Rush Neurobehavioral Center

Solving the puzzle…Empowering the child

PUZZLE PIECES

Back to School 2004

Meryl Lipton, MD, PhD
Executive Director

"Dear Dr. Lipton" Your Frequently Asked Family Questions

This month's newsletter theme is about families. Today I will share two frequently asked parent questions. One is about a child who disrupts a family because he never pays attention to time. The other focuses on how a family can help a daughter who is bossy and has few friends.

I also invite you to send in your questions about your children, their school or family. I will answer them in up-coming issues.

Dear Dr Lipton: Our 8 year old son, Marcus, has no sense of time. Every day he takes forever to get ready to leave or come to dinner or get ready for bed. Even when he is given a "5 minute warning" he still isn't ready. What can we do? - Running Late Mom

Dear Running Late: The most important thing is for you to recognize that Marcus' behavior is not on purpose; he's not making a choice. He's responding to the fact that unlike many of us, in his brain he doesn't have a well developed sense of time. If you understand this, it will free you from being angry with him. That will help you deal with what I know is a frustrating situation.

Begin teaching Marcus a sense of time. Help him build his sense of time by noting when he starts and stops activities. Do it in a fun-loving way. When you are going on errands mention the time, how long it might take, when you might be done. Then talk about how long it really took. Emphasize time in your daily life.

After a while ask Marcus to estimate how long an activity might take. If he finishes in the estimated time, he can get computer time or TV time as a reward. After doing these types of activities for a while try planning a Saturday morning. Let him list the activities he wants to do and the estimated times. Make a written schedule and then have him note how long he actually spent.

Your son (as well as other children in his class) is probably having the same time issues in school. If the teacher is open to the idea, perhaps she can similarly emphasize time awareness in the classroom.

(continued on next page)

"What About Me?"

Addressing the Needs of Siblings of Children with Neurobehavioral Difficulties

Leslie Baer, PhD, Licensed Clinical Psychologist

Relationships between brothers and sisters have often been called life's most influential and longest lasting relationships. Unfortunately, however, the needs of siblings are often overlooked in families who have a child with a neurobehavioral disorder or other special needs. Professionals and agencies are becoming increasingly aware of the importance of addressing such needs. The following article is intended to provide an overview of some of the special concerns of brothers and sisters, as well as to offer several practical suggestions and resources for families.

(continued on next page)

(continued from front page)

Dear Dr. Lipton

Also, there's a wonderful clock that is a big aid in this endeavor. It has a huge visual display that can be set for up to 60 minutes. (You can see it and order one if you think it will help at: www.TimeTimer.com

Remember, Marcus is not being slow because he's bad; he just needs to learn something the rest of us have—a sense of time. So avoid making it a punishment. Do all of these things in a fun, educational way.

The take-home message for you and everyone in you family is that the concept of time is something Marcus to be taught. It is not natural for him as it is for the rest of you. Each of us has things that we have to learn, and for him the most effective learning about time will be if it is joyfully repeated many, many times. Then, he will own it.

Dear Dr. Lipton: Our child, Hallie, wants to have friends, but she is so bossy with other children they don't want to play with her. Sometimes we over-hear Hallie with kids her age. She is constantly telling them what to do, when and how. Can we help her?
~ Bossy's Folks

Dear Bossy's Folks: Sometimes children are bossy and need to break that "habit", but in other cases you need to understand what prompts this behavior. From a superficial point of view it must seem that Hallie is just being controlling. However, for her - and for a number of children -- this behavior may simply be a response to not knowing what to do in a social situation. It may be Hallie's inability to make sense out of social interactions and rules. Because she doesn't understand the social rules of her playmates, she makes them up; that is the only way she can follow them.

What's your role in this? First, you must understand what's happening for Hallie and then help her understand the social rules so she doesn't have to be controlling. Begin by reviewing the rules of the various games she is likely to play with other children.

There are lots of other things you can do. You can set up play dates with a clear structure so Hallie knows what's coming and what she can expect when she is with her peers.

Sometimes it helps to make a video of television programs that you can watch together. That way you can stop the video and ask Hallie to explain what's happened, what it means, what may come next, etc. You might also try this with the sound off to emphasize the nonverbal communication. Some families use "Seinfeld" for this purpose, but you should choose what best fits for your child and your family.

As she gets older, you can help your daughter understand what happens inside her when she is in situations where she feels lost. Talk to her about what she's feeling, help her calm herself down, and give her questions that she can ask her and can ask others to get her bearings.

Here are some other questions from families. Please look them over. I hope they spark other questions in you that you will send in for us to answer.

When my child comes home from school, he often forgets some of his books to do his homework … We go back to school 3-4 times each week. How can I help him?

My daughter really likes to be with other kids, but she bothers them by being so physically close to them, touching them, nagging them and just not considering what they want. How can she learn to be more considerate of others?

My child doesn't learn the morning routine. Is there something wrong with him? How can we avoid this continuing to disrupt the whole family?

Send your questions to:
"Dear Dr. Lipton," RNBC, 9711 Skokie Blvd., Suite D, Skokie, IL 60077

(continued from front page)

What About Me?

Each child's reaction to having a sibling with special needs will vary, depending on the kind and severity of the sibling's difficulties, the child's age and developmental level, other stressors within the family and the kinds of coping mechanisms and communication patterns that exist among family members.

Despite the differences, however, there are several common feelings and concerns that are often expressed by siblings.

- Many siblings feel a sense of loss and/or jealousy when their parents' time, energy and attention are consumed by a sibling's difficulties. They may feel it is unfair that parents spend hours helping their brother or sister with homework, while they are expected to work independently. They also may feel resentment when the sibling becomes the focus of the family's attention or is permitted to engage in behavior that is unacceptable for other family members. Young children sometimes try and mimic their sibling's difficulties in an attempt to secure parental attention of their own.

- Many siblings of children with neurobehavioral disorders adopt the role of the "perfect child." They may feel pressure to achieve in academics or sports to make up for the shortcomings of their brothers or sisters. Sometimes they bury their needs to avoid adding conflict to already stressed-out families.

- Siblings also may feel embarrassed or ashamed as they recognize differences between their sibling and someone else's brother or sister. They may worry about "catching" or developing the problem, feel self-conscious about inviting friends over, or feel guilty because they themselves do not have difficulties. Children also sometimes feel that they are doing something "wrong" by bypassing their siblings in certain areas (e.g., reading, sports) or excelling in activities that their brother or sister cannot do.

While every family will have their own unique needs, here are some suggestions for addressing the needs of siblings:

A Educate your children: Siblings need to be able to understand the difficulties and behavior of their brothers or sisters. Some parents discourage children from talking about a sibling's learning or behavioral disabilities because they fear stigma or do not want to call more attention to the problem. Although such concerns are understandable, a sibling's lack of knowledge and information can be even more detrimental. Keeping the subject of a child's learning, social/emotional or behavioral difficulties a secret reinforces the idea that the problem is too horrible to talk about. With consideration for their developmental level, provide information to siblings about their brother or sister's difficulties. Talk concretely about strengths and weakness, explain what types of helpful interventions are occurring (e.g., tutoring, therapy, medication, social skills groups) and help them understand what are often confusing behaviors.

B Balance time spent with children. Make one-on-one time with siblings a priority. Such efforts may help your child make it through those days when their sibling's special needs demand more of your time and attention. Find ways for each child in the family to gain recognition and a feeling of self-worth.

C Promote open discussions. Encourage your child to express honest feelings about having a brother or sister with special needs. Siblings may hold back emotions to avoid adding stress to the family, or because they feel ashamed about having negative feelings. Let them know these feelings are normal.

D Avoid using siblings as caregivers. Siblings of children with neurobehavioral difficulties sometimes fall into the role of caregivers for their brother or sister. They are expected to be babysitters, tutors, special playmates, etc. Let your child know that he or she is not responsible for a sibling with special needs. There are community agencies designed to help with these needs. Access them.

E Find a sibling support group. Participating in a sibling group allows children to meet others who are in similar circumstances. It also provides children with the chance to openly discuss feelings which may be difficult to express inside the family. Support systems can help decrease feelings of isolation and provide an opportunity for ongoing support. Defending a brother or sister from name-calling, responding to questions from friends and strangers, and coping with a lack of attention or high expectations from parents are among the issues siblings experience and can discuss openly in such groups.

Organizations:

The Sibling Support Project

The goal of the Sibling Support Project is to increase peer support and education programs for brothers and sisters of children with special health and developmental needs, providing training, demonstration Sibshops and technical assistance to agencies and organizations wishing to add a program for siblings to their existing services. In the Chicago land area, the following organizations provide sibshop groups.

Advocate Illinois Masonic Medical Center

Pediatric Developmental Center
Sibling Support Program
3040 North Wilton
Chicago, IL 60657
773-296-8127 Sibling Support Program
sheila.swann-guerrero@advocatehealth.com
Ages 5-15 years

Jewish Children's Bureau of Chicago

255 Revere Drive, Suite 200
Northbrook, IL 60062
847-412-4357
tamarabesser@jcbchicago.org

Monthly Sibshops conducted for children ages 6-12 from fall through spring.

Books on sibling issues:

It Isn't Fair! Edited by Stanley D. Klein and Maxwell J. Schleifer Presents a wide range of perspectives on the relationship of siblings to children with disabilities, written by parents, young adult siblings, younger siblings, and professionals. The issues of fairness, expectations, rewards, punishments, caretaking responsibilities, and negative feelings are all thoroughly discussed.

Living with a Brother or Sister with Special Needs: A Book for Siblings, by Donald Meyer and Patricia Vadasy. May be useful for both parents and children to read.

Brothers and Sisters: A Special Part of Exceptional Families, by Thomas Powell and Peggy Gallagher.

Profile of the Other Child: A Sibling Guide for Parents, by Frances McCaffrey and Thomas Fish.

Siblings Without Rivalry, by Adele Faber and Elaine Mazlish.

Siblings of Children with Autism, by Sandra Harris.

For parents and service providers

Powell, T.H., and Gallagher, P.A. (1993). Brothers & Sisters: A Special Part of Exceptional Families. Baltimore: Paul H. Brookes Publishing Co.

For school age brothers and sisters: Meyer, D.J., Vadasy, P.F., and Fewell, R.R. (1985). Living with a Brother or Sister with Special Needs: A Book for Sibs. Seattle: University of Washington Press.

Parents' Perspectives

On the Home Front

What a Family Can Do...

Sally Salisbury, BSN

The road to adolescence has been a challenging one in our family. I was fortunate to be an at-home mother following the birth of my son. He seemed like an easy child from birth to three, then we moved and I discovered I was pregnant with our second child. I soon realized that what seemed like an easy infancy had been many years of a mother adapting to special needs in her child without really being aware.

We had developed a routine that suited him and, since my husband was focused on a new career and not home much, I had time on my side. Without knowing what I was doing I had picked my battles wisely, modified my expectations, slowed down the pace of schedules and transition times, previewed outings, and verbally processed everything we did as we did it. It wasn't until I was alone in a new town going through a difficult pregnancy with a husband working nights, evenings, weekends, and holidays because he was lowest in seniority that I realized I needed help.

Some peculiarities during pregnancy may have been indicators of what was to come with our son, Isaac.

- Our first ultrasound could not delineate clear fetal poles or sac.
- AFP levels were high.
- There was no weight gain late in pregnancy.
- At birth he was in the 4th percentile, where he remained until just before puberty.
- He was quiet and blue immediately after birth with Apgars of 7 and 9.
- He was born with a strawberry birthmark over his sacrum and pilonidal dimple.

Developmentally, Isaac had many differences from other children:

- He developed severe food sensitivity (vomiting, diarrhea and GI distress), Celiac Sprue was diagnosed at seven months.
- He could not hold himself in sitting position without support until he was ready to walk.
- He crawled backward, but easily mastered stairs by 9 months.
- He spoke in full sentences by age 2, easily mastering verbal skills.
- He often became hysterical and was inconsolable over little things.
- He developed phobias which governed conversation and activities.
- Noises like thunder and lightening or the vacuum really bothered him.
- He could hear things like leaves rustling, conversations in other rooms, electrical static, etc.
- He was hypersensitive to touch and would only wear loose comfortable clothing.

Once Isaac entered school, he had many difficulties adjusting to a new world. His challenges were many including:

- He didn't "get" the social skills that seemed to come naturally to other children in preschool.
- He isolated, he was aggressive, and he couldn't remember rules and social graces.
- He could not respect others space and couldn't understand rules.
- He was always fidgety in the sense of sticking hands and feet out, grabbing and poking.
- He was always very hard on himself and disturbed by his inability to control his anger.
- He displayed a great deal of remorse and was very upset when reprimanded.
- He had difficulty with impulse control, though he did well academically.

Over the years we took Isaac to several counselors, psychologists, and a child psychiatrist. We engaged the services of a child advocate who would monitor school and playground activities for specified periods of time. Isaac's many diagnoses included:

- Agitated Depression
- ADD/ADHD
- Obsessive Compulsive Disorder
- Tourette's Syndrome
- Nonverbal Learning Disorder
- Asperger's Syndrome

The things that helped Isaac over a ten-year period are:

- A low maintenance dose of prescription medication
- Natural light sources whenever possible at school and daily outdoor time.
- We purchased full-spectrum light bulbs for classes with little natural light.
- Supportive teachers who appreciated his academic skills, his drawing abilities, and his storytelling.
- We volunteered in the classroom and went on field trips with the class.
- We talked with teachers before and after school.
- Reading out loud improved his expression and helped socially.
- Transfer to a charter school based upon the Multiple Intelligences of Howard Gardner.

We also took Isaac to Rush Neurobehavioral Center to try to work out some of the puzzling pieces of his behavior. It was a remarkable experience for Isaac and made a world of difference in his responsibility and behavior. We were able to put together a map of Isaac's strengths, as well as his challenges. He was able to see his differences in a new light and recognize the many gifts he has been given.

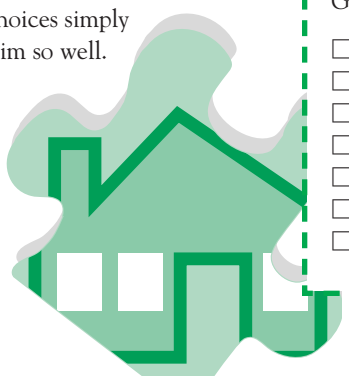
He got a new diagnosis: Gifted with Learning Disabilities. The new diagnosis focused on all the positive attributes of this complex child. We learned how his learning disabilities were in direct conflict with his giftedness causing overload - meltdown in some instances. Information was shared in a school conference and a plan instituted that has allowed Isaac to build self-esteem and flourish.

As parents, we want all want our children to find a source of happiness, to find a place in a community, have friendships, and understand that joy and fulfillment are to be had in the moment. We are the best allies our children have and sometimes it takes endless energy to find the right path for each child. We moved to a rural town for a peaceful lifestyle. We are medical professionals with a lot of combined knowledge, yet could not get answers regarding our own son. We are fortunate to have a choice in schools for our children, but have limited alternative resources. We have had to trust our instincts to look at situations and evaluate what fit best for our son.

We developed a routine that suited him and had learned to:

1 pick battles wisely
2 modify expectations
3 slow down the pace of schedules and transition times
4 preview outings, and
5 verbally process everything we did.

One single thing that has made a difference in our family is that we have had to drive our children to and from school on a daily basis. ***It is amazing what can be learned in a car and what knowledge can be shared.*** We have time to talk to our children at the beginning and end of every school day. We have opportunity to discuss our children with their teachers and know how they are doing on a daily basis. Isaac would have been a child lost in the system or pegged as a trouble maker had we not been involved as a family. For all his challenges, he is remarkable and has so much potential. Our evaluation at Rush Neurobehavioral Center has cemented our belief in our son and it has provided us with feedback that we have made many good choices simply because we know him so well. We now feel supported in our travels to middle school and high school. We aren't alone any longer.



RNBC Gifted-LD Screening Checklist

Please cut out this checklist for yourself, friends, family and educators.

- ☐ Academic Areas of Unusually High Ability or Strength
- ☐ Cognitive or Personal Areas of Unusually High Ability or Strength
- ☐ Pockets of Knowledge That Seem Unusual for a Child of His or Her Age
- ☐ Test Findings Placing Their Cognitive and/or Academic Score(s) at 130 or Above
- ☐ Test Findings Placing Cognitive or Academic Score(s) at or Above the 98th Percentile

If you checked any of the boxes above, then proceed to the following

- ☐ Has Difficulty Forming Letters, Learning Letter-Sound Associations, or Learning Phonics
- ☐ Has Difficulty Reading Words
- ☐ Has Difficulty Reading Quickly or Fluently
- ☐ Has Difficulty Comprehending What They Read
- ☐ Has Difficulty Organizing, Planning, or Managing Time
- ☐ Has Difficulty Completing Timed Tests, Timed Drills in Class, or When Under Pressure
- ☐ Has Difficulty with Forgetfulness and/or Difficulty Remembering Directions
- ☐ Has Difficulty Paying Attention and/or Regulating Behavior
- ☐ Seems to Draw Letters Rather Than Writing Them Quickly
- ☐ History of Chronic Ear Infections and Subsequent Problems with Language or Language Arts
- ☐ History of Early Developmental Delays in Motor, Language, and/or Social Areas
- ☐ Demonstrates Illegible Handwriting and Problems with Visual and/or Motor Skills
- ☐ Has Problems with Rote Memorization and Drill
- ☐ Has Difficulty Taking Notes in Class
- ☐ Has Problems with Homework Completion and/or Follow Through
- ☐ Has Difficulty Completing Tasks Quickly or Efficiently
- ☐ Is Easily Distracted By Background Noise or Outside Activities
- ☐ Homework Seems to Take Much Too Long to Complete
- ☐ Performs Poorly in Some Classes and Much Better in Others (Variability in Performance)
- ☐ Seems to Conceptualize Well, But Has Problems Mastering the Mechanics or Basic Skills
- ☐ Does Extremely Well When Discussing Topics, But Poorly When Reading Independently
- ☐ Does Not Seem to Respond Well to Tutoring or Special Teaching Techniques
- ☐ Frequently Asks to Have Directions Repeated, Extra Help, and/or Asks Peers to Look at Their Notes
- ☐ Cognitive Scores at Least 10-15 pts. Lower than IQ or Suspected Ability
- ☐ Achievement Scores at Least 10-15 pts. Lower Than IQ or Suspected Ability
- ☐ Processing Scores at Least 10-15 pts. Lower Than IQ or Suspected Ability
- ☐ Processing Speed Scores at Least 10-15 pts. Lower Than IQ or Suspected Ability
- ☐ Test Findings Indicating a 10- to 15-Point Discrepancy Between Verbal and Nonverbal IQ Scores

If you checked one or a number of the boxes above after passing through the first set of characteristics, then it may be likely that your child could be later identified as having a gifted-learning disability. You may want to request a neuropsychological, psychoeducational, or school psychological evaluation from a professional you trust and who indicates that they have specific knowledge in the areas of both giftedness and LD.

Below are listed a number of social-emotional characteristics that may accompany or co-occur with GLD. This information is given to draw attention to this very important aspect of GLD as well as providing further assistance in identifying the condition within your child.

- ☐ Shows a High Level of Emotional Intensity
- ☐ Thinks or Worries About Current Events in the World or Family to a High Degree
- ☐ Tends to Be a Perfectionist
- ☐ Shows a Very Low Tolerance for Frustration
- ☐ Tends to Put Himself or Herself Down or Shows Difficulty with Self-Concept
- ☐ Has Difficulty Managing Emotions and Responses to Others
- ☐ Has Difficulty with Peer Interactions, Social Situations, and/or Friendships

Parent Connections

Tracking down a multitude of teachers to make sure everyone is following the IEP. Sitting in rush hour traffic stressing about being late to the therapist while calculating the odds of getting tonight's homework finished on time. Racking your brain to identify the 'nice' kids at school who might, potentially…hopefully, be friends with your child.

As parents of children with neurobehavioral difficulties, the list of concerns can feel endless. While no one can make these concerns go away, Parent Connections offers an opportunity to connect with others in similar circumstances.

Parent Connections is an informal, parent-led group that meets monthly at RNBC in Skokie. Over the last seven months, the group has gotten together to candidly discuss the many challenges of raising our unique kids, while sharing ideas and offering support for each other. There is no set agenda to the meetings.

iThe discussions naturally flow from the issues raised by the participants. From medication to school to summer camp to siblings to behavior to family, and back again. The topics change, but our common bond is the desire to do what's best for our children. And while we all struggle to know exactly what that is, it's good to know you're not the only one stuck in traffic.

Parent Connections meets the third Wednesday, 1-2:30 pm. Upcoming dates are Sept. 22, Oct. 27, Nov. 17 and Dec. 15.

If you are interested in attending, please call Cate Gonley at (847) 933-9339 ext. 222.

Social Development Groups

Social development groups are available for children ages 4-17. Children are grouped with others in the same age group who have similar needs in terms of social development. Social development groups are available throughout the year.

Groups are run by RNBC psychologists, social workers and educational consultants. Each group typically consists of eight one-hour child sessions and two parent consultations.

Fall/winter Social Development Groups are now forming. For more information please contact Nadine at (847) 933 9339 ext. 235

Haciendo exito un habito

(Making success a habit)

Casa Central Goal Setting Program, Summer 2004

Steven Onorati, Educational Consultant, RNBC

The Educational Outreach Initiative at Rush Neurobehavioral Center initiated a six-week program titled *Haciendo exito un habito*, (Making success a habit). The program included two groups of school age children ranging in age from 9-12 at Casa Central. Casa Central is the largest social service agency in Chicago serving the Hispanic community in Humbolt Park and the surrounding area. The primary learning objective focused on the executive skills of goal setting and planning. These two executive skills are vital to the success of a child who wants to achieve in any area of their life.

One of the leading contributors of academic and behavioral problems in children today is the increasing demands placed upon their executive function skills. Executive functions are the brain processes that regulate tempo-sequential ordering, spatial ordering, attention, and memory. Executive Functions underlie goal setting, time-management, organization, and metacognitive skills essential for school and life success. The goal setting process helps students maintain a mental image of destination and supports the development of neuronal circuits in the frontal lobe of the brain.

The children at Casa Central participated in hands-on activities to understand the initial process of setting goals and how to motivate oneself. They also learned the difference between being a dreamer versus becoming an achiever and knowing exactly what they want. Achievement is derived from knowing the skills and talents one possesses and knowing how to utilize them effectively. Casa Central children took various inventories that helped them analyze their personal strengths and challenges. Once the children evaluated their inventories they created a goal map in the following life areas: academic, family, fitness, friends, spiritual, personal, and community.

The goal for *Haciendo exito un habito* was to have the children understand that in order to make goal setting a successful habit, it must be used step-by-step, and over and over again so it requires little or no thought at all. Research suggests it takes twenty-one days to form a habit; therefore, the students set an individual weekly goal that they knew they could accomplish in seven days for three weeks. Some examples of the students' goals included easy tasks like cleaning their bedroom, not chewing gum or eating candy for 24 hours, not arguing with a sibling, etc. Keeping it simple and concentrating on the learning steps of the process is important for the formation of a successful habit.

In addition to setting individual goals, the students volunteered at the community adult day-care program and created and painted a goal-oriented mural in the educational building. Other topics that were discussed included: *Why Do Some People Achieve More Than Others?, Having the Right Attitude, How Do You Get Yourself to Do Something You Don't Want to Do?*

The children learned that their behavior relates to success. They also learned how to manage their time, how to be a self-motivator, how to break goals down into steps, how to track their progress, and how to overcome obstacles on the road to achieving their goals. The summer program was very successful and the children at Casa Central appreciate the importance of these executive skills. RNBC is proud of the children's accomplishments and would like to thank the staff at Casa Central for all of their support.

New Medication Assessment Program

Michael Balthazor, PhD

For children and adolescents with Attention Deficit Hyperactivity Disorder (ADHD), medication is often used to help address the school, home, and social difficulties that they face. Although medication should not be considered the sole mode of treatment, it can often help set the stage for other treatment interventions. Research suggests that an average of 70% of children and adolescents with accurately diagnosed attentional problems respond positively to a trial of medication. For roughly one-third of those placed on medication, it is not effective. We often see a pattern where children are placed on medication and initially, they seem to show a favorable response. However, over time, parents and other professionals working with the child sometimes begin to question its efficacy. In part, this phenomenon can be attributed to a "halo effect."

The halo effect refers to the phenomenon where parents and other professionals know that a child is being placed on medication and have high expectations that it will change their behavior. Due to these high expectations, the adults often interpret the child's behavior while on medication in an overly favorable manner, independent of any medication effects.

Similarly, because the child knows that they are being given a medication that will help their behavior. They often behave in a much more positive manner that is also independent of any medication effects. Over time, however, the halo effect fades, and parents and other professionals are left scratching their heads and asking themselves why the medication that initially seemed to be working no longer seems to be producing any discernable effects.

A formal medication assessment can help clarify whether medication is beneficial, beyond the expectancy effects that it induces. A medication assessment can be undertaken in a variety of ways. A common method consists of a child being placed on medication on some days and not being given medication on other days. Rating forms (completed by parents and teachers) and/or observations are completed on days when the child takes medication and when they don't. At the end of the assessment, usually a minimum of one week on each condition, the results are examined to discern whether there is a pattern where the child is rated more favorably on medication days than not.

To help avoid any possibility of a halo effect, the medication assessment is often completed under *double blind, placebo controlled conditions*. In this method, a pharmacist packages the medication into opaque capsules that contain either the medication or a placebo (*i.e.*, a "sugar pill"). These capsules containing either medication or placebo are indistinguishable from each other. The pharmacist creates a code or schedule that denotes days when the child will be taking the medication or the placebo.

In order to eliminate the "halo effect" the medication schedule is completed under "double blind" conditions. The term "double blind" refers to the fact that the child, parent, and teacher are "blinded" to the medication condition. In other words, during the medication assessment, they won't know whether the child is taking medication or whether it is a placebo day. It is only after the medication assessment is completed, that the "code" is broken and the ratings completed by teachers and parents are compared to see if the behavior of the child was better on days when he or she was taking the medication.

In an additional arm of the medication assessment, a psychologist will often see the child off and on the medication in order to administer cognitive measures that are sensitive to medication effects.

While a double blind placebo controlled medication assessment is an involved process, there is no substitute for its ability to objectively determine if a child with ADHD is benefiting from the medication that he or she is taking. It is helpful in identifying which children are benefiting from medication, and it is also useful in identifying any side effects associated with the medication that may contraindicate its use. This form of assessment can also be used to customize medication dose.

RUSH Neurobehavioral Center will be starting a program in Fall 2004 that will offer medication assessments to children and adolescents who are a) either initially starting on medication or b) who have been taking medication, but there is a question of whether they are benefiting from it.

Parents and other professionals who would like to refer a child for a medication assessment may call Michael Balthazor, PhD at RUSH Neurobehavioral Center (847-933-9339, ext. 227) to learn more about this service.

GRAND ROUNDS

RNBC presents

Tues., Oct. 19, 2004 — Meryl Lipton, MD, PhD, Pediatric Neurologist presents *Social Emotional Learning Disorders: New Insights into Old Diagnoses (NLD, Asperger's Syndrome, High Functioning Autism, etc.)*

Social Emotional Learning Disorders is a new theoretical framework: It gives professionals unique diagnostic insights. It gives children and their families deeper understanding.

Grand Rounds are held at the Rush North Shore Medical Center, Kenton-Knox Activity Room, 9701 N. Knox Ave., Skokie, IL. (***NOTE** this is a new location.) The presentation begins promptly at 12:30 p.m and lasts approximately one hour. ***Participation is free and open to the public. Registration is required since space and materials are limited. For information or to register, call (847) 933-9339 ext. 222.***

Outreach Partnerships

New Branch Location for the Chicago Public Library (CPL) Speaker Series

RNBC is committed to increasing knowledge and awareness about neurobehavioral disorders through community outreach. Our partnership with the Chicago Public Library (CPL) has been a successful way to disseminate accurate information and resources to people who would not otherwise have the opportunity to learn about neurobehavioral issues and how they impact families. The Chicago Public Library (CPL) system is enormously successful in reaching more people and offering educational programs to educators, families and professionals in all communities especially those that are underserved and under-resourced. Our newest library speakers' series will be held at the Near North Branch, 310 W. Division Street, Chicago. All programs are held on the second Thursday of the month at 7:00 P.M. These events are free and open to the public.

For additional information call Chicago Public Library Adult Services at 312-747-4252 or Cate at Rush Neurobehavioral Center at 847-933-9339 ext. 222.

Near North Branch•Chicago Public Library
310 W. Division, Chicago

All programs on the second Thursday of the month at 7 pm.

Sept. 9, 2004	Brain-based Learning and Behavior Problems Meryl Lipton, MD, PhD
Oct. 14, 2004	Strategies for Teaching Organization and Time Management Skills Shartrina Robinson-Amato
Nov. 11, 2004	Understanding ADHD—What Parents Need to Know Marc S. Atkins, PhD

"Learning Disabilities and More" is a series on monthly programs on a variety of topics related to neurobehavioral issues. This program is designed to increase knowledge and awareness about neurobehavioral disorders to the community. Attendance is free and open to the public.

Puzzle Pieces is published tri-annually by Rush Neurobehavioral Center.

RUSH NEUROBEHAVIORAL CENTER

Founded in 1997 the Rush Neurobehavioral Center brings together professionals from multiple disciplines to address the diagnosis and treatment of children with neurobehavioral issues. RNBC's unique contribution is the understanding of each child's strengths and weaknesses within the context of the family and school. From this knowledge individualized interventions are developed, implemented, and monitored.

http://www.rush.edu/rnbc

Center Spotlight

Margaret "Marge" Gee, MEd, Administrative Director, is a Masters prepared health care administrator with over 20 years of progressive experience in the health care field. Most recently, she worked at Loyola University Health System and assisted with the move to the newly developed state of the art outpatient center. Prior to that, she worked at Hope Children's Hospital both as an administrator and clinician. As manager of Pediatric Rehabilitation and Development, she led the team in the growth of the department and sub-specialty clinics, multi-disciplinary therapy, early intervention and inpatient rehabilitation services as well as the expansion of services to an offsite outpatient therapy site in Tinley Park. Marge has worked clinically with children from birth through adolescence and their families. She provided diagnostic as well as educational therapy services and has a special interest in teaching reading and executive function skills to students. She is excited about the opportunity to work with RNBC during this time of growth and development with some of the best professionals in the field.

Maximizing Your Child's Educational Program *Have you ever had the daunting experience of walking into a meeting at your child's school, facing a room full of professionals seated around a table? The meeting proceeds rather quickly, with teachers, psychologists, social workers, speech/language pathologists, occupational and physical therapists, and various administrators conversing in educational jargon. After 45 minutes a stack of papers is handed your way and you have somehow agreed to your daughter or son's school program for the next year. As your child's most effective advocate, it is vitally important that you clearly understand the process that has just occurred.*

Barbara Resnick, an educational consultant at RNBC since August 2003, has worked with many families at the center to help them better prepare for their child's Multidisciplinary Conference (MDC), the meeting at which the educational program is determined. Barbara has a Bachelors Degree in Special Education and a Masters Degree in Learning Disabilities. She has taught various levels of Special Education and worked for 15 years as a Learning Disability Resource teacher. She retired in 2003 from the Evanston School System after 28 years of service. Barbara is also a guest lecturer at both National Louis and Northwestern University's Graduate Schools of Education.

In her work at RNBC, Barbara help families to better understand the reports written by the various professionals who have evaluated their child. She summarizes the findings, specifically noting those areas in which academic, social and/or emotional interventions are required and carefully assesses the current IEP or 504 Plan. A student with a disability must have an Individualized Educational Program (IEP) or a 504 plan. An IEP is developed, reviewed and revised in accordance with state law and includes the measurable annual goals, special education and related services and the supplementary aids provided to the child. A 504 plan is written in accordance with federal law and states the accommodations and modifications a child needs to gain equal access to programs and education.

Barbara assists parents in determining the annual goals they feel should be included in the IEP and suggests various modifications, accommodations and support services that will enhance classroom participation and achievement. She will also attend the MDC as an advocate for the child and his/her family.

Barbara feels her previous teaching experience has helped her to better understand what a school should do for children with disabilities. As a teacher, she developed many methods to ensure her students' success and always respected the requests made by parents. Barbara firmly believes parents are an integral part of the educational team. She immensely enjoys working in this capacity with families at RNBC and is often told by parents how much more successful their child's school experience has become after their collaboration.

Save the date

Wednesday, October 6, 2004, will be RNBC's eighth annual benefit dinner to be held at the Four Seasons Hotel, Chicago, Illinois for information call 847-933-9339.

The 2004 Pearl H. Rieger award will be given to **The Landmark School**, for the significant difference it has made in the lives of children with neurobehaviorals disorders.

This year, the Center will present **Harvey Alter** with the Living Proof Award. This award honors an individual with neurobehavioral differences, who has successfully over come such challenges.

This year's Living Proof award recipient was featured in the following film.

"Celebration of Differences"

To order this 22-min. VHS, please call 847-933-9339 or fax 847-933-4194. Make check or money order payable to **Rush Neurobehavioral Center**. Orders will be processed upon receipt of payment. All sales are final. Tapes may also be purchased at the center.

price	$ 39.95
shipping	$ 7.00
sales tax	$ 3.40
total	**$ 50.35**

Friday, November 12, 2004 Annual Conference Updates

The Taking Charge! Program

Mardi Bernard, RN BScN

When students have the unfortunate experience of not being successful in their school life, they are at risk of developing a pattern of thinking and feeling that may eventually become an unidentified barrier to their learning. Consider the child with a Nonverbal Learning Disability or with Asperger's Syndrome. These students may require specific and specialized instructional styles as well as accommodations in testing situations in order to demonstrate the academic achievement of which they are capable. If they begin to fail at school, they may begin to think of themselves as being a failure. They may predict future failures, and they may then stop trying to be successful.

Dr. Liza Little, in an nursing article entitled "The Misunderstood Child," developed a useful acronym for teachers, parents and other caregivers who love or work with students with Nonverbal Learning Disabilities.

S*ocial Skills*
A*cademic Skills*
V*isual-Spatial-Organizational Skills*
M*otor Skills*
E*motional Modulation Skills*

The Taking Charge! Program was developed at The Academy at King Edward in Edmonton, Alberta, Canada to specifically assist students with a wide variety of diagnosed Learning Disabilities to help themselves feel more successful. The program is based on the work of Albert Ellis in an area called Rational Emotive Behaviour Therapy. Essentially, the core philosophy is that we can have complete control over four life gifts: our thoughts, our feelings, our behaviour and our attitude. If we choose to use these four gifts well, we are more likely to have a happy and productive life.

Why is it important for all children to learn about feelings and emotions?

We live in a world where unfortunate things happen to us all.

But aren't bad feelings just caused by bad situations?

No! Unfortunately, that is what many of us believe, but the truth is that bad situations don't make us all feel the same way.

What is "self-talk"?

Self-talk is the unconscious chattering that takes place inside our heads. These thoughts can be positive or negative. Our self-talk comments to us about our perceptions of the world, and it is the origin of our feelings.

Can self-talk be changed?

Yes! Self-talk is probably influenced by both temperament (with which we are born) and habits or skills (which we acquire).

Mardi Bernard will present a half day workshop, "Thinking, Feeling and Changing: Emotional Control Strategies," at this year's November 12, 2004 RNBC Conference.

MARK YOUR CALENDAR

ANNUAL CONFERENCE

RNBC presents...

Interventions for Children with Social Emotional Learning Disorders (SELD): Helpful Approaches for Children with Nonverbal Learning Disability, Asperger's Syndrome, and High-Functioning Autism

Oakton Community College
1600 East Golf Rd., Des Plaines

Friday, November 12, 2004
8:00 a.m. to 4:30 p.m.

Info: 847-933-9339, ext. 222

Detailed conference brochures will be mailed the second week of September.

Reading Recommendations

The following books are recommended by presenters at the upcoming Annual Conference. These titles will be available for purchase on the day of the conference, or you may purchase them in advance from Amazon.com.

Teaching Your Child the Language of Social Success by Duke, Nowicki and Martin

Good Friends Are Hard to Find by Fred Frankl

Asperger Syndrome and Adolescence by Teresa Bolick

Asperger's Syndrome by Tony Attwood

The Explosive Child by Ross Greene

Nonverbal Learning Disabilities at School and *Nonverbal Learning Disabilities at Home* both by Pamela Tanguay

School Practices that Foster Healthy Attitudes

Clark McKown, PhD

It seems obvious that children's attitudes towards school and learning would affect their academic engagement and ultimate success. Less obvious is which attitudes promote engagement and success. Even less obvious is which school practices foster positive attitudes. Fortunately, research has begun to address these questions. Two particularly intriguing lines of research provide convincing evidence about which attitudes toward schools are most beneficial for children.

Carol Dweck and her colleagues at Columbia University have studied how children think about the nature of intelligence-they call these beliefs "theories of intelligence." Dweck and colleagues have found that children's theories of intelligence vary. Some children think of intelligence as a fixed quality. These children believe that you're either smart or not smart and nothing can affect how smart you are. Dweck calls these children "entity" theorists. Other children think of intelligence as malleable. These children believe that intellectual performance is affected by effort. Dweck calls these children "incremental" theorists.

It turns out that children's theories of intelligence matter. Entity theorists interpret failure as evidence that they are not smart. As a result, they tend to avoid challenging intellectual work and give up in the face of academic challenge. Incremental theorists, on the other hand, interpret failure as evidence that they need to try harder. As a result, they tend to persist in the face of challenging work.

In a related line of work, Deborah Stipek and her colleagues at Stanford have studied what motivates children to do well in school. They found that children's reasons for wanting to succeed at school vary. Some children are motivated by the desire to perform well in front of their peers. Others are motivated by the desire to master challenging academic work.

Just like children's theories of intelligence, children's academic motivations matter a great deal. In the face of challenging work, children who have a performance orientation become concerned about how they will be viewed. Like the entity theorist, they tend to avoid work that might make them look bad. In contrast, children with mastery motives seek challenging work and in the face of challenges, work hard to solve problems. These children enjoy learning for the sake of learning.

School and life pose many challenges and it is advantageous to persist in the face of those challenges. An incremental theory of intelligence helps children persist in the face of challenging work. Similarly, mastery motivation can help children persist in the face of challenges. But is there anything that can be done to promote these healthy attitudes towards school and learning?

We know that instructional practices can affect children's theories of intelligence and academic motivation. For example, the way teachers and parents use praise can affect children's motivations. Some people believe that praise is good because it reinforces desirable behavior and makes that behavior more likely. Others believe that praise is detrimental because it makes children dependent on external reinforcement and decreases intrinsic motivation. It turns out that the kind of praise matters. Praising children for hard work promotes an incremental theory of intelligence, supports mastery motives, and supports children's intrinsic desire to do well. Praising children for the outcome of their hard work is more of a mixed picture, with some studies finding benefits, others finding harm. The take home message: Praising children for their hard work will keep them working hard, which promotes academic success.

The structure of classrooms can also have an impact on children's attitudes towards school. Some classrooms are more competitive. Students work individually. Each student knows where she stands in the academic pecking order. Relative performance information, for example, "star charts" indicating academic progress, is posted for all to see. Other classrooms are more cooperative. Students work in groups. Each student's success depends on the success of his groupmates. Student grades are a private matter between teacher and student. Dozens of studies provide compelling evidence that cooperative task structures promote mastery learning motives and incremental theories of intelligence. In contrast, competitive task structures can foster performance motivations and entity theories of intelligence. Competitive task structures promote a culture of winners and losers in which a few children succeed while many struggle unnecessarily. In cooperatively structured classrooms, more students enjoy learning, students feel better about each other, and most importantly, more students master more material.

Children begin life with an almost miraculous curiosity about the world around them. Between birth and young adulthood, some children retain their curiosity about the world; others lose it. What children think about the nature of schooling and learning can have a powerful impact on how curious they remain, and how engaged and successful in school they are. Furthermore, instructional practices play a critical role in promoting the healthy attitudes towards school and learning that can carry forward into a lifelong love of learning.

RUSH UNIVERSITY
MEDICAL CENTER

Rush Neurobehavioral Center
Rush-Presbyterian-St. Luke's Medical Center
9711 Skokie Blvd., Suite D
Skokie, IL 60077

Selections from children and young adults sharing their gifts

MASTER PIECEZ

Jamie Kurzman, Francis W. Parker school, 12th grade

The mouth of the carabiner clicks as it opens
And secures around a loop on the harness.
The skeptical climber takes a deep breathe,
And looks up the mountain before she begins her journey aloft.
She rubs her hands together nervously, as if she about to take a test,
And places them upon two rocks.
Increasing in altitude, the climber ponders when she will reach the top.
Looking down at her fellow climbers, her leg trembles and just as her hand does
She records her answer for question number five.
Pulling at her stringy long brown hair, she wonders when she will be finished.
The rock climber continues her journey and touches the rope for reassurance.
As the top gets near, and the sun begins to set,
The end seems yet so far.

The girl looks at the clock, and taps her foot rapidly.
As the second hand rounds the clock,
Boys and girls begin to leave the room, slamming the door
And the girl is left, stuck in her adolescence, in a square classroom with no windows.
Anxiety builds, as she climbs, and looks down below as the encouraging people shout,
"You can do it! Reach for the rock on your left!"
Keeping a watchful eye, she checks the rope once again to see if she is still supported,
And she looks at the teacher to make sure she has extra time to finish her exam.
The teacher nods, and the girl begins to scribble down answers.
Clenching, her hands around a loose rock, she loses faith in herself,
But realizes she has reached the top.
The pencil hits the desk that sits in the confined room,
The girl hands her teacher the test.
The door slams, and there is a loud sigh of relief.