

Puzzle Pieces

Solving the puzzle...Empowering the child



Meryl Lipton, MD, PhD
Executive Director

Special Families

For the parents and siblings of a child with neurobehavioral (n/b) issues, two things are certain: their lives are never dull, and daily they will encounter a fast-paced series of learning opportunities. The challenge is: How to make those lessons positive?

At the Rush Neurobehavioral Center (RNBC) we regularly hear one family member or another say, "...I had no previous experience to help me recognize, accept, or help my child with n/b issues ... It took so long for us to realize what was happening ... Sure, we knew that our child had difficulties regulating their sleep and behavior at home, but we figured that would pass ... Now, s/he acts out in class or is unable to participate in community activities or meet their teacher's expectations. Dr Lipton, we've got a real problem..."

The path of parenthood just shifted. Even if they've raised children who don't have issues, the usual parenting skills and knowledge no longer apply. The simple fact is that children with n/b issues do not come with directions, and yet directions are sorely needed.

What can I do? Who can I go to get help? Should I get an evaluation or just get some intervention? (And then there are so many interventions; which ones can I trust?) These are just some of the questions we regularly encounter at RNBC.

Moreover, when families ask these questions, they react quite differently as they try to find the best answers. Some families give their child with special needs so much attention the siblings are left longing for adequate time with their parents and understandable resentment leads to negative sibling interchanges.

In other families, the parents know what to do for their "typical" children, and they go with what they know and try to apply similar approaches to their children. This is a path that is often leads to difficulty.

So, what is the best course of action for everyone involved? How should families positively interact with kids with n/b issues?

Begin by building on the neurobehavioral child's strengths. Develop a family value that everyone has strengths and

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Family Communication: Strengthening Relationships within the Family

Dawn Greco, Ph. D.

Family communication is a critical factor within the family unit that impacts many other features within the family. Effective family communication is described as being an essential feature to nurture child and family resilience. Effective communication "allows us to model and reinforce empathy, hope, optimism, and active problem solving, as well as enhancing one's self-worth and a sense of control or ownership over one's life" (Brooks & Goldstein, 2003). It is the way in which we communicate our feelings and thoughts that is the foundation for developing and strengthening all of these qualities individually and within the family. Effective communication is rooted in empathy, in listening to children and learning what they are trying to express before offering opinions and thoughts. For children with neurobehavioral issues, it is important to work as a family to reinforce that child's self-worth and let him/her know that the family is there with them as they develop and face new challenges.

Positive and open communication contributes to

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weaknesses. Then, use the resources of the family to strengthen areas of your n/b child's weakness.

For instance—self regulation can be taught to young children through thoughtful, regular, repeated interaction If your child has attention or organization deficits, they will respond best to a nurturing and structured environment. . . . Children with social-emotional learning weaknesses can be given practice in reading and interpreting social cues. Each of these efforts will thrive within the safe haven of the family,

What do families get who positively interact with their children with n/b issues? They get a more smoothly functioning home and a family whose members learn they can rely on each other.

What can kids with n/b issues get from being in a family that understands and accepts them? The payoff is immense: They get optimized development, a sense of well-being, increased self esteem.

At the same time, when parents and siblings understand the n/b child's strengths and issues, the family becomes a place of tremendous growth for everyone.

In this issue of Puzzle Pieces there is other information on how families with a child with neurobehavioral issues can thrive. Read through this issue. I am sure you will find it useful.

Family Communication

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stronger family functioning and promotes bonding. That bonding, or cohesion, refers to feelings of connectedness and supportiveness between family members that help define the quality of interactions that support and foster security. This concept has been significantly tied to family effectiveness, especially in dealing with stress and developmental changes. These developmental changes may look quite different for each child and especially for those children with neurobehavioral issues. As family cohesion increases, expressions of affection, commitment, and problem solving abilities tend to improve. It is this cohesion, also thought of as perceived social support, that is most strongly associated with psychological benefits and a child's overall well-being. Families that make an effort to engage in varied and normal activities at home and in the community are more likely to build family morale and cohesion, contributing to the competence of individual family members and their sense of integrity and a sense of control over their lives.

Now that the importance of effective family communication has been established, how can we promote better communication skills within the family? When looking at the extensive literature that speaks to this issue, the common themes include interventions designed to enhance parents' basic listening skills, increase empathy

skills, and develop skills to help children think through problems that may arise. By strengthening these abilities, the child's perceptions of parental support will increase and family communication skills will become stronger. It is important to enhance family cohesion and address the special and individual needs and characteristics of each family member. For example, if you have a child with ADHD, he/she may have different needs than other children such as a need for more structure as well as time and understanding to function at their own pace. This will communicate to your child that ADHD is a condition and not the child's fault or choice. Differences among children should be embraced rather than focused on as negative.

Steps to Enhance Effective Communication

- **A key element** to effective communication is to be an active listener. This involves having talks with children without having preconceived notions or assumptions. Parents must understand their children's feelings, thoughts, and beliefs. Listening also includes validating what the child says and confirming that you heard them.
- **Communication** is most effective when it is nonjudgmental and non-accusatory. Parents should minimize anger and power struggles with children and avoid saying things that keep arguments alive.
- **Develop alternatives** to nagging in order to get the same point across. Children have a tendency to become more responsible and responsive when nagging is reduced. Have your children develop ways to provide them with reminders for things like chores which they would not perceive as being nagging.
- **Bring the entire family** together for problem solving when there is a family problem. Allow the children time to think and discuss strategies on how to solve the problem (e.g., pros and cons). This will allow the children to feel like they are an integral part of the family and a part in the decision making process, which serves as a model for effective communication. Allow the children time to discuss what they would like to see change in the family. Although some of these requests may not be reasonable for the family, it is important to let the children know that their voice matters.
- **No questions are silly.** Negative responses to questions may prevent children from asking questions, learning new things, and communicating with parents.
- **Promote honesty** in your children and be an active example by being honest with your children. They will appreciate that you were truthful with them and gain respect for what you say.
- **Encourage your children** to spend time with you by doing things they enjoy, valuing their interests and making them believe they are important. Spending time with your children is a priority, so keep the time together positive and simple.
- **Valuing and modeling** good communication in the family sets the stage for effective communication. Begin setting the stage early with your children, from birth on. Most importantly, do not stop trying to communicate with your children once they reach adolescence. It

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Family Communication

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may be more challenging to have open communication with your adolescent, but it is essential to continue to be involved in their lives, talk to them, and let them know that you are there for them.

- **Communicate** to your children that you love them. Show affection; create traditions and special times with your family and each child separately. Schedule a weekly time for family discussions. What seems to be a simple concept has enormous effects on a child's self esteem and confidence.

- Family dinners are one of the most important times of the day because it allows the entire family to be together and elicits this open communication that is so effective. Managing everyone's schedules throughout the week is not an easy task, but it is one of the most important means of communicating.

- Cook together! Getting ready for dinner can be just as important as eating dinner together.

Additional Communication Tips

- If you are not available to listen to your child, let your child know when you will be available to talk and schedule a time with them. Make sure to follow through.
- Always maintain eye contact.
- Try not to interrupt or make judging comments
- Remember that feelings are neither right nor wrong. Accept how your child feels even if it is different from your feelings. It is the action that your child takes that is right or wrong.
- Keep the focus on them.
- Accept the child's rights to his/her feelings. Avoid shocked or disappointed reactions through words, looks, or body language.
- Respect that your children may not want to talk about it now, allow them time to come to you later and let them know what a good time would be.
- Help children deal with their feelings, rather than first focusing on the need to find a solution. At a later point, you can help explore possible solutions.
- Try to avoid negative questions (e.g., "Why do you do that?")

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Nurturing Resilience In Our Children by Robert Brooks, Ph.D. and Sam Goldstein, Ph.D. (2003)

Our Family Meeting Book: Fun and Easy Ways to Manage Time, Build Communication, and Share Responsibility Week by Week by Elaine Hightower, Betsy Riley, Michele Borba

Skills Training for Children with Behavior Disorders: A Parent and Therapist Guidebook. Michael L. Bloomquist (1996). Guilford Press.

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.

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MASTER PIECE

Erasing The Pain

Karen E. Sackheim

What does it feel like to be identified as learning disabled? An MSTA* member shares her memories.

I am 10 years old, sitting in a small room that only holds six children. Four desks face the wall, and in the middle of the room is a big table. Colorful books and posters make the classroom seem comfortable, even though I feel anxious.

With me are five other children whom I don't really know, and none of us understand why we have been singled out to sit in this small room. We were told by our fifth grade teacher to go there for reading. We sit staring at each other and the floor for 10 minutes that seem like an eternity.

Finally the door opens and a teacher walks in saying, "My name is Mrs. Grawbow, and I will be your reading teacher for the whole year." She is short with dark brown hair. Her face is sincere and kind, like she wants to help us. She says that we are in the room to get extra help because we're having trouble reading.

I felt painfully self-conscious everyday at 11 am when I got up from my desk, walked out of the room in front of other fifth-graders, and went upstairs to receive extra help. Even though I understood Mrs. Grawbow was going to help me, it hurt my self-esteem to be there.

At the end of the first day of class, I raised my hand to ask, "Why are we in this classroom?" Mrs. Grawbow replied, "Let me explain it on the blackboard." She drew a big circle with lots of little dots inside. This was our brain she said, and we have a few cells in our brain that were not working correctly. She added that all of us had some kind of learning disability, and we would always learn more slowly than other children.

Her explanation upset me, and I went home feeling confused. What was wrong with me? I had told my mother the whole story, and she told me that even though I did learn slower than the other children, I could still accomplish anything I tried. From that point on, my parents' positive attitude became a mainstay of my journey as an LD student.

In junior high, I still got extra help in the resource room. I had a teacher named Ruth Newman, who helped me build my self-confidence. She taught me techniques for being more organized and for improving my performance in school.

For example, she insisted that I get a folder, and notebook for each subject. She also insisted that I buy a calendar, then she taught me how to organize myself. By the second month of school, what I learned to do began to make sense. She always praised me for working hard, and I got through seventh and eighth grade. Before I graduated from eighth grade, Ruth Newman died from lung cancer, and I thought I was not going to make it without her.

I did make it, through high school, and through the elementary program at Stephens College in Columbia, Missouri. It was a struggle, and I was fortunate to have the help of some very professional and caring teachers.

It has taken me a long time to achieve my goals. I am now 24 years old, and landed my first teaching job. My next goal is to earn a master's degree in special education. I want to have an impact on children in those classrooms, and show them they, too, can achieve anything.

It is hard to know throughout your whole life that you have something wrong with you. I knew many students who were so embarrassed about going to the resource room or being placed in modified classes that they would hide it from everyone. I felt that way when I was in fifth grade. However, I learned that was a small part of me, and that I have other characteristics that make me a special person, a strong person.

Now I am 36 years old with a master's degree from Webster University in St. Louis, Missouri. I have moved back to Chicago after living in St. Louis for ten years. Now I teach for Oak Park School District 97 as a sixth grade resource room teacher. I can be contacted at wrcteach@aol.com

*MSTA stands for the Missouri State Teacher Association.

Center Spotlight

We want to extend our congratulations to **Amy Davis, Ph.D.** who was awarded the diploma in Clinical Neuropsychology through the American Board of Professional Psychology (ABPP), making Dr. Davis only one of three board certified pediatric neuropsychologists in the greater Chicago area. Board certification represents acknowledgment by one's professional peers that one is competent to practice in the designated specialty area, following thorough examination of one's knowledge and abilities. The ABPP process is seen as analogous to that of medical specialty boards. Dr. Davis underwent a rigorous examination process involving first approval of her credentials to sit for the examination, followed by passing a written examination, approval of work samples submission, and a rigorous oral examination.



Stacy Shafer Peterson, M.S., Associate Development Director, recently received her Masters in Public Services Management with a concentration in Fundraising and Philanthropy from DePaul University. Stacy's previous experience includes eight years as a film and television talent agent in Chicago. She negotiated contracts for films and television programs such as "Ocean's Eleven," "Road to Perdition" and "MadTV." In addition to her work as an agent, Stacy chaired the Chicago International Film Festival's Associate Board of Directors for two years. She also co-founded the grassroots nonprofit organization, Hearts of the Arts, as a way to bring the arts community together in giving back to the many underserved communities in Chicago. Currently, Stacy is a member of the American Red Cross of Greater Chicago's Auxiliary Board and serves as the Co-Chair of the Run Red marathon charity team. She also takes great joy in her nearly seven-year commitment as a "Big Sister" with Big Brothers Big Sisters of Metropolitan Chicago.



Stacy is honored and excited to work with an extraordinary team of professionals at the RNBC and an exceptionally dedicated Advisory Board. She plans to implement a development strategy with the strength to support and expand the many outstanding outreach programs sponsored by the Center.

Karen Rottier recently began the Pearl H. Rieger Postdoctoral Fellowship at RNBC. This is a two-year fellowship that provides training in the area of psychoeducational assessment of children and adolescents, with additional training in clinical and neuropsychological assessment. Additionally, she is collaborating with other RNBC psychologists and neuropsychologists on research projects and conducting social skills groups. She earned her Ph.D. in Clinical Psychology at the Illinois Institute of Technology in Chicago, her M.A. in Clinical Psychology at Sam Houston State University in Huntsville, Texas, and B.S. in Psychology with a minor in Spanish from Loyola University – Chicago. She completed her Pre-Doctoral Clinical Internship in Pediatric Neuropsychology/Psychology at the University of Minnesota Medical School in Minneapolis, Minnesota. Following completion of her masters, Karen worked for more than eight-years as a Licensed Clinical Professional Counselor, obtaining experience in assessment, therapy, and clinical supervision while working with a wide range of pediatric populations including children and adolescent with social/emotional difficulties, behavioral disorders, learning disabilities, medical illnesses, substance abuse problems, and children who have experienced trauma.

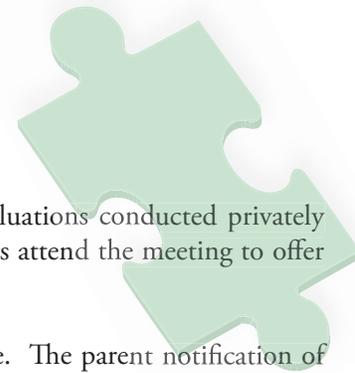


The Northeastern District Chapter of the National Association of Social Workers will be presenting Joseph Palombo with a Lifetime Service Award on March 23, 2005.



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The IEP Meeting



Birthdays. New Year's Eve. Tax Day. IEP Meetings. These are some of the events that occur every year in our lives, yet somehow we're often caught by surprise when they do. To help prepare for the inevitable Annual Review that's lurking around the corner, consider checking out the Parent Resource Guide at www.nssed-aps.org. The Guide was compiled by the Association of Parents & Staff from the Northern Suburban Special Education District (NSSED), a cooperative of local school districts in the northern suburbs. It offers general information and advice about the special education process based on what experienced parents have themselves found helpful.

A key section of the Guide reviews the IEP meeting and offers specific suggestions on how to avoid common pitfalls and have a successful meeting. The following is a summary of that section of the Guide.

Before the Meeting

- Review your child's evaluation in advance. The evaluation determines the specific special education programs and services to which your child will be entitled. Before the IEP meeting, you should review and fully understand the evaluation results.
- Review your child's other records. Re-familiarize yourself with any past evaluations, assessments and/or reports, including any existing IEP and school records.
- Set your priorities. BEFORE the meeting, narrow down the major considerations that you feel are most critical to your child's progress.
- Make a list of what you want to discuss, including questions, ideas and suggestions.
- Request a rough draft of preliminary goals and draft your own. By reviewing rough, preliminary goals ahead of time you think about them in a non-pressured environment, as well as discuss them with any private providers. Many individual team members may also be willing to meet with you to develop preliminary goals together.
- Share what you know about your child and his/her disability. Share information about his/her behavior at home, hobbies, interests and the progress you've seen. Include a short list of tasks your child does well and those that are difficult. Also share the expertise of any outside providers (i.e. psychologist, therapist, and tutor) involved with your child. Provide the

school with copies of reports or evaluations conducted privately and consider having private providers attend the meeting to offer additional input.

- Know all the players ahead of time. The parent notification of the conference lists all the individuals invited to attend. Call your case manager if there are staff members not listed you would like to attend. Be sure you know all the team members and the role they play in your child's education. If you are bringing someone to the meeting (i.e. friend, outside provider, advocate) notify the school ahead of time. If it's an Annual Review and next year's teacher has been determined, ask that he/she attend the meeting.

During the Meeting

- Bring someone with you. Ideally, it's best for both parents to attend IEP meetings. If that's not possible, you may want to have a friend, relative or other person not emotionally involved come to the meeting with you. They can pick up on comments you may have missed and provide important moral support. Private providers can also play an important role at the IEP meetings, offering valuable insight as well as specific recommendations for your child.
- Greet everyone at the meeting. If there is someone there that you were not notified was attending, you do have the right to postpone the meeting. Conversely, if there is someone absent who should be there, you may ask to have the meeting rescheduled.
- Set a positive tone with positive comments. Be sure to compliment the team on what they're doing well and let them know you appreciate their efforts.
- Choose your battles. Refer to your priority list of issues to determine what things you can give on and what things you can't.
- Speak up if you have questions, or don't understand something. Education has a language all its own. Your questions are not an interruption; they are an important part of the process.
- Make sure the IEP, as it is written, reflects what the team agrees to. You will need to take notes on key agreements reached and areas for follow-up. If it isn't in writing and in the IEP, it doesn't exist.
- Understand the support services your child will be receiving. How services are provided depends upon the type and severity of your child's disability, the age or grade level, and the curriculum. It is important to understand whether your child is receiving remediation

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The IEP Meeting

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to address the underlying skill deficit or accommodations and/or modifications. Factors to be considered are 1) whether remediation exists that can improve the child's underlying deficit, 2) whether it's desirable to pull the child out of the regular classroom to receive services and 3) what the priorities are for the child. (Note that the IEP should include a clear description of the services to be provided, the person responsible for providing them, as well as the frequency and duration of the service.)

- Discuss the learning environment in which your child is successful. Be sure to discuss your child's learning style, as well as the environments and settings in which your child has difficulty performing when determining the type of teacher that would be appropriate for your child in the coming year.
- Know that your child's placement is determined by goals, not the other way around. Schools cannot decide placement (i.e. select a classroom or program) before goals are written and agreed upon. The goals dictate how the school should address your child's educational needs.
- Establish an effective form of communication between school and home. Reach an agreement on what types of communication will take place, whether a daily notebook, weekly phone calls, email, meetings or a monthly note home, and include those in the IEP.
- Focus on the problem, not the person. If you have disagreements or concerns, be clear and specific as to what those issues are and how they are adversely affecting your child. Be constructive with your comments and avoid making accusations. Use child-focused language, e.g. "Johnny works best when..."
- Ask about related services. Given the complexity of many IEP meetings, it's easy to overlook other services that might benefit your child. For example, your child may qualify for an extended school year (summer school programs) or may be entitled to assistive technology or other specialized equipment.
- Don't feel pressure to end the meeting. If you are running out of time but do not feel all the issues have been adequately addressed, ask to reconvene the meeting for another date and time.
- Your signature on the IEP form does not indicate your agreement to the IEP. It only is a record of your attendance. The only time your signature indicates your consent on the IEP is on the initial or very first IEP document.

After the Meeting

- Review the completed IEP. Make sure the completed document reflects what you agreed to in the meeting. Review your notes.

- Put it in writing. Many agreements are reached that aren't necessarily written into the formal IEP. Sending a written note to the meeting's participants to confirm what was agreed upon is essential to avoid misunderstandings. Compliments and expressions of appreciation should also be put in writing, including copies to the appropriate supervisors.
- Maintain communication with the school. Talk to your child's teacher and other members of the team. Read the progress notes you receive. Attend all parent-teacher conferences and annual reviews. Keep the lines of communication open by sharing both the good and the not so good about your child.
- Review your child's IEP every grading period. You will be receiving progress reports on your child's IEP goals' coinciding with your school's marking periods. Consider if the plan is working as intended, and if changes need to be discussed, ask for a team meeting.
- Schedule regular check-in meetings. It can be very helpful to have regularly scheduled check-in meetings to track progress and discuss concerns. It's not always necessary that the entire team attend, but rather, just those directly affected.
- Pursue issues you feel strongly about. If you strongly disagree with the team's decisions about your child, you have the right to pursue it further. Follow-up in writing with your special education administrator reiterating your concerns. If you are still dissatisfied, contact your local district administrator (e.g. assistant superintendent, superintendent, etc.). Be sure to save this type of action for major issues of critical concern for your child.
- Give yourself a break. Parenting a child with special needs can be extremely difficult and emotionally draining. Take care of yourself and allow time for rest and rejuvenation.

For more information on the special education process, parental rights and IEPs, see the following:

Illinois State Board of Education:
www.isbe.state.il.us

Family Resource Center on Disabilities:
www.frcd.org

Wrights Law: www.wrightslaw.com

Better IEP's, How To Develop Legally Correct and Educationally Useful Programs by Barbara Bateman and Mary Anne Linden, Sopris West Publishing www.sopriswest.com

Negotiating the Special Education Maze, A Guide for Parents and Teachers, Woodbine House www.woodbinehouse.com

Understanding Executive Functions and Supporting Your Child

Shartrina Robinson-Amato and Steven Onorati



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. These functions, found in the frontal lobe of the brain, continue to develop from early childhood into the late twenties. The practice of executive skills supports the development of neuronal circuits of the frontal lobe to optimize students' school and life outcomes by developing these pathways that are responsible for critical reasoning and decision-making. Research shows that frontal brain growth is strongly shaped by experience. If these neuronal networks are not utilized, it can truly be a "use it or lose it" situation. In diagnosing various learning disabilities, executive functioning skill deficiencies are often missed. Children struggle through the learning process without understanding why. They sometimes become labeled as underachievers or as children who are lazy and purposely not working up to expectations. Bright children are unable to demonstrate their talents because deficiencies get in the way.

Rush Neurobehavioral Center's goal is to assist schools and parents in implementing strategies and routines that support the development of executive function skills. Students' executive skills do improve, especially when interventions are multi-dimensional. When the community, the family, the school, and the child work together to establish regular behavioral and cognitive routines, it builds a brain basis for success.

Here are some typical behaviors found in children with executive function deficits:

- Interrupts others
- Acts wilder or sillier than others in groups
- Resists or has trouble accepting a different way to solve a problem with schoolwork, friends, or chores
- Mood changes frequently
- Reacts more strongly to situations than other students of the same age
- Needs to be told to do a task even when willing
- Starts assignments or chores at the last minute
- Has trouble concentrating on chores
- Forgets what he/she was doing
- Has trouble carrying out the actions needed to reach goals (saving money for a special item or studying to get a good grade)
- When given three things to do, remembers only the first or last
- Loses important possessions
- Has difficulty getting started on tasks, which may appear as oppositional behavior
- Complains there is nothing to do
- Cannot stay on the same topic when talking
- Has trouble getting through the morning routine when getting ready for school
- Cannot find clothes, glasses, shoes, toys, books, pencils, etc.

Implement these strategies to help your child improve their executive skills.

Organize the Environment:

- ✓ Set up a structured work area at home for your child to do his/her homework.
- ✓ Include a file folder box with files labeled for each school subject:

Writing, Math, Reading, etc. for filing papers at home.

- ✓ Include a Time-Timer to teach an internal sense of time.
- You can purchase one at www.timetimer.com for \$25.00

– Have your child predict how long he/she thinks a task will take to complete, then set the timer. Remember, there is no reward or punishment for finishing before the timer. It is strictly used to teach, and to help your child monitor time.

✓ Include a place for:

– Pens, pencils, correction tape, colored pencils, scissors, ruler, paper, glue sticks, etc.

– Include a dictionary and other necessary reference books

✓ Dry Erase board with cork for pinning up reminders

– Teach your child how to initiate a task by writing a checklist of things to do in small steps. Then have your child check off each step as he/she completes it.

✓ Have your child check his/her book bag each evening to clean out any misplaced papers or other items in the bag.

✓ Check your child's planner to be sure homework is written for every subject.

✓ Check your child's planner for comments from his/her teacher.

✓ The first pocket/folder is labeled "HOME" This is a parent folder that has any important notes from school (it is not for homework.)

✓ Prepare for school the night before and have all items ready to go "out the door" in the morning.

✓ Consider setting up clothes for the week.

Assist with Time Management Skills:

- ✓ Post a monthly family calendar and a weekly/daily schedule.
- ✓ Check off tasks on the daily calendar as you complete them.
- ✓ Set aside Sunday evening to plan upcoming events for the week and help your child post events in his/her personal planner. This is a good time to set family and individual goals.
- ✓ Help your child break down long-term assignments and assist in making sure they are completed in a timely manner.
- ✓ Ask your child how he/she is doing in each class and ask to see his/her grade tracking pages in the planner.

Considering Therapy for Your Child

Joshua F. Mark, LCSW

Considering psychotherapy for a son or daughter can be a challenging decision for many parents of children and teens. For children with social learning disabilities and other related neurobehavioral issues, the decision is further complicated. I will highlight some of the key issues that I see parents and professionals taking into account when deciding if therapy should be pursued.

In this day and age, our collective thinking has moved beyond the notion that learning disabilities are caused by an unresolved internal conflict. We clearly understand that learning disabilities are a brain-based phenomenon. Psychotherapy should, therefore, be designed to help the family and the child adapt as best as they possibly can. No one is to blame, and we know this.

Those of us working or living closely with these children know that neurobehavioral issues can indeed make life more challenging. Anxiety, mood problems, social struggles, and related self-esteem difficulties are the most common issues therapists in this realm encounter. These feelings are sometimes expressed outwardly in behavior. At other times, these feelings are turned inward, and may be more difficult to detect.

A neuropsychological evaluation is an ideal way to begin to separate out the brain-based issues from the emotional issues, and to frame them in the context of often stress-producing life events. This type of evaluation also provides specific understanding of the nature of their problems, with the invaluable knowledge of the strengths that each child brings with them. Similarly, there are times when a neurological or psychiatric evaluation is tremendously useful prior to the consideration of therapy. An accurate clinical diagnosis will drive a treatment plan that is most correctly suited to the child in need.

Some children and adolescents with neurobehavioral issues just don't seem to experience the subjective distress as we think they might. These and other children also may be getting other types of practical help from tutors, special education, occupational therapists, coaches, etc. that is proving beneficial. It is important to separate out what is your anxiety as a parent, from what your child's subjective experience may be. Also, as therapy is considered as an option for the special needs child, be aware of over-booking your child with so much help that life becomes more stressful. There is usually a hierarchy of need for special needs children that should be re-examined regularly.

Developmental shifts (pre-school to school age, grade school to jr. high. etc.) can change this hierarchy of need. Parents, especially mothers, commonly end up filling in the blanks for their kids. If they don't have friends coming over, the parent may be arranging play times. If the backpack is a mess, the parent finds the assignment notebook. They help in a myriad of ways, both seen and invisible. Developmental changes can disrupt this delicate balance. New expectations may challenge capabilities and current resources, and new problems may emerge. This is a common time when therapy is considered, and indeed a time when a child may be more open to seeking help, as they themselves may be feeling out of sync.

Therapy should be sought with practitioners who have experience with neurobehavioral issues. Their experiential base and education helps inform them in the many differential decisions that need to be made during therapy about what is brain-based and what is the psychological.

A consultation with a prospective therapist, and/or with a current provider in a related service, may be useful when considering psychotherapy. The goal is for the therapy to be both pragmatically useful, and also supportive. With this convergence, the child and the family all can benefit.

Ultimately, the decision to recommend individual psychotherapy must be made on the basis of clinical judgment that the child can form an alliance with the therapist and that the process can help the child achieve some of the following goals:

1. Manage the anxiety and depression that he experiences
2. Attain a cognitive understanding of the child's neurocognitive deficits and their impact
3. Learn to better understand social situations and the perspectives of others
4. Break out of patterns of withdrawal and isolation by establishing a dialogue of shared meanings with the therapist
5. Deal with the repetitive feelings of being injured that can result from miscommunications and other problems in relationships with others

When not to consider therapy?

1. When the child is functioning adequately and is not in subjective distress
2. When the worries are only about the future and not the present
3. When there are other supportive interventions already in place that need time to become integrated
4. When as parents you can not adequately support the treatment. (e.g. Dad is for it and Mom is against it)
5. The child's resistance is just too extreme: The therapist has persistently tried to connect but is continually shut out.

Amy V. Davis, Ph.D.

Research is no longer just a vision here at RNBC; it has become a reality. As we embark on this exciting new venture, we would like to introduce you to our newest segment in the Puzzle Pieces, entitled the “Research Corner.” In future newsletters and on our website, you can look forward to research coming directly out of RNBC. There are several studies underway that will help us gain a better appreciation of neurobehavioral disorders from both a diagnostic and treatment perspective. Some treatment outcome studies include evaluating the effectiveness of our executive functioning tutoring program through the Ogden School district and treatment outcome of our social skills groups. Some diagnostic studies underway include the development of a Social Interest Inventory, evaluation of our Social Cognition Battery, and how do we conceptualize Nonverbal Learning Disabilities from a diagnostic perspective.

To kick-start our research, I will review a recent dual-site treatment study that looked at children, between the ages of 7 and 9, with a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD). Children were placed in one of three study groups: medication only, medication plus therapy interventions, and medication plus a treatment “placebo” (e.g., clinician attention and time, but no therapy). Children participated in this study for two years. The therapy intervention included parent training and family therapy, academic organizational skills training, individualized academic assistance, academic remediation (when necessary), social skills training, and individual psychotherapy. Findings indicated that regardless of treatment group, improvement was shown in these children in regards to ADHD symptomatology, academic achievement, homework performance, self-esteem, self-ratings of depression, social functioning, and improved parenting practices.

These findings upon initial review suggest that stimulant medications are a powerful tool in the management of ADHD symptoms and that therapy interventions did not incrementally add any benefit. However, an earlier multi-site study told a different story. The study consisted of ADHD children who were placed in one of four groups: medication only, intensive behavioral treatment (parent, school, and child components), medications and intensive behavioral treatment (combination group), and standard community care (treatment provided by community providers). All four groups showed sizable reductions in their symptoms over time, with the combined group and medication only group showing the largest improvement. However, the combined treatment group showed improvement in other symptomatology (i.e., oppositional/ aggressive symptoms, depressive/anxious symptoms, social difficulties, parent-child relationship difficulties, and reading achievement). These findings suggest that the addition of psychosocial interventions to medication treatment of ADHD is helpful in treating “non-ADHD” symptoms.

Here at RNBC, we hope to look at similar issues (e.g., treatment outcomes of social skills group and academic/executive functioning tutoring), but to expand it to look at children with a broad range of neurobehavioral disorders that we evaluate and treat everyday here at RNBC. We are also speaking to other researchers across the country who are interested in answering some of these same questions, and hope to do some collaborative, multi-site research in the near future.



In Memoriam

Irving B. Harris



The children served by the Rush Neurobehavioral Center (RNBC) have many friends, but few have done as much for them as Irving B. Harris who died on September 25, 2004. He was a success throughout his life, but he was a giant in his unbridled compassion and commitment to children. The RNBC family mourns his passing and proudly dedicates this issue of Puzzle Pieces to his life, legacy and the example he set for all of us. Irving Harris began his business career in 1946 with the Toni Home Permanent Company, selling it to Gillette after only two years for \$20 million. He went on to serve as the director of a mutual fund and later founded the Pittway Corporation, which eventually sold for \$2 billion.

Despite his business success, he never lost sight of his passion for children. For over 60 years, Irving shared his vision, insight and wealth on their behalf. He made important things happen for children. Among his many contributions he is credited with helping create the Yale Child Study Center, the University of Chicago's Graduate School of Public Policy Studies and the Erikson Institute for Advanced Studies in Child Development. He also started Chicago's Ounce of Prevention Fund, standing by his belief that given the right tools and opportunities all children can succeed. Along with his financial support came his most valuable contribution, his ideas and his confidence that organizations like RNBC can make a major difference in children's lives. Dr. Meryl Lipton, RNBC's executive director, said, “You cannot believe how energized we were whenever we met with Irving. His questions were penetrating and his suggestions visionary. His obvious interest and confidence in our new programs' success continues to motivate much of what we do. With his support, RNBC reaches out to underserved children through teacher and parent education programs”

Everyone at the Center sends our love and sympathy to Joan Harris and the Harris family. Said Lipton, “Irving Harris made this world a better place for us all, but especially for the children. He will continue to be an inspiration for years to come.”

Upcoming Presentations

March 9, 2005, Dr. Meryl Lipton, *Nonverbal Learning Disorders and Social Emotional Learning Disorders: What Are They?*, Gorton Community Center, 400 E. Illinois Road, Lake Forest, IL.

April 18 & April 19, 2005, Dr. Meryl Lipton, *Social Emotional Learning Disorders and Neurobehavioral Medications*, Guatemala

RNBC Social Development Groups

New Social Development Groups are forming.

RNBC groups are run by psychologists, social workers and educational consultants.

For more information. please contact Nadine Wengroff at 847-933-9339 ext. 235.



Solving the puzzle... empowering the child

Teen Social Program at RNBC

June 28-July 1 and July 5-8, 2005

2pm-5pm each day Tuesday-Friday

Joshua Mark, LCSW will again lead this exciting program for summer 2005. The group experience is designed for high-school age boys and girls (entering freshman through entering seniors), with social-emotional learning issues. Together we will create an environment to support self-awareness and personal change in a peer centered space. We will also aim to have fun while engaging in a variety of group experiences. Maximum enrollment is eight. If this experience sounds right for someone you know, please call Joshua Mark at 847-441-8323.

Organization Workshop For Middle School Students

July 25 - July 28, 2005, 4:00 p.m. to 5:30 p.m. at RNBC

Coached by: Steve Onorati Educational Consultant

Chicago Public Library

Near North Branch - 310 W. Division



All programs will be held on the second Thursday of the month at 7:00 P.M.

Recognizing and Coping with Sensory Integration Dysfunction

Deborah Michael, M.S., O.T.R./L March 10, 2005

Has your child been called difficult, picky, oversensitive, clumsy or inattentive? There may be an explanation. Learn to understand motor planning problems and tactile sensitivity and explore ways to intervene.

Does Your Child Have a Learning Disability?

Pearl Rieger, MA April 14, 2005

Gain knowledge of learning disabilities and become acquainted with the warning signals. Learn how to detect hidden differences that may be symptoms of a learning disability. Differentiate between norms and indicators of potential problems. Explore options if you suspect you have a struggling learner. Discover strategies that you, as a parent or teacher, can use.

A Success Story: From LD Student to LD Teacher

Karen Sackheim, BS, MAT May 12, 2005

Ms. Sackheim will discuss her experiences as an LD student, explore how those experiences impacted her career choice and influence her current teaching methods.

1.5 hours CPDU credit will be given

Learning Disabilities and More is a collaborative program in cooperation with the staff of the Rush Neurobehavioral Center (RNBC) and Adult Services Office of the Chicago Public Library. For more information, call the Near North Branch at 312-744-0991 or Adult Services at 312-747-4252.

RNBC is an approved provider of professional development credits by the Illinois State Board of Education for teacher certification renewal plans. RNBC is a not-for-profit organization offering continuing education programs to inform teachers of neurobehavioral disorders.

RUSH Neurobehavioral Center

Rush Children's Hospital
9711 Skokie, Blvd., Suite D
Skokie, IL 60077

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An Evening to Remember:
The RNBC Eighth Annual Awards Benefit Dinner
October 6, 2004

Thanks to the outstanding generosity of the RNBC's friends, supporters, staff, Advisory Board and Benefit Chair Joanne Plummer, the RNBC Eighth Annual Benefit Dinner was a smashing success. The benefit raised over \$700,000 and welcomed over 400 guests.



Carol Marin of Marin Corp.
Productions and WMAQ-TV with
Harvey Alter of The Alter Group.

This year, RNBC honored Landmark School of Prides Crossing, Massachusetts with the Pearl H. Rieger Award for their excellence in making a significant difference in the lives of children with neurobehavioral issues. Landmark's mission is "to help people with language-based learning disabilities reach their educational and social potential through an exemplary school program complemented by outreach and training, diagnostic services and research." President and Headmaster, Robert J. Broudo, graciously accepted the award on Landmark School's behalf.



Meryl Sheriden and Robert Broudo of Landmark
School with Pearl H. Rieger of RNBC

The Living Proof Award was bestowed upon the inspirational Harvey Alter, Vice President of The Alter Group, one of America's preeminent, full-service real estate companies. As a former graduate of Landmark School, successful businessman and loving husband and father, Harvey is truly a role model for each one of us. RNBC is proud to pay tribute to Harvey Alter.

Please mark your calendars for the RNBC's Ninth Annual Benefit Dinner on **October 25, 2005**. For more information please contact Stacy at (847) 933-9339 ext. 230.