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FDLRS Record

Newsletter for the University of Florida FDLRS-MDC program in Jacksonville

IN THIS ISSUE:

Decisions, Decisions, Decisions: What Happens When Your Child Turns Eighteen?

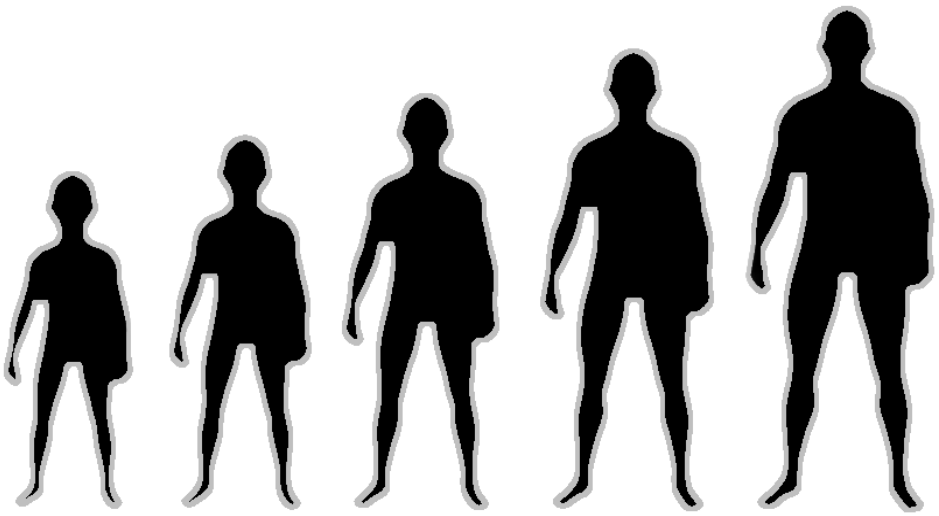
By Audrey Bringman, B.S.

When emerging adults turn 18, the law expects them to make their own decisions regarding health, finances and other adult matters. Some people need a family member or caregiver to continue helping them with those decisions. There are legal ways to formally obtain the right to help your adult child with increased decision-making responsibilities.

Families should start talking about this when the child turns 17. Many find it is useful to consult with an attorney about these matters; an attorney would help you through the process and present the least restrictive options so that your child can maintain some independence.

For more information about this topic, please consider attending our upcoming Two Feet Forward Workshop on October 5. To register online go to:

https://twofeetforwardguardianship.eventbrite.com/



Florida Diagnostic & Learning Resources System

fdrs

Support for Florida Education

OUR SERVICES

Who we Serve:

- Individuals between the ages of 3 & 22 who have not graduated high school.
- Who are struggling in school and have complicated medical, behavioral, developmental, &/or social histories
- And who reside in Baker, Clay, Duval, Flagler, Nassau, & St. Johns counties

Services for Families:

- Comprehensive, multidisciplinary assessment, which may include psychoeducational, emotional-behavioral, &/or developmental pediatric evaluations
- Feedback sessions and a report detailing our findings
- Assistance in planning for your child's educational and psychological needs
- Trainings for parents covering a variety of topics

Services for the Community:

- Training/consultations for educators, students, & other professionals
- Educational consultation and support services: This can include collaboration with school personnel to facilitate school placement & provision of services

Treating Pediatric OCD

By Stephanie B. Holmes, Ph.D.

Although the mean age of onset of OCD is age 19.5 years, OCD that has an onset in childhood vs. adulthood has a higher likelihood of being chronic throughout the lifespan if left untreated. OCD is treatable, although other co-occurring disorders may complicate treatment progress.

The heart and soul of pediatric OCD treatment entails what psychologists call 'exposure' and 'response prevention.'

In exposure, the child is systematically exposed to the distressing stimulus. Despite whether the stimulus is a thought or an observable situation, the child can be exposed to the stimulus for a prolonged period.

In response prevention, the child's compulsion that usually occurs after the distressing stimulus is blocked. For example, for children with OCD surrounding germs, the children may be exposed to germs (e.g., hold dirt in their hands for a specified period of time), and then instructed to refrain from engaging in their usual compulsion (e.g., refrain from washing their hands).

Parents play a large role in the treatment of pediatric OCD. It is estimated that 60-90% of families of children with OCD will accommodate the OCD; in other words, family members will reassure the child and facilitate the OCD ritual. For example, if a child repetitively asks reassurance questions of his/her parents (e.g., 'Am I okay?'), parents often reassure the child, therefore reinforcing the OCD ritual. In treatment, parents are guided to refrain from reassuring the child, thereby refraining from reinforcing the child's compulsive reassurance-seeking behavior. Additionally, parents play a large role in prompting children to utilize coping strategies taught in therapy, and to reinforce children for doing so successfully.

It is important to keep goals for treatment realistic. It is not realistic to expect children with OCD to live obsession-free. Rather, it is realistic to expect children to learn how to refrain from engaging in rituals and avoidance behaviors when their obsessions do arise.

References:

Franklin, M. E., Freeman, J., & March, J. S. (2010). Treating pediatric obsessive-compulsive disorder using exposure-based cognitive-behavioral therapy. In J. R. Weisz, & A. E. Kazdin (Eds.), *Evidence-based psychotherapies for children and adolescents* (2nd ed.) (pp. 80-92). New York: The Guilford Press.

Piacintini, J. (Keynote Presenter). Society of clinical child and adolescent psychology. *Evidence-based treatment of obsessive compulsive disorder in children and adolescents.* Podcast retrieved from

http://effectivechildtherapy.fiu.edu/professionals/keynotes

For More Information on Pediatric OCD:

View an informative keynote speech from one of the expert psychologists in the field of pediatric OCD: John Piacintini, Ph.D., presented through the Society of Clinical Child and Adolescent Psychology:

http://effectivechildtherapy.fiu.edu/professionals/keynotes.

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UF FDLRS-MDC serves Baker, Clay, Duval, Flagler, Nassau, & St. Johns County.

Start of a New School Year

By Candice Rosenberg, M.Ed.

The school year has started. For many parents of children with ADHD and LD, parents are taking a deep breath in anticipation of their child's IEP meetings, potential homework struggles, and the feared tears over failed tests. To help your child have a successful school year, implement the three P's: Ponder, Prepare, and be Proactive. Let's see how 9-year-old Emma and her family utilized the three P's at the start of the school year.

Let's start with Pondering. Take time to think back to last school year. What worked and what did not? Mom, Dad, and Emma agreed that using lists worked well. Emma had done a great job in using a morning list to make sure that she had everything that she needed in her back pack and had completed her routine chores before leaving for school. What did she have problems with last school year? Emma had difficulty bringing home everything that she needed for her homework. Emma suggested that she write a list in her school agenda of everything that she needed to put in her backpack before coming home from school. She agreed to check her list before leaving school each day. This decision was made as a family and it gave Emma a voice in the decision.

The second P is Prepare. Before school, and during the initial weeks of school, it is wise to iron out morning routines and homework routines. Emma chose the puppy calendar to hang up in the kitchen, where everyone could see it. This calendar listed the dates of everyone's activities, tests and projects. A quiet location in the home was identified for being the homework station, and the family agreed on a specific time in the early evening for homework to be completed each day.

The last P is Proactive. While teachers have access to their students' IEP, parents' verbal communication to teachers about their child's strengths and weaknesses enriches teachers' understanding of the child. Emma's Mom and Dad made an appointment with her teacher, Ms. Jones, on the first teacher planning day. They gave Ms. Jones a copy of Emma's summer tutoring recommendations and discussed Emma's strengths and weaknesses. Ms. Jones conveyed what her expectations were for the class, and discussed how Emma's IEP goals would be addressed. This meeting ended with a plan that everyone believed to be fair.

The start of the school year is a time of new beginnings. It is so important that school is a positive experience for children and that learning is an exciting adventure. Pondering about what worked in the past and changing what didn't, preparing the family daily routines to optimize successful learning, and being proactive at collaborating with the teacher on an appropriate educational plan, are some tools to help your family have a successful start this school year.

References:

Hallowell, E. (2015). My Academic Game Plan. Six ways to start off the new year on a positive note. *ADDitute: Strategies and Support for Students with ADHD and LD*. Retrieved from http://www.additudemag.com

Recommended Readings:

Hallowell, E. M. & Ratey, J. J. (2005). *Delivered from distraction: Getting the most out of life with attention deficit disorder.* New York: The Random House Publishing Group.

Dawson, P. & Guare, R. (2009). *Smart but scattered: The revolutionary "executive skills" approach to helping kids reach their potential*. New York: The Guilford Press.

Motivating the Reluctant Reader

by Carrie Fagen, M.Ed.

There are many reasons why some children are hesitant to pick up a book and read. For some children, it may be because reading is difficult for them and demands too much effort. These reluctant readers may have experienced reading failure in the past and associate reading with embarrassment and shame. Other children may be good readers but find it challenging to sit still for long periods of time, believe that reading is an inadequate form of entertainment, prefer more social activities, or simply feel reading is "uncool."

The first step in motivating the reluctant reader is to first determine why the child lacks a desire to read. If the child is struggling with the process of reading (phonics, sight words, reading fluency, comprehension), then those areas need to be addressed. Consulting the classroom teacher is a good place to start. The classroom teacher can offer data to reflect the current needs of the child and offer recommendations for what can be done in the home to further assist the child. If the child has significant reading difficulties, the school may offer more intense interventions and/or a formal evaluation by the school psychologist.

For the child who has the ability to read but chooses not to, there are several strategies that can be put in place to help provide motivation. Allowing the child to have a voice in book selection is pivotal. Consider past books he or she has enjoyed and activities he or she participates in outside of the classroom. Some children might prefer sources other than books such as magazines, graphic novels, and informative websites. Selected reading materials for reluctant readers should "hook" them in within the first few pages, even the first few paragraphs, of reading. Helping a child to set goals for reading and providing extrinsic motivators (i.e., staying up late on a Friday night for finishing a novel, going out for ice cream for reading twenty minutes every night that week) is also a great way to get reluctant readers reading. Modeling of reading for pleasure by the parent and having books available and on display throughout the home is also recommended. Creating an atmosphere of fun, such as "Family Reading Party Night" complete with treats and makeshift reading nooks, can promote reading behaviors. Some families might enjoy a more competitive approach and design a reading challenge such as who can read the most minutes in a week or read the most books in a month.

Key points to keep in mind when motivating the reluctant reader:

1) Determine the underlying cause
2) Allow the child to have an active role in the book selection process,
3) Set goals and provide rewards
4) Model good reading practices
5) Keep it fun!

Routines to Make Homework Go More Smoothly

By Shannon Miller Knagge, Psy.S

Parents can minimize homework hassles by establishing clear daily routines for homework completion. Past president of the National Association of School Psychologists, Peg Dawson, EdD, NCSP, offers parents an especially helpful breakdown for making homework tasks easier to accomplish.

- *Location, location, location!* There is no one correct location within the family home that works for every child. Some children perform best working alone in a quiet location while others need to have parents nearby to offer feedback and ensure attention to task. Discuss with your child the potential benefits and risks of various options to come to an agreement that works best for your child and your family.
- *Set up the space.*
    - *Fix up the space as a home office/homework center.* Ensure that the space is both large enough and clear enough to utilize all of the necessary materials.
    - *Equip with what your child may need.* Timer, pencils, markers, crayons, highlighters, sharpeners, sticky notes, graph paper, notebook paper, construction paper, glue, tape, dictionary, and access to a computer or laptop may be helpful for completing assignments.
    - *Use a portable bin for materials if sharing the space.* Whether the space is multi-purpose or used by multiple people for similar purpose, keeping materials contained in a portable bin helps keep transitions seamless.
    - *Bulletin board and/or calendar.* Keep track of due dates and steps for long-term assignments. Allow your child to personalize it, but stay mindful of clutter.
- *Keep homework time consistent.* It typically works best to get homework done as early as possible to prevent dinner, extra-curriculars, bedtime routines, and exhaustion from getting in the way. Time for a brief play break and snack may be necessary before getting started.
- *Establish a homework schedule together.* As much as is possible, begin each homework session by creating a plan together.
    - Review the directions for each assignment, make sure your child understands what is required and has the materials to complete the assignments.
    - Determine which assignments, if any, need your assistance. This is important to understand before developing the schedule to ensure that you are available when your help is needed.
    - Assist your child in estimating the length of time needed to complete each assignment and when each assignment will be started.
    - Plan times for breaks and incentives to be earned.

Further Resources

Carter, L. (1993). *Homework without tears.* New York: HarperPerennial. ISBN: 0062731327.

Dawson, P. (2001). *Homework problems and solutions.* Unpublished manual. For information on obtaining a copy, contact Peg Dawson at her e-mail address (Please be aware that e-mail address may change): pegdawson@comcast.net

Dawson, P., & Guare, R. (2003). *Executive skills in children and adolescents: A practical guide to assessment and interventions.* New York: Guilford. ISBN: 1572309288.

Romain, T., & Verdick, E. (1997). *How to do homework without throwing up.* Minneapolis: Free Spirit Publishing. ISBN: 1575420112.

Speech and Language Delays and Impact on Children Academically and Socially

By Candice Rosenberg, M.Ed

Children with speech-language disorders frequently do not perform at grade level. These children can have difficulties in learning to listen, speak, read or write. Children with speech and language delays can also be impacted in the area of social skills because they may misunderstand social cues, demonstrate poor judgment, or be misinterpreted by others around them. Speech and language delays can occur in children with a variety of special needs.

What is speech? What is language? Speech is the verbal means of communicating: articulation (i.e., pronunciation of words), fluency, and voice. Language is made up of socially shared rules; for example what words mean, how to put words together and what words are most appropriate for the situation. Language is how we express ourselves and what we understand. Words we say to express our thoughts is expressive language; whereas the words we are comprehending from others is receptive language. How we use our language in social situations is called pragmatics.

Let's look at how communication delays may affect children's social and academic performance.

Seven-year-old Joey tells his friends on the playground that he wants to be on the "yew team wif Am" aka "I want to be on the yellow team with Sam." The children do not understand what Joey is saying, and the situation escalates. Joey pushes Matt out of frustration. So Joey not only does not get on the yellow team, he ends up in the principal's office. Now Joey gets anxious each time he is in a social situation, which makes his speech delay even worse. How is Joey doing academically? Joey has been having difficulty learning phonics. To Joey, wabbit sounds like rabbit. Hence, mastering early reading skills has been difficult.

Sarah is 3 years old and has difficulty expressing her wants and needs verbally. Sarah communicates by pointing and will often get the desired item herself. This communication difficulty often leads to crying and tantrums when Sarah is not understood. Mr. and Mrs. Smith become frustrated because they do not know what Sarah wants. The vicious circle goes around and around. Mrs. James, a speech-language pathologist at school, is working with Sarah and her family. They have found that by teaching Sarah sign language, this has enabled her to communicate with her parents, and in return the tantrums have become less frequent.

Javon is an 8-year-old little boy in Ms. Connolly's class. Ms. Connolly discovered that Javon cannot follow directions in the classroom, especially when she gives directions to the entire class. Ms. Connolly discovered that his ability to understand the directions improved when she stood next to Javon when giving directions, and included picture cues to supplement the verbal directions.

Ethan is a 10-year-old that has been described as a little professor. He can tell you all about the different dinosaurs, but he has difficulty with social uses of language (i.e., pragmatics). Ethan was telling his teacher, Mr. Johnson, about his trip to the museum. Mr. Johnson replied, "are you pulling my leg?" Ethan replied, "How can it be pulling your leg? You are over there and I am over here." Mr. Johnson directly instructed Ethan in some typical social phrases that are not meant to be taken literally. Ethan was then heard using one of these phrases with his classmates in a socially appropriate manner.

A child with speech and language delays will not automatically have mental health issues or do poorly in school. However, we need to be cognizant about the potential difficulties that these communication delays can have on a child and be ready to intervene.

Reference:

American Speech-Language-Hearing Association. (2015). *What is language? What is speech?* Retrieved from http://www.asha.org/public/speech/development/language_speech/