

**FOCUS ON CRYSTAL
METHAMPHETAMINE**



Parenting **PERSPECTIVES**



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Fall, 2005

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Parenting PERSPECTIVES

This newsletter is published by the West Virginia Bureau for Behavioral Health and Health Facilities for parents of children and adolescents.

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First Place - Best Magazine, 1997

On the cover: Kelsey, Dustin, and Emily Acree enjoy the fall leaves at their grandmother’s home in Summersville.



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Parenting PERSPECTIVES

Snow Days Fun!

Create a Snow Painting...

Fill several spray bottles with water, add different colors of food coloring to each, and shake to mix. Give each child a snowy area to paint and turn the yard into a work of art!



Build a Castle...

Use a variety of food storage containers to pack snow into uniform shapes. Square or rectangles can be used as bricks to build the walls of a castle or a fort, and round containers can be used to form turrets on top. For stronger "bricks," spray with water and allow to freeze.

Hold a Scavenger Hunt...

Give each child a list of a dozen or so common objects to look for in the backyard or around the neighborhood...like pinecones, seed pods, or cattails.



Hunt for Animal Tracks...

Check a field guide out of the library and see how many prints you can identify. If you live in an area where few animals roam, then have the children make tracks that are pictured in the field guide and learn about that animal's habitat.



Create an Imaginary Adventure...

Get out the old sheets and make a tent or lean-to inside the house. Stock with books, flashlights, and snacks. Construct a "pretend" campfire nearby. Provide each child with a local map, and have them plot out a route and a destination for a make believe adventure. Pretend each child is a stranger to the others and is sharing a campfire for the night. Have each make up a story about their travels to tell around the campfire!

(More Snow Day Fun on Page 16)



Drug Runner

By Patty A. Kelly

Running running running heart pounding
Fearful searching not seeing hiding paranoia
Looking seen fear heart bursting run
Need want powerful craving sweating sick

All gone sold no scraped out used up how
Payback needing no money coins bills
No place to hide coming run run!
Broken broken legs arms ribs cut

Gone gone where can't think
Drugs pills alcohol party party sold used
Promises cannot cannot think head pounding
Running running fear sweat tired sleep

Hiding where dark seen seeing
Hurts hurts tears hide hide run so slow
Dark sounds running guns big men
Stink sewage dirty wet slimy rats rats

Paranoia fear sweat wet dirty
Tired night sleepy eyes close dead
Jerked startled sounds feet running
No more no more head screaming

Help help go hide run craving don't care
Hide fear stink breathe breathe run
Rats money guns drugs hurting

Mommy! MOMMMMMMY!

Parenting **PERSPECTIVES**

Methamphetamine Production, Use Threatens West Virginia Families

Methamphetamine, also known as “meth” or “crystal meth,” is a growing drug problem across West Virginia. To help deter homegrown manufacturing of meth, a new state law prohibiting the sale of ingredients necessary to its manufacturing went into effect last summer.

Meth is relatively cheap to produce and provides a highly addictive “high.” It is made using one primary ingredient, pseudophedrine, the highly effective cold remedy. The new law now requires a customer to ask for it at the pharmacy counter, sign a log book, and purchase only a limited amount.

Meth labs are often located in public areas, such as hotels and in residential neighborhoods, presenting a serious threat to the safety of others. Some methamphetamine laboratories are portable and are transported in the trunks of private vehicles.

According to the US Department of Justice, most of the methamphetamine available in West Virginia is produced locally, with availability varying among communities throughout the state. Caucasian local independent dealers and loosely organized criminal groups produce and distribute most of the methamphetamine available in West Virginia, according to the Department of Justice report. Additional quantities of methamphetamine are transported from Mexico as well as from Arizona, California, and Florida via private vehicles and package delivery services. Out-of-state criminal groups increasingly are distributing methamphetamine in West Virginia, particularly in Charleston and the eastern panhandle.

Methamphetamine distributed at the retail level in West Virginia typically is packaged in small plastic bags or candy dispensers and sold from private residences and bars.

Abuse levels are highest in the western part of the state. West Virginia State Police officials in Danville and Hamlin as well as representatives from the Parkersburg Drug and Violent Crime Task Force report high levels of methamphetamine abuse in their jurisdictions. Huntington Police Department officers report moderate levels of methamphetamine abuse in that city. Officials in these areas often report that crack abusers are switching from crack to methamphetamine because methamphetamine produces physiological effects that are similar yet longer-lasting.

The percentage of youths reporting methamphetamine abuse in West Virginia is higher than the national percentage. According to 1999 YRBS data, 14.3 percent of West Virginia high school students surveyed reported having abused methamphetamine at least once in their lifetime, compared with 9.1 percent nationwide.

Increasingly associated with violent crime in West Virginia, methamphetamine abusers and producers commit crimes of domestic violence, including spousal and child abuse and child neglect. According to the Parkersburg Drug and Violent Crime Task Force, incidents of domestic violence increased 25 percent in its jurisdiction in 2002 because of methamphetamine production and abuse. The task force also attributed a 5.8 percent increase in sexual abuse and assault incidents in 2002 to methamphetamine abuse.

Methamphetamine production also poses serious environmental safety concerns. The production process involves the use of volatile chemicals and creates toxic and hazardous waste that endangers law enforcement personnel, emergency response teams, children in residences of methamphetamine producers, and the environment.



Crystal Methamphetamine is Topic of Mock Trials in Ohio County Schools

by Barbara Knutson

The WALs (Wheeling Academy of Law and Science) Foundation has designed a mock trial project that brings the system of American justice to life by addressing the subject of substance abuse, specifically crystal methamphetamine (meth). Staff and students of Ohio County schools have participated in the project over the past two years.

Research shows an increase in this devastating drug that was dubbed "America's most dangerous drug" in an article written for Newsweek in August, 2005. One of the reasons crystal meth is on the rise is the fact that it can be made cheaply and make-shift meth labs are showing up everywhere. Usually the people making the drug have no scientific background and manufacture it dangerously. There is no way to know how strong the meth is on the street, or even what is actually in it. Doctors have reported many cases of people whose throats were severely burned by meth that was cut with Drano.

Another factor that leads to the continuing use of this drug is that in most cases, the addiction takes place after just one use of meth. Tolerance to meth builds quickly and there are severe physical and mental problems, including meth psychosis, that occur when taking this substance. The "high" is longer and more risky as is the "low" which can result in someone

"sleeping it off" for days at a time.

Drug experts will tell you methamphetamine takes a heavy toll on its abusers, but no one is more damaged than the children living in households where meth is habitually used. The drug not only permeates the home life of the children, but affects them emotionally, psychologically and physically. It also affects them in school in terms of behavior problems,

emotional problems and mental health problems. Meth will tear families apart.

Not only can children be physically or sexually abused or neglected if someone in the household is using meth, but these children also risk being contaminated.

However, contamination is not always visible, as the toxins may be ingested or inhaled. Children also have a higher risk of contamination from meth chemicals because

of their smaller size and higher rate of metabolism and respiration rates. Children separated from arrested parents/guardians can also suffer mental health problems.

One of the major steps made to date that will halt the making of this destructive drug is that most states have now passed bills that restrict the over-the-counter sale of cold medicines containing pseudoephedrine and ephedrine. This is one of the main ingredients of making meth. There are certain restrictions now with the sale of this product, mainly that these cold meds are now

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Eighth graders conduct mock trial in Ohio County Schools

Parenting PERSPECTIVES

Crystal Methamphetamine is Topic...

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controlled by the pharmacist.

The goal of the Foundation is to demonstrate the objective of justice and workings of our civil and criminal justice system by allowing students to act out the roles of lawyers, witnesses, jurors and more, based on factual case scenarios (scripts) prepared by the Foundation. The scripts portray the unfortunate circumstances that can occur when the choice is made to abuse drugs, (crystal meth) leading right up to a day in court where the defendant's future depends on the decision of twelve strangers who have been chosen to decide his/her fate.

The WALS Foundation, a non-profit organization, in collaboration with Ohio County Schools, planned and implemented the mock trial project and is gearing up for its third year. Over 1,000 students have participated in these two-day age-appropriate, scripted mock trials in all 4th and 8th grade public school classrooms in the local area, as well after-school and summer programs for Laughlin Chapel.

Lisa Bruer, adolescent treatment and prevention coordinator at the department of Health and Human Resources (DHHR) in Charleston, agreed to fund the project for the second year through Mountain State Parents Children Advocacy Network (MSP-CAN). When Barbara Knutsen, executive director of the WALS Foundation, initially approached Lisa for funding, she told her the scripts would be hand written and could address any topic DHHR felt

needed addressed. Lisa immediately suggested crystal meth, knowing it was on the rise among our youth. The scripts were written accordingly and the students learn how our civil and criminal justice system works as they participate in a mock trial.

In addition, Orrick, a local company, has requested sponsorship for four schools in the downtown area. They realize the importance of getting the message out, especially to at-risk children, and wanted to be a part of this prevention project.

George Krelis, assistant superintendent, supported the project from the beginning and was most excited about the trials being held right in the classrooms.

Once again, the 4th and 8th grade students were chosen for the project. All teacher/student information is passed from Knutsen to Ms. Kim Miller, curriculum

coordinator for Ohio County Schools. She also schedules the two-day sessions during class time for Knutson.

The 8th grade script is a criminal trial that involved four teenagers. In the script, two males take crystal meth and proceed to drive their girlfriends to the bowling alley. On Interstate 70 they speed up the car and it crashes, killing two of the passengers, thus leading to a trial and charges of two counts of DUI with Death. The 4th grade civil trial is written in the form of a fairy tale trial, thus giving the younger students

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Two fourth grade mock trial participants smile for the camera.



Crystal Methamphetamine is Topic...

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an overview of how the justice system works while making the point that making bad choices about using drugs can lead to a whole set of unfortunate circumstances. The Evil Queen is charged with putting crystal meth in Snow White's apple, resulting in her passing out, losing short memory and ending up with \$10,000 in hospital bills.

Knutsen is responsible for planning and conducting the mock trials. Prior to the project, she sends all teachers a packet with the script, a drawing of how to change the classroom into a courtroom, a character list (so teachers can select roles based on student's capabilities), special instruction sheets for jurors and others, steps in a trial and specific trial vocabulary taken from each script.

She also acquires enough lawyers (22 last year) to role-play as "Judge" for every classroom.

When she arrives the first day, the room is already in courtroom style so she presents pre-trial discussion, talks about crystal meth and its negative effects, passes out flyers/info and explains the steps in a trial in detail, along with a quick rehearsal of the script to make the students comfortable with where they sit/stand for each part.

On the second day, she brings a suitcase full of props such as scarves/ties for the lawyers, a court reporting machine, a gavel and robe for the judge, name tags for all jurors, the apple (evidence in 4th grade trial), and other appropriate props to make it fun for the students.

After completion of the trial and a question and answer series with the lawyer "judge," all students are given the popular gavel pencils that read: "I participated in a mock trial to KNOCK OUT DRUGS!"

Law related education in elementary and secondary schools has grown remarkably since the 1970's. Knutsen said. It is designed to help young people grow into knowledgeable, skilled and caring citizens..

Future plans are to continue the mock trial program in Ohio County with expansion into high schools, allowing older students to do their own research on the topic and conduct the trial with unscripted parts based on their research.

The mock trial project is also planned to preview in the Charleston area in 2006.

For more information, call Knutsen at (304) 232-2576 or contact her via-e-mail at barbaraknutsen@firststatecapitol.com

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Parenting PERSPECTIVES

One Student's Perspective

On the Role of School Counselors...

by Justine

I've been in public school since kindergarten, so I have a lot of experience with school counselors. The principle is sound: give the kids someone they can trust, who can act as a psychologist and help with academic planning. The problem here is that the counselor has to be someone the students can stand to deal with, who is interested in their welfare and cares about their school environment. They have to be kind, helpful, and open-minded.

My elementary school counselor was like that. She was good at dealing with kids. She kept them interested. She listened to what they said, and tried to get something done about it. But, as I learned in middle school, not all counselors are like that.

My first problem with the counselor there was in 6th grade, when I went to see her about a problem I was having with bullies. I'm the youngest kid in my grade, and a certain type of mind will take advantage of something like that in order to ridicule people. I couldn't walk through the halls without at least one taunt. It was usually "Fifth grader!" I told her the names of the principle offenders and when they bugged me the most. Her response was to speculate that I was antagonizing the bullies, thereby neatly shifting the blame from *them* to *me*. How very thoughtful. She breezily insisted she'd have a talk with them, never you worry. She sort of did, but it pretty much consisted of a version of, "You've been a bad boy. Don't do it again. I'll have to give you a verbal warning."

This did not accomplish much. She followed this up by pulling me into her office every time she

saw me in the halls, and occasionally when I was in class. Her idea of advice on dealing with the problem was: completely ignore them. This is an incredibly bad idea. They know that you heard them, and you're ignoring them so pointedly that they know they're getting to you, so they just keep at it. According to bullystoppers.com, the proper way to do this is to respond so that they think you don't care, *then* ignore whatever they say next, because it will normally be a bad comeback line.

The day she walked into my English class, everyone stopped what they were doing and stared at her. Her exuberant reply was, "Oh, don't mind me. I just want to watch class for a few minutes." She stayed for the rest of the period, scribbling away on a note pad while everyone kept glancing over nervously at her. She pulled me away from the group as we left for lunch and told me helpfully,

"You need to work on your nonverbals," and vanished into the crowd like a will-o-the-wisp on a foggy day. Wait! Come back! I need clarification! That's not helpful! Plus, I have a new problem! My stress levels are now in the stratosphere!

There are alternate ways of dealing with the situations I have described. Better explanations could have been provided to students. Sympathy could have been shown. Wrongdoers could have been punished so that they'd remember it. A Google search on stress and bullying can offer some helpful resources. Notable ones include KidsHealth.org and the previously mentioned bullystoppers.com.

"My elementary school counselor was ... good at dealing with kids. She kept them interested. She listened to what they said, and tried to get something done about it."

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One Student's Perspective

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KidsHealth has suggestions for those being bullied, ways to cope with stress and depression, and other articles that would have been useful had the counselor considered mere students worthy to hear what experts think are good ways to deal with our problems. She told me that bullies really have low self-esteem and insult others to validate their own importance, when in fact they tend to be conceited and have a high opinion of themselves. This is a no-brainer to your average middle-schooler. All through school, the worst of my antagonizers were the popular "sports heroes," the football and basketball players.

If she thought that I needed to improve, and she didn't have the time to really help me, she could have recommended books. I had seen various teachers' bookshelves around school that had about twenty copies of *Fighting Invisible Tigers*, but I never knew what it was about. This is a mental health book written for teens with both humor and suggestions for positive change. The book focuses on dealing with stress and keeping your life under control. It has lists of coping strategies, and is a whole lot more clear about the differences between assertive, aggressive, and passive-aggressive than our counselor ever was.

Fighting Invisible Tigers has a whole unit ("Self-Care for Tiger Bites") on what to do if you're stressed, depressed, or upset to the point where you can't cope. This section includes such strategies as stopping harmful coping behaviors, considering what's good about life in general, getting someone else's opinion, and dealing with personal issues. It also has a "Lifeskills" unit that has useful tips on how not to need self-care for tiger bites. It offers suggestions involving diet, exercise, meditation,

assertiveness, planning, motivating yourself, risk-taking... The list goes on. You have to read it to believe such a short book has so much information.

Schools seem to spend a lot of time talking about citizenship, but little time on other important things. They don't talk much about the best way to deal with problems in your life or how to get along with other people in those citizenship classes, just, be nice, be honest, violence is not the answer. Health classes are all about anorexia, drug abuse, and STDs instead of on things that are common like depression, ADD, or the many health myths that students believe. They spend their extremely limited time on talking about worst-case scenarios, not on teaching us how to prevent them.

Maybe I do need to "work on my non-verbals." I don't know. I hope that sometime, my middle school counselor will read this. She may or may not recognize that it's about her. But

hopefully it will make her think about all the "You've been bad, don't do it again" stuff that she's passed off as advice over the years. Maybe if she and other public school counselors used the resources out there, there will be fewer incidents like mine. Who knows?

Justine, who asked her last name not be used, resides with her family in central WV.

Resources:

Fighting Invisible Tigers: A Stress Management Guide For Teens by Earl Hipp
www.bullystoppers.com: *The Bully Reporting Site for Schools.* 11/04/05
www.KidsHealth.org - *Teens site - Your mind.* 11/04/05

Stephenson, Frank - *"The Rise and Fall of Self-Esteem."* *Muse*, February 2005

“Schools ... don't talk much about the best way to deal with problems in your life or how to get along with other people ...”

Parenting PERSPECTIVES

What Does A Depressed Child Look Like?

This two-part series, taken from www.HealthyPlace.com, will examine the types of depressive disorders in children of different ages.

Clinical Depression

In this type of depression also called major depression, or Major Depressive Disorder (MDD), a child with no other psychiatric problems suddenly becomes depressed, sometimes for little or no reason. Sometimes their sleep is disturbed. They are not hungry, have no energy, are afraid of all sorts of things, think life is hopeless, can not concentrate at all, are less social and are very irritable.

For example....

4-7 years old

Sara is 5. She has been in preschool all fall and overall, she enjoys it and does fairly well. After Thanksgiving, she seemed to become less and less excited about pre-school. She thought the others were bugging her. She didn't want to go some days, but her parents made her. At home, it was the same. Nothing was right. When bedtime came, she couldn't sleep and wanted to sleep with her mom. She lost interest in playing with her cousin. She didn't get even get that excited about Christmas. She started telling her parents, "You don't like me". When they took her out to McDonalds, she liked it, but she was never enthusiastic like she used to be. Her mother would notice her sitting in a chair with a horrible look on her face doing nothing.

7-12 years old

Ryan is 11. He is in 4th grade and has always been an average student. Of their three children, he gave his parents the least cause for concern until these last few months. It started with him calling home from school to talk with his mom or dad. He just wanted to tell them what was going on. It was never good. He was worrying about passing, even though he was doing fine. Then he started saying that he just couldn't do the work. When his parents would ask why, he would just get mad and tell them they didn't understand. He refused to play hockey in the winter. He wouldn't go hunting with his Dad. The only thing he did was go to Scouts and watch TV. So his parents decided to start restricting the TV. Ryan told them that if he couldn't watch TV, he might as well just die. They didn't take it seriously. He was sleeping all day, eating constantly and failing in school. His friends no longer came around. One day his father went to use the bathroom and didn't realize Ryan was in there. He wasn't using the toilet. He had a bunch of pills poured out on the sink.

13-17 years old

Tessa is 15. When she was 13, her parents remembered her being a little irritable and to herself, but it was nothing like it is now. Whenever they say anything to her, she returns it with some nasty comment. It is very hard to live with. Tessa has stopped going out very much. She sits in her room with the door locked and listens to music. Sometimes she slams things around in there. Before, Tessa would usually be asleep by 10:30 at the latest. Now she is up later than her parents. Sometimes her mother will come in and ask her if something is bothering her. "What's bothering me?" "Do you really want to know?" Yes, her mother did. So Tessa told her. Tessa felt she was the dumbest, ugliest, most useless piece of crap that God had ever made. She hated herself, her family, and her friends. She told her mother she just wished she could die and then starting crying for about an hour while her mother held her.

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What Does A Depressed Child Look Like?

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Dysthymia

This is a milder depression that goes on for years at a time. Children and adolescents with Dysthymia often have been depressed so long that they can not recall what not being depressed is like. People think it is part of their personality. Typically they are irritable, hard to please, unhappy with nearly everything and very trying to be around. They tend to have fewer problems with sleep and appetite than children with major depression. To have this disorder you must be depressed or irritable for at least a year straight with at least two of the following:

- poor appetite or overeating
- insomnia or excess sleeping
- low energy or fatigue
- low self esteem
- poor concentration or difficulty making decisions
- feelings of hopelessness

Children with dysthymia often can still enjoy some activities. Children with dysthymia are at a very high risk to get MDD. Over 70% of dysthymic children will get severely depressed, and 12% will get manic depressive disorder. Rather than recover, they often go back to their dysthymic selves. A long episode of Dysthymia will mess up a child's life far more than a brief episode of severe depression.

For example...

4-7 years old

Lynn's parents didn't really notice anything unusual about her until they had another child when Lynn was 2 years old. Now Lynn is 5 and Andrew is 3. Andrew gets excited about stuff. He is enthusiastic about life. He is happy when he can do something new and he is excited to tell everyone. Lynn, on the other hand, never gets that excited about anything. If everything is going exactly her way, she is happy. the rest of the time, which is mostly, she is upset at someone or something for ruining her day. Most things seem to be an effort for her. She would spend endless hours watching TV if her mother let her. When Andrew watches TV, he is sometimes interested or bored or scared. Lynn is just vacant. Lynn is the same way with other children. Her parents hate to compare, but Lynn is a hard child to love. She is so hard to please and so rarely upbeat about anything.

7-12 years old

Daryl is 9. He spends a fair amount of time thinking about the good old days. For him, this was when he was in kindergarden and grade one. Then life was fun. School was easy, there was nothing to worry about, and that he was happy. Now life is not too good. School is hard for him. Many days he tells the teacher that he just can't do the work. His teacher encourages him to try and lots of time he can, but he is very tense the whole time. One night out of the blue he asked his mom what it was like to be 35 years old. She said it was pretty good. Daryl couldn't imagine living that long. "You know, mom, I don't think I can live that long. Life is so hard and there is so much work." His mother was so stunned she forgot to remind him to eat his dinner.

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Parenting PERSPECTIVES

One Parent's Perspective

My Best Babysitter

by Ann Cronin

When my daughter was two and my son an infant I felt that I was stretched beyond my breaking point. My daughter was a beautiful, active child who seemed to get overstimulated easily, and had a lot of difficulty settling at bedtime. Before my son's birth, my husband and I had been spending as much as an hour a night reading to her to help her settle for sleep. At bedtime, we could only read familiar books, because new books were exciting enough to keep her awake. She wanted to hear the same stories repeatedly, making the bedtime task onerous for us.

When the baby arrived, neither of us could stay awake for the hour of reading, and we developed a sort of swing shift.... With me reading until the baby needed fed, and then my husband taking over. It was way too much to manage, but she seemed to need us more during that time. I tried lullabies, classical music, and white noise with no luck. My daughter's difficulty calming herself at night caused a lot of distress as we were also dealing with a new baby.

On a trip to the public library, I noticed the collection of children's books on tape. I checked out a couple of her favorites, and voila...an indefatigable bedtime reader and a happy little girl at bedtimes. Capitalizing on our success with this new babysitter, we quickly moved to longer, more involved tapes and my daughter grew to prefer the bedtime tapes because they did not fall asleep mid-sentence (as I was wont to do) and they never complained of the endless repetitions of the story. Before long, the audiobooks were old and dear friends that she went to for

emotional support.

Since that time audiobooks have been a constant resource for our family. We purchased some of the best ones, and played them at bedtimes, during quiet times at home, and on long trips. At four, my son would spend hours playing with Legos while listening to *"My Fathers Dragon"* or *"Wonder Tales of Dogs and Cats."* Throughout their preschool years, my kids packed their tape players along with their favorite stuffed animal for every trip.

My daughter was an early reader, but still loved to hear books she had read aloud. At the age of seven my daughter devoured the first of the Harry Potter books. My husband and I started reading the book aloud at home, so that my five year old son could engage in the family discussions and the rich fantasy play that centered around that story. We found that the time we had to sit and read together was

limited enough, that progress through the story was slow. We purchased the book on tape, and my daughter (now 13) reports that she has listened to it at least 10 times all the way through, and my son has listened to it at least three times that often.

The kids could manage to follow audiobooks at a level above their reading level, and soon were listening to the *"Chronicles of Narnia," "The Hobbit,"* and other classics. We have family all over the country, and on long cross country car rides we have listened to Mark Twain, Douglass Adams, Washington Irving, Jules Verne, and many others. Although my daughter was an early



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One Parent's Perspective

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reader, my son was a reluctant one. With audiobooks, we learned that if he heard the first part of a story, he would get engaged in it, and was willing to struggle through bits of it on his own. Rather than making him lazy about reading, I think the audiobooks stimulated his interest and motivated him to tackle more difficult reading.

Today at the ages of 13 and 11, my kids are both excellent readers, and both still love audiobooks. I have expanded my use of audiobooks to offer a springboard to open up topics that are hard for my kids to discuss. There are some excellent authors, like Bruce Coville, Avi, and Sachar who portray common crises and dilemmas of the late elementary and middle school years with humor and wisdom. These books include "imperfect" kids that are easy to identify with. The stories allow the kids to "experience" situations that they fear in a safe way.

For example, my son is an intense child, who tended toward emotional outbursts in his elementary school years. He was often on the "behavior" list, and said that "I can't help it!" In Coville's book, "The Monster Ring," a young boy can become a "monster" when he wants to and, in the process learns a lot about himself. This book seemed to provide a catharsis for my son. I cannot honestly say that he became markedly better behaved at school, but he seemed more accepting of himself and his differences.

At 13, my daughter is struggling with self-image and adolescent angst. She tends to be a very serious and aloof person, and does not easily laugh at herself. She looks with disdain on "teen-age girl" books and things, and would never choose to read books about modern teens. I

checked out "Angus, Thongs, and Full-frontal Snogging" by Louise Rennison, a totally over-the-top self-indulgent teen book with outrageous stories and lots of humor. The book is about a boy crazy, self-centered 14 year old.... Exactly the type of thing my daughter would typically reject.

By playing it in the car as I drove around with her, my daughter not only listened, but listened gleefully with peels of laughter. Since that time my daughter went out and bought a boxed set of Rennison's books, and (I say with my fingers crossed) is a little more comfortable with being a girl.

When the kids were little, I seldom tried an audiotape of an unfamiliar book. By the time they were both in school (and I had grown tired of reading all the children's books) I started experimenting. Through this approach we found gems like the "Hank the Cow Dog" series that the whole family loves. I also found some real duds. Books written for the "pre-teen" audience often present all adults and authority figures as buffoons, and often cast the kids as reacting to events rather than creatively problem solving. So, after ten years of exploring audiobooks with my kids, I would still recommend listening with them. In addition to keeping down the sibling arguments in the car while running errands, it does help keep you in touch with their lives and issues.

I recently checked out what I thought was a funny audiobook, "Deliver us from Normal" by Kate Klise. The main character in this book is a 15 year-old boy that has an anxiety disorder (that is my diagnosis, not a discussion in the book). My 11 year-old son quickly identified with this character and for the first half of the book I was

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One Parent's Perspective

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really pleased, because it let us talk some about his own worries. In the last half of the book, the parents in the story respond to their kids social pressures at school by walking out of their life. In a period of 24 hours, these parents decide to leave town, pull the kids out of school, and drive across country to refurbish a houseboat they have bought sight unseen. The kids in the story no longer attend any school (including homeschool) and no longer interact with persons outside their immediate family. Because the author offered very funny and descriptive images, my son remained engaged. I was distressed that there was no problem-solving or positive interaction that addressed the main character's anxiety. I was very uncomfortable with the message that you can run away from life, and I felt that I needed to talk with my son about other, better, solutions the boy and the family might have tried. My son was not thrilled with my "talk" but I was glad that I had heard the book and had the opportunity to respond.

People are very individual in their tastes in books. Good book reviews, like those offered in the Chinaberry book catalog, can help you and your child find audiobooks to share. I have found many "bibliotherapy" resources on the internet, but have not found them to be helpful because the books they list are often moralistic and heavy-handed, and so rejected by my kids.

My family has an extensive library of audiotapes. When they were young, the kids listened to the tapes over and over, and found that the cost of purchasing the tapes was a good investment. As the kids' interests have gotten more sophisticated, and they are less interested in repetition, we have donated the old tapes to the library. Now, most of our audiotapes are from the library. It is a fun, low cost form of babysitting, family entertainment, and family therapy that I highly recommend.

Ann Cronin lives with her husband and two children in Morgantown.

What Does a Depressed Child Look Like

Continued from page 12

13-17 years old

Yvette is 16. She saw a school counselor and the counselor asked how long she had been feeling blue. Yvette looked at the calendar. "Only 16 years, 4 months, and 14 days", she said. Yvette could never remember feeling happy for more than a few days at a time in her whole life. Not that you would usually notice it. At school she did her work, had some friends, and participated in the church youth group. She tried very hard to make her face look like the other's. At home, she let down her guard. She was usually exhausted. She could come home from school and sleep two hours and go to bed at 9:30 and sleep all night. If her parents let her, she would just sit in her room and read to try and not think about everything. The main thing she thought about was what could she do to make herself really happy? She had decided that if she could just find the right guy, maybe she would be happy. Sure, she thought, but who would want a dirtball like me?

Part 2: Double Depression, Psychotic Depression, Comorbid Depression, Bipolar Depression, and Seasonal Affective Disorder in the next issue. (Copyright 1999-2003. HealthyPlace.com, Inc.)



More Snow Days Fun



Make an Ice Candle...

Fill a bowl with water and float a tin can, weighted with rocks, in the center. Add pine cones or holly leaves to the water to add dimension to the ice. Place outside on a flat surface until frozen. Pour warm water into the can to loosen it and then remove the can. Remove the large block of ice from the bowl by dipping it into a larger bowl of warm water. Place a candle in the hole, and light it outside at dusk to give your yard a wintery glow.

Feed the Birds...

Start with several slices of bread, and make a small hole about 1/2 inch from the top. Toast. Spread with peanut butter and dip the spread-side into bird seed. Put a string through the hole and tie onto a tree branch or bush and watch the birds feast!

Blow Bubbles...

Chill a container of soapy water in the refrigerator, then take outside and try to blow the bubbles away on a freezing cold day. Your kids will be surprised to see how long it takes to pop the bubbles!

Parenting PERSPECTIVES

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