

# shine

fall 2013

safety • health • injury prevention • nutrition • exercise



## MOVING ON UP

When it comes to the first day of a new grade level or in a new school, some children may have fears to overcome. Here's how parents can help facilitate a smooth transition.

### **KINDERGARTEN → ELEMENTARY SCHOOL**

Your child has already experienced leaving the comforts of home while attending daycare, pre-kindergarten and kindergarten. However, accepting more responsibilities, learning in a more structured environment and making the transition to full-fledged "student" can be an emotional time for your child. The best way to prepare your child for elementary school while avoiding separation anxiety is through "behavior rehearsal."

"Before the first day, play out different scenarios so your child has his or her lines down, so to speak," said Jeffrey Dolgan, PhD, Senior Psychologist at Children's Hospital Colorado. "Set up a mock class at home and pretend to be the teacher. Take an imaginary bus ride and go over different things your child can say to break the ice with other students."

Write down important information, such as what time the school day starts and ends, the time for lunch period, any enrichment activities such as music and art, your child's room number, and teachers' names. Make sure your child knows when and where to meet you after school. Most importantly, don't let your anxiety set the tone for the first day.

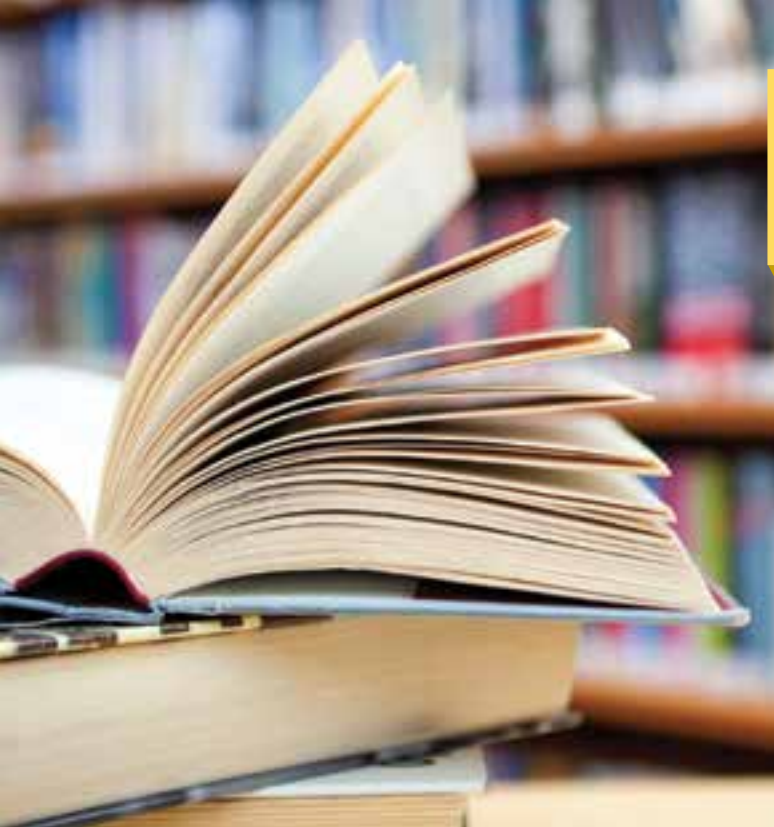
"Kids are barometers for their parents' emotions," Dr. Dolgan said. "If you're anxious, your child will mimic that anxiety."

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# Is My Child a Cyber-Bully?

Many children have anxiety about returning to school because of bullying, which technology has made easier than ever. While many parents worry about their child being the target of bullying, few stop to consider whether their child might be the instigator. Even if your child would never physically hurt someone, he or she may be inflicting emotional pain online.

“Cyber-bullying is more insidious than traditional bullying,” said Natalie Walders Abramson, PhD, Pediatric Psychologist at Children’s Hospital Colorado. “An embarrassing photo or video can spread like wildfire on the Internet. Once something is posted or tweeted, it can’t be taken back, even if it’s deleted.”



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## ELEMENTARY SCHOOL → MIDDLE SCHOOL

As your child begins to establish a social identity after advancing to middle school, you may notice an increase in behavioral issues.

“This is often the hardest transition for shy children,” Dr. Dolgan said. “This is the time when social structures and cliques really come into play. Middle-school children are faced with the competing trends of conformity — ‘be like us,’ and nonconformity — ‘be yourself.’”

It’s important for your child to establish a group of close friends during this time. While you shouldn’t play matchmaker for your child, try to encourage relationships with friends who are supportive and loyal and discourage relationships with overly sarcastic or aggressive peers.

## MIDDLE SCHOOL → HIGH SCHOOL

Going into ninth grade, your child will be faced with more pressure all around — peer pressure, academic pressure, athletic pressure and so on. He or she will continue to explore roles and identities, including sexual identity. The key is to avoid telling your child about sexuality with an outdated talk about birds and bees. Rather, try to instill a strong value system and provide information while developing a relationship with your child that makes him or her feel comfortable coming to you with questions.

“Ninth grade is a time when teenagers are exposed to new experiences and hear a lot of conflicting ideas from peers,” Dr. Dolgan said. “It’s your job as parents to be an open door for nonjudgmental listening.”

**Talk to your child’s primary care provider if your child is having trouble adjusting in school.**

Dr. Abramson offers the following guidelines to prevent your child from cyber-bullying:

- Set clear expectations about how your child should treat others, as well as consequences for failing to meet those expectations.
- Show respect and concern for others in your own interactions.
- Monitor your child’s online activity. Don’t allow your child to use social media sites, such as Facebook, Google+, Twitter, Instagram or Vine, unless you have full access to the account.
- Set reasonable limits on electronic communications and encourage your child to enjoy face-to-face time with peers. If necessary, set a curfew on phone use or limit data-plan access.



# NIP *Biting* in the Bud

When one child bites another, most parents are understandably upset. Here is how to handle a child who thinks “bite makes right.”

If biting happens in a child-care setting, the other parents often want the biter removed. Adults tend to forget that some biting behavior in a group of toddlers is to be expected. But biting also needs to be addressed immediately.

## CAUSES

Children usually discover biting by chance during teething at about 1 year old. Most kids first bite their parents in a playful manner, and often continue because the parents initially think it is cute. Children consider it a game.

Later, children may bite when frustrated or when wanting something from another child. At an age when children have minimal verbal skills, biting becomes a primitive form of communication. After age 2 or 3, some children bite deliberately to express anger and intimidate others.

## WHAT TO DO ABOUT BITING

- 1. Establish a rule: “We never bite people.”** Give your child a reason for the rule, namely that biting hurts.
- 2. Suggest a safe alternative behavior.** Tell your child that if he wants something he should come to you and ask for help or point to it. If your child is at the chewing age (usually less than 18 months), help him choose a toy that he can bite rather than telling him that he cannot bite anything. A firm toy or teething ring will do. Encourage him to carry his “chewy” with him for a few days.
- 3. Interrupt biting with a sharp “No.”** Be sure to use a firm voice and look your child straight in the eye. Try to interrupt her when she looks as if she might bite someone before she actually does it. Show her you can read her intentions.
- 4. Give your child a time-out when he bites someone.** Send him to a boring place for about one minute per year of age. If time-out does not work, take away a favorite toy for the rest of the day.
- 5. Never bite your child for biting someone else.** Biting back will make your child upset that you hurt her and may teach her that it is OK to bite others if you are bigger.

Also, don't wash your child's mouth out with soap, pinch or pop her cheek, or slap her mouth. These actions will make your child angry and more likely to bite.

## 6. Be prepared for biting in child-care settings.

Biting behavior is common in child-care settings. For those providing care, maintain direct supervision and quickly place the biting child in time-out, even if he just acts like he might bite someone. Biting is usually harmless since most bites by younger children don't puncture the skin. Calling a parent at work is pointless since the problem should be dealt with immediately by whoever witnesses it.



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# STAYING ALERT

*While on the Move*

Whether kids are biking year-round or crossing the street to school, help them follow commonsense measures to stay safe.

In the Denver metro area, pedestrian injuries involving children have decreased dramatically in recent years. From 2007 to 2011, an average of 25 kids were hospitalized each year with traffic-related injuries. That's down from an average of 40 in the previous five-year span. However, there is plenty of room for improvement.

"Increasing safety takes a collaboration of the entire community," said Dwayne Smith, Manager of Injury Prevention at Children's Hospital Colorado. "This increase is multifaceted. It's the education of the community, enforcement of posted speed limits in school zones and residential areas, yielding to pedestrians, not passing school buses, and implementation of environmental modifications, such as speed bumps, roundabouts and similar traffic-calming measures."

## EXTRA RISKY

Some spots are a little more dangerous than most, and some age groups are at higher risk for pedestrian injuries.

- **Parking lots.** It's difficult for drivers to see young children in parking lots. It is important to hold children's hands to keep them from impulsively darting away without warning. Kids younger than age 3 are especially vulnerable in parking lots and driveways.
- **Low-income, urban areas.** Children in these areas are three to five times more likely to suffer a pedestrian injury. There is lots of traffic, and kids in these areas are more likely to walk, bike or use public transportation.

"We've worked with Safe Kids Denver Metro and elementary schools to raise awareness of pedestrian-safety issues among kids and parents, and to improve traffic flow around the schools," Smith said. "The initiatives have been effective in reducing injuries."

- **Teenagers.** Surprisingly, in the last 15-plus years, the most at-risk age group for child pedestrian injuries has shifted from ages 5-9 to 12-17. The death rate among teens is twice that of younger kids.

"One possible reason may correlate with the prevalence of cellphone use among walkers as well as drivers," Smith said. "We're working with Safe Kids Worldwide to observe middle-school students and further examine the cellphone issue."

## WATCHFUL EYES

"Drivers and parents play a large role in keeping our streets safe for child pedestrians," Smith said. "We're in the warm-weather seasons, and in the past we've seen seasonal increases in pedestrian injuries and deaths. We encourage extra vigilance as kids spend more time outside. A safe season is a happy season."

Visit [safekidsdenvermetro.org](http://safekidsdenvermetro.org) for more information.

### Preventive Measures

To help your kids stay safe, encourage them to:

- Use crosswalks.
- Pay attention to traffic signals.
- Make eye contact with drivers before crossing the street.

Children under age 10 should not cross the street without an adult, and parents should model appropriate behavior.

# FINALLY FREE

Even before birth, Tristian of Glenwood Springs battled debilitating epilepsy. Thanks to a life-changing surgical procedure, Tristian now spends his time doing what other teenagers do: studying, sleeping and riding his bike.

When Tristian's father Chris Grey saw his newborn son for the first time 16 years ago, he sensed something was desperately wrong. Tristian was delivered by emergency cesarean section due to severe fetal distress. Then, attending physicians discovered Tristian's tiny arm had been pinned behind his back while in utero, resulting in gangrene just above his elbow. Making matters worse, physicians informed Tristian's family that he had suffered a stroke in the days leading up to delivery.

"From the day he was born, Tristian has been courageous beyond measure," said Chris. "He was a happy, beautiful baby. You would have never looked at him and known the battle he was about to go through."

## RESTLESS NIGHTS

Although Tristian had developmental issues with this right arm, he grew and flourished into an active toddler. Tristian was diagnosed with cerebral palsy, a movement disorder most often caused by brain damage that occurs prior to birth — but he never missed a beat. However, at age 3, an ever-present twitch in his arm led doctors to discover that Tristian was epileptic.

Tristian spent the next 10 years in a seemingly endless cycle of partial to grand mal seizures, suffering most of them while asleep. They became increasingly severe despite his use of anti-seizure medications.

"By the time he was referred to the Pediatric Epilepsy Program at Children's Hospital Colorado, Tristian was experiencing up to 50 seizures per night," said Pramote Laoprasert, MD, Epileptologist, Director of the Epilepsy Surgery Program at Children's Colorado. "It was clear this young man could not function like this any longer. He deserved a chance at a better life."

## A SURGICAL SOLUTION

Wynne Bird, RN, Epilepsy Program Coordinator, supported the family as she navigated them through in-depth testing and evaluations. In January 2013, after numerous consultations and tests, the team of multidisciplinary pediatric epilepsy experts led by Dr. Laoprasert recommended Tristian undergo a functional hemispherectomy.

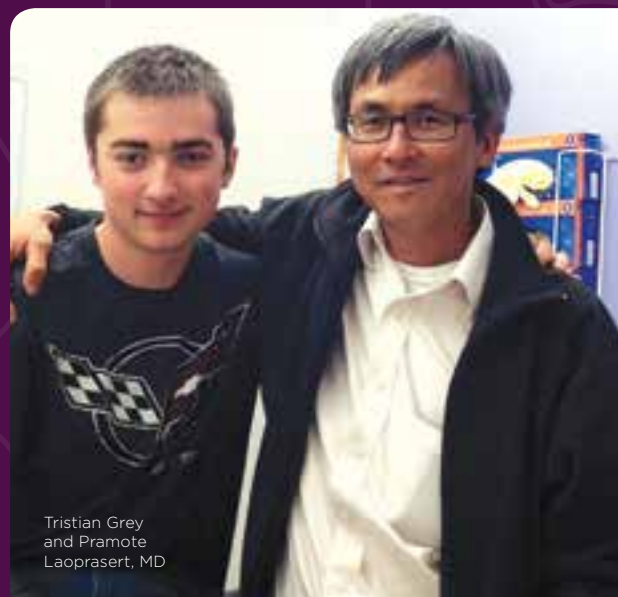
"A functional hemispherectomy requires removal of the part of the brain's hemisphere causing the seizures," said Michael H. Handler, MD, Neurological Surgeon, Chair of the Department of Neurosurgery at Children's Colorado. "We remove the temporal lobe and cut the corpus callosum, which connects the sides of the brain, in two. Tristian was a perfect candidate for the surgery because parts of his brain were already severely damaged."

## READY TO RIDE

Today, 16 years old and months removed from surgery, Tristian is cured of his seizures and sleeps peacefully. He excels academically, rides his bicycle and enjoys a life free from epilepsy.

"Tristian is one of the most inspiring patients I have ever had," Dr. Laoprasert said. "His courage changed me personally and professionally. He is truly a miracle."

**The Pediatric Epilepsy Program at Children's Colorado offers comprehensive, expert care for children from across the United States. For more information, visit [childrenscolorado.org](http://childrenscolorado.org) and search "epilepsy."**



Tristian Grey  
and Pramote  
Laoprasert, MD

"I chose for Tristian to have this surgery, and it took me a long time to decide. What if something were to go wrong? But ultimately I knew this could help my son and was the one chance to change his life."

—CHRIS GREY





# JEEPERS Peepers!

Back-to-school season is upon us. Here is what parents need to know about two common children's eye concerns — pinkeye and styes.

If your child has itchy, red eyes and discharge, he or she may have pinkeye, also known as conjunctivitis. Causes include highly contagious viruses or bacteria, as well as non-contagious allergic responses.

"Contagious pinkeye is easily spread by children, especially those in school or day care," said Emily McCourt, MD, Pediatric Ophthalmologist at Children's Hospital Colorado. "It is important for children to regularly wash their hands and avoid touching their eyes. Physician-prescribed eyedrops may be helpful if your child has bacterial or allergy-related conjunctivitis."

At home, parents can help prevent spreading pinkeye by regularly cleaning high-traffic areas.

## ON GUARD AGAINST STYES

"Styes are painful red bumps that appear at the base

of the eyelashes and are caused by clogged eyelid oil glands," Dr. McCourt said. "At-home treatments include warm compresses, eyelid scrubs and cleansing with baby shampoo. For stubborn cases, we may prescribe eyedrops to reduce bacteria levels, or, rarely, surgically drain styes."

While styes and mild cases of pinkeye may go away on their own, monitor them closely. According to Dr. McCourt, "Children who experience eye pain or decreased vision, or whose symptoms do not resolve in a timely manner, need to see a specialist for treatment and to rule out other possible conditions."

**If an eye irritation does not clear up or becomes a recurring problem, ask your child's primary care provider for a referral to a pediatric ophthalmologist at Children's Colorado.**

## Should Kids Go Gluten-Free?

You may have seen celebrities and athletes promoting the benefits of a gluten-free diet or noticed a variety of gluten-free foods at grocery stores and eateries. Is this diet just a fad, or could it cure your family's recurring tummy troubles?

Gluten is composed of four proteins found in grains. It enhances the texture of baked goods and adds flavor to a variety of foods, but some people can develop an intolerance to gluten proteins.

"Most children can consume gluten without any problems, and there is no specific benefit to the gluten-free diet for them," said Edward J. Hoffenberg, MD, Gastroenterologist at Children's Hospital Colorado. "Drawbacks to going gluten-free can include higher cost, ongoing vigilance, and potential for socialization problems, eating issues and constipation. There has been little evaluation of nutritional adequacy of the gluten-free diet in general. But for children with gluten intolerance, also known as celiac disease, avoiding gluten in all forms is the only effective treatment."

An estimated 3 million Americans have celiac disease,

and children with this condition may experience abdominal pain, vomiting, diarrhea, irritability, poor growth and oral ulcers. Because the symptoms of celiac disease are also seen in many other conditions, a variety of tests may be needed to confirm a diagnosis.

"There is evidence that the incidence of celiac disease is continuing to increase," Dr. Hoffenberg said. "I am seeing more cases of celiac disease in my practice, and Children's Colorado now runs blood tests for celiac disease at least once a week."

**If you suspect your child has celiac disease or gluten sensitivity, specialists at Children's Colorado can help. Ask your primary care provider for a referral.**





## HELP YOUR CHILD BE A FRIEND EARLY ON.

- Show care, concern and kindness in how you interact with others in front of your children.
- Teach your child to speak up if they see behavior that isn't nice and to treat others with respect.
- Pay attention to how your kids are treating others, and set the expectations clearly and consistently for appropriate behavior.

Download a FREE certificate to reward your child with and learn more at [childrenscolorado.org/welcome](https://childrenscolorado.org/welcome).

**Many hands, one heart.**



**Children's Hospital Colorado**



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**Many hands, one heart.**



## WE ARE RANKED A TOP 10 BEST CHILDREN'S HOSPITAL IN THE NATION!

Children's Hospital Colorado, located right in your backyard, has once again been ranked among the nation's top children's hospitals in the *U.S. News & World Report* 2013-14 Best Children's Hospitals rankings. Learn more about us at [childrenscolorado.org](http://childrenscolorado.org).

**Many hands, one heart.**



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