2009

People dealing with pica : capstone project

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recommended Citation

This information is part of a power point presentation/workshop explaining the origin of Pica, several definitions about Pica and the three theories that lead to possible causes of the Pica behavior. The project is a collection of slides illustrated with photographs of non-food items found in the most secured environments students/people have: school and home. The goal is to address the invisibility of Pica and the easy accessibility to non food items as an attempt to educate teachers and parents.
Thinking about the origin of my project, I had to reviewed several stages of my own childhood where I can honestly remember dealing with Pica. However, what brought my concern regarding Pica in the classrooms was my personal experience while doing my last service learning at an elementary school in Seaside, California. I saw one particular child going to the pencil sharpener very often throughout the period of the two and a half hours I was in the classroom. I saw her placed a lead pencil, now made of graphite, into her mouth and walked away to the table to continue doing her watercolor project. Seeing this child eating the graphite was like looking at a small version of me. I looked at the teacher who was walking around the room observing the students creating pictures of the seasons of the year. The child’s action went unnoticed by everyone, but me. I started to wonder, how many other children ate pencil led? How many children eat other non food items in a regular basis? In the same week, the teacher asked me to sharpen twelve pencils she had in a plastic jar by a window. After I did the task, I ended up with three short and bulky pieces of graphite in my hand. I’m an adult now, and still I debated between eating these or not. After several minutes of me carrying the graphite lead in my left hand, I decided to throw them away, but it wasn’t an easy decision.
Nature of the Problem

The problem is that Pica is invisible to teachers and family members. Several people I have asked admitted not knowing anything about Pica. The local health nurses I asked about Pica told me that I knew more about the issue. It’s incredible to know that I have researched the topic in depth to be able to establish a conversation with these specialists and dispute their narrow knowledge focusing only on pregnant women and small children. These specialists are erroneously focusing in only one possible cause for Pica due to the many health cases exclusively targeting pregnant women. In one study the female patient shared her early experience eating dirt as a child, but continued to eat dirt as an adult after her first and subsequent pregnancies (Goldstein, Martin, 1998). Health professionals who only focus on one target group should inform readers the existence of other possible causes for Pica behavior. Pica is an important health issue the public has no knowledge about it. The prolonged exposure to Pica behavior may lead to serious, even life-threatening health, social and medical consequences (Johnny L. Matson and Jay W. Bamburg, 1999).

Another problem is that the medical field doesn’t have a common theory applicable to Pica. It’s not easy to understand why certain people display the Pica behavior and some don’t. The best material that I have found which is more inclusive than other sources is a book called; Developmental-Behavioral Pediatrics Evidence and Practice by March L. Wolraich and his three colleagues. This book provides a definition and three theories in an attempt to understand the difficult and uncertain origin of Pica behavior: the cultural, ethnic, and familial theory; the organic or nutritional theory; and the neuropsychiatric theory (Wolraich, et al). However, these three classifications exclude the possibility that stress may be related to Pica as mentioned in several occasions in many Google groups. In these groups, many “healthy” individuals are
voicing their concerns and sharing informal information about the different cravings they have. Many male participants mention dealing with the constant eating of ice or nails when they are at work and under stress. One wishes his nails could grow faster and describes the bloody and painful fingertips he has.

The origin of the term Pica comes from the observation of the Magpie bird that indiscriminately picks at or eats food as well as non food items (Moore, 2000, p. 45). There are a few definitions that target a particular group, but all have in common the uncertainty of what causes Pica behavior in children and adults. Pica is an eating disorder that triggers a craving for non food items, which vary from texture, taste, and poisonous concentration (Medline plus). Pica can occur during pregnancy due to a lack of certain nutrients, such as iron deficiency anemia and zinc deficiency, which may trigger the unusual cravings. The cause of Pica is often described as a disease presented only in young children and pregnant women. Pica may also occur in adults who crave a certain texture in their mouth (Geissler, et al). Pica is the persistent ingestion of nonnutritive substances for at least one month without an accompanying aversion to food (Wolraich, et al).

The Cultural, Ethnic, and Familial Theory emphasize the young children’s consumption of non food items deriving from the modeling of the adults who surround them (Wolraich, et al). Other researchers indicate that the significance of eating dirt is part of cultural practices as in many cases studied in children in Nigeria, which is called geophagy and causes parasitic infections (Callahan, Gerald N., 2003). The Organic or Nutritional Theory focuses on young children and pregnant women who crave a specific non food item. The assumption is due to the lack of certain minerals or vitamins in their bodies. This is the most known theory due to the craving stage in pregnant women (Wolraich, et al). However, young children, adolescents, and
adults have cravings they don’t disclose to doctors and doctors don’t ask parents or non pregnant individuals if they experience any cravings. The cause of Pica is often described as a disease presented only in young children and pregnant women…In some cases, a lack of certain nutrients, such as iron deficiency anemia and zinc deficiency, may trigger the unusual cravings (Geissler, et al). The Neuropsychiatric Theory targets individuals with certain developmental and psychiatric behavior. Pica behavior is shown by children and adolescents who exhibit certain developmental disabilities, such as those with autism and mental retardation. These individuals oftentimes display behaviors of self injury that many classify as wanting to call the positive or negative attention of the adults around them (Wolraich, et al).

Through intensive research which includes scholarly bibliography and the local health organizations, such as WIC and the Santa Cruz Health Department and its various agencies, the approach to Pica is narrowed to small children, pregnant women, and adults with mental disabilities. The findings are evidence that “healthy” individuals who are still struggling with Pica are invisible. The people in Google groups mention temporarily relief to the Pica symptoms followed by a comeback of the cravings for non food items. Some of these people have managed to cope with the cravings by targeting these with healthier alternatives, but the craving continues. The passive response from the medical field professionals have created an invisible shield excluding healthy individuals dealing with non food cravings and these people are not being informed that Pica is a serious disease that can potentially killed them. The lack of public awareness develops a social gap that prevents families and teachers to be aware of the Pica behavior and limits the needed social and emotional support to deal with this disease.
Other Interventions

A health organization’s website lists many non food items in an attempt to inform parents about what their children may be eating, targeting a ten to thirty-two percent of children age one through six years. The list includes Clay, chalk, dirt, sand, paint chips, plaster, glue, cornstarch, feces, laundry starch, soap, baking soda, ice, hair, buttons, coins, little pebbles, paper, toothpaste, coffee grounds, corn kernels (popcorn), cigarette ashes, cigarette butts, burnt match heads, and so on (Gavin, Mary L., 2007). The website mentions adults who are suffering from Pica and who might be hiding this behavior due to the same embarrassing remarks or judgment young children fear to experience. The case study of adults admitting the continuation of eating non food items describe suddenly stop inhering dirt, and carefully resuming to keep the behavior hidden (Goldstein, Martin, 1998).

My research outcomes show the intervention certain areas in the medical field are doing regarding people dealing with Pica. However, the findings specifically focus only on pregnant women, small children and people labeled as mental retarded. The approach for pregnant women and small children who are not mental disabled is providing the mineral the body is craving for, which usually is Iron or Zinc (Shannon, ed. 2007). The believe that Pica behavior is due to the lack of a mineral excludes other possible reasons and gives the false hope that Pica is curable.

The other intervention is on people with mental disabilities, specifically those labeled as schizophrenic or mental retarded (Shannon, ed. 2007). The strategies to deal with the Pica behavior must be treated case by case due to the complexity and uniqueness of Pica. In some cases of schizophrenia the usage of medication including saline injections, intramuscular iron
injections, zinc pills, and absorbic and zinc treatment to reduced lead levels is used. Other strategies include the usage of protective devices to prevent the easy access to non food items, stress reduction methods, close supervision of children, nutrition and child development counseling, and redirecting the behavior to healthier alternatives, such as chewing toys or foods. The most drastic intervention in mental disable patients is the usage of electric shock treatment (Sharon M. Kruck, 1985).

There is another group of individuals who are silently suffering from Pica. The “healthy” men and women, who include young teenagers, are searching out to anonymous self help groups in the internet searching for answers about their unusual cravings. The dangerous misinformation is the belief that Pica is curable. Once children grow older, after pregnancy, and even the patients with mental disabilities have the potential of healing in spite of the long time it takes for the intervention methods to take effect (Shannon, ed., 2007). If there is not visual evidence of the Pica behavior it doesn’t mean the treatments have been successful. People dealing with Pica modify their behavior, usually hiding it, to ease or lessen the social pressure experienced during the attempt to cure them. The evidence that Pica is not curable is found in the stories of the invisible people dealing with Pica who are members of many self help groups found in the internet.
My community partner is El Sausal Middle School located on East Alisal, in Salinas, California. El Sausal is one of 5 middle schools in Salinas Union High. It is a public school that serves 894 students in grades 7-8, with a 99% of the students being Latinos, and the one percent is made up of Black, White, Pilipino, and American Indian or Alaskan. This middle school had an academic performance index of 660 in 2008. My academic advisor, Dr. Miguel López, provided the connection I needed to reach out to this school. His prompt intervention led to a meeting with Gloria Loera, who is an English Learner Specialist. Ms. Loera contacted me via email and asked me if I could go to El Sausal to present her with details about the project to see how her intervention would be more beneficial and which audience the project would be directed.

The day Ms. Loera and I met, she brought a student counselor, Irma Leal who seemed very interested in the information I presented and gave me ideas about the possible audience I would be presenting the project. They met with me at the conference room at El Sausal Elementary School, and after I explained the goal of the workshop: People Dealing with Pica, they both were interested and very supportive. Ms. Loera asked me to present the workshop to the school personnel and then requested for me to do other three workshops which will include one for the Parents’ Association and another for the students. We both agreed in a power point presentation with photographs and illustrations. I informed her about the importance of obtaining quantitative date to evaluate the significance of the presentation and we agreed that two small questionnaires would be the best approach. She also requested the workshop for the parents to be presented in Spanish. Since Spanish is my first language I didn’t have any restrictions in meeting this request.
She told me that when the power point slides were done to let her know so she could approach the parents’ association to approve the presentation’s day and time.

On the day of the presentation Ms. Loera provided the projector for the visual presentation of the power point presentation as well as the microphone and an impressive audience of more than twenty five people present for me to implement my project. She introduced me to the members of the ELAC committee and shared how El Sausal Middle School has been working very close with the University in various projects. Ms. Loera also actively participated by helping me distribute the questionnaires, as well as contributing in the collection of the quantitative evaluation which would determine the importance of the presentation.

The importance of presenting at El Sausal Middle School gave me the reassurance that the public is willing to learn new information especially when their children’s health is involved. Throughout the presentation I kept in mind that the audience needed simple vocabulary in Spanish and tried to focus in expanding every slide with simple examples that enlightened the information given. The reason the ELAC committee participated in my presentation is their intensive commitment to do everything necessary to help English learners applied their knowledge acquired in the classrooms in their assessments. The parents want their children to have equal opportunities as their counterpart classmates who are English speakers. These parents want to make sure there is nothing that prevent English learners from success and when Ms. Loera explained to them about Pica they wanted to know more about it and voted for the presentation to take place in their following meeting on November 19th 2009. Without Ms. Loera’s active participation, this project would not have been as successful as it was.
Significance:

This is a unique project because the population in general doesn’t know anything about pica. The classmates I have talked to and explained what pica is respond with interest and genuine concern. I have found that some classmates know that pregnant women crave “bizarre things” such as dirt and they speculate the cause is due to the lack of a mineral. The goal is to address the invisibility of Pica and the easy accessibility of non food items at homes and at schools. The workshop includes a power point presentation with pictures of non food items easily accessible to students at school and at home. The presentation includes three developmental and behavioral theories that may lead to the possible causes of pica as well as the invisible group of “healthy” individuals seeking answers in more informal venues, such as the internet.

This project will bring to light the invisibility of the Google groups seeking help in the internet. This group of people is a testimony of the lack of the information of Pica and how it affects all people, not only pregnant women and small children. This project will provide a list of non food items for parents and teachers to be aware of the materials in the environment students most trust: at school and home. This project will offer information through the workshop to educate parents and teachers to create a conscious awareness of the possible invisible and dangerous behavior students are engaging at school and at home. Parents and teachers will acquire the knowledge to modify the environment and to provide healthier alternatives to redirect the pica behavior. Parents and teachers will have the knowledge to ask their health providers for explicit information about pica.

The personal success is sharing the information of Pica and the possible deadly consequences it presents to the people engaging in this type of unhealthy behavior. Educating parents and
teachers is reaching out to people who could have made a difference in my life if I had trusted people in helping me deal with this disease. Informing parents from a personal experience with substantial and scholarly information was the personal goal to establish credibility in the audience. Reaching out to parents who have similar ethnic and cultural backgrounds as mine helped me deliver the information using a simple vocabulary in Spanish focusing in expanding with examples of non food items they might already known, such as “magnesia de terron.” This is similar to gymnasium chalk and is often recommended or prescribed to pregnant women in Mexico.
Assessment

The process to assess the application of this project in the community was via two questionnaires and a small evaluation. The small evaluation consists of three questions evaluating the presentation, the information and the importance of the information acquired. To create the questions the most important issue to take into consideration was the audience. The rubric is a simple numerical number from 1 to 10, where 1 is the smallest and 10 is the greatest. The two questionnaires will be used to evaluate the audience’s knowledge previous to the presentation. The second questionnaire will provide the effectiveness of the presentation by the appropriate responses that will contained the information provided in the presentation.

The questions are in Spanish taking into consideration that most of the parents don’t have an educational background to understand a sophisticated or scholarly language. The focus is to collect their comprehension and understanding of the information presented and to what degree they value it. The first questionnaire will be directed to obtain their previous knowledge to the presentation about Pica, including a question regarding knowing people who eat or ate weird things. The second questionnaire was created to collect the information acquired about Pica and how they could provide active support to someone with Pica. This questionnaire was also created to see if the participants will be open to support eating in classes as a healthy alternative to students. The last question will be directed to see if the information presented was valued or not.

At the presentation of the project *People Dealing with Pica*, there were more than twenty five parents present in this parent meeting and only twenty minutes of this meeting were allocated to the presentation of Pica. The ELAC at El Sausal Middle School is the committee for English Learners to whom Ms. Gloria Loera explained the Pica project. The members of the committee
voted to allow the presentation because their main goal is to support the students’ learning in any capacity. The committee felt that Pica in the classrooms could be a significant factor that may interfere with learning, especially if the students eat non food items that may cause lead poisoning or mental and emotional distractions. The members of the committee also participated in the evaluation of this project and were counted as parents present in the meeting.
Results Summary

At the presentation of the project *People Dealing with Pica*, there were more than twenty five parents present in this parent meeting and only twenty minutes of this meeting were allocated to the presentation of Pica. The ELAC at El Sausal Middle School is the committee for English Learners to whom Ms. Gloria Loera explained the Pica project. The members of the committee voted to allow the presentation because their main goal is to support the students’ learning in any capacity. The committee felt that Pica in the classrooms could be a significant factor that may interfere with learning, especially if the students eat non food items that may cause lead poisoning or mental and emotional distractions. The members of the committee also participated in the evaluation of this project and were counted as parents present in the meeting.

From the first of two questionnaires, twenty five of these were passed in the meeting, before the presentation. Only twelve questionnaires were returned and responded. The twelve questionnaires indicated that they didn’t know what Pica was and they didn’t know anyone who had/has Pica. The answer in Spanish was “No se.” Only one person answered that s/he knew someone who ate “weird” things: dirt. The rest of the questionnaires were answered describing their lack of knowledge regarding Pica. Twenty five copies of the second questionnaire were passed after the presentation and only eighteen were returned and completed. Everyone answered that Pica was a disease, an illness, a deficiency, or when someone eats weird things. These different answers to one of the questions are important because the parents learned what Pica is even if they don’t know how to write a long and specific explanation of the definitions provided in the presentation. The rest of the questions prompted parents for their intervention in case
someone they knew showed Pica symptoms and every questionnaire had a different answer indicating how they will approach the person dealing with Pica.

The fourth question in the second questionnaire was related to the teachers or parents to see if they will allow students to eat in classes. The idea was to prevent students from eating non food items in the classroom while they were waiting for their lunch break to eat. Three parents answered in favor of students eating in the classroom because they wanted the students to eat something healthy. One parent said that the students will get distracted if they were allowed to eat in the classrooms. Three parents didn’t understand the question and answered explaining that eating non food items was bad. The rest of the parents said no, and mentioned that the students have their allotted time to eat. There were only three faculty members and since this question was a hypothetical question directed to teachers, I understand how some of the parents got confused. The questionnaire was created to be used in future presentations were faculty members will be in attendance.

The evaluation sheets were passed along with the second questionnaire and only eighteen were returned. Only two evaluations gave numbers less than 10, which indicates that the presentation lacked something. The information was important and this question received 10 in the eighteen sheets returned. What I would change for the next presentation will be the time allotted to present the information. Parents thought it was necessary to allow more time to people to think and interact. People thought that they needed more time answering the questionnaires because they seldom have time to practice their writing. Three parents apologized for not completing the questionnaires and wanted to take these to their homes so their children will help them write the answers. In the future presentations, I would take into consideration that some parents may benefit from having people (volunteers) to help them write down information.
However, the few parents I was able to talk during the meeting contributed oral information approving the presentation and asked personal questions to presenter about the nonfood items she craved.

The importance of the information acquired was satisfactory and some parents asked questions. They wanted to know why doctors don’t ask patients if they have cravings for nonfood items. A parent shared that she grew up knowing that some pregnant women ate dirt. When parents were asked if they knew someone who eats or ate “magnesia de terron,” six parents raised their hands and acknowledge knowing or being the person who ate this nonfood item during pregnancy. Some parents said that if they were lacking a mineral or vitamin, the doctors didn’t tell them to take vitamins instead s/he prescribed or indicated them to take “magnesia de terron.” One parent asked for further reference and wanted to know if this information would be available to the students not only at El Sausal Middle School, but in other schools, since he had other children at other schools and felt the information was valuable and important. The goal was achieved because parents now know to ask questions to the doctors. They also know that they need to do something regarding the people they see or know who are struggling with Pica and seek the adequate professional help.
Deliverables

The project implementation required the creation of two power point presentations due to the different audiences that the information will be presented in the future. The first power point presentation created was in English and it contains nineteen slides. The second power point was created Spanish and was modified including the acknowledgement of the ELAC of El Sausal Middle School for their involvement in the implementation of the project due to the required specification from Ms. Gloria Loera. This power point contains twenty three slides and three of these acknowledge the important participation of the parents who are members of ELAC as well as the ones who were present at the meeting. One of the slides includes the appreciation to Ms. Loera’s time and involvement in supporting the project and presenting it to the committee for approval.

The first piece of evidence (included in the appendix) was the presentation format that was accessible to the audience specifically describing the sequence of the information presented. This is an important part of the project because the audience was able to know when the questionnaires and the evaluation would be distributed. This presentation format was also a time line for the audience who followed it and provided the security of knowing that their questions would be answer at the allotted time.

The second visual evidence is the brochures about Pica that will be available to parents and students in English and Spanish (see appendix). The brochure is a collection of the information presented in the power point slides and includes the sources where the information was collected. The objective to the creation of the brochure is to reach out to the community outside the school environment. The brochures contain concise and precise information of the definition of Pica. The brochure also includes a list of non food items potentially available to students at school and
at home. The brochure will be part of the appendix as well as the questionnaires and evaluation used in the implementation of this project.
Appendix

The presentation format:

1. Welcome and thank participants.
2. Provide questionnaire #1 to evaluate participants’ knowledge of Pica.
3. Introduce the topic by providing photos of non food items.
4. Introduce and explain origin and definition of topic.
5. Show a list of non-food items
7. Introduce the three developmental and behavioral theories.
8. Introduce the invisible group excluded by the three theories.
9. Describe the social fears and consequences.
10. Provide alternatives and possible environmental changes to redirect behavior.
11. To conclude, explain the significance of the presentation.
12. Provide second and last questionnaire to participants to evaluate their comprehension of information received.
13. Provide evaluation sheet containing three simple questions to evaluate presentation and information.
14. Thank participants for their presence and be available for questions and answers.
1. What is Pica?
¿Qué es Pica?

2. Have you heard about Pica? Where?
¿As escuchado sobre Pica? ¿Dónde?

3. Do you know who experiences Pica? Why?
¿Sabes quién/es tienen Pica? ¿Sabes el porqué?

4. Have you heard of people eating “weird” things? Like what?
¿Sabes de alguien que come cosas raras? ¿Cómo qué?

5. What do you think of people eating “weird” things? Why?
¿Qué piensas de la gente que come cosas raras? ¿Por qué?
1. What is Pica?

¿Qué es Pica?

2. Do you feel you know how to deal with Pica?

¿Piensas que ahora entiendes más sobre Pica?

3. Do you feel you can support people you know deal with Pica? Explain

¿Piensas que ahora puedes ayudar a las personas que padecen de Pica?

Explique

4. If you were a teacher, would you allow students to eat non-messy snacks in class? Why, or why not?

Si fueras un/a maestro/a, ¿permitirías que los estudiantes comieran aperitivos en clase? ¿Por qué, o por qué no?

5. Do you think this workshop helped you understand Pica? Explain

¿Piensas que este entrenamiento te ayudo a entender que es Pica? Explique
Definition

Pica is an eating disorder that triggers the cravings for non-food items, which vary from texture, taste, and poisonous concentration (Kavlock, et al).

Pica is the persistent ingestion of non-nutritive substances for at least one month without an accompanying aversion to food (Kavlock, et al).

- The problem of this issue is the lack of public knowledge informing that the prolonged exposure to Pica behavior may lead to serious, even life-threatening health, social, and medical consequences (Johnson, et al. and Jay, W. Riehberg, 1999).

What is Pica?

Pica’s origin comes from the observation of the Magpie bird that indiscriminately picks at or eats food as well as non-food items.

Berenice Del Rosario Amaya-González

CAPSTONE PROJECT

CSUMB FALL 2009

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Three theories that lead to the possible causes of Pica.

The Cultural, Ethnic, and Familial Theory:
young children’s consumption of nonfood items deriving from the modeling of the adults who surround them (Kohn, et al.). That the significance of eating dirt is part of cultural practices as in many cases studied in children in Nigeria, which is called geophagy and causes parasitic infections (Callahan, Gerald N., 2009).

The Organic or Nutritional Theory:
focuses in young children and pregnant women who crave a specific non food item...
due to the lack of certain minerals or vitamins in their bodies. This is the most known theory due to the craving stage in pregnant woman (Kohn, et al.). In some cases, a lack of certain nutrients, such as iron, deficiency anemia and zinc deficiency, may trigger the unusual cravings (Deslinder, et al).

The Neuropsychiatric Theory:
targets individuals with certain developmental and psychiatric behavior.
children and adolescents who exhibit certain developmental disabilities, such as those with autism and mental retardation.

These behaviors of self-harm many classify as wanting to call the positive or negative attention of the adults around them

Some nonfood items...

- Clay, chalk, glue, paper, dirt, sand, pebbles, coins.
- Plastic, paint chips, toothpaste.
- Coffee grounds, corn kernels, ice chips, cornstarch, baking soda.
- Cigarette butts, cigarette ashes, burnt match heads, hair, buttons, heads, hair, buttons, feces.

The Invisible Ones!

The three theories exclude an important group of ‘healthy’ individuals who are struggling with Pica.

Many of these teenagers and adults are found at the self-help groups in the internet sharing their frustrations.

Many of these individuals have been dealing with Pica for many years... in some instances for more than fifteen years!

Most of these individuals hide their Pica symptoms afraid of social consequences (Google Groups: Pica).

If you know someone who suffers from Pica
Or you suffer from Pica PLEASE SEEK HELP!

1. Talk to your doctor
2. Tell a friend
3. Seek healthier substitutions

DON’T GIVE UP!
**Definición**

Pica. Es una enfermedad alimenticia que induce a las personas a comer cosas no comestibles que varían en textura, sabor, y concentración venenosa (Medline plus).

Pica. Es la ingestión persistente de substancias no nutritivas, por al menos un mes y sin aver- sión a la comida (Wolraich, et.al).

- El problema es la ignorancia del no saber que el prolongado consumo de cosas no comestibles puede traer consecuencias sociales y emocionales serias, incluyendo consecuencias fatales, como la muerte (Johnny L. Mabon and Jay W. Bamben 1996).

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**Berenice Del Rosario Amaya-González**

CAPSTONE PROJECT

CSUMB FALL 2009

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Tres teorías que estudian las posibles causas de Pica

Cultural, ética, y familiar

El consumo de cosas no comestibles es aprendido en las experiencias de los adultos (Kolisch, et al).

Es parte cultural el.bt.rir dicho. Esto fue estudiado en México y Japón. En niños, el consumo de cosas no comestibles, llamado GEOPARADITA, causa infecciones de parásitos, conocidos como tordos (Cullinane, Gerald, N., 2003).

Orgánica o Nutrición

Se enfocan en niños pequeños y mujeres embarazadas quienes comen cosas no comestibles en particular, como hojas o comidas de tierra...

...Se cree que por la falta de algún mineral o vitamina, las mujeres embarazadas comen ciertas cosas no comestibles (Kolisch, et al).

En algunos casos, la falta de nutrientes como lo es la anemia por falta de hierro y zinc, causan el antojo de comer cosas no comestibles (Gereen, et al).

Neuro psiquiátrica

Se enfocan en personas con ciertos problemas de desarrollo y de comportamiento Psiquiátrico.

Niños y adolescentes que tienen ciertos problemas de desarrollo mental, como lo son los niños autistas y con retardo mental.

Estos comportamientos causan frustración personal y algunos profesionales los identifican con problemas de personalidad por llamar la atención de los adultos (Kolisch, et al).

Cosas no Comestibles...

barro, adobe, gis, resistol, papel, tierra, arena, piedritas, monedas

Mazorca con arena y cal, pedazos de pintura, pasta dental, granos de café, maíz, hielo, maizena, carbonato de soda.

Bachicha de cigarro, ceniza de cigarro, cerillos quemados, cabello, botones

Bachicha de cigarro, ceniza de cigarro, cerillos quemados, cabello, botones, feces.

Los Invisibles

Las tres teorías anteriores excluyen a un grupo de personas "saludables" que están padeciendo de PICA.

Muchos de estos jóvenes y adultos se pueden encontrar en grupos de ayuda en la red electrónica (internet) buscando ayuda y compartiendo sus frustraciones.

Muchas de estas personas han estado padeciendo de PICA por más de 16 años.
La mayoría de estas personas escondieron sus antojos por comer cosas no comestibles debido a las consecuencias sociales.

Si conoces a alguien que sufre de Pica, o tu sufrés de Pica, ¡BUSCA AyUDA!

1. Habla con tu doctor
2. Platicale a un amigo
3. Busca alternativas saludables

¡NO TE DES POR VENCIDO!
This project also includes two power point slides, in Spanish and English.


People Dealing with Pica

Capstone Project
Berenice Del Rosario
Amaya-González (Johnson)
Appetizing?
Pica’s Origin

The origin of the term Pica comes from the observation of the Magpie bird that indiscriminately picks at or eats food as well as non food items

- http://images.search.yahoo.com/images
What is Pica?

- **Pica** is an eating disorder that triggers a craving for non food items, which vary from texture, taste, and poisonous concentration (Medline plus).

- **Pica** is the persistent ingestion of nonnutritive substances for at least one month without an accompanying aversion to food (Wolraich, et al.).
Some Non-Food Items...

- Clay, chalk, glue, paper, dirt, sand, pebbles, coins,
- Plaster, paint chips, toothpaste
- Coffee grounds, corn kernels, ice chips, cornstarch, baking soda
- Cigarette butts, cigarette ashes, burnt match heads, hair, buttons, feces
- Laundry detergent, laundry starch, soap,

(Gavin, Mary L., 2007).
The Pica Problem

- The problem of this issue is the lack of public knowledge informing that the prolonged exposure to Pica behavior may lead to serious, even life-threatening health, social and medical consequences (Johnny L. Matson and Jay W. Bamburg, 1999).
Three Possible Theories

- The cultural, the ethnic, and familial theory.
- The organic or nutritional theory.
- The neuropsychiatric theory.
young children’s consumption of non food items deriving from the modeling of the adults who surround them (Wolraich, et al).

that the significance of eating dirt is part of cultural practices as in many cases studied in children in Nigeria, which is called geophagy and causes parasitic infections (Callahan, Gerald N., 2003).
2. The Organic or Nutritional Theory

- focuses in young children and pregnant women who crave a specific non food item. ... due to the lack of certain minerals or vitamins in their bodies. This is the most known theory due to the craving stage in pregnant women (Wolraich, et al).

- In some cases, a lack of certain nutrients, such as iron deficiency anemia and zinc deficiency, may trigger the unusual cravings (Geissler, et al).
3. The Neuropsychiatric Theory

- targets individuals with certain developmental and psychiatric behavior.

- children and adolescents who exhibit certain developmental disabilities, such as those with autism and mental retardation.

- These behaviors of self injury many classify as wanting to call the positive or negative attention of the adults around them (Wolraich, et al).
The Invisible Ones

- The three theories exclude an important group of “healthy” individuals who are struggling with Pica.

- Many of these teenagers and adults are found at the self-help groups in the internet sharing their frustrations.

- Many of these individuals have been dealing with pica for many years... in some instances for more than fifteen years!

- Most of these individuals hide their Pica symptoms afraid of social consequences.
The invisibility of Pica is dangerously affecting the lives of many people who hide this disorder for fear of judgment and criticism.

These individuals continue eating non food items with or without out the knowledge that this behavior may kill them.
Individuals engaging in pica often are thought of as "dirty" or "nasty" and, in the most severe cases, may be avoided by staff, visitors, and other clients (Johnny L. Matson and Jay W. Bamburg, 1999).
What to do about Pica?

- It’s imperative for teachers and parents to understand the seriousness of Pica and how to address it accordingly.

- The goal is to not judge students and to guide them to look for help and inform them about healthy alternatives to their cravings.

- Teachers who want to make an attempt to reach out to students who might be suffering from Pica must be aware of the classroom materials disappearance: chalk, glue, paint, paper, pencils, crayons...
Intervention at School...

- Teachers should allow students to eat snacks.

Some healthy suggestions are:

1. salty pretzels,
2. baby carrots,
3. celery sticks,
4. corn chips,
5. grapes,
6. crunchy apple slices,
7. crunchy granola,

...and other alternatives to avoid the ingestion of non food items due to the absence of food.
Intervention at home...

- Parental supervision and open communication channels without judgment is critical to the trust an individual dealing with Pica needs.

- Pay attention to the fast usage of non food items such as toothpaste, cornstarch, toothpicks, granulated sugar, ice, the disappearance of buttons and coins...
The Ultimate Goal

- To make Pica visible and help people deal with this disorder.
- To be knowledgeable and ask questions to doctors.
- Be prepared to request studies and lab work to eliminate the obvious consequences of Pica.
- To create awareness in the medical field and challenge local doctors to be more knowledgeable about pica without excluding “healthy individuals.”
Sources


People Dealing with Pica

Capstone Project
Berenice Del Rosario
Amaya-González (Johnson)
Quiero agradecer al comité ejecutivo ELAC (English Learners Advisory Committee) por su principal interés en este proyecto, especialmente a Ms. Gloria Loera.

El enfoque de esta presentación es tratar de educar a los padres de familia en que existen problemas de salud que prohíben el optimo aprendizaje de sus hijos.
PICA: es uno de muchos problemas de salud que interfieren en el aprendizaje.
PICA es uno de problema de salud que puede interferir en el aprendizaje de estudiantes.
¿Se te antoja?
¿Quieres comer esto?
El origen de Pica proviene de la observación de un pájaro llamado Magpie. Este pájaro come todo lo que encuentra: comible o no.

http://images.search.yahoo.com/images
¿Qué es PICA?

❖ **Pica** Es una enfermedad alimenticia que induce a las personas a comer cosas no comestibles que varían en textura, sabor, y concentración venenosa. (Medline plus).

❖ **Pica** Es la ingestión persistente de substancias no nutritivas, por al menos un mes y sin aversión a la comida. (Wolraich, et al).
Algunas cosas no comestibles

barro, adobe, gis, resistol, papel, tierra, arena, piedritas, monedas

Mezcla con arena y cal, pedazos de pintura, pasta dental,

Granos de café, maiz, hielo, maizena, carbonato de soda,

Bachicha de cigarro, ceniza de cigarro, cerrillos quemados, cabello, botones, feces.

Detergente liquido, jabon, magnesia de terron, pasto, palillos de madera o de plastico.

(Gavin, Mary L., 2007).
El problema es la ignorancia del no saber que el prolongado consumo de cosas no comestibles puede traer consecuencias sociales y emocionales serias, incluyendo consecuencias fatales, como la muerte (Johnny L. Matson and Jay W. Bamburg, 1999).
Existen 3 teorías

- Cultural, étnica, y familiar
- Orgánica o nutritiva
- Neuro-psiquiatra
1. Cultural, étnica, y familiar

- El consumo de cosas no comestibles es aprendido de los ejemplos de los adultos (Wolraich, et al).

- Es parte cultural el injerir tierra. Esto fue estudiado en México y Nigeria. En niños, el consumo de tierra, llamado GEOPHAGIA, causa infecciones de parásitos, conocidos como lombrices (Callahan, Gerald N., 2003).
El interés del comité

- Se sabe de que en esta escuela la mayoría de los estudiantes vienen de una cultura en la cual el consumo de cosas no comestibles pudiera ser parte de algún ritual.

- El consumo de algunas sustancias no comestibles podrían estar afectando el aprendizaje de los estudiantes, interfiriendo con los objetivos y sueños académicos de los mismos.
2. Orgánica o Nutritiva

- Se enfoca en niños pequeños y mujeres embarazadas quienes comen sustancias no comestibles en particular, como lo es el consumo de tierra. ...Se cree que por la falta de algún mineral o vitamina, las mujeres embarazadas comen ciertas cosas no comestibles (Wolraich, et al).

- En algunos casos, la falta de nutrientes como lo es la anemia por falta de hierro y zinc, causen el antojo de comer cosas no comestibles (Geissler, et al).
3. Neuro-psiquiatra

- Se enfoca en personas con ciertos problemas de desarrollo y de comportamiento Psiquiátrico.

- Niños y adolescentes que tienen ciertos problemas de desarrollo mental, como lo son los niños autistas y con retardo mental.

- Estos comportamientos causan mutilación personal y algunos profesionales los identifican con problemas de personalidad por llamar la atención de los adultos (Wolraich, et al).
Los Invisibles

- Las tres teorías anteriores excluyen a un grupo de personas “saludables” que están padeciendo de PICA.

- Muchos de estos jóvenes y adultos se pueden encontrar en grupos de ayuda en la red electrónica (internet) buscando ayuda y compartiendo sus frustraciones.

- Muchas de estas personas han estado padeciendo de PICA por mas de 16 años!

- La mayoría de estas personas escondieron sus antojos por comer cosas no comestibles debido a las consecuencias sociales.
Consecuencias Sociales

- Las personas esconden la enfermedad de comer cosas no comestibles, PICA, por miedo al criticismo y a ser juzgados.

- Estas personas continúan comiendo cosas no comestibles sin decirle a nadie y no sabiendo que esto les puede quitar la vida.
Mas consecuencias sociales

- Estas personas que sufren de PICA son descritos como sucios y cochinos. En algunos casos, son excluidos por personas importantes en la vida de ellos, como lo son compañeros de trabajo, clientes y conocidos (Johnny L. Matson and Jay W. Bamburg, 1999).
¿Qué hacer con Pica?

- Es importante que maestros y padres entiendan que el tener PICA es una enfermedad seria y necesitan enfrentarla apropiadamente.

- El objetivo es no juzgar al estudiante y guiarlo a buscar la ayuda necesaria. Informarlos que hay alternativas saludables para contrarrestar los antojos provocados por PICA.

- Los maestros quienes quisieran hacer el intento de ayudar a los estudiantes que tal vez estén sufriendo PICA, deben de estar alertas de la desaparición de los materiales en clase: gis, resistol o pegamento, pintura, papel, crayones,
Intervención en la Escuela

Los maestros deben de permitirle a los estudiantes comer en clase.

Algunas sugerencias saludables son:

1. Pretzels,
2. Zanahorias
3. Apio
4. Totopos de maíz
5. Uvas
6. Pedazos de manzana
7. Granola
En la Casa

- Supervisión de los padres y la comunicación sin juzgar es importantísima para obtener la confianza de el joven o adulto que tiene PICA.

- Estar atentos al rápido consumo de las cosas no comestibles, como lo son: la pasta dental, avena en polvo, palillos de dientes, azúcar granulada, botones, moneditas pequeñas, etc....
El Objetivo Principal

- Ayudar a las personas que sufren de PICA y hacer esta enfermedad visible en la comunidad.

- Obtener información para poder hacer las preguntas necesarias cuando se va al doctor.

- Estar informado para pedir estudios de laboratorio para saber las causas específicas de PICA.

- Llamar la atención de los médicos y hacer preguntas a los doctores para que ellos se informen sobre PICA sin excluir a las personas que no son mujeres embarazadas o a los niños.
The ELAC Executive Committee

- Tiene la responsabilidad de buscar el mejor interés de los estudiantes que están aprendiendo Ingles (ELL) y se preocupan por el óptimo aprendizaje de estos.

- Por tal motivo permitieron la presentación de PICA para informar a los padres lo importante que es la salud de los estudiantes y como una enfermedad como PICA puede interferir en el aprovechamiento académico.

- Pica puede ser una de los muchos obstáculos en el aprendizaje y es importante la cooperación y participación de los padres en el aprendizaje de sus hijos los cuales tienen sueños de continuar con sus estudios e ir a la universidad
Sources


