings, Healing through Art

by Furth at Sigo Press

Captive in the Classroom DVD

(Teaching and Surviving Reactive
Attachment Disordered Students)

To order: 970-984-2222

The RAD Q assessment tool

To: order: The Institute for
Attachment and Child
Development, 303-674-1910

The Educators Virtues Guide

By Linda Kavolin Papov

Reliable websites:

www.attachment.org

www.attach.org

www.deborahhage.com

www.attachment-ga.com

www.diannecraft.org

Attachment Disorder Symptoms

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14. Poor peer relationships
15. Preoccupation with fire
16. Preoccupation with blood & gore
17. Persistent nonsense questions & chatter
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19. Abnormal speech patterns
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Depression Symptoms

1. Persistent feelings of sadness
2. Discouragement about the future
3. Limited ability to problem solve
4. Feelings of failure
5. Lack of satisfaction over things that used to satisfy
6. Feelings of guilt
7. Feeling like you are being punished
8. Disappointment in self or performance
9. Being critical of yourself for mistakes or weaknesses
10. Having thoughts or plans of suicide
11. Not feeling hopeful about the future
12. Inability to make decisions
13. Lack of concentration
14. Feelings of looking unattractive or old
15. Profuse tears or inability to cry
16. More easily annoyed or irritated
17. Loss of interest in other people
18. Difficulty getting started on projects
19. Inability to sleep restfully
20. Less energy/easily tired
21. Change in appetite, increase/decrease
22. Rapid weight loss or weight gain
23. Concern about physical problems, aches, pains
24. Loss of interest in sex

Post Traumatic Stress Disorder (PTSD) Symptoms

1. Exposure to event(s) involving trauma, threats or serious injury
2. Exposure to event(s) involving intense fear, helplessness or horror
3. Recurrent memories of traumatic event(s)
4. Recurrent distressing dreams of traumatic event(s)
5. Feelings of the trauma recurring
6. Intense distress at exposure to cues symbolizing part of the event
7. Physical response on exposure to cues symbolizing event
8. Efforts to avoid thoughts, feelings or discussion of trauma
9. Efforts to avoid activities, places, or people that arouse memories
10. Inability to recall an important aspect of the trauma
11. Markedly diminished interest or participation in significant activities
12. Feelings of detachment or estrangement from others
13. Restricted range of facial expressions (affect)
14. Sense of hopelessness about the future
15. Difficulty falling or staying asleep
16. Irritability or outbursts of anger
17. Difficulty concentrating
18. Hyper vigilance
19. Exaggerated startle response
20. Duration of the disturbance more than one month

PTSD Secondary Trauma Symptoms

1. Realization that things between you and others
2. You are no longer the same person as you were before
3. Inability to enjoy yourself with others in the same way
4. Feeling that you are unlike other people
5. Feeling disconnected from other people
6. Loneliness and alienation
7. Damaged sense of self worth/lowered self-esteem
8. Feeling out of control emotionally
9. Development of physical problems
10. Excessive immersion in work
11. View of yourself and place in the world changes
12. Development of selective perception
13. More attuned to dangers
14. Loss of illusions of security
15. Loss of meaning in your existence
16. Loss of feeling of control
17. Development of victim identity
18. Fatigue and depression
19. Denial
20. Alternate between trying harder and giving up
21. Decrease in sex drive
22. Stress on significant relationships (marriage, etc.)
23. Helplessness, hopelessness, and anger = rage

Nutrition

Camp Handouts

Day Five



Ancient Water Tortures

Talking: This is the first area that a child must gain self-control to begin the healing process.

- Lies
- Dumb questions
- Unclear Speech
- Jabbering
- Swearing
- Not answering
- Why?
- Arguing
- I don't know
- Not accepting responsibility
- Interrupting
- Whining

Consequences vs. Punishment

Punishment turns thoughts to the outside of the child. Consequences turn their thoughts inside.

Dramatic Displays: Children need to be kept in close until they no longer need an audience to manipulate.

- Flipping the bird
- Overdramatic
- Pity Parties
- Fit Throwing
- Aggression
- Eye Rolling

Excretions: It is essential that the child be 100% responsible for clean up of their own excretions after the age of five.

- Urine
- Feces
- Flatulence
- Nasal Discharge
- Spitting

Food Issues: You can't make them eat it and you can't make them stop. They have to learn to control themselves. A parent's obligation as the nurturer is to provide nutritious meals three times a day for each child.

- Hiding food
- Eating too much
- Not eating
- Picky eating
- Eating rudely

Friends and Family: Relationships must begin between the mother and child and then generalize to the father, to the family, to the community, to the world.

- Peer relationships
- Siblings' rights
- Abusing other kids
- Tattling
- Pets

Prescribing the Problem: When it's not harmful to the child and there is no way you can physically stop them, one avenue of intervention is prescribing the problem.

- Chewing clothes
- Chewing hands
- Thumb sucking
- Biting nails, lips, toes
- Cracking knuckles
- Picking boogers
- Picking scabs
- Masturbating

Medical Issues: Crying wolf, a very common occurrence, and sometimes there is a wolf. We need to be careful we do not become callous or conned.

- Medical exams
- Illness denying
- Claiming fake
- Nutrition
- Allergies

Bedtime Issues: Children need to sleep 10 to 12 hours a night with no light on. Adults need to sleep 8 hours a night with no light on.

- Setting alarm off
- Not going to bed
- Noise at night
- Getting them up in the am and dressed

Restitution/Respite/Responsibility

Restitution for stolen or intentionally stolen items should be double the replacement value of the item. It is the child's responsibility to fill in the hole they dig with their inappropriate behaviors. The way they fill it in is by paying back with their time, their talent or their energy.

- Stealing
- Running away
- Knives/weapons
- Destroying property
- Sabotaging fun
- Hygiene

From Others Toward Parents: Sometimes we have to say No I Won't and You Can't Make Me to members of the community who do not understand our special needs children. No I won't put my child in harm's way by giving them freedoms they can't handle. No I won't let you sabotage the bond my child needs to establish to have a healthy heart and a life filled with love. No I won't let you sabotage and undermine my confidence in doing what is right for my child. And you can't make me stop doing all I can to help my child.

- Parenting too tough, Nazis
- Not strict enough
- Munchausen's, Histrionic, Borderline, etc.
- Bad parent
- Don't like/love child
- Scape-goating child
- Try harder
- Just love him more