

FDLRS Record

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

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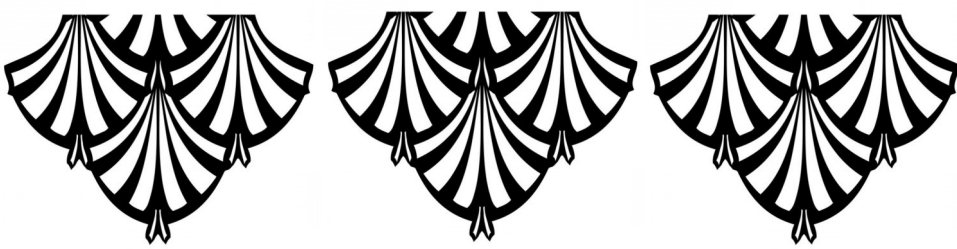
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Age of Majority

By Audrey Bringman, B.S.

In Florida, when adolescents reach age 18, decision making rights transfer from the parent/caregiver to the adolescent. This means, they are legally able to make “grown-up” decisions. Some young adults are happy about this concept and capable of making independent decisions regarding education, independent living, money and health. On the other hand, others may want help from a parent/caregiver or family member, and others may require someone to make many of these important decisions for them. It is important to understand that there are legal ways to obtain formal decision-making assistance. When the proper legal documentation is in place, it will make the transition from childhood to adulthood much smoother.

Youth and families should start thinking about this and making legal plans at age 17. It is important to always consider the least restrictive option so that the young adult can still exercise appropriate decision-making skills. An attorney can help with navigating this process.

Reference:

Got Transition (2012). <http://www.gottransition.org/resourceGet.cfm?id=17>. Retrieved from <http://www.gottransition.org/resourceGet.cfm?id=17>

Resource:

Got Transition (2012). <http://www.gottransition.org/resourceGet.cfm?id=17>.



OUR SERVICES

Who we Serve:

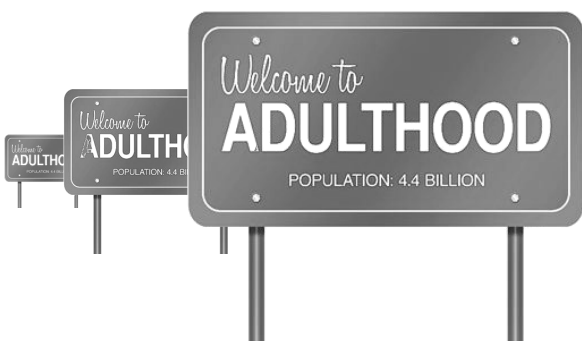
- Individuals between the ages of 3 & 22 who have not graduated high school.
- Who are struggling in school and have complicated medical, behavioral, developmental, &/or social histories
- And who reside in Baker, Clay, Duval, Flagler, Nassau, & St. Johns counties

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





Primary Care Physician Approaches and Limitations in Developmental Disabilities

by *Tina Batio, M.S.*

It takes a village! The common saying, “It takes a village to raise a child” could not be more accurate when it comes to the development of children. There are many private and public entities that are responsible for the social, educational, and emotional well-being of children. Those include but are not limited to, child care and primary care facilities as well as schools. Primary care settings are often the most visited by families, particularly young children, due to well-child visits as well as for other routine health care needs. Primary care providers such as pediatricians and family physicians stress the importance of early interventions and prevention strategies when it comes to the development of children. Primary care providers are often the first line of care parents and caregivers seek out when suspected problems arise in their child’s growth and development due to their familiarity and comfort they have with their physicians.

Primary care providers have seen an increase in pediatric mental health issues. According to Kelleher, McInemy, Gardner, Childs, and Wasserman (2006), the rate of

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psychosocial problems identified by primary physicians has more than doubled from 7 percent to 18 percent in the last 25 years. Also, approximately 20 percent of all children seen in primary care settings have significant developmental, emotional, or behavioral health issues (Schroeder, 2004). Primary care providers play a critical role in the management and coordination of psychosocial treatment planning of children but lack the professional preparation and skills needed to fully address these concerns in children. Moreover, traditionally speaking, the pediatric norm has relied heavily on the value of “clinical judgment” by means of patient history, physical examination, and office observation. While these methods are important and often exercised, studies have challenged these approaches as adequate substitutes for standardized developmental testing.

Back to the village mentioned earlier, a multi-disciplinary assessment team that incorporates many different service providers (pediatrician, psychologist, social worker, child development specialist, etc.) provides a more integrated child development model to address the psychosocial, developmental, behavioral, and mental health care needs that cannot be filled by a primary care physician alone.

For more information on the role of primary care physicians in diagnostic development, visit the following web site: <http://www.med-u.org/the-library/role-of-the-primary-care-provider> and explore the various resources pertaining to the health care system and familial home supports.

Reference:

Kelleher, K.J., McInemy, T.K., Gardner, W.P., Childs, G.E., & Wasserman, R.C. (2000). Increasing identification of psychosocial problems: 1979-1996. *Pediatrics*, 105, 1313-1321. <http://dx.doi.org/10.1542/peds.105.6.1313>

Schroeder, C.S. (2004). A collaborative practice in primary care: Lessons learned. In B.G. Wildman and T. Stancin (Eds.), *Treating children's psychosocial problems in primary care (1-34)*. Greenwich, CT: Information Age Publishing.

Shonkoff, J. P., Dworkin, P. H., Leviton, A., & Levine, M. D. (1979). Primary Care Approaches to Developmental Disabilities. *Pediatrics*, 64(4), 506.



It takes a village

Exceptional Student Education for Students Who Are Gifted

By Stephanie Kinnare, Ph.D.

In the state of Florida, any student who has special learning needs is considered an 'exceptional student.' As such, both students with disabilities and students who are gifted may fall under this category of exceptional students. Students who are gifted are defined as having 'superior intellectual development and who are capable of high performance' (BEESS, p. 1).

In order to determine whether a student is gifted, students must receive an individual evaluation. Students are typically referred for an evaluation when they are observed to progress academically at a rate above that of their peers, and/or when they demonstrate high academic test scores. Parents' written consent must be sought before any child is evaluated.

Students who are identified as gifted may be eligible for exceptional student education (ESE) services to meet their unique learning needs. In order to deliver ESE services to the student, an Educational Plan (EP) must first be developed. Parents are invited to a meeting with pertinent school personnel in order to assist in developing an EP. During the EP meeting, the child's level of functioning is identified, goals are established for the child, and a means of monitoring student progress are identified. Additionally, the team decides where the student will receive the ESE services. For example, some students receive the gifted ESE services in the general education classroom, some students are pulled out of the general education classroom for part of the day to receive the ESE services, and some students receive ESE services in a gifted classroom throughout the day. Of course, parents' written consent is required before ESE services may be provided.



For more information on gifted services and other exceptional student resources, visit the Bureau of Exceptional Student Education (BEESS) Resource and Information Center (BRIC) at <http://www.fldoe.org/academics/exceptional-student-edu/beess-resources/index.stml>.

Reference:

Bureau of Exceptional Student Education (BEESS) (2011). *What is exceptional student education for children who are gifted?* Retrieved from: <http://www.fldoe.org/core/fileparse.php/7567/urlt/whatgift.pdf>

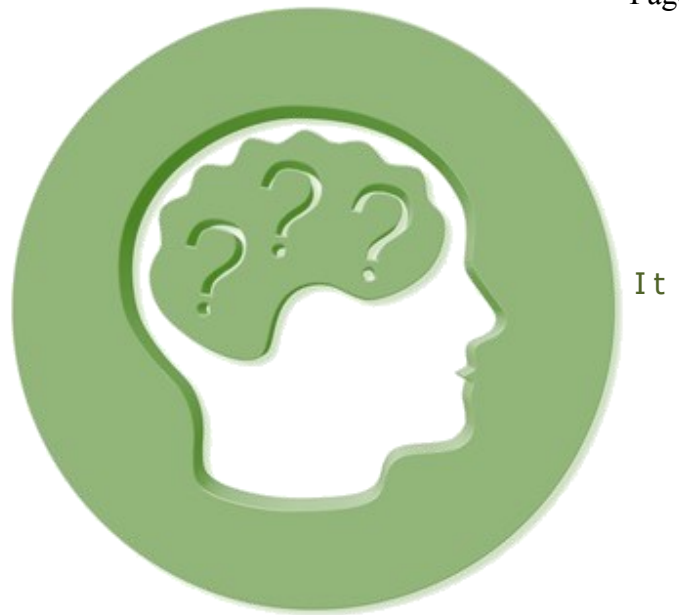
Talking to Your Child About Learning Disabilities

By Lisa D. Bailey, Ph.D.

Having a child with learning difficulties means becoming an advocate for your child. Parents become skilled at talking with teachers and other providers about their child's needs. Some parents assist other caregivers in navigating the special education system, while others become advocates on the national level. Talking about learning disabilities and special education needs becomes almost second nature. However, these same parents are often at a loss when it comes to one of the most important conversations to have – discussing their child's learning disability with their child.

In many cases, caregivers are reluctant to tell their children that they have a learning disability for fear that it will devastate them. They often do not realize that students already know when they have learning difficulties. However, without a name for it, those students are left feeling that they are "stupid" or "cannot learn." Without conversations about their learning differences, students may never realize that they can learn and perform well with the right learning supports. Another important reason for talking with students about their specific learning challenges is that, at some point, they will have to advocate for themselves. Individuals must have a good understanding of their learning strengths and weaknesses in order to be effective self-advocates.

Many caregivers want to have these conversations with their children, but are unsure of what and how much to say. Below are some helpful things to remember when discussing learning disabilities with your child:



It

will be important for you to have a good understanding of the diagnosis before talking with your child. When possible, discuss the evaluation results and diagnosis with the professional who completed the evaluation. Talking with teachers and special education personnel, as well as other parents whose children have similar issues is another great way to gather information. However, do not feel that you have to be an expert. If your child has a question you cannot answer, let them know that the two of you can do some research to figure it out.

This will not be a one-time conversation. Understanding the nature of a learning disability is a process and will require multiple conversations throughout your child's life. For younger children, initial conversations tend to be very basic, while conversations with adolescents tend to include more detail. At all ages, giving the name of the diagnosis and talking about what it means is helpful. Your child will also benefit from a discussion of how their learning disability shows up in his/her daily life. Talking about strategies to manage the learning disability helps your child understand that the learning challenges can be addressed. Do not try to prepare your

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child for all variations of what may or may not happen in the future; keep problem solving focused on current functioning.

Your child will have additional questions that may come up later. Creating an atmosphere that welcomes dialogue about learning challenges will be beneficial for your child.

Some conversations will be planned, like after an initial diagnosis or before an IEP meeting. Others will occur spontaneously in response to questions from your child.

When talking to your child it is important to validate his/her feelings, not to make the feelings go away. For example, if your child says, "I'm never going to be able to learn how to do these math problems," saying something like, "I'm sorry you're feeling that way. I know you feel frustrated when math is hard. Would it help if we walk through the problem together?" will be more helpful than denying their feelings by saying, "You'll be able to get it. Don't give up."

You will need to model calm acceptance of your child's diagnosis and challenges. Your children, even your adolescents, pick up cues for how to react to situations from you. If you are calm and matter-of-fact when discussing your child's learning difficulties, he/she will receive the message that learning challenges are manageable.

Your child may need additional boosts to self-esteem. Many children who struggle with learning experience frustration on a daily basis, which can leave them feeling as if they do not measure up to expectations or to their peers. These children need opportunities to display and receive positive feedback for their strengths.

Reference:

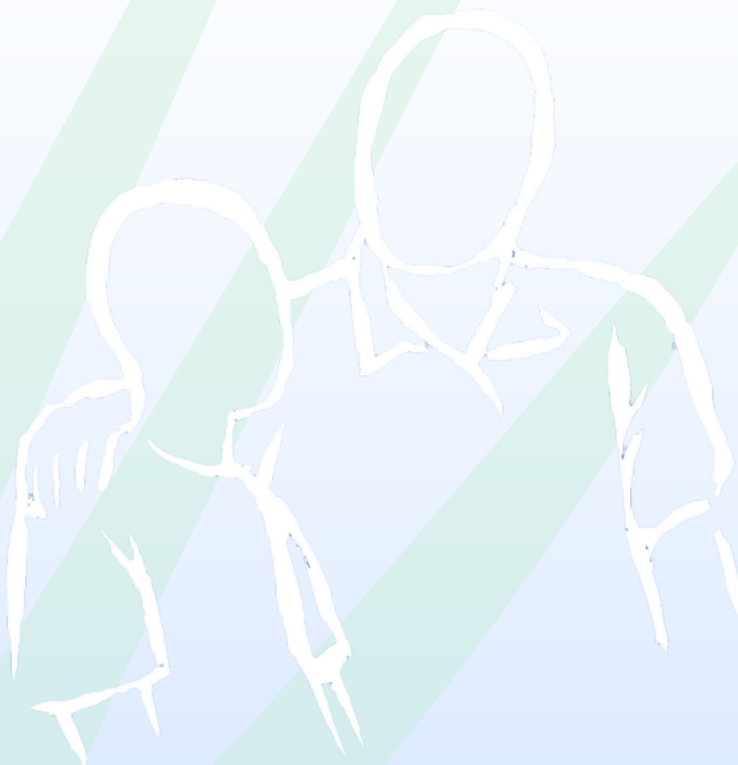
Osman, B. (2015). Helping Your Child Understand LD. Retrieved from <http://>

www.greatschools.org/gk/articles/understand-learning-disabilities/

Resource:

Coleman Tucker, G. (nd). How to respond to kids' concerns about learning and attention issues. Retrieved from <https://www.understood.org/en/learning-attention-issues/understanding-childrens-challenges/talking-with-your-child/how-to-respond-to-childrens-concerns-about-learning-attention-issues>

Cummings, R. (2016). The survival guide for kids with LD. Golden Valley, MN: Free Spirit Publishing, Inc.



Defeating Test Anxiety

By Stephanie Kinnare, Ph.D.

It is that time of year where test anxiety creeps up—particularly as end-of-year examinations approach. Students who experience test anxiety may report feeling ill, verbally indicate their stress, not want to attend school, act out, cry, or even experience sleep disturbance. Symptoms of test anxiety primarily fall under two main categories: the cognitive and physiological domains.

The cognitive domain refers to the student's self-talk—the thoughts, images, visuals that stream through the student's mind. When anxious, the student may be engaging in negative self-talk, whereby he or she expects something bad to happen, such as doing poorly on a test. The student may also catastrophize the event, anticipating the worst case scenario to occur. For example, the student may expect to fail the test completely. Such negative self-talk exacerbates the anxiety further.

The physiological domain refers to the student's physical body. The student may experience such physiological symptoms as muscle tenseness, rapid heartbeat, shallow breathing, upset stomach, trembling body, and sweaty palms. Symptoms may spill over into affecting sleep and appetite.

Strategies to defeat anxiety thereby fall under two primary domains: self-talk strategies and relaxation techniques. Self-talk strategies aim to help the student recognize when he or she is engaging in negative (and often irrational) self-talk. Once recognized, the student is encouraged to challenge his or her self-talk by talking back to the anxious thoughts, and restructuring thoughts into more rational, helpful thinking. The student is encouraged to visualize him or herself taking the test, diligently working through test questions, maintaining focus, and performing well.



Relaxation techniques include taking several deep breaths to calm the body. Deep breaths are taken in through the nose and out through the mouth. Muscle relaxation techniques are also encouraged, whereby the student tenses parts of his or her body's muscles for a few seconds, and then relaxes them, and focuses on the newly relaxed state of the body.

Finally, with test anxiety in particular, a third tactic has been found to be effective in defeating worries surrounding tests: test preparation! Perhaps the most powerful strategy in defeating test anxiety is a student's high confidence that he or she has, prior to testing, achieved mastery of the content being assessed. Hence, overlearning material that may be on the test can significantly reduce test anxiety.

Regardless of the student's comfort level with the assessment material, engaging in positive self-talk and relaxation strategies are effective means of reducing anxiety levels. The beauty of such techniques is that they can be utilized both before and during the test!

Reference & Suggested Readings:

Cizek, G. J. & Burg, S. S. (2006). *Addressing test anxiety in a high-stakes environment*. Thousand Oaks, CA: Corwin Press.

Newman, E. (1996). *No more test anxiety*. Learning Skillspubns.