



Psyche Matters

The Newsletter of the Sullivan Center for Children

What's With the Attitude?!

by Mark Barnes, Ph.D.

That is the phrase I hear many parents say to their teenagers. It seems to most parents, that when their charming, intelligent and happy-go-lucky child of twelve turns into a moody, sullen and agitated thirteen year old that their child has become possessed by various attitudes, none of them very positive. By the time the teen reaches the age of eighteen, the majority of parents are often looking for the nearest college, friend or relative where they can ship the fruit of their loins. I chose to write about these difficult times for this edition of the newsletter because I have a message of hope. Simply put; this too will pass.

There are two fundamental processes at work during an adolescent's development. The first and most powerful is the young person's drive toward independence. It is developmentally appropriate for teens to argue, defy and experiment with limit testing. This is especially true within their nuclear family. Teens need to become something other than what they see in their family. These are the ways in which they exercise their developing independence and claim their difference and autonomy. In doing this, they often carry a surly attitude, are somewhat irritable, usually impatient and often rude in their interactions

with adults. This is normal and this too will pass.

Adolescents need to experiment with making their own decisions about sex, drugs and rock-n-roll. Parents have the difficult task, at this time, to trust that they have taught their kids well. It is time for mom and dad to see if the work they have put into helping their teen exercise good judgment will come to fruition. As adults we know what decisions should be made. However we only know that because we have been allowed to make our own decisions and learn from our mistakes. When we chose one thing over another we learned from the consequences of our choice. Your son or daughter will learn as you did.

I know it is very hard to believe in that process but as a seasoned (euphemism for old) clinician I have seen it work over and over again. A parent can rest on the fact that this too will pass.

The second process at work in an adolescent's developing psychology is his or her identity formation. Teens need to figure out who and what they are going to be as a grown up. They know

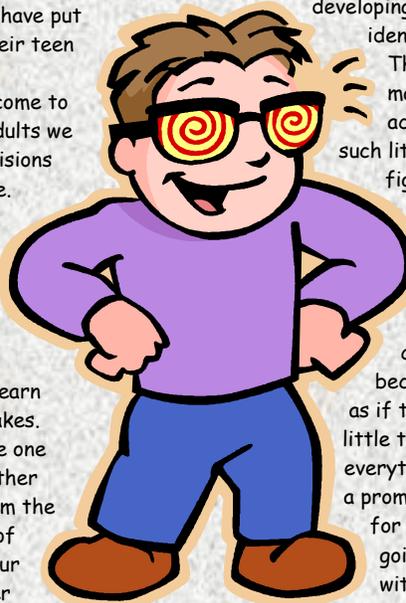
only one thing for sure....THEY DO NOT WANT TO BECOME THEIR PARENTS! This proves to be a confusing and often painful time for them. They are pressed by peers, the media, and familial, social or cultural expectations. Spiritual, ethnic and societal values also play roles in the

developing adolescent's identity formation.

There are so many factors to account for, and such little time to figure out how to be 'me'. The average teen feels like every issue is a critical issue because they feel as if there is so little time to figure everything out. From a prom to registering

for college to going camping with a group of friends decisions about what to do, who to become and how to transform are heavy and critical. Add to this, their tenuous feelings about themselves in terms of fitting in with others and how they look to their peers and we have a recipe for ATTITUDE. Parents know and hope to communicate with their teens that this too will pass.

The key is finding a way to facilitate communication with the



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adolescent/young adult. Parents who can accept their adolescent's developing identity, tolerate their growing pains and empathize with their feelings have a better chance of knowing what is going on with their child. If these key guidelines are followed then the teen and parent, can often talk about the growing up process and both can breath a sigh of relief as they say, "This too will pass."

In upcoming issues I hope to address some important, yet simple, ways to keep a healthy connection with the developing adolescent.

What is Autism?

by Laurie Rabens, Ph.D.

Autism. This is a term we hear more and more these days. Many of you may know a friend or relative who has been diagnosed with an Autism Spectrum Disorder (ASD). Recent research reveals that the number of children diagnosed with this disorder is increasing and directly impacts approximately one in a hundred children. Boys are four times more likely to have ASD than girls and this disorder occurs across all socioeconomic groups and ethnicities. Also, some people may have a genetic pre-disposition to Autism. Family studies suggest that if one child in a family has ASD, there is an increased risk (approximately 5%) for another child in the family to develop this disorder. Perhaps a small increase of the rise in Autism is due to greater awareness and better diagnosis of this disorder. However, better diagnosis of Autism can only partially account for the increasing numbers of cases.

What is Autism? Autism is a neurodevelopmental disorder that emerges within the first three years of life and impacts the part of the brain that is involved in processing, integrating and organizing information which, in turn, impacts one's ability to communicate, interact with others, and the way one learns. What causes Autism is not yet known though there are many theories. Certainly, this is an area of intense research.

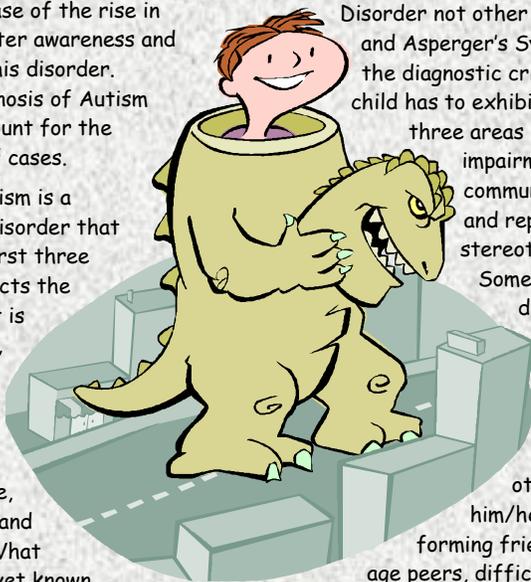
Autism Spectrum Disorder is a broad classification of conditions that ranges in severity and varies in symptoms and behaviors. There are significant differences in how this disorder manifests from child to child with some only displaying a few features of this disorder while others may display many more characteristics. The two main hallmark features of Autism are impairments with social interaction and impairments with verbal and non-verbal communication. Also, having a restricted range of interests and/or repetitive and stereotyped behaviors are oftentimes part of this condition.

Several diagnostic labels have been developed to help describe the different types of Autistic Spectrum Disorders. The main diagnostic categories are Autism, Pervasive Developmental Disorder not otherwise specified (NOS) and Asperger's Syndrome. To meet the diagnostic criteria for Autism, a child has to exhibit difficulties in three areas including social impairment, communication impairment and repetitive or stereotyped behaviors.

Some examples of social difficulties may include: prefers to play by one's self, poor eye contact, may not smile back when others smile at him/her, difficulty forming friendships with same age peers, difficulty in understanding and sharing emotions, and lack of sharing items of accomplishment or enjoyment

with others. Communication impairments can be characterized by no spoken language or delays in development of spoken language, difficulty starting and/or maintaining a give and take social conversation, repetition of certain words or phrases, speaking in a sing song voice, repeating what the speaker just said and lack of imaginary play. Some examples of the third category (e.g. restrictive and/or repetitive behaviors) may include: a narrow range of interests, obsessions with certain toys or objects, difficulty with changes in routine, not playing with toys in the way in which they were intended, and displaying some repetitive body movements. Again, it is important to remember that each child is different in which behaviors they may exhibit or how they exhibit them with behaviors ranging from more mild to more severe.

Pervasive Developmental Disorder NOS also is a diagnosis on the Autistic Spectrum. Usually a child is given this diagnosis when they display both communication and social difficulties although they may not have as many behaviors or to the same degree or severity as a child with a diagnosis of Autism. Asperger's Syndrome is a milder form of an Autism Spectrum Disorder and has a somewhat different developmental course than Autism. A child with Asperger's has normal language development and may be very bright. However, a child with Asperger's will have some social difficulties including being overly focused on certain topics of interest with little awareness of the interest of the person with whom the child is speaking, and may have difficulty recognizing and understanding other subtle social cues. Also s/he might have some motor clumsiness.



Meet the Staff: JoAnn Pflughoft, Receptionist

by Jamie Whalen, M.A.

One of the most valuable members on staff at the Sullivan Center is JoAnn. JoAnn worked as a secretary in New York for over 12 years at Weyerhaeuser and BK Lighting. She left New York following the events of 9/11 and joined us in 2002.

JoAnn is a proud mother and grandmother and a hard worker. "She has a keen mind and a quick wit," says one of the staff. "Her smile is a warm welcome when arriving to work in the morning."

Her position here is rather complex and can be defined in many ways. Her numerous roles at the Sullivan Center are better described by staff as "what doesn't she do?" She is a "jack-of-all trades" here as well as in her personal life (can you say "general contracting skills"?). If a staff member needs anything, JoAnn is one of the first to assist in any way she can. A crucial role she fulfills at the Sullivan Center is that she acts as a liaison between our clients and therapist. She is often the first voice heard and the first face

our clients see when they visit the Sullivan Center. According to our staff, JoAnn makes a great first impression and has a warm personality. One of the psychologists has said that she makes him a better therapist.

It has been said that an organization is only as great as its people. It will be said that having JoAnn Pflughoft at the front desk at the Sullivan Center has been one of the marks of the greatness that is the Sullivan Center for Children. Thanks, JoAnn for giving and giving and then giving again!

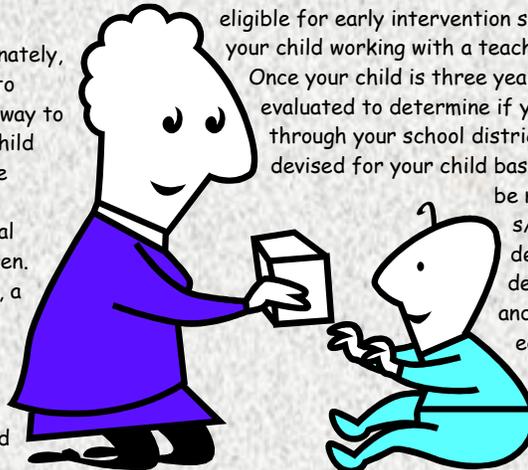
Diagnosing & Intervening with Children Who Have Autism

by Laurie Rabens, Ph.D.

How is Autism diagnosed? Unfortunately, there is no definitive medical test to diagnose Autism. Rather, the best way to diagnose Autism is by having your child evaluated by professionals who have specialized training in assessing communication, social, and behavioral developmental levels in young children. Ideally, though not always available, a multidisciplinary approach to diagnosing Autism is preferred. The multidisciplinary team may include a developmental pediatrician, neurologist, speech and language therapist, occupational therapist, child psychologist, as well as other professionals skilled in assessing for Autism. As part of this evaluation, it is important to rule out other medical disorders, as some characteristics of Autism are shared with other conditions. Also ruling out a hearing loss is important as a child with hearing issues may have speech delays and other behaviors that a child on the spectrum may manifest. However, a child with hearing loss would be treated much differently than a child with Autism.

The good news is that though we do not yet know what causes Autism, there are many ways to treat children on the spectrum that can make a huge difference in their overall functioning. The potential for your child's development will be greatly enhanced the earlier your child starts receiving interventions. The treatment focuses on reducing a child's symptoms and behaviors. This individual approach to treatment planning is important due to the wide variety of symptoms/behaviors a child on the spectrum may manifest. Examples of types of therapies available include speech and language therapy, occupational therapy, medication, social skills groups, and behavior intervention such as applied behavioral analysis (ABA is a highly structured and intensive one on one skill-based training to help children improve social and communication skills). Also, working with a family therapist who can help coordinate the child's treatment planning as well as help families cope with the particular challenges of raising a child with this disorder is helpful.

Prior to age three your child may be



eligible for early intervention services. Early intervention services may consist of your child working with a teacher and attending play groups to build social skills.

Once your child is three years of age, your child can attend pre-school and can be evaluated to determine if your child is eligible for special education services through your school district. An Individualized Educational Plan (IEP) will be devised for your child based on this evaluation. The child's IEP is fluid and can

be modified or added to as the child's needs change as s/he matures. Usually IEP's are held once a year to determine if your child is meeting educational goals developed for him/her, is receiving the right services, and determining if your child is placed in the best educational setting to meet these goals. The child may be placed in a regular or special education classroom designed for children on the spectrum. Again,

where your child is placed and the types of services s/he will receive is determined by your child's individual needs as no two children on the spectrum are the same. Some of these services your child may be eligible for through the school include speech and language services, adaptive physical education, and occupational therapy. Some schools may offer social skills groups. Individualized Educational Plans are not always necessary. For some high functioning ASD children, a 504 Service Plan might be more appropriate. A 504 plan would provide modifications in the classroom to maximize your child's academic success. Your partnership with your child's school is crucial in assisting your child getting his/her educational needs met throughout the school years.

Some local community resources for obtaining more information/support on Autism include:

Autistic Society of America
Central California Chapter
P.O. Box 13213
Fresno, CA 93794
[HTTP://www.asaccc.org](http://www.asaccc.org)

Central Valley Regional Center
4615 N. Marty
Fresno, CA 93722
559/276-4300

Exceptional Parents Unlimited
4440 North First Street
Fresno, CA 93726
www.exceptionalparents.org

Families for Effective Treatment
Fresno/Madera County
www.feaf/fmc.org

Special Announcements:

CALENDAR: The Sullivan Center will be closed for Labor Day (Sat. 9/4 & Mon. 9/6) and Thanksgiving (Thur. 11/25 & Sat. 11/27). Groups will be cancelled on these holiday Saturdays: 9/4 & 11/27. We will be open on Columbus Day (Mon. 10/11) and Veteran's Day (Thur. 11/11). Please check with your therapist to verify appointments for the holidays and to let us know of upcoming vacation dates.

GROUPS: We currently offer 9 different groups:
Tuesday nights—high schoolers
Tuesday nights—Parental Guidance (see below)
Wednesday afternoons—10-12 yr. olds
Wednesday nights—6th-7th boys social skills
Friday afternoons—young teen boys
Friday afternoons - young adults
Saturday mornings 9am - 4-7 yr. olds
Saturday mornings 10am - 10-14 yr. olds
Saturday mornings 11am - 7-10 yr. olds

PARENTING SEMINARS: The Sullivan Center is proud to offer two seminars this Fall to help parents succeed. Both are based on the popular books by Elaine Mazlish and Adele Faber and will be led by David Wolter, M.A.:

Siblings Without Rivalry

(six 2-hour sessions; cost \$25 each session)

How to Talk So Kids Will Listen

(six 2-hour sessions; cost \$25 each session)

Watch for flyers in our lobbies (and on our newsletter page of our website) for more details on these important group seminars. You can also sign up now by calling our office at 271-1186.

PARENTAL GUIDANCE: The Sullivan Center offers a parenting class for those interested in adding to their skills and those court-mandated to attend. Skills for co-parenting are taught by Dr. Hinmon on Tuesday nights at 7pm. He can be contacted at 271-1186 x124 for more information..

The Sullivan Center for Children

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*"Understanding the
World Through a
Child's Eyes."*

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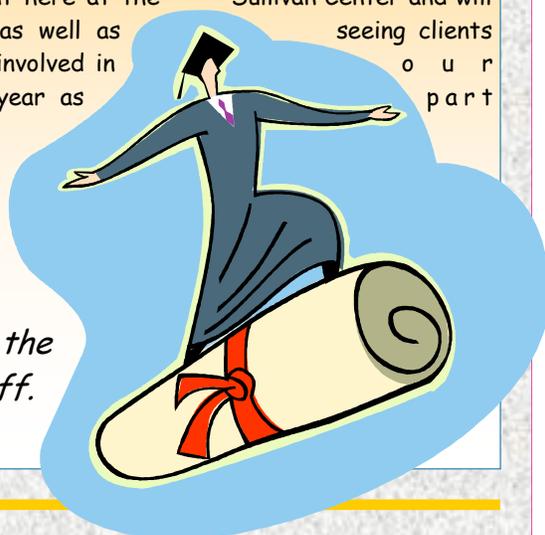
Staff Changes — Staff Additions

by David Wolter, M.A.

Every year, the Sullivan Center changes a little bit with new faces and new energy. Summertime is especially a time of change where internships end and new internships begin. This year, two of our interns have finished their dissertations, have graduated and are now here as post-doctoral fellows: Anthony K. Lee, Ph.D.; and Kelli Barton, Psy.D. Simone Beri, Psy.D. has finished her internship and has moved on to work with Kaiser in the Bay Area.

Three individuals are joining us this Summer as interns. Sandra Mansour comes to us from McGill University in Montreal, Quebec and is a Ph.D. candidate. Jamie Whelan is from Argosy University in Phoenix and is a Psy.D. candidate. Miriam Fishman comes from New Jersey and Argosy University, D.C. and is a Psy.D. candidate. All three interns have made a one-year commitment here at the Sullivan Center and will be conducting psychodiagnostic testing as well as seeing clients for therapy. Each of them will also be involved in Sullivan Center groups throughout the year as part of their training.

*This Summer also marks the
Sullivan Center's 21st year in
existence. Join with us in
celebrating with Dr. Kathy and the
rest of the Sullivan Center staff.*



From the Director: Return to the Basics - Nature/Freeplay/and Physical Movement

by Kathy Sullivan, Ph.D., ABPP

There are some simple, older than time, ways of being in the world that will enhance your child's well-being (and yours for that matter), foster development, increase health and happiness, reduce stress and as a result reduce negative psychological symptoms. Psychologists are just beginning to study and understand how the dramatic decrease in availability, focus, and participation in these are affecting us all - especially children.

In America, our world has changed dramatically over the last 30 years - with an explosion of some of the most exciting developments to ever occur. But with every gain there is a loss. Our technological advances are near miraculous. But how we, and our children, spend our time has resulted in major losses as well — losses which are negatively affecting us psychologically.

Our children spend more time in buildings than ever before. From inner city children who grow up without natural environments, to technologically obsessed kids in the suburbs with two working parents who spend enormous amount of time indoors, there has been a consistent move away from unstructured outdoor neighborhood play. There has been a constant move toward more homework and achievement, which when combined with fears for safety and electronic alternatives have moved our kids out of, and away from, nature. New research is identifying just how therapeutic nature can be, and study after study is proving children behave and perform better when they have natural environments to play in, and free time to engage their imaginations and solve problems. Just a walk in the park improves a child's efficiency. Interaction with animals also has long been known to have mental health benefits. The emotional connection to the animal goes such a long way in teaching unconditional love, attachment and responsibility.

The trends in our world have also moved children away from free-play

opportunities. The real dangers in our world make it more difficult today to provide opportunities for children to play independently - supervised from a distance that's safe, but distant enough that they must use their own resources to figure out what to do, how to play with others, solve interpersonal problems on their own, structure their own activities and face real life consequences for their choices. Today's pre-adolescent child often spends most of their time in activities that are highly supervised, and structured, with activities planned by an adult. Until that is, they are about 13 or so. Then it becomes almost impossible to involve them in structured activities anymore and they are much on their own with lots of access to potential dangers and no experience base in independent thinking on which to rely. If you can find ways to do it, providing free play opportunities safely is very healthy for your child psychologically.

The third effect of our modern world that is harsh on children's development is the de-emphasis on physical movement and the easy availability of junk food. The health of their body is so important to the health of their mind. A recent research study conducted by the Kaiser Family Foundation found that young people between 8-18 were engaged in various forms of entertainment media for a staggering seven and a half hours a day on average - and that figure did NOT include time spent with computers related to schoolwork, or talking and texting on cell phones. Children's bodies need to be moving, they need to walk, run, ride bikes, play, swim, and be active.

While the world we live in makes it work for parents to make sure their child has and will take advantage of these opportunities and at times requires sacrifice and creativity to emphasize them - they are very important. So as you keep your eye on your child ask yourself if he/she gets enough of nature, gets some experience at free play, is physically active and eating well - As in the long run these are far more important than if he/she gets an A.