

# Parenting Matters

Quarterly Publication

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For Colorado Parents

## Shopping with Young Children

by Ronald L. Pitzer

### Control Misbehavior

Discuss the rules before entering the store. (For example, you will not buy junk foods.) You might even role play at home how to act in the store. If the child behaves well, show approval by praising good behavior.. Correct inappropriate behavior as soon as it occurs. Don't let your child think you will allow her to misbehave because you are in public. But do not hurt or embarrass your child by hitting or yelling. Children have feelings, too. If you do have to deal with the child's misbehavior, try to remove her to a private place - a bathroom, behind the counter, even out to the car.

### Help Your Child Learn

If you arrange the shopping trip so you are not overly rushed, you can help your child learn in the supermarket by talking to him and pointing out different foods. When you choose some apples you can say, "We need

four red apples. See? One, two, three, four." Play some simple games as you go along: "Who can see the potatoes first?" "Find five things in this aisle that are in cans, that are red, that can be eaten, that cannot be eaten, that begin with the letter 'g'." "Name all the vegetables or dairy products or fruits or breads in the cart." Research shows that capable children have parents who give them this kind of stimulation.

### Keep Your Child Busy

Even if you are on a fairly tight schedule, you can talk with the child about what you see and are doing. Occasionally let your child make some of the decisions. Encourage your child to talk, watch, listen, think. If possible, give the child a responsibility (help locate the green beans; match coupons with labels). You might want to bring a toy or book from home or let the child hold something unbreakable to keep those hands busy. For a small child, a favorite soft toy could be tied to the handle of the shopping cart.

### Accidents

Don't let your child stand up in a grocery cart. Use the seat or bring one from home to keep him seated. Also, do not let children ride on the front or back rail, as the cart can easily flip. And for others' safety, do not allow young children to push carts. If your child is on foot, encourage him to stay near you.

### Avoid Boredom at the Checkout



*Do activities at the checkout to help keep your child entertained, such as:*

- Name the foods in the cart. Talk about their colors, where they come from, and how you can use them.
- Point out pictures and symbols on packages, cans, and store signs.
- Sing songs. Make up a "grocery store" song.
- Do "quiet cheers" spelling the child's name: "...give me an A; give me and M..."
- Play "I see something" and have your children guess what you see.
- Describe a food in the cart and have your child guess the food.

### Eat Before Shopping

Try not to take your child shopping when she is tired or hungry. A healthful snack before going to the store or possibly even during the shopping trip can ease irritability and the "I wants" resulting from hunger pangs.

Source: Ronald L. Pitzer, University of Minnesota, Extension Family Sociologist

Remember to praise the child often for good behavior. Perhaps reward her for good behavior by stopping at the park on the way home, giving a few minutes of special attention, telling Daddy or Sister or Grandma about this good behavior.

# Autism

## What is Autism?

Autism is a biological disorder of the brain that impairs communication and social skills. It encompasses a broad spectrum of disorders that may range from mild to severe. Autistics have been described as being in their “own world”. Many high functioning autistics describe two worlds; “their world” and the “outside world”. Many autistics describe their experience as “thinking in pictures”, to quote Dr. Temple Grandin. There are serious sensory challenges that accompany autism, and some say are the source of autism, that must be understood to fully comprehend the disorder.

Some of the markers are as follows:

- Absence or delay of speech and language
- Difficulty relating to other children and adults
- Odd behaviors
- Sensory challenge
- Sensory dysfunction



## Diagnosing and Evaluating Autism

The standard clinical diagnosis is made using the DSM-IV Standard (Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, Fourth Edition). Briefly, there are twelve diagnostic criteria for the DSM-IV Autistic Disorder. These are grouped into three areas: social development, communication, and activities and interests. Within each group there are four specific criteria. For a diagnosis to be made, six of the criteria must be met, two from each group. (Diagnostic Criteria from the Diagnostic and Statistical Manual of Mental Disorders: DSM IV.)

In addition, there are medical tests, therapy evaluations, direct observations, and standardized developmental evaluations.

Some experts estimate that a large percentage of autistic individuals have some degree of mental retardation. In addition, an estimated half never speak. In the past decade there seem to be more and more kids making greater progress and joining the mainstream. For a more thorough explanation of the diagnostic aspect of autism consider

Bryna Siegel's book, [The World of the Autistic Child](#). Nearly all autistic individuals will have some type of special needs throughout their lifetime.

Source: AutismInfo.com

## Facts:

- Autism occurs in 1 in every 500 births and in a rate of 5 boys to every girl.
- Autism currently affects over 400,000 people in the U.S.
- Autism is the third most common developmental disability following mental retardation and cerebral palsy.
- Autism is more common than multiple sclerosis, cystic fibrosis or childhood cancer.
- Many kids are making enormous strides and a significant number are now indistinguishable from their peers.
- Behavioral therapies, diet, vitamin and mineral supplementation, and medical interventions are some of the treatments effectively being used.

Also available in Spanish

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**Fastbreak**  
For Fathers

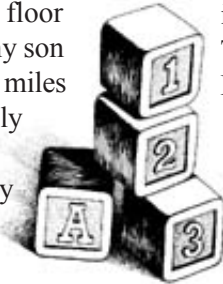
by Rich Batten

Family and Consumer Science Agent,  
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**NEW: Look for this in upcoming newsletters throughout the year!**

## The Importance of Connecting

When was the last time you connected with your kid? I must admit that as much as I talk to or do things with my children, I don't connect with them nearly as much as I would like, or need to. Connection begins with being together. This is not necessarily a matter of physical location; it is a matter of emotional location. I can be physically present sitting on the floor playing a game with my son and still be emotionally miles away. I can be physically miles away from my daughter but emotionally supporting her via the phone. Creating and



maintaining a meaningful connection with your child requires more than your body. It requires your soul.

The work of connecting isn't easy. Its very nature requires both of you. As a father, I put the burden, no, the joy of connecting on my shoulders, literally. I need to turn toward my son. I need to tune into my daughter's world. I need to look into their eyes and see their hearts. The holidays of November and December often provide additional opportunities to be with our children. What can you do to create the opportunities to connect?

- Original article edited to fit publication

### IDEAS:

**Turn toward your child:**

Pay attention to how you physically respond to your child. Do you make it a point to give her your undivided attention? Who communicates more joy in seeing your child - you or the family dog?

**Tune into your child's world:**

Can you name his best friends? Do you know her favorite music? What are his current worries? What are the three most special experiences in her life? These and similar questions will help gauge how in tune you really are.

**Look into your child's heart:**

What do you see in her movements, his expressions, her eyes? Most children wear their heart on their sleeve; we just don't take the time to observe it. Try using feeling words to describe what you see - "You seem... disappointed/encouraged/hurt/excited/distracted/hopeful/lonely/overwhelmed/happy."

# Cold Medicine Abuse on Rise by Teens

By Allyson Schafter

The winter months inevitably bring holiday parties and celebrations, as well as the onset of cold weather and all the hassles that can accompany this time of year. And as the cold and flu season swings into full gear, many people turn to over-the-counter remedies. These medicines can be effective when taken as directed, but recently there have been more reports of young people across the country intentionally overdosing on over-the-counter cold medications, such as Robitussin. This phenomenon has come to be called "robotripping."

Last year in the United States, 14 people died from misuse of cold medicine, according to statistics from the New Hampshire Poison Information Center at Dartmouth-Hitchcock

Medical Center.

Experts say the most dangerous cold medicine abused by teenagers goes by the brand name Coricidin Cold and Cough, also called "Triple C's" or "Candy." The drug is dangerous compared to other over-the-counter medications because it contains the highest amount of DXM, dextromethorphan. DXM is a chemical that produces psychedelic effects when taken in large quantities. More than 80 over-the-counter cold medicines contain DXM, which can be an effective cough suppressant when taken as directed.

The cough and cold mixture in Coricidin also contains chlorpheniramine maleate and can cause brain damage and death in large



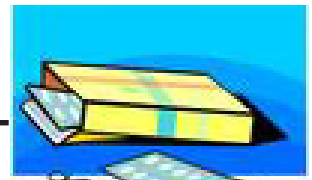
doses. The two drugs affect the brain in the same manner as a heroin overdose (when taken at overdose levels), by inhibiting the brain's ability to tell the lungs to breathe. It can also increase the heart rate to a point where cardiac arrest is possible.

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continuation from page 3  
"Cold Medicine Abuse on Rise by Teens"

In 2001, the New Hampshire Poison Information Center received 292 reports of cold medicine overdoses resulting in hospitalization, 25 of which involved DXM. So far this year 246 overdoses have been reported, with 46 attributed to DXM. No national agency keeps track of Coricidin abuse, but poison control centers across the nation—including centers in Maryland, Florida, Arizona, and Ohio—report increasing numbers of teens overdosing on the drug. Although the practice isn't nearly as prevalent as alcohol or marijuana use, the fact that almost twice as many DXM overdoses occurred from one year to the next could be a cause for concern for parents.

Coricidin is sold in pill form, so



"Coricidin is sold in pill form, so parents should keep an eye out for empty packaging in their child's bedroom or tablets missing from the medicine cabinet."



parents should keep an eye out for empty packaging in their child's bedroom or tablets missing from the medicine cabinet. Also, be on the lookout for symptoms of Coricidin use, which include impaired judgment and mental performance, loss of coordination, dizziness, nausea, hot flashes, accelerated heartbeat, high blood pressure, slurred speech, sedation,

tremors, seizures, and dilated pupils.

For more information on cold medicine and over-the-counter drug abuse, please call SAMHSA's National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686.

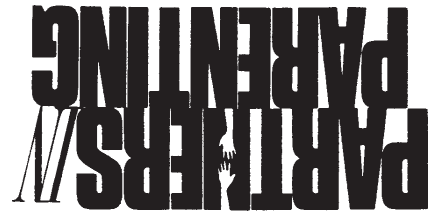
Source: NCADI Reporter (National Clearinghouse for Alcohol and Drug Information)



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