What Kind of Worrier are You?

1. HOW OFTEN DO YOU WORRY?
   a. I can't stop worrying.
   b. I don't really worry much at all.
   c. Not constantly, but occasionally.
   d. Pretty frequently. You might call me a worrywart.

4. HOW DO YOU USUALLY FEEL IN THE MORNING?
   a. I don't like getting out of bed.
   b. Tired.
   c. Ready to go.
   d. Slow. There's so much to do and I already feel like I'm late.

What Every Woman Should Know

As a certified nutritionist who consults hundreds of people in the community, I have devoted much time to research with top doctors and medical scientists in the area of prenatal care and publicizing the results of this research. Namely, the need for expectant mothers — indeed for all married women of child-bearing age as well as soon-to-be married women — to adopt lifestyle behaviors that increase their chances of having a healthy baby. Eating a balanced diet rich in nutrients that have been clinically proven to promote optimal fetal development is at the top of that list. Because most women don't get enough of these vitamins, minerals and essential fatty acids through the foods they consume, supplementation is generally appropriate and necessary.

continued on page 2
Folic acid and B12 in particular have received a lot of attention from the scientific community in recent years.

Folic acid is the synthetic form of the B-group vitamin folic acid, which is vital for a wide range of enzymatic reactions that promote normal fetal growth and development. Important studies have shown that folic acid significantly reduces the risk of a baby being born with neural tube (brain and spinal cord) defects (NTDs), such as spina bifida and anencephaly. Preliminary studies also suggest that folic acid may decrease the risk of other birth defects, including congenital heart defects and cleft lip / cleft palate, and lower the risk of pre-term delivery.

Since NTDs and certain other defects usually occur during the first month of gestation, experts believe it is crucial for women to begin a folic acid regimen even before they are expecting. Along these lines, the Mayo Clinic and others recommend that women start taking folic acid at least one month before pregnancy, while the Hospital for Sick Children recommends three months. To decrease the risk of pre-term delivery, some experts recommend starting a year before.

In my own practice, I recommend that young women begin taking 800 mcg of folic acid in an iron-free multivitamin when they start seminary and continue the regimen throughout their childhood years. (Since most multi-vitamins contain iron—which should be avoided, except in cases of anemia — Nutri-Supreme has formulated a special iron-free multi-vitamin with 800 mcg of folic acid and 200 mcg of B12. According to a National Institute of Health-sponsored study, children born to women with low B12 have a two to three times greater risk of NTDs.)

Women who have already had a baby with an NTD, are usually advised to take more than the generally recommended 600 to 800 mcg of folic acid. But since not all women metabolize folic acid in the same way, it is important to be aware of other exceptions to the general dosage recommendations.

**MOSTLY AS**

**AROUND THE CLOCK WORRIER**
You aren’t always worried about catastrophes, but you are always worried! It might be the water bill, your newest promotion, or what you are going to make for dinner, but life just seems to be a big pit of anxiety.

**TIP:** Take a step back and reevaluate all those anxiety-provoking moments in your life. See if you can create a list and then prioritize the worries. It might sound funny, but tell yourself that you are only allowed to worry about three things each day—Decide which are the most important and focus on those. The rest will have to wait until the next day!

**MOSTLY B’S**

**WORRY DOGGER**
You might seem like you are completely relaxed. In reality, your worry-free attitude might be covering up your feeling that you are unable to control the events around you. If things are never going to work out, there is no reason to do anything anyway: this system can be quite unhelpful as you can end up sabotaging chances for success.

**TIP:** Actually allowing yourself to worry about things and take proactive steps can make your life easier and less stressful.

**MOSTLY C’S**

**BALANCED WORRIER**
You worry when you are highly stressful situations and you enjoy the happy moments in your life. Being anxious when it is an important situation can ultimately help you better prepare for that situation. And, knowing when you are overreacting helps you pull back.

**TIP:** Keep it up! You are able to take a little nerves and channel them into positive change, but you are also able to take pleasure from all the wonderful things in your life without second guessing them.

**MOSTLY D’S**

**WORST-CASE SCENARIO WORRIER**
You are always preparing for disasters and that can be exhausting. Feeling constantly behind the eight ball can throw off your deep habits and your ability to function when good things come your way. It’s hard to savor the happy moments if you are always worrying about when the worst-case scenario is going to take place.

**TIP:** You worry when you are highly stressful situations and you enjoy the happy moments in your life. Being anxious when it is an important situation can ultimately help you better prepare for that situation. And, knowing when you are overreacting helps you pull back.

**TIP:** Keep it up! You are able to take a little nerves and channel them into positive change, but you are also able to take pleasure from all the wonderful things in your life without second guessing them.

**FOLIC ACID**

**What? Why? & When?**

Listen to Mrs. Rifka Schonfeld, SOS
Director, live on the Allergran Family Hotline:
212-444-1900
Press 7 then the main menu, then 4 and then 1.
Lecture 1: Folic Acid, the Missing Link?
Lecture 2: Folic Acid: How Does It Help?
Lecture 3: Folic Acid: What to Buy
Lecture 4: Folic Acid: What’s the Bottom Line?
Lecture 5: Folic Acid: Which Multi-Vitamin?
Lecture 6: Folic Acid: Food or Supplement?

Folic acid is the synthetic form of the B-group vitamin folic acid, which is vital for a wide range of enzymatic reactions that promote normal fetal growth and development.
A GPS FOR THE ROAD TO FETAL HEALTH

Scientific research is now beginning to reveal that gene mutations in the folate metabolism pathway (a series of genes that regulates folic acid metabolism) can affect how well the body processes folic acid. If that biologic process is not coordinated properly in the embryo, a possible neural tube defect may result.

I like to use the example of a GPS to explain this breakdown in the metabolism process: If there is a blockage along the road to a destination, even the best GPS instructions won’t help us get there. Similarly, if the folate pathway is compromised, the folic acid can’t get to where it needs to be in order to do its job properly.

A common genetic variation that’s been shown to interfere with folic acid metabolism is known as MTHFR C677T (the C677T designation means that the MTHFR gene mutation was passed down by both parents). This mutation, which researchers estimate affects approximately 25 to 50 percent of the population, has also been associated with increased miscarriage risk.

People with MTHFR gene mutations are more likely to have high homocysteine levels – though not everyone with high homocysteine levels has the MTHFR gene variant. High homocysteine, which can result from a folic acid or B12 deficiency, has itself been correlated with an increased risk of birth defects.

For women who fall into the high homocysteine and/or MTHFR categories, simply upping the folic acid dosage is generally not the answer. Indeed many doctors feel that taking more than 1000 mcg of folic acid is an inadvisable and even potentially risky practice. Rather, they should take a different form of folic acid known as L-methylfolate.

Nutri-Supreme’s Methyl Folate and Methyl Folate with B12 and B6 are the only standalone Methyl Folate supplements on the heimishe kosher market.

TAKING ACTION

Every day, it seems, science reveals new ways to help ensure healthy pregnancies and lower the risk of birth defects. But given all the studies already linking folic acid and B12 deficiencies with NTDs and other birth defects, is there anything we can do right now to further that goal?

In my view, there is a lot to gain — and much potential heartbreak to avoid — by making simple blood screenings for homocysteine, folic acid, B12 and glutathione “standard procedure” for any young woman beginning the pre-pregnancy vitamin regimen, especially those with a family history of birth defects. (Note: Low glutathione levels can be a marker for oxidative stress, which can play a role in increasing the risk of miscarriage and birth defects.)

I am hardly alone in this opinion: In a conversation I had with Dr. Jill James, a well-known researcher for the Arkasas Center for Birth Defects and Prevention, she commented that with homocysteine testing so readily available, there’s no reason women should not be making it part of their pre-natal regimens today.

While positive pregnancy outcomes are ultimately in the Hands of the Ribbono Shel Olam, I strongly believe that our own hishtadlus (effort to identify and effectively address folic acid and B12 deficiencies) has itself been correlated with an increased risk of birth defects and miscarriage.

For women who fall into the high homocysteine and/or MTHFR categories, simply upping the folic acid dosage is generally not the answer. Indeed many doctors feel that taking more than 1000 mcg of folic acid is an inadvisable and even potentially risky practice. Rather, they should take a different form of folic acid known as L-methylfolate. (Nutri-Supreme’s Methyl Folate and Methyl Folate with B12 and B6 are the only standalone Methyl Folate supplements on the heimishe kosher market.)

CAN FOLATE MAKE YOU HAPPIER?

Depression is caused in part by an imbalance of chemicals, called neurotransmitters (such as serotonin) in the brain. Researchers believe that depression may occur if the brain is not developing enough neurotransmitters. L-methylfolate is needed to regulate the production and efficiency of these transmitters. Yet, as many as fifty percent of depressed patients may have a specific genetic factor that limits their ability to convert folic acid or Folate from food to L-methylfolate.

Research indicates that taking 10 to 15 mg of L-methylfolate may help by providing higher amounts to the brain. Nutri-Supreme offers Ultimate Methyl Folate (3 pills of 5 mg each) – the most bioavailable form of folic acid – which can cross the blood-brain barrier even in those 50% or so whose body cannot properly metabolize folic acid. Taking this supplement for only 4 – 6 weeks may result in a big improvement in mood, increased energy and being happier and more social. Speak to a doctor and certified nutritionist before starting this exciting regimen.

You may be happier because of it!

OFFER COMFORT AND ENCOURAGE DISCUSSION. Give hugs and let your child talk about what is scaring him. Don’t dismiss his fears as not being “real.”

PREPARE YOUR CHILD FOR FRIGHTENING THINGS. Read books about what happens in the dark or about going to the dentist. This will help your child create a happy ending to his imagined fears.

WHAT YOU CAN DO:

Fears:

Birth to Two Years

LOUD NOISES: Sirens, alarms, construction, or even other children suddenly screaming can startle babies as young as a few weeks old.

STRANGER ANXIETY: At around 6 months, infants begin to wary of people who are not part of their daily surroundings, often crying if they are held by them.

SEPARATION ANXIETY: At about 18 months, toddlers become highly sensitive to the comings and goings of important people in their lives. They tend to fear that those that are close to them will leave.

WHAT YOU CAN DO:

TALK ABOUT FEARS. Even if they cannot understand the words you are saying, babies can read your tone and body language and understand that even if the other person is unfamiliar, you trust them and therefore they should too.

PLAY SEPARATION GAMES. Games like peek-a-boo let your child know that even if you disappear, you are going to come back, helping to ease separation anxiety.

Three to Four Years

DARK. When children’s imaginations begin to develop, bedtime can be a scary time. They imagine horrible monsters coming out of the shadows in their room, prompting them to fear the dark at night.

MORTALITY. If a pet or grandparent passes away, children at this stage can be scared that they too will die.

WHAT YOU CAN DO:

BE A ROLE MODEL. Show your child how you take risks and fail. Showing him that the world does not end when we make mistakes is a great way for him to recognize that he will be okay too.

ENCOURAGE PRACTICE. Give examples of how your child practiced in order to get where he is right now. For instance, he did not always walk. First, he took one step, fell down, and then got back up. Everything takes practice in order to do well.

A child’s grow, the things that scare them change, but most children regardless of their age, have rational fears that can be addressed. Just think about yourself — there are things that you still fear even though you are an adult. Of course, there is a difference between rational and irrational fears. So, what fears should you expect from diverse age groups?

Dr. Susan Miller, a professor emerita of early childhood education at Kutztown University in Pennsylvania outlines what to expect at different ages:

FIVE TO SIX YEARS

FAILURES. At this age, children stop being as self-focused and start to recognize their peers’ opinions. Because of this, they become more fearful of looking foolish if they make a mistake. Therefore, at this age, children often are scared of taking chances.

WHAT YOU CAN DO:

Fears:

AGES & STAGES

Ages & Stages

Four to Five Years

Offer comfort and encourage discussion. Give hugs and let your child talk about what is scaring him. Don’t dismiss his fears as not being “real.”

Prepare your child for frightening things. Read books about what happens in the dark or about going to the dentist. This will help your child create a happy ending to his imagined fears.

What you can do:

Fears:

Birth to Two Years

• LOUD NOISES: Sirens, alarms, construction, or even other children suddenly screaming can startle babies as young as a few weeks old.

• STRANGER ANXIETY: At around 6 months, infants begin to wary of people who are not part of their daily surroundings, often crying if they are held by them.

• SEPARATION ANXIETY: At about 18 months, toddlers become highly sensitive to the comings and goings of important people in their lives. They tend to fear that those that are close to them will leave.

What you can do:

• TALK ABOUT FEARS. Even if they cannot understand the words you are saying, babies can read your tone and body language and understand that even if the other person is unfamiliar, you trust them and therefore they should too.

• PLAY SEPARATION GAMES. Games like peek-a-boo let your child know that even if you disappear, you are going to come back, helping to ease separation anxiety.

Three to Four Years

• DARK. When children’s imaginations begin to develop, bedtime can be a scary time. They imagine horrible monsters coming out of the shadows in their room, prompting them to fear the dark at night.

• MORTALITY. If a pet or grandparent passes away, children at this stage can be scared that they too will die.

What you can do:

• OFFER COMFORT AND ENCOURAGE DISCUSSION. Give hugs and let your child talk about what is scaring him. Don’t dismiss his fears as not being “real.”

• PREPARE YOUR CHILD FOR FRIGHTENING THINGS. Read books about what happens in the dark or about going to the dentist. This will help your child create a happy ending to his imagined fears.

WHAT YOU CAN DO:

• BE A ROLE MODEL. Show your child how you take risks and fail. Showing him that the world does not end when we make mistakes is a great way for him to recognize that he will be okay too.

• ENCOURAGE PRACTICE. Give examples of how your child practiced in order to get where he is right now. For instance, he did not always walk. First, he took one step, fell down, and then got back up. Everything takes practice in order to do well.

CAN FOLATE MAKE YOU HAPPIER?

Depression is caused in part by an imbalance of chemicals, called neurotransmitters (such as serotonin) in the brain. Researchers believe that depression may occur if the brain is not developing enough neurotransmitters. L-methylfolate is needed to regulate the production and efficiency of these transmitters. Yet, as many as fifty percent of depressed patients may have a specific genetic factor that limits their ability to convert folic acid or Folate from food to L-methylfolate.

Research indicates that taking 10 to 15 mg of L-methylfolate may help by providing higher amounts to the brain. Nutri-Supreme offers Ultimate Methyl Folate (3 pills of 5 mg each) – the most bioavailable form of folic acid – which can cross the blood-brain barrier even in those 50% or so whose body cannot properly metabolize folic acid. Taking this supplement for only 4 – 6 weeks may result in a big improvement in mood, increased energy and being happier and more social. Speak to a doctor and certified nutritionist before starting this exciting regimen.

You may be happier because of it!
Medicare B, Medicaid and most PPO Medical Insurance will cover treatment for snoring and sleep apnea for oral appliances so you can stop snoring and feel refreshed, without using a CPAP mask and hose machine.

If you or someone you love snores, Medicare recognizes that snoring is dangerous. They also recognize that wearing a hose and a mask attached to a machine is very difficult for most people to sleep with.

Snoring and a poor night’s sleep can be a sign of a much greater problem: Sleep Apnea. Snoring poses major health risks and can be related to sleep apnea. Snoring is a warning sign and may be the first sign of obstructive sleep apnea. Snoring means your airway is partially blocked. The noise is produced by vibration when air blows nights sleep through a narrowed airway similar to what is seen in the potentially fatal disease, sleep apnea. Sleep Apnea means your airway is completely blocked. This can occur hundreds of times a night leading to this deadly condition. Therefore, it is important to get checked immediately as enough oxygen may not be reaching your vital organs. Loud snorers have a 67% greater likelihood of a stroke, 40% greater likelihood of high blood pressure and a 34% greater likelihood of a heart attack over those who don’t snore.

Medicare and Medicaid now recognize that people need to get the sleep apnea treatment that is best suited for them, treatment that comfortable, flexible, and effective. Most patients prefer to oral appliance instead of the mask, hose and CPAP machine. If you or someone you love snores, Medicare B, Medicaid and most PPO Medical Insurance can cover treatment for snoring.

Dr. Jacques Doueck, an approved DME Oral Appliance Provider, is specially trained in treating snoring and sleep apnea with dental appliances instead of CPAP hose and mask machine. Not all dentists or all oral appliances are trained or approved. To meet the strict Medicare guidelines the dentist must be an approved DME provider and provide you with custom made oral appliances that are able to advance the lower jaw in small millimeter increments.

Our team is trained in dental sleep medicine and our computerized electronic claims can process your Medicare B, Medicaid or any other PPO Medical Insurance. We can help you understand how to get covered for oral appliances to treat snoring. We can also have experienced Sleep Medicine Physicians that are specialists in diagnosing sleep apnea and will help you navigate the insurance maze so that you can get the right treatment.

Based on your individual needs, we will work with you to fit you the correct equipment and provide education on its proper use and care. Call us today.

Our team includes a: Dentist with advanced training in sleep medicine • Licensed respiratory therapist • Medical doctor specializing in sleep medicine

Dr. Jacques Doueck, 800.83.SNORING(76674) | 718.339.7982
www.sleepsolutionsnewyork.com • www.DoueckDental.com
Doueck Dental, 563 Kings Highway - Since 1977
Doueck Dental, 238 Rodney Street
Dr. Jacques Doueck, Am Academy of Dental Sleep Medicine
*paid by medicare, medicaid and most medical insurance plans

Call Dr. Doueck and feel reenergized!
Dr. Doueck is ready to help you

Take the first step and call for a HOME SLEEP STUDY*

Medicare & Medicaid will pay for you to stop snoring

I just had the best nights sleep in years!
- Mr. Anselmon, NY
OBSESSIVE-COMPULSIVE DISORDER (OCD): The sufferer of the trauma is often triggered by sounds, smells, or sights that remind the event might subsequently develop generalized anxiety. PTSD or accidents. Children who experienced an extremely disturbing such as mugging, domestic violence, terrorism, natural disasters, or violent personal assaults, this disorder frequently occurs after violent personal assaults, in which anxiety and stress about traumatic events in one's past. POST-TRAUMATIC STRESS DISORDER (PTSD): PTSD involves anxiety and stress about traumatic events in one's past. This disorder frequently occurs after violent personal assaults, such as mugging, domestic violence, terrorism, natural disasters, or accidents. Children who experienced an extremely disturbing event might subsequently develop generalized anxiety. PTSD is often triggered by sounds, smells, or sights that remind the sufferer of the trauma.

Some symptoms of PTSD include:
- Anger and irritability
- Guilt, shame, or self-blame
- Substance abuse
- Depression and hopelessness
- Feeling alienated and alone
- Feelings of mistrust and betrayal
- Headaches, stomach problems, chest pain

OBESSESSIVE-COMPULSIVE DISORDER (OCD): The World Health Organization estimates that around 2.5% of the world’s population is affected by OCD, an anxiety disorder, which ranges from children to senior citizens. Evidence is strong that OCD tends to run in families. Of course, having a genetic tendency for OCD does not mean people will develop OCD, but it means there is a stronger chance they might.

Dr. Elana Pearl Ben-Joseph of the Emory University School of Medicine states that people “with OCD become preoccupied with whether something could be harmful, dangerous, wrong, or dirty — or with thoughts about bad stuff that might happen. With OCD, upsetting or scary thoughts or images, called obsessions, pop into a person’s mind and are hard to shake.”

PANIC DISORDER: Panic disorder is accompanied by panic attacks. These panic attacks include feelings of fear and dread that come with no warning. Those feelings are associated with sweating, chest pain, irregular heartbeats, and trouble breathing. Many times, these panic attacks are mistaken for heart attacks by the sufferer.

Anxiety Disorders in Children

T amara E. Chansky, a psychotherapist, wrote a practical guide, “Freeing Your Child From Anxiety,” and explained her a “master plan” for helping children gain control over their anxiety.

Empathize with your child. Don’t dismiss your child’s concerns. They are very real to her. Instead, acknowledge those concerns and the effects they might have.

Name it. Let your child know that these worries come from “worry brain” and cannot be trusted. Instead of focusing on the particular worry, your child can come to understand that it is the anxiety itself that is causing the issues.

Require and resist. Talk out the problem with your daughter and find out what she is really worried about. Through this process, she might be able to recognize that her fears cannot come true (or at least are very unlikely). Assist her in telling her “worry brain” to be quiet!

Relaxation breathing. Quieting her body may allow her to quiet her brain. Teach her relaxation techniques that can help her keep her body calm.

Praise effort. Rewiring and refocusing is hard work – for anyone – especially a child who cannot completely control other areas of her life. Therefore, let her know how great she is doing in attempting to get through a tough situation.

Learning Disabilities & Oppositional Defiant Disorder

M any learning disabilities are simply academic disorders, but because the way that academics are intertwined with social situations, children with LD will sometimes experience problems in the social arena as well. Some common problems are low self-esteem, Oppositional Defiant Disorder, depression, and anxiety.

Oppositional Defiant Disorder: Children with this disorder, also termed “explosive children” are rigidly defiant, reacting to simple stresses with anger and extreme frustration.

Depression: Depression in children can manifest in changes in eating or sleeping patterns, irritability, a lack of self-worth, and social withdrawal.

Anxiety: Anxiety disorders are characterized by extreme and persistent fears. There are multiple types of anxiety disorders, including social phobia, school phobia, and separation anxiety.

While the above issues can occur separately from any learning disabilities, research shows that many of these cases of children are linked to LD. Therefore, it is important to recognize that your out of control, explosive child is perhaps that way because he is struggling academically.

The first step towards addressing these issues is to address the learning disability. When you have a diagnosis and a detailed plan to help your child succeed academically, you can work on the other troubling areas that are linked to these academic struggles.

NATURE’S CALM is a great tasting powder that can help children with stress, anxiety and hyperactivity. The special formula combines L-Theanine – an amino acid that promotes relaxation and mental alertness – with magnesium, known as the “the anti-stress mineral”.

OMEGA BURSTS is a great tasting premium fish oil. Studies have shown that a lack of certain polyunsaturated fatty acids may contribute to dyslexia and ADHD and that schoolchildren given fish oil supplements rich in omega-3 essential fatty acids showed significant improvement in behavior, reading and spelling.
What Kids Worry About

Do you remember the good old days when kids were kids and there was never anything to worry about? They probably didn't ever really exist, but they definitely don't exist today. In fact, there are a lot of very real issues that worry kids today.

NORMAL FEARS: Some of the issues that worry children are significant and genuine. Among those issues are fear of bullying, natural disasters, divorce, and violence.

BULLIES: According to the Journal of the American Medical Association, over 30% of children are estimated to be involved in bullying, either as a bully or a target of bullying. Each year, 160,000 students miss at least one day of school because they fear dealing with a bully. The effects of bullying on the victim are well documented. If bullying continues for a prolonged time, it can affect children's self-esteem and self-worth, leading them to become withdrawn, depressed, anxious, and insecure. What's more, there are also negative effects on the bully. Those who act as bullies seem to maintain these characteristics into adulthood (if not properly intervened), negatively influencing their ability to develop mature adult relationships.

So, it's no wonder that children worry about being bullied. The best thing you can do as a parent is listen to concerns and allow your child to feel those emotions. Even if bullying is not occurring, your child shut those feelings down. If there is only anxiety, a discussion can be very helpful. Empower your child to feel that he can overcome these feelings. Host playdates to allow your child to feel those emotions. Even if bullying is not occurring, your child to feel those emotions. Even if bullying is not occurring, your child shut those feelings down. If there is only anxiety, a discussion can be very helpful. Empower your child to feel that he can overcome these feelings. Host playdates to allow your child to feel those emotions.

VIOLENCE: Our community was devastated and stunned several years ago when a young boy did not make it home from his day camp. We continue to mourn his loss. For other children, case was particularly distressing and unsettling as many children were aware of the child's disappearance from their own tight-knit neighborhood. On a broader level, children often hear about school shootings or other violence that makes them feel that their home, school, and community are not safe havens.

There are several ways that you can help alleviate your child's anxiety (and perhaps your own) involving violence:

- Pick out "safe spots." If your child is old enough to walk on the street alone, pick out different spots on his route that are designated as "safe." Some safe spots might be: grandparents’ house, the library, police stations, the firehouse, familiar stores and restaurants, or friends’ houses. Teach your child to use those safe spots if he feels that he is in danger.

- Travel in groups. When your child begins to travel on the street alone, the best way to start slow is to ensure that he is walking or biking with friends. Predictors are less likely to prey on groups of children, whereas a child walking alone is an easier target.

- No short cuts. If your child is used to his route to and from school, tell him he is not allowed to take any shortcuts through parking lots or alleyways. He should stay on heavily populated streets that are familiar and well lit. Talk about the areas of your neighborhood that are safer than others and do test-runs with him to ensure that he learns the route.

- Check in. The adult who takes care of the child needs to know where he is at all times. To that end, children should tell their parents exactly where they are going and at exactly what time they will get there and return. This way, children learn to be aware and responsible for their comings and goings.

- Avoid speaking to strangers. In some extenuating circumstances, speaking to strangers is necessary, so teach your child how to choose which "safer" stranger. Explain that he should go into a store, or stop a woman with children.

Children also worry about tests. Physical symptoms of test anxiety include: stomachaches, headaches, sweaty palms, and nausea. Emotional symptoms include: depression, anxiety, and test phobia. There are several ways that you can help alleviate your child's anxiety (and perhaps your own) involving test anxiety:

- Pick out "safe spots." If your child is old enough to walk on the street alone, pick out different spots on his route that are designated as "safe." Some safe spots might be: grandparents’ house, the library, police stations, the firehouse, familiar stores and restaurants, or friends’ houses. Teach your child to use those safe spots if he feels that he is in danger.

- Travel in groups. When your child begins to travel on the street alone, the best way to start slow is to ensure that he is walking or biking with friends. Predictors are less likely to prey on groups of children, whereas a child walking alone is an easier target.

- No short cuts. If your child is used to his route to and from school, tell him he is not allowed to take any shortcuts through parking lots or alleyways. He should stay on heavily populated streets that are familiar and well lit. Talk about the areas of your neighborhood that are safer than others and do test-runs with him to ensure that he learns the route.

- Check in. The adult who takes care of the child needs to know where he is at all times. To that end, children should tell their parents exactly where they are going and at exactly what time they will get there and return. This way, children learn to be aware and responsible for their comings and goings.

- Avoid speaking to strangers. In some extenuating circumstances, speaking to strangers is necessary, so teach your child how to choose which "safer" stranger. Explain that he should go into a store, or stop a woman with children.

- Pick out "safe spots." If your child is old enough to walk on the street alone, pick out different spots on his route that are designated as "safe." Some safe spots might be: grandparents’ house, the library, police stations, the firehouse, familiar stores and restaurants, or friends’ houses. Teach your child to use those safe spots if he feels that he is in danger.

- Travel in groups. When your child begins to travel on the street alone, the best way to start slow is to ensure that he is walking or biking with friends. Predictors are less likely to prey on groups of children, whereas a child walking alone is an easier target.

- No short cuts. If your child is used to his route to and from school, tell him he is not allowed to take any shortcuts through parking lots or alleyways. He should stay on heavily populated streets that are familiar and well lit. Talk about the areas of your neighborhood that are safer than others and do test-runs with him to ensure that he learns the route.

- Check in. The adult who takes care of the child needs to know where he is at all times. To that end, children should tell their parents exactly where they are going and at exactly what time they will get there and return. This way, children learn to be aware and responsible for their comings and goings.

- Avoid speaking to strangers. In some extenuating circumstances, speaking to strangers is necessary, so teach your child how to choose which "safer" stranger. Explain that he should go into a store, or stop a woman with children.
DYNAGRAFIK 845-352-1266

Social Skills Training:
General language and communication skills: children, adolescents and adults.
Includes: explosive and isolated children, bullying issues, phobias, nonverbal communication issues.

Shidduch Coaching:
Private sessions for life-preparedness for young adults of shidduch age. Issues include: inability to maintain a conversation, poor body language, anger problems, poor self-esteem, and difficulty making commitments.
Get your Bochur & Kallah Maidel ready for a Bishow!

Dynamic Workshops:
Interactive workshops for mechanchim, mechanchos, parents, teachers, seminary students.
Kriyah, English reading, and social skills training.
Also offering workshops on the two must read books, “My Friend The Bully” and “My Friend The Troublemaker” focusing on Bullying and ADHD.

Evaluation & Remediation:
All grade levels Kriyah, English and Math.
Help for bochurim and girls to pass GEDs, Regents, CLEP, NYS exams.
Evaluations, and advocate for proper school placement.

Listen to a live interview & lectures by Mrs. Rifka Schonfeld, SOS Director, on the Akeres Habayis Hotline: 212.444.1900

SPECIAL SCANNING DEVICE to evaluate the level of ADHD in children and adults

SOS
Strategies for Optimum Success
T: 718.382.5437
1542 EAST 19TH ST. BROOKLYN, NY 11230
RIFKASCHONFELD@VERIZON.NET | RIFKASCHONFELDSOS.COM
SERVICING ADULTS, ADOLESCENTS AND CHILDREN