FDLRS Record

Newsletter for the University of Florida FDLRS program in Jacksonville

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New ESE Parent Involvement Website

By Carrie Fagen, M.Ed.

Studies abound about how parent involvement is a key component in a child's successful learning experience. Yet, it is often difficult to support your child's educational experience when you lack the knowledge you need to provide this support. In effort to better inform parents about exceptional student education in Florida, the Florida Diagnostic and Learning Resources System (FLDRS) has launched a new Parent Involvement Website.

This helpful site is designed to help parents navigate through exceptional student education (ESE), covering Pre-K through transition to college and/or career. Valuable information presented on this site includes: information geared to various grade levels; contact lists for school districts, parent centers, and related agencies; a glossary of terms; and success stories.

If you want to be a better informed parent check out this new site!

http://forparents.florida-ese.org/

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

@Grownups: Adolescent Social Development in the Digital World

By: Shannon Miller Knagge, Psy.S.

Social media has become a strong presence in the lives of today's adolescents. No longer are the days when friendships and social skills were developed and maintained purely by physical proximity. The prevalence of social media and communication devices weighs in heavily on the social development of the children and adolescents of today. In true viral fashion, adults are commonly bombarded with headlines and imagery regarding the negative impact of social media on their young people, perpetuating fear of the unknown, while offering little guidance. Parents, guardians, caregivers, and educators are left with much to ponder. We ask: do the benefits of social media outweigh the risks? How do we catch a problem and intervene in time? Can we eliminate the risks altogether? What if I don't want my adolescent to participate in the digital world? When can I stop worrying?

Participation in social media can be a very positive contribution to adolescent social development. The expectation of social relationships among adolescents has changed to include both an offline and online connection, with the online relationship used to strengthen the offline. Adolescents 'share' via the social media forum, offering opportunity for friends to learn about one another, practice support and

empathy, and provide more opportunity for the social intimacy that is desired by adolescents during this important stage of development. Adolescents may develop online-only relationships with others based on other friendships in common, shared interests, or participation in the same charitable, political, educational, or community organizations. Making connections with diverse people helps to broaden the

adolescent's scope to include different perspectives, foster listening skills, tolerance, acceptance, and respect. For some adolescents (e.g., the shy, anxious, introverted, as well as those with social impairments, health issues, and physical disabilities), social media offers the protection of learning or continuing to interact socially while afforded the protection of a screen. The educational opportunities, whether social or traditionally academic, that transpire through social networking are compelling to say the least.

Identity theft, Facebook depression, cyberstalking, and hypernetworking are just a few of the social media buzzwords currently attracting attention. These buzzwords, and others, have more in common than just a connection to social media; they strike fear in the hearts of every adult responsible for an adolescent in the digital era. They remind us of the enormity of the unknown in the digital world, feeding into our desires to protect from or eliminate potential threats. The negative impacts of social networking are present and are definitely a problem. Social lessons can feel more impactful when there is a trail, or 'digital footprint' and lifelong ramifications as a result of a young person's mistakes and naivety. The delicate art of discretion isn't practiced and fine-tuned when information that is typically shared at sleepovers is trusted to a rather large group of online 'friends' or 'followers.' There is no doubt that the definition of privacy has been loosened by social networking, as well as standards for skills in responding appropriately to diffuse a situation, not to incite or offend but, to post and respond respectfully. Misunderstandings are more likely without the use and interpretation of eye contact, tone of voice, intonation, body language, etc. Offline relationships can be impacted by online misunderstandings. Further, cyberbullying and cyberstalking can be

perpetuated by these misunderstandings, in addition to the lowered standards for social skills in the digital world. Adolescents with social-emotional deficits or vulnerabilities in the offline world are at an increased risk to demonstrate signs of anxiety, depression, or psychological disorders.

At this moment in time, the digital world has already changed from what we knew it to be yesterday. Trusted privacy measures have been circumvented, whether by the protected or the predator. Technology is manipulated for uses beyond original intent. Ways of connecting have been born. Bandwagons have been hidden by certain demographics to keep limitations at bay. Basically, every adult responsible for a child or adolescent in the digital era must accept that it isn't possible to anticipate every individual risk, to eliminate social networking, or push aside concerns. The task at hand is to continually educate: ourselves, our adolescents, and those involved. A constant, open dialogue developed as early as possible should include limits, expectations for behavior, and more listening to the adolescent than talking. Limits should be firm but open to discussion. Adolescents are more digitally savvy; adults can learn from them, acknowledge different perspectives and give appreciation for being taught. In return, those who care for adolescents can use topics involved in digital interaction to monitor, teach, practice, and build social skills both online and off. Developing good citizens with the expectation that skills and behaviors are generalized to every situation encountered will help adults to engage more with the adolescents and begin to worry less.

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Classroom Accommodations for Children with Anxiety
By Stephanie Holmes, Ph.D.

Anxiety disorders are among the most common mental health condition in children. Children with anxiety perform best in a calm, predictable, and supportive environment. The following suggestions are guidelines for parents and teachers to consider when brainstorming classroom accommodations for children with anxiety:

Class participation

Problem: Worrying about saying something 'dumb,' having others look at them, or getting the answer wrong may be concerns for children with anxiety.

Solution:

Determine the child's comfort level with open ended vs. yes/no questions, and opinion vs. factual questions. Then facilitate participation at the child's comfort level.

Have a secret signal with the child that lets the child know when his/her turn to participate is coming.

Encourage the child to share information on topics in which he/she is most confident.

Avoid having the child write on the board, if such a task causes him/her to feel anxious about the possibility of getting an answer wrong while it's visible to the whole class. Alternatively, the child may be asked to write something on the board that he/she can do with 100% confidence (e.g., name of lesson, date).

Seating

Problem: Sometimes children with anxiety have the fear that they will get in trouble for the behavior of nearby peers. The behavior of their peers may also be very distracting. In unstructured activities, including lunchtime, children may fear being rejected.

Solution:

Seat children with anxiety away from children who are misbehaved in the classroom.

Consider creating a 'lunch bunch,' where three or four peers routinely gather together for socialization over lunch. The structured lunchtime may decrease anxiety.

Testing

Problem: Knowledge that one is being timed on tests may elevate anxiety and impair test performance. Further, seeing other children turn in tests before them may lead to irrational thoughts that they do not know the material as well as their peers.

Solution:

Provide extended time on tests. Just knowing that they have extended time may preclude the need to use it.

Provide opportunity for children to test in an alternative, quiet location if preferable.

Safe Person

Problem: The child may feel alone at school in his/her quest to be brave and manage anxiety.

Solution:

Identify a point person to check-in briefly with the child (e.g., guidance counselor, teacher, nurse). The point person can listen to the child's worrisome thoughts, while encouraging and praising the child's brave behavior.

Provide a 'cool down pass' to the child to use in times when he/she needs to take a brief break from class to talk to his/her point person or practice coping strategies privately (e.g., deep breathing, relaxation exercises). Children with anxiety are usually honest and will likely not abuse such a cool down pass.

Reference

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Is Your Child a Fluent Reader?

By Carrie Fagen, M.Ed.

Reading fluency comprises three components. These components include the ability to read: 1) accurately, 2) quickly, and 3) with expression. Individuals who read accurately are able to apply word attack strategies based on knowledge of letter-sound associations. As a child becomes more adept at incorporating learned phonics/phonemic principles in reading, his or her sight word base grows. The child no longer needs to laboriously sound out each individual sound in a word, and reading becomes more automatic. With greater automaticity, reading with expression (prosody) begins to emerge. This is demonstrated with a child's variations in pitch and stress indicating question, surprise, exclamations, and other meanings.

Reading fluency provides the link between being able to read words accurately and comprehend what is being read. If a child struggles with reading a word correctly and expends a great deal of effort identifying sounds within words, he or she is most likely too 'spent' to understand what is being read. Reading becomes an exhaustive experience and will be avoided if possible. Research indicates that reading fluency is one of the defining characteristics of good readers and is a reliable predictor of comprehension. When reading is quick and effortless, energy can be spent on understanding what is read and enjoyment of the reading process is most likely to follow. In contrast, students who read slowly and inaccurately fail to complete work, lose interest in school, and do not read for pleasure.

Teachers and parents should listen to their students and children read aloud regularly to make judgments about reading fluency. Reading selections should be at the child's independent reading level when making these observations, and all components of reading fluency should be considered. If oral reading appears to be choppy, inaccurate, slow, or without expression, it may be necessary to obtain more concrete information about a child's reading fluency ability. The table below provides recommendations for reading fluency rates for the elementary school child, keeping in mind that accuracy and prosody are important as well.

One of the most common techniques for improving reading fluency is repeated readings. In this strategy, students are provided with several opportunities to read the same short passage. Words read incorrectly are reviewed and encouragement to read with expression is given as the child becomes more comfortable with the passage. Another technique is for the teacher or parent to first model how to read the passage fluently, followed by the child being given the opportunity to read *with* the adult (shared reading) prior to reading the passage independently. Many children are motivated by tracking progress, which is best done during timed reading. Incentives, such as star charts, are often incorporated with this technique, which

Recommended Reading Fluency Rates

Grade	Time of Year	Correct Words Per
1	Winter	39
	Spring	40-60
2	Fall	53
	Winter	72-78
	Spring	82-94
3	Fall	79
	Winter	84-93
	Spring	100-114
4	Fall	90-99
	Winter	98-112
	Spring	105-118
5	Fall	105
	Winter	110-118
	Spring	118-128

can be 'cashed in' for earned prizes or privileges. Some children lack awareness of their poor expression or choppy reading. Recording a child reading aloud and having the child listen to his or her reading may help the child recognize the need to read in a more fluid manner, with expression. Finally, if a child struggles with reading accurately, more instruction in phonics or phonemic awareness may be necessary.

Reading fluency bridges the gap between word reading and comprehension. The goal of reading fluency instruction is not just to have children read quickly, but to give them greater opportunity to understand what is being read. Enjoyment in reading is a likely result which, in turn, will encourage the child to continue to grow as a reader.

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I Think My Child Has a Reading Disorder. What Should I Do?
By Carrie Fagen, M.Ed.

Families often contact our clinic, expressing concerns about their children's reading struggles. For some, it is an underlying 'gut' feeling that something isn't quite right with their child's reading progress even though others tell them everything is fine. On the opposite end of the spectrum are those parents who contact us in sheer desperation, expressing fears that their child may be retained, never learn to read, or struggle like they did throughout the schooling years. Regardless of your level of concern or the severity of your child's reading difficulties, there are several positive steps you can take to help your child including:

Review developmental and familial history. If you, your spouse, or other close family member struggled with reading, it is *more likely* that your child will also have some difficulties with learning to read. Reflecting back on your child's toddler and preschool years, consider whether your child was late in talking, had trouble learning the alphabet, had chronic ear infections, or was challenged by creating words that rhyme. These are key indicators that your child may have difficulties with learning to read. Oftentimes in our clinic, parents contact us because their kindergarten child is reversing letters. Contrary to popular belief, a young child who struggles with letter reversals, such as confusing *b* and *d* both in reading and writing, doesn't necessarily have a reading disability. In fact, it is considered developmentally appropriate for children to have some letter confusion up through the age of seven. However, if your child continues to struggle with letter reversals, left/right differentiation, letter-sound correspondence, sight word recognition, and beginning word attack by the end of the first grade, you may have cause for concern.

Observe and collect data. Review your child's papers and look for consistencies in errors over time. For example, does your child regularly struggle with spelling tests even though you spend considerable time studying every night? Is he/she having difficulties with reading skills such as decoding, recognizing previously learned sight words, or making predictions? Rather than focusing on the poor grades your child may have received on certain assignments, use it as an opportunity to make observations about the specific skills your child is struggling to master. Secondly, consider that a child's anxious or poor attitude towards reading can be indicative of a reading disorder, especially if you, as the parent, have provided ample positive reading experiences (e.g., reading aloud, going to the library, modeling reading for pleasure). Listening to a child read aloud can also provide key clues in unlocking the mystery of his/her reading challenges. For example, if a child reads very quickly, with little expression, and ignores ending punctuation, it is very likely that he/she is not really tuning in to what is being read. Conversely, a child who reads laboriously and struggles over each and every word may have a problem with word attack or reading fluency. Finally, if your child has received interventions through the school, ask to see the data that either reflects progress or lack thereof. Review intervention data with the teacher in an attempt to pinpoint the specific areas of reading (phonemic awareness, phonics, sight word recognition, fluency vocabulary, comprehension) that are causing your child the greatest difficulty.

Advocate *for* and *with* your child. Day after day, you've watched your child struggle with schoolwork and listened to your child's comments about feeling 'dumb' or hating

going to school. In situations such as these, some parents feel helpless and do nothing. They make the assumption that the teacher and school are the experts and keep their fingers crossed that things will miraculously improve over time. Other parents choose a more combative stance, *demanding* that the school provide all sorts of services for their child, some of which are not conducive to the school learning environment. Rather than choosing a passive or aggressive approach, assume a pro-active, positive, "*how can we work together on this*" mentality when working with the teacher and the school. Channeling your emotions in the direction of being the biggest cheerleader for your child, ask what you, as the parent, can do to help. If you don't understand the educational lingo used in meetings (e.g., tiered intervention, Individualized Education Plan, accommodations), ask. Take notes during meetings and think of simple ways that you and the teacher can correspond with one another on a regular basis. Teach your child ways to make his/her needs known to the teacher. For example, if your child is embarrassed when the teacher calls on him/her to read aloud, role play a conversation your child might have with the teacher. Then work with the teacher to schedule a time when your child might have time to privately converse. Although it would be much easier for you to simply send the teacher an email, requesting that your child not be asked to read aloud, these are powerful opportunities for life lessons. Teaching your child to express his/her needs in a positive, respectful manner at an early age will equip your child to advocate for himself/herself throughout his/her schooling career and into adulthood.

Investigate resources available in your community. For some families, the needs of their children exceed what the school is willing and able to provide. Diagnostic and intervention services available in your community, such as those offered in our UF Developmental Pediatric Clinic, may be helpful in determining your child's specific learning needs and providing intensive one-on-one instruction that aligns with those needs. Whether you choose services at UF Developmental Pediatrics or seek services elsewhere, be sure the person or business you seek is qualified in the field. For diagnostic purposes, choose a licensed psychologist who is well-trained in recognizing and diagnosing learning disabilities. Ask which assessments will be administered and the purpose of each assessment. Important to note, psycho-educational testing done outside the school system will be reviewed and *taken into consideration* when determining services offered through the school. Typically, it is this diagnostic information along with intervention data provided through the school that is necessary when determining services available to your child by the school. If seeking tutoring services outside the school, be sure the services you choose are of highest quality. Ask your reading tutor what experience he or she has and what curriculum he or she will choose from to help your child. Research the programs offered, making sure they are scientifically proven, evidenced-based approaches to reading instruction. Suggest a few trial sessions where you can observe some of the tutoring. Regardless of the tutor's expertise, it is important that rapport is established with your child. Children who are significantly behind their peers in reading may need intensive, one-on-one reading instruction, several times a week for quite some time. Although your child may initially resist additional tutoring because of past frustrating reading experiences, eventually your child should look forward to going as a result of seeing positive changes in his/her ability to read.

If you have further questions regarding your child's specific needs or would like information regarding reading services available through UF Developmental Pediatrics, please email Carrie Fagen (Carolyn.Fagen@jax.ufl.edu) or call (904)633-0769.

How to Help Students with ADHD in the Classroom.

By Stephanie Holmes, Ph.D.

Barkley (2008) suggests educators consider nine principals when providing accommodations for students with ADHD:

Instructions must be clear, brief, and preferably visible. For example, to cue children to 'stop, look, and listen,' reference a posted image of a stop sign, big eyes, and big ears.

Consequences must be delivered quickly and swiftly. Immediate (not harsh) consequences are crucial to managing behavior, particularly in children with ADHD.

In light of motivational deficits, consequences must be delivered more frequently to children with ADHD vs. nondisabled children. Given difficulty following rules after the rule has been stated, frequent feedback for rule adherence is helpful in behavior management. Frequent feedback also assists children to self-monitor their own behavior.

The type of consequences often must be of higher magnitude/more powerful for children with ADHD vs. nondisabled children. Mere praise or verbal reprimands may not be enough to induce behavior change for children with ADHD.

Rich incentives must be provided before punishment is implemented. Often, children's behavior won't improve if 'time out' or response cost procedures are implemented without an already available rich reinforcement environment.

Rewards must be changed more frequently for children with ADHD vs. nondisabled children, particularly as children with ADHD tend to habituate and satiate to rewards more rapidly than do nondisabled children.

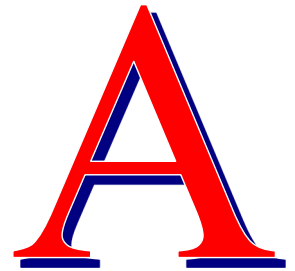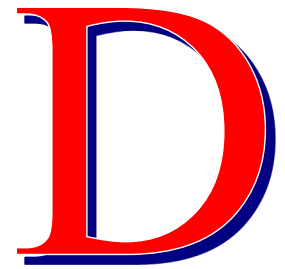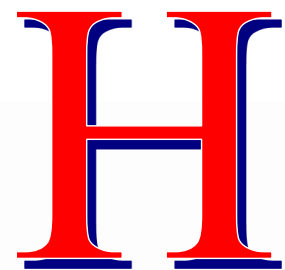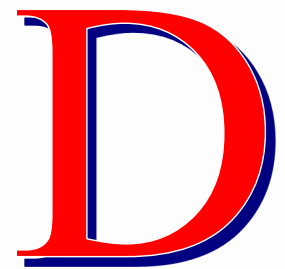**Anticipate behavior, especially during transitions**. Teachers may prompt a child to recall rules and consequences prior to entering a new activity or situation.

Children with ADHD must be held more publicly accountable for behavior than nondisabled children. Given deficits in executive functioning and therefore less self-awareness and self-monitoring of behavior, children with ADHD require external cues about performance.

Behavioral interventions need to be modified over time. Behavior plans may fail for one or more common reasons (rewards lose their value, interventions are not implemented consistently, intervention plan does not match the functional analysis, etc.). Difficulties with the behavioral plan signal that the plan needs to be modified.

Barkley, R.A. (2008). Classroom accommodation for children with ADHD. The ADHD Report. Retrieved from http://www.russellbarkley.org/factsheets/ADHD_School_Accommodations.pdf

We Have an App for That
By Michele Bell Badger, M.A., CCC-SLP

Do any of these scenarios ring a bell?

Have you ever walked into your child's bedroom, glanced around the room and then immediately shut the door? Have you ever sat down at the kitchen table to assist your child with homework and your child can't find anything in his or her backpack including his or her homework assignment?

If the answer is 'yes' to either one of these scenarios, then your child may be experiencing difficulty in the area of executive functioning.

Executive functions are a set of skills that helps us to organize our experiences, information and actions. They are largely responsible for goal-directed behavior, attentional control, planning and organization. Here are a few apps (Table 1) that may assist you and your child develop organizational skills and time management. As a friendly reminder, apps are just another type of compensatory strategy that can be utilized to facilitate in the development of a specific skill.

A Year in Review

Can you believe that December has come and gone? Are you trying to decide how you are going to maintain the progress that your child has made during the Christmas break? Well, here are a few apps (Table 2) that may help you and your child pass the time away. As I have stated in previous articles, apps are just another type of compensatory strategy that can be utilized to facilitate development of a specific skill. Prices are subject to change without any notification.

Table 1. Apps for organizational skills and time management.

Name of App	Name of Developer	Details of App	Cost of App
1. myHomework Student Planner	Rodrigo Neri	Track your classes, homework, tests and assignments	Free
2. School Time Table	Stuart Maher	Create and view timetables, schedules and plans.	Free
3. Courses-The Student Class Organizer	Kevin Sloan	Organize all your classes and assignments by due dates.	Free (For a limited time only)
4. iProcrastinate	Craig Otis	Create tasks that occur once, or repeat based on a specific pattern. Break down complex tasks into steps and track progress.	$1.99
5. Plan It, Do It, Check It Off	I Get It, LLC	Photo app that can be customized to the user. Features 26 pages with real picture images to illustrate events that can be used for visual "To Do List." Create step-by-step books for specific activities.	$2.99

Table 2. Year in review apps

Name of App	Name of Developer	Details of App	Cost of App
Taking Turns by	Netcoders ApS	This app will allow you to set the timer for a certain amount of time for each child. The app uses sound to let the child know when it's time to switch.	Free
Endless Wordplay	ORIGINATOR	This app features great animations, which in return reinforces spelling, phonetic patterns, and rhyming words.	First 3 levels are free. In-app purchase of $4.99 to unlock full content of 90 word puzzles and 30 levels.
Phonics with Phonzy – Practice Letter Sounds and Words Aloud!	MeowTek	The app allows the child to practice letters and words out loud. Provides visual mouth movements to show the child how to pronounce the sound correctly.	Free (For a limited time only)
The Sight Word Adventure	Seven Academy	This app was developed based on the English Common Core State Standards. App focuses on exposing children to high frequency words, which commonly appear in text.	$0.99 (For a limited time only)
Bag Game	All4mychild	This app addresses turn-taking, asking/answering questions, categorization, verbal and deductive reasoning skills.	$1.99

How Can I Help My Child with DEPPRESSION?

By Stephanie B. Holmes, Ph.D.

Children who are depressed often do not find activities as enjoyable as they once did, and often engage in social withdrawal and feel fatigued. As adults, we may have to dig a little to help children re-discover pleasant activities. We can ask children what they did for fun in the past. If difficult for children to answer this question, we can ask them to identify activities that other children, siblings, or even television characters do for fun. Once an activity is identified, we adults can facilitate the child trying out the activity. Essentially, we are creating a behavioral experiment— helping the child discover whether an activity will be pleasant by trying it out. Even if the activity is only a tiny bit pleasant, we have made some progress. Parents can also work with children to create a 'picture schedule,' where pictures of activities are placed on a week-long calendar. Children can cut out pictures from magazines, use their own drawings, or even use photographs of themselves engaging in the activities, and post these images onto the calendar. Such images represent the activities in which the child will engage on a given day. Activities may include riding a bicycle, playing basketball, reading a funny story, or talking with peers. Checking in with the

child's mood is an important aspect of monitoring the progress of a child's mental health. On the same picture schedule utilized above, the children can rate how their mood was during the activity on a scale from 1 to 10. Some children find drawing or cutting out pictures more enjoyable, and so can use images to represent their mood in lieu of using numbers. For example, smiley faces or a picture of the sun shining can represent a positive affect, while frown faces or thunderclouds can represent a depressed affect. Such images communicate the child's status of emotional functioning, but they also are powerful in showing the child that depressed feelings are temporary and changeable. These are just a few of many available therapeutic strategies. While prominent adult figures in the child's life have the ability to aid in healing children from depression, sometimes children require the help from a professional. Research suggests cognitive-behavioral therapy (CBT) is efficacious for treating depression in children and adolescents, with parent involvement in the child's therapy being a particularly crucial component for the younger ages. Professional help should be sought out immediately for children who exhibit suicidal ideation.

Reference:

Friedberg, R. D., & McClure, J. M. (2002). *Clinical practice of cognitive therapy with children and adolescents: The nuts and bolts.* New York, NY: The Guilford Press.