

Developing Minds

Summer 2007

Imaginative Exploration Stimulates Development

When children are born they have billions of brain cells providing them with the potential to conduct all of their future thoughts. In order for a child to function effectively, their brain cells must form groups and work together. By the time a child turns three, brain cells have forged trillions of connections. That is why so much emphasis is placed on early childhood development. These connections are formed by experience. Everything the child smells, hears, and sees has the potential to generate a new neural association within the network of their brain.

Children begin to develop pretend-play skills by 18 months of age. At first, imagination is displayed through imitation. Children mirror the faces and gestures of their parents. A few months later, they use objects to represent other items, such as pretending that a banana is a phone. At age two, children should be able to act like something else, such as a dog or a monster. Three year old children can participate in elaborate role playing, and by the time a child is four years old, they are capable of creating worlds filled with imaginary friends.

Imagination is more than fantasy and fun. Pretend play is critical for networking developing brain cells and leads to advanced problem solving skills, organized thinking and language acquisition in children. Pretending allows a child to generate experiences on their own throughout the day. Children with active imaginations contemplate not only current and past events in the real world, but also imaginary versions of the present, the past, the future, and spiritual and supernatural concerns. In terms of forming cellular connections, it is as if their brain is working overtime.

Pretending is an exercise in problem solving. The imaginative child must see things from another's perspective and predict what that character (e.g. a pirate, doctor, or mermaid) would do in a given situation. It may be their first introduction to analytical thinking about conceptual information. This type of thinking is far more challenging than the linear cause-and-effect thinking they master in their pre-toddler months.

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Child Development Chat

The last Tuesday of every month, please join Damon Korb, M.D., and other clinicians, in an informal and interactive discussion at the CDM where topics including child behavior, development concerns and parenting questions will be discussed. Free of charge.

Periodically, the chat session will focus on a specific area of interest:

The Impact of Attention on Learning

12:30 pm
October 30, 2007

Understanding Services for the Autistic Child

12:30 pm
January 29, 2008

Lectures to Note

Upcoming presentations by Dr. Korb include:

"The Disorganized Child"

October 11, 2007
Oak Knoll School,
Menlo Park.

"Developing the Attention System"

February 12, 2008
7:30pm
Parents Helping Parents,
Santa Clara.

Please see our website for more details on each of these events.



Pediatric expertise in child behavior, development & learning
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Imaginative Exploration Stimulates Development

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The most important thing a parent can do to develop their child's imagination is to get down on the floor with their child, be silly, and have fun. Although pretend play is a necessary part of a child's development, CDM clinicians occasionally see parents of school-age patients who do not know if their children are able to role play. **Screen time is replacing imaginative play.** The average child in America starts regularly watching television by ten months of age. Many four-year olds can operate a computer. These activities are mental downtime that lead the child down a linear path, and in general, do not require creativity. Dr. Korb recommends that children under the age of four should be limited to less than one hour a day – in total – of screen time (i.e. not one hour of television, plus one hour of computer time, plus one hour of a video game). Children over the age of four should do no more than double that amount, keeping it to less than two hours of screen time every day.

Encourage your child's imagination. Enjoy the offbeat creativity. Once formed, your child's imagination will support a lifetime of learning and fun.

The following activities are just a few of the many ways to support the development of your child's imagination.

- Tell original, creative stories. You and your child can take turns making up parts of a pretend story. Use funny voices, develop enjoyable adventures, and feature your child as a main character.
- While reading books, encourage your child to make predictions about what will happen next.
- Provide your child with props and keep it simple. The best toys to promote imagination are battery-free, such as dolls, kitchen sets, construction toys, and play dough. For example, a basic cardboard box can serve as a bus, rocket or a pirate ship.
- Provide materials for costumes. Since most of the action takes place inside your child's head, detailed costumes — such as those specific to a particular cartoon character — aren't really helpful.
- Engage your children in a game of charades.
- Establish television/computer guidelines for your family – the less time, the better – and stick to the plan.

Ask the Clinician

Q: Now that summer is here and everyone is not in school, how can I keep my three children from bothering each other throughout the day? It seems like as soon as we return home from an activity or errand, the kids start picking on one another and end up in fights. I'm just looking for some peace, without having to yell all the time.

A: You have probably learned by now that yelling does not work, so a new strategy is needed. You need to develop a plan that not only decreases arguing, but also encourages your children to get along and enjoy their time together.

First, define the most important objectives you have for your family. Next, select a few goals that will help you to obtain your objectives. Goals that are specific will be most obtainable. You should meet with each of your children to inquire about their goals (e.g. join a soccer team, or spend more time with mom) and to figure out what might prevent them from achieving these targets. You may need to negotiate a little so that your children feel their needs are being addressed, without sacrificing your principles. Create a plan where the children get privileges based on achieving family goals. After that, write up your family plan, sign it with your children and post it in your house. Here is what a plan might look like:

Sample Family Plan

Objectives:

1. Respect for each other.
2. No fighting or hitting.

Goals:

1. One hour of television/video games will be permitted if daily chores are accomplished.
2. Children will help set/clear the table for the meals their parents prepare.
3. If table is set/cleared without debate, dessert will be allowed.
4. Children will get ready for bed (bathe, brush teeth, put on pajamas) without debate.
5. If bed prep occurs smoothly, children can stay up for an extra 30 minutes for storytime with mom or dad.

Guidelines for Utilizing a Family Plan

1. Be consistent; the plan should be enforced daily. At first, children struggle with structure, but once they get used to it they begin to thrive.
2. Don't argue or debate the signed plan with the children.
3. Update the plan periodically to include more responsibilities and rewards.
4. Tally successful evenings and for every five successful nights, do something fun to reward the family for your success.

If you need more help, a counselor or family therapist could assist in the development of a plan that specifically targets your family's dynamics.

Have a question? E-mail info@devminds.com

Information Regarding Prescription Refills

In order for your child's medication to be refilled in a timely manner, please notify the CDM staff at least one week in advance. Plan ahead – be sure not to run out of medication.

Medicine Review: New ADHD Medications

During the past 10 years, the market has been flooded with medications to treat ADD/ADHD. Shire Pharmaceuticals has produced the two latest additions: Daytrana and Vyvanse. These medications boast similar treatment success rates to those medications previously on the market, but offer unique delivery systems that may be advantageous to some patients.

Daytrana is methylphenidate, the same medication that is in Ritalin. The medication in Daytrana is delivered through the skin via a patch that is worn on the hip. This provides three unique advantages. First, children who cannot swallow pills can take this medication. Second, the medication is delivered at a consistent rate, avoiding peaks in blood levels of the medication that can lead to side effects. Third, the patient has more control over when the medication wears off, because the medication wears off approximately three hours after removing the patch. Like most things, with the good comes the bad. The disadvantages include skin irritation at the site of the patch and a delayed onset of action. The medication takes about two hours before it starts working.

Another niche medication is Vyvanse, which is termed the first “prodrug” medication for attention. A prodrug is a biologically inactive precursor of a drug that is converted into its active form within the body by normal metabolic process. Once in the body, Vyvanse is converted to d-amphetamine, which is then released gradually. The gradual release of the active metabolite is designed to reduce abuse potential and to provide protection against overdose. D-amphetamine is the equivalent of Adderall. This medication is due to be released this summer and may be a good fit for teenage patients who are more prone to risky behavior.

If you have a question about these new medications, please discuss it with your physician at your next appointment.

New CDM Staff

Neal Rojas, M.D., M.P.H, F.A.A.P.

Behavioral and Developmental Pediatrician

Neal Rojas, M.D., M.P.H., is a pediatrician at the Center for Developing Minds specializing in child behavior and development. He works with the CDM clinicians to help children thrive within the context of their neurodevelopmental strengths and weaknesses. His areas of interest include sleep, learning differences, autism spectrum disorders, attention challenges, adolescent development and substance-use concerns. Additionally, he has had extensive training and teaching experience in academic test-preparation.

Prior to joining the CDM, Dr. Rojas completed his masters degree in public health at the Harvard School of Public Health, with a concentration in clinical effectiveness. Concurrently, Dr. Rojas completed his behavioral and developmental fellowship training at Children's Hospital in Boston. There he treated children with common sleep problems along with pediatric sleep expert, Dr. Richard Ferber.

Janel Astor, M.A. Ed.

Child Development Specialist

Janel Astor is a child development specialist who conducts the in-home behavioral support program at the Center for Developing Minds (see the back page for a description of this personalized service). Janel's unique background provides families with an experienced child therapist who can fully assess, interpret, understand and effectively implement a child's recommended educational service plan – directly with families in their home environment.

Lara Zawacki, M.A., C.A.G.S., L.E.P.

Educational Psychologist
School Psychologist

Lara Zawacki works at the Center for Developing Minds assessing learning and development in children of all ages. She conducts neuropsychological, educational, and developmental evaluations to determine the child's strengths and weaknesses. Ms. Zawacki then advises the family how to best direct effective interventions, including appropriate services, placements, accommodations and modifications for preschoolers and school-aged children with exceptional needs.

For more biographical information about CDM staff, please visit our website, www.devmonds.com



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Innovative New Service Available at the Center for Developing Minds

In-Home Behavioral Support

Each family traveling the road of special services and special education starts at a different place, with different destinations and timelines. Whether you are a family just beginning the journey, or one who is already well on the way, guidance, support and interpretation are needed at every stage. The CDM is pleased to offer families the opportunity to work one-on-one with Janel Astor, an experienced child development specialist, **on-site** – at home, your child's classroom or other service agency location.

This unique program is designed to assist families who have a child or children with complicated conditions, such as autism, developmental delays, mental retardation and behavioral disorders. In order to maximize your child's abilities and improve their behavior, Ms. Astor can:

- **Create a program that includes organizing your child's home or school environment to reduce distractions and promote exploration and play.**
- **Give your family a better understanding of practical tools and strategies that can be implemented in your home to support your child's IEP and IFSP recommendations.**
- **Provide techniques and offer observational feedback to parents, caretakers and teachers, so that they can continue to improve their behavioral training skills.**

The in-home behavioral support is a program tailored specifically to each family by Ms. Astor. The assistance may involve multiple sessions, or just one or two, depending upon the personalized plan. If you are interested in learning more about this service, a detailed information sheet is available on our website at www.devmonds.com or call 408-358-1853.

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