

# Puzzle Pieces

Solving the puzzle...Empowering the child



Meryl Lipton, MD, PhD  
Executive Director

## Seeing Beyond Your Child's Behavior

Parents often say, "My child:  
 "... Doesn't have friends ..."  
 "... Says "hurtful" things to other children and really doesn't mean to..."  
 "... Turns other children away because she can't stop talking..."  
 "... Stands so close to other children they avoid him..."  
 "... Is very bossy with other children..."

These descriptions are clues that help us understand what is happening for a child, but we must go beyond those behaviors and understand why they are happening and what they mean. Why is this important? For a set of children with brain based social-emotional learning disorders, these behaviors are often accompanied by problems in comprehending the social world around them.

A child with no friends may have limited interest in his or her peers. Social interest varies in people—some are social butterflies; others prefer solitude. For some children, social interest is high when they are young but diminishes with negative social experiences. The opposite can be true as well. We see children whose interest in their peers increases through the elementary and middle school years.

The take home message is that to make sense of a child's social behavior, one needs to understand each child's level of social interest. When a child has a hard time reading social context, they often do not know what is expected of them. Some of these youngsters try to fill in the gaps by making the rules. These children are sometimes seen as "bossy." In fact, young children who cannot read social cues really do

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## Are ADHD Medications Safe?

Marc Sandrolini, MD

If you or your child use medicine for ADHD, you probably took note of reports over the last year questioning the safety of these medications. One story that generated a lot of concern came out in February of this year. A committee within the Food and Drug Administration (FDA) recommended that the stimulant class of ADHD medications receive a "black box" label, the strongest warning given by the FDA. In an unusual move, the FDA rejected the recommendation.

As a physician who prescribes these medications to children, I was alarmed by the story, but I was puzzled too. The FDA requires black box warnings only for medications that have caused dangerous side effects in some people. Physicians take these warnings very seriously. But the safety of the stimulant medications has been established from decades of research. In fact, the stimulants are among the best studied medications available. So why the concern?

The recommendation came from the FDA's Drug Safety and Risk Management Advisory Committee. Some committee members were worried by a theory that the stimulants could aggravate undetected heart problems, and lead to a "sudden death" from a stroke or heart attack.

A crucial point here is that there is absolutely no evidence that ADHD medications have caused any sudden deaths. Rather, the concern comes from a small number of cases in which children died while taking ADHD medications.

Sudden deaths in children and teenagers are extremely rare, usually caused by birth defects in the heart or blood vessels.

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## Your Child's Behavior

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not know that what they say to another child might be hurting the other's feelings. The child who makes the hurtful comment has difficulty reading facial expressions. So their playmate's look of sadness or pain is misread as neutral or even positive.

Sally, a 6 year old 2nd grader, was very verbal. She had lots of information about a number of topics, including the weather. She loved to tell her school mates about her interests. One day, she was sitting at the lunch table and started talking to her tablemate about cloud formations. She talked and talked and the other child finally left the table. Sally actually didn't notice that the other child left. She meant well as she talked on and on, but she was so wrapped up in the cloud formations that she forgot to look up at the person she was speaking to.

What can you do for a child of yours who has these brain-based social-emotional learning problems? The place to start is understanding. It is much easier to help that child when you recognize that a certain skill set is missing. Look at an analogy: What would you do if your child had a brain based reading disorder? You would get it diagnosed as rapidly as possible. The diagnosis would give you an understanding of your youngster's strengths and weaknesses in phonemic awareness, word blending, reading comprehension, etc. From that understanding, an intervention plan would be created, and your child would begin getting much needed help. Understanding social-emotional learning disorders requires the same process. Get a diagnosis of your children's social-emotional learning issues. Find out which skills sets they have and which ones are lacking or are inadequate. Then, find the interventions that will help him or her develop the important skills of friendship building. In this way, you can demystify social-emotional problems, develop achievable goals and effective interventions, and help your child live a richer life. It is time to see beyond your youngster's behaviors, and the good news is that you and your child can.

Duke, M.P., Nowicki, S., Martin, E.A. (1996)  
*Teaching Your Child the Language of Social Success.*  
Atlanta, Georgia: Peachtree Publishers, LTD.

Frankel, Fred (1996)  
*Good Friends Are Hard To Find*  
Pasadena, Ca: Perspective Publishing, Inc.

Osman, Betty B. (1982)  
*No One To Play With.*  
New York: RandomHouse

Schmidt, John J. (1997)  
*Making and Keeping Friends*  
West Nyack, NY: Simon & Schuster

*My School Day* (CD format) <http://www.socialskillbuilder.com>

*Expression Training* by Paul Ekman [http://www.emotionsrevealed.com/training\\_cds.php](http://www.emotionsrevealed.com/training_cds.php)

*Mind Reading* <http://www.jkp.com/mindreading/>

Suggested Books and Technology

## ADHD Medications

*Continued from front page 1*

Indeed, the autopsies of the cases considered by the committee showed that most of the deaths were of this sort. The committee itself noted that the rate of sudden deaths in the stimulant-using children was the same as the rate for children in the general population for such deaths.

In fact, a committee member stated that "it is not yet possible to determine whether cardiovascular adverse events, especially the more serious ones, are causally associated with ADHD treatments."

The committee member who pushed for the warning, Steve Nissan, M.D., was concerned about the increase in use of ADHD medications in this country. The stimulants can cause mild increases in heart rate and blood pressure, and he felt that this could pose a risk to children and adults with heart defects. Dr. Nissan stated that he hoped that a black box warning would be a "roadblock" to physicians who prescribe the medications.

"[ADHD] is a disease that is almost certainly overdiagnosed," said Dr. Nissen, a cardiologist. "It's pretty clear there has been an absence of respect for the risks and benefits" of prescribing stimulant-based drugs. "I want to cause people's hands to tremble a little bit before they write that prescription."

The committee itself was split on the recommendation, voting 8-7 in favor of a black box. Thomas Laughren, M.D., FDA director of psychiatry products, felt such a warning was not warranted. Robert Temple, M.D., director of the FDA's Office of Drug Evaluation, commented that any policy on labeling medications has to take into account that overstating potential risks can be harmful and prevent people from seeking appropriate care.

Several prominent clinicians and organizations questioned the committee's recommendation. "I'm not saying a warning would be baseless, but if we're not careful, we're going to engage in a Chicken Little scenario in which we sensationalize what is a very, very low-probability event," said Dr. Russell Barkley, professor of psychiatry at the State University of New York Upstate Medical University in Syracuse.

Michael Jellinek, M.D., professor of psychiatry at Harvard Medical School, expressed concern that the data about the sudden death cases were from individual reports, and not from more authoritative long-term studies.

The American Academy of Child and Adolescent Psychiatry (AACAP) stated that a black box warning was premature, given the complete lack of evidence of risk. AACAP also noted that the committee offered no new guidelines to physicians on appropriate use of the stimulants.

The FDA did recommend that the stimulants have a "medication guide," which requires that patients receive written information about the medications when they fill their prescription. They have also planned further research on the cardiac safety of the ADHD medications.

If nothing else, this episode illustrates the reality of medical science: it proceeds in fits and starts. This situation is unusual only in the very public nature of it.

I am as comfortable as ever with the ADHD medications. I still believe them to be very safe. If you have any concerns, be sure to bring them up with your physician. You can also find information at:

- [fda.gov](http://fda.gov)
- [aacap.org](http://aacap.org)
- [nimh.nih.gov](http://nimh.nih.gov)
- [chadd.org](http://chadd.org)

# Opening the Door to Grief

Suzanne Bessette-Smith



As parents-to-be await the arrival of a new addition to their family, whether by birth or through adoption, they inevitably fantasize about who and what that child will be. Parents create so many hopes and dreams for the child they await. The child finally arrives and the challenges of parenting begin. For some of us parents, the day eventually arrives when we must admit to ourselves that all is not quite right with our child and, with great trepidation, we seek professional input. We hope that the professionals will reassure us and advise that we really have no reason to be concerned and that, of course, our child is just fine. Instead, though, many of us discover that there is a diagnosis, a label, a name to place upon our child, and we learn that our child and we are living and struggling with one or more neurobehavioral issues. We feel unprepared to face the harsh reality that our “dream child” is not meant to be and that life for our family is not going according to our dream plans. In fact, with the delivery of that diagnosis, that name, that label, we and our child suffer a loss and it is a loss that we must grieve.



Suzanne Bessette-Smith

Studies on death and dying identify five stages that a dying person experiences when informed of his terminal prognosis: (1) denial (this can't be happening to me!); (2) anger (why is this happening to me?); (3) bargaining (I promise I'll be a better person if . . .); (4) depression (I don't care anymore); and (5) acceptance (I'm ready for whatever comes). Another study on grief describes three particular types of behavior exhibited by those suffering from grief and loss. They are: (a) numbness (mechanical functioning and social insulation); (b) disorganization (intensely painful feelings of loss); and (c) reorganization (re-entry into a more “normal” social life). We parents of children with neurobehavioral issues are likely to identify with all of these stages and behaviors, particularly those that are experienced before we reach acceptance and the ability to reorganize.

While we certainly do need to permit ourselves to mourn our loss of our dream child and family, we do our child and ourselves a disservice, if we fail to move through the grief process, and graduate to the acceptance stage. For some of us, therapy may be required to facilitate the actual process of our grief. When, however, at last we are able to look at ourselves and our child and conclude that we are, in fact, prepared to face whatever life with neurobehavioral issues may bring, we discover strengths and attributes in ourselves and our child.

We develop the ability to advocate for our child. We become incredibly resourceful in finding a variety of medical, therapeutic, and professional assistance, seeking support among family, friends and other parents of children with neurobehavioral issues, educating ourselves and all those who interact with our child, and working and manipulating our way through the bureaucratic mazes of the insurance and the education systems. We discover a resiliency in ourselves that lay dormant until needed. Patience often eludes us, but it, too, is a weapon in our new-found arsenal. For, in our role as parent, we find that we are fighters, and our children need us to both fight for them and teach them to fight for themselves.

It is indeed frightening to receive the diagnosis of neurobehavioral issues in our child, particularly as often, these are issues with which we have no experience or familiarity. The diagnosis is a shock, even if, deep down, we have known for some time that our child is different. We need to recognize the loss we are experiencing and allow ourselves to grieve. We must not wallow in that grief too long, however, but rather, find (or learn to build) the inner strength to accept our reality. Once we do, we can reorganize and uncover innate capabilities to enable our child and we, as parents, to live life enhanced by the unique perspectives and experiences of neurobehavioral issues.

INCHES

## 1 Parent/Teacher Tip 5 6

**“The bad news is time flies. The good news is you're the pilot” — Michael Althsuler**

# Center Spotlight

In search of a warmer climate, **Megan Zajac**, M.A., joined RNBC in December. Megan spent the last five and a half years teaching special education at a high school in Minnesota. Prior to that she taught special education for two years at a high school on the North Shore. Her previous experience includes case management for students with diverse needs, including nonverbal learning disabilities, autism spectrum



disorder, visual impairments, cognitive impairments, and other health disabilities. She has experience working with children in the areas of IEP goals and objective development, curriculum, integration of technology, and executive functioning skills. Megan's clinical background includes psychoeducational evaluations of adolescents and school-aged children for the purpose of identifying and diagnosing learning disabilities as well as remediation of specific learning disabilities. She has additional training in implementing brain research into educational practices, and in phonics-based remediation.

Megan will be responsible for the development of a brain-based social-emotional learning program. She is also a member of the research team. Currently, she is learning RNBC's Executive Function Program, and is working with the educational staff to establish executive function programming in Chicago and suburban schools. Additionally, Megan will facilitate brain-based social-emotional groups. Megan received her B.S. in Special Education from Auburn University, and her M.A. in Learning Disabilities from Northwestern University. While at Auburn, Megan was the Program Coordinator and then Chapter Director of the Auburn branch of the International Best Buddies Program. Megan is thrilled to have moved back to Chicago. In her free time, you can find her walking her two Rhodesian Ridgebacks.

**Nadine Wengroff**, A.P.N. C.S. is an Advanced Practice Nurse, and a Certified Clinical Nurse Specialist in Child and Adolescent Mental Health.

Nadine joined RNBC in March, 2001. Her previous experience at Rush University Medical Center includes working for several years in the Department of Child Psychiatry in a variety of roles. After receiving a BA in Psychology from the University of Michigan, Nadine returned to school and received a BSN from Rush University. She began her nursing career on the inpatient child psychiatry unit at the Rush University Medical Center. After receiving her Masters Degree in Nursing with a specialization in Child and Adolescent Mental Health in 1992, Nadine transferred to The Rush Day School, a therapeutic school serving children in grades K-8 which is on the campus of the Medical Center. There, she assumed a managerial position as Clinical Coordinator, which, in addition to the administrative responsibilities, included a clinical component comprised of individual, family, and group psychotherapy.



Nadine wears many hats here at RNBC. On an administrative level, she is responsible for conducting all of the intakes for diagnostic testing, and many of the clinical services. Additionally, she coordinates the social development group program. Clinically, Nadine facilitates social development groups, provides therapy to children and their families, and assists with the medical management of Dr. Lipton's and Dr. Sandrolini's patients.

## CORNER

**Julie Vander Weele**

has been a member of the RNBC Advisory Board for two years. She serves on the Development Committee and the Education Committee. Julie is a Senior Managing Director of Mesirow Financial and is responsible for the firm's Investment Advisory, Investment Strategy, and Investment Brokerage businesses. She also serves on the firm's Executive Committee and Board of Directors.

Julie serves as a trustee for the Illinois Council on Economic Education, an organization dedicated to increasing economic literacy for the school children of Illinois. Additionally, Julie is a member of the National Association of Securities Dealers (NASD) District Committee. Previously, she has



served as a board member of the Girl Scouts of Chicago, President of the Bond Club of Chicago and on the Executive Committee of the Securities Industry Association (SIA) Sales and Marketing Committee.

The Vander Weele family has benefited from RNBC's many areas of support. Julie has seen first hand the profound impact that RNBC can have in the lives of children. Julie is particularly interested in the educational outreach activities of RNBC. She wants to assist in offering a greater number of children the opportunity to be successful in their learning endeavors.

Julie, her husband Ron and their children Emily, 12 and Will, 9 reside in Lincoln Park.

## Rush NeuroBehavioral Center

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*Save-the-Date*  
**RNBC Tenth Anniversary Benefit Dinner**

Honoring Dr. Mel Levine  
with the  
Pearl H. Rieger Award

Wednesday, October 18, 2006  
Four Seasons Hotel Chicago

\*For more information please contact  
Stacy Shafer Peterson at 847/933-9339 ext. 230.

If you are interested in making  
a donation to RNBC,  
please contact  
Stacy Shafer Peterson at  
(847) 933-9339 ext. 230.

To download a copy of our donor newsletter,  
*RNBC Connections*, please visit  
<http://www.rnbc.org/contributions.asp>

# Tutoring at RNBC

**Rush NeuroBehavioral Center (RNBC)** is committed to creating effective interventions for students with executive function (EF) deficits. RNBC tutors are certified in their areas of expertise and trained to provide executive function support for their students. They meet regularly with the tutor coordinator and educational staff to discuss student needs, share ideas, and receive further education and support in the area of executive function and they learn to expand their own EF techniques.

**Tutoring** with a new student begins with an initial intake by the tutor coordinator. During the intake process, prior evaluations and current work samples are evaluated; student and parents provide academic, social, functional, and medical history; a neurocognitive profile is created; and a tutor match is made.

**Tutors** analyze the neurocognitive profile and determine the environmental supports that will best foster the executive functions that the student requires for successful academic and life learning. Tutors teach the effective use of supports (such as a binder system, the use of a planner, time management, organized approaches to writing etc.), adapting them to the individual student's needs. Tutors provide consistent monitoring and reinforcement of a student's ability to implement these skills to optimize a student's success by creating a support network with parents and teachers.

**Coaching** is another word used to describe a tutors' work with students. While tutors initially provide ideas and support to optimize a student's executive function, over time, tutors coach them to utilize appropriate planning, time management, organization, self-monitoring, and strategic approaches to learning. As coach, the tutors' goal is for their students to internalize the executive function behaviors and to independently integrate these skills into their learning repertoires.

## Executive Functioning Summer Workshops

MIDDLE SCHOOL STUDENTS (grades 6-8)  
July 10 – July 13, 2006

HIGH SCHOOL STUDENTS (grades 9-12)  
July 24 – July 27, 2006



*Solving the puzzle... empowering the child*

Time: 3:30 p.m. – 5:30 p.m.

Location: Rush Neurobehavioral Center



*Solving the puzzle... empowering the child*

The workshops will introduce strategies in

- Improved Organization
- Time-Management
- Effective Planning and Scheduling
- Goal Setting
- Increased Self-Awareness
- Note-Taking
- Effective Study Strategies

The workshops will be facilitated by **Steve Onorati**, Educational Consultant.

The \$440 workshop fee also includes materials and supplies.

For more information and to register please contact: Malika  
at (847) 933-9339 ext. 228

# Meet our Tutors



**Steve M. Onorati**, Educational Consultant tutored students part-time at RNBC in 2003, while working full time teaching 6th, 7th, and 8th grade students. Steve was a huge advocate of the Executive Function (EF) program at Ogden School in its first year. He decided to join RNBC full time in 2004, hoping to make a difference in the lives of more students, teachers, and parents. Steve provides individual remediation services to children with EF deficits and offers summer workshops for middle and high school students. In addition to tutoring children, Steve is the facilitator of the school-based EF Programs at Children of Peace School, Gale Community Academy, and Casa Central. Steve attended DePaul University and began his career in education in 1995, teaching at Ogden Elementary School and mentoring new teachers in the Golden Teacher Program.



**Suzann Hummer** joined the RNBC staff in August, 2005. She earned a B.S. in Special Education from Xavier University in Cincinnati, Ohio, where she received the Sally Pruden Special Education Award for outstanding work in the field. Suzann has taught special education at Mark Sheridan Magnet School in Chicago since 2003. She is currently pursuing an M.Ed. at DePaul University in Reading. Suzann's hobbies include hiking with her husband, Tom, swimming, and playing with her dog, Mac.



**Bradley Bergey** joined RNBC in November, 2005. Bradley, who is Spanish bi-lingual, has a diverse teaching background. For seven years, he has taught students from K-12, special education students, and college students. He has worked in school and museum settings teaching Art, English, Social Studies, World Religions, and ESL. He has worked in communities as varied as Washington State and Mexico City. Bradley earned his BA from Goshen College in Goshen, IN in History and Secondary Education. He is currently working on his MS Ed at National Louis University in Educational Psychology.



**Natalie Rodriguez** has coached RNBC students since October of 2004. Natalie has a colorful, eclectic background. She has counseled adolescent boys in Colorado, taught ESL in Thailand, and organized students for volunteer work for Habitat for Humanity. She has worked in both hospital (Illinois Masonic) and university (Southern Illinois) settings. Natalie completed her undergraduate work in psychology at Trinity International University in Deerfield, IL and earned her Masters in Community Counseling from Adams State College in Alamosa, CO.



**Robert Freed** came to RNBC as a tutor last September after two decades in writing, editing, and nonprofit public relations. Enterprises and institutions where he has worked include Northwestern Magazine, Crain's Chicago Business, Quintessence Publishing Company, Sinai Health System, and Ben-Gurion University in Israel. In 2004, Bob earned his secondary teaching certification after studying at North Park University and is currently a popular substitute in schools from Chicago to Lake Forest. Bob has a BA in history from Washington University in St. Louis and MAs in History and Journalism from the University of Michigan.



**Matt Konieczka** joined RNBC in January 2006. Matt brings ten years of teaching and advocacy experience to his tutoring. He has taught in the elementary and middle school levels, working with a wide variety of special education students in public and therapeutic settings. Currently, Matt is working in a Buffalo Grove elementary school as a resource teacher. Matt earned a BA in Criminal Justice and History from St. Mary's University in Winona, MN and his MAT in Learning Disabilities and Behavioral Disorders from National Louis University in Evanston, IL.

# Summer Fun With Executive Functioning (EF)

## EF skills at a “low risk” summer pace

### Involve your child in EF planning for summer

- Plan itineraries, budgets, transportation and packing for vacations
- Research camps, summer sports leagues, arts classes and recreational programs
- Organize parties, sleep-overs, and family gatherings (menus, venues, invitations, etc.)

### Set Summer Goals

- Read books and track progress (pages per day, week, and month)
- Create a budget and savings plan around your child’s interests
- How much will it cost me to...? How long?
- Set a summer savings goal (weekly, monthly, etc.)
- Brainstorm strategies for summer earnings

| Jane's Calendar<br>July 2006 |  |           |                                  |                                  |                               |   |
|------------------------------|--|-----------|----------------------------------|----------------------------------|-------------------------------|---|
| MONDAY                       | TUESDAY                                  | WEDNESDAY | THURSDAY                         | FRIDAY                           | SATURDAY                      | SUNDAY  |
|                              |  |           |                                  |                                  | 1<br>Goal for iPod Nano \$150 | 2   |
| 3<br>Allowance: \$20         | 4<br>Mowing Mr. Smith's Lawn: \$20       | 5         | 6                                | 7                                | 8                             | 9<br>Goal: \$40<br>Earned: \$40<br>Saved: \$8   |
| 10<br>Allowance: \$20        | 11<br>Mowing Mr. Smith's Lawn: \$20      | 12        | 13                               | 14<br>Baby-sit Annie 3hrs.: \$20 | 15                            | 16<br>Goal: \$40<br>Earned: \$60<br>Saved: \$12 |
| 17<br>Allowance: \$20        | 18<br>Mowing Mr. Smith's Lawn: \$20      | 19        | 20<br>Baby-sit Jamie 3hrs.: \$20 | 21                               | 22                            | 23<br>Goal: \$40<br>Earned: \$60<br>Saved: \$12 |
| 24<br>Allowance: \$20        | 25<br>Mowing Mr. Smith's Lawn: \$20      | 26        | 27                               | 28<br>Baby-sit Annie 3hrs.: \$20 | 29                            | 30<br>Goal: \$40<br>Earned: \$60<br>Saved: \$12 |
| 31<br>GOALS                  | Total Earned: \$220<br>Total Saved: \$44 |           |                                  |                                  |                               |   |

### Engage a tutor to encourage ongoing Executive Function skills for FUN!

- Tutors help students organize their lives during the summer through planning, goal-setting, and organizational systems.
- This is the perfect time for you to learn how the EF system works and be an active part of the process and successful outcome.
- Be the cheering section when your child accomplishes their goals.
- Mastering EF skills over the summer helps children transition to the next academic level. These skills help children:
  - Understand curriculum as it becomes more abstract
  - Learn how to transition smoothly from subject to subject
  - Prioritize school work
  - Balance academic life with extracurricular activities
  - Manage social demands

*Give your child the tools, knowledge, self-confidence and discipline to succeed this upcoming school year with summer planning! Help make your child's goals a reality.*

# MASTER PIECE

The following is an interview of a seventh grade, thirteen-year old male, who was diagnosed at the age of nine with Attention-Deficit Hyperactivity Disorder (ADHD).

**Student Interviewer:** What is ADHD?

**Thirteen-year old male:** It is a type of learning disability (LD) that makes it difficult to pay attention. For someone in school this means it is difficult to focus in classes. For example, for me something happening out the window or someone else tapping their pencil on the desk may distract me. ADHD causes me to sometimes make careless errors in my work. Also, I can have difficulty completing a task on time if it is something that I have plan out over a period of time. ADHD can be frustrating because I often lose books and papers that I need to complete my schoolwork.



**Student Interviewer:** Do you know the percentage of kids who are diagnosed with ADHD?

**Thirteen-year old male:** I found a book in the library that said that about three to five percent of children from the U.S have ADHD. More boys than girls have ADHD.

**Student Interviewer:** What is it like to have ADHD?

**Thirteen-year old male:** Well it's hard to explain, but it's like you have a huge movie of different themes all going on in my head at the same time. This might sound funny but it is very hard to do work with it. At some point I feel confused. I just can't stop asking questions that are irrelevant to what I need to do.

**Student Interviewer:** What are some of the symptoms of ADHD?

**Thirteen-year old male:** Some of the symptoms of ADHD are:

- Not able to concentrate
- Not able to sit still
- Messing with your hands with pens or staplers
- Goofing around
- Blurting out when not called on
- Running around
- Climbing on objects when told not to

**Student Interviewer:** This will be my final question for you; if you had a choice to keep your ADHD or get rid of it, what would you do and why?

**Thirteen-year old male:** That's a little personal but ok I would get rid of it because it is hard to cope with. I wish I could go to school tomorrow and have all my classes and understand what is going on in the class. I wish home work would not take seven hours a night. I don't want to feel incapable.

## Rush NeuroBehavioral Center

*Rush NeuroBehavioral Center serves the medical, psychological and education needs of children with brain-based learning and behavior problems, specializing in social-emotional learning disorders.*

### RNBC Staff

Meryl E. Lipton, MD, PhD  
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Nadine Wengroff, MS, CS

Laura Wood

Megan Zajak, MA

# Assessing Social-Emotional Learning

Clark A. McKown, PhD



Social-emotional learning (SEL) includes thinking processes that help people initiate, develop, and maintain relationships. The recent popularity of concepts such as “emotional intelligence” and Illinois’ recent legislation requiring schools to address the SEL needs of its students attests to the increased recognition of SEL as a critical aspect of children’s development.

At RNBC and other clinical centers serving children with great social difficulty, we have long recognized the importance of SEL skills for children. SEL skills are necessary to do well in school, with friends, and in life. When children are struggling socially, one of the challenges we face is in assessing the sources of those social struggles. Few tests are available to help us identify the specific SEL strengths and weaknesses that may contribute to children’s social struggles.

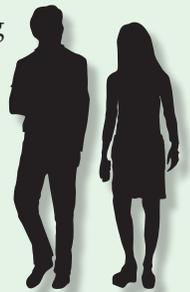
Our research department is actively working to refine our strategies for identifying sources of difficulty in children’s social functioning. We routinely administer tests of nonverbal sensitivity, social language, and social problem-solving. We recently completed an evaluation of those tests. We found that those measures are useful, but limited, in their ability to guide treatment planning for children with social struggles.

We believe we can do better. That is why we are actively working to adopt, adapt, or develop assessment strategies that assess a wide range of SEL processes, ranging from reading faces to solving complex social problems. We will administer a range of SEL measures to a large number of children to identify those measures that are most strongly linked with children’s behavior at home and school and with children’s peer relationships.

Our goal is to develop an expanded range of assessment tools that will help clinicians and parents understand why their children are struggling socially. We believe that improved assessment will pave the way for more focused and ultimately effective intervention strategies to improve children’s social functioning.

## Teen Social Programs 2006

This group experience is designed for boys and girls in high school (entering freshman through entering seniors), with a history of social-emotional learning issues. Together, we work to create an environment to support self-awareness, increased social skills, and personal change in a peer centered space. We aim to have fun while engaging in a variety of group experiences that promote a sense of inclusiveness and increased social competence.



This is the third year we are offering this successful concentrated summer program. Joshua Mark, LCSW will lead the program, assisted by 2-3 graduate students from the Family Institute at Northwestern University.

If this group sounds right for someone you know, please contact Nadine Wengroff at 847-933-9339 x235.

- Time and Dates:** June 12-15, (Mon-Thurs)  
June 19-22, 2006 (Mon-Thurs) 2-5pm each day
- Total:** 8 sessions, 3 hours/day for 2 consecutive weeks
- Location:** A conference room setting near RNBC

## 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.

# UPCOMING PRESENTATIONS

## Parent Connections

2006 Schedule:

**June 21, July 19, and August 16**

**Wednesdays from 1:00- 2:30 p.m.**

Parents of children with neurobehavioral disorders often face many challenges unique to having children with these special needs. While a supportive friend or sympathetic family member is always appreciated, it can be helpful to talk with others in similar circumstances. That's why **Parent Connections** was formed.

### **Parent Connections is an opportunity to:**

- Participate in an informal, parent-led group comprised of other parents
- Share ideas on what has worked for you and your child
- Benefit from the experiences and suggestions of others
- Discuss issues or concerns you may have about your child
- Receive support and network with other parents

**Parent Connections** is held at RNBC, 9711 Skokie Blvd., Suite D, Skokie.

There is no fee to participate in this program.



*Solving the puzzle...empowering the child*

## Chicago Public Library

**2006-2007 Lecture Series dates and topic TBA**

Visit our website or review your next issue of *Puzzle Pieces* for further information.

## Dr. Meryl Lipton will present at the following venues:

**American Academy of Pediatrics Conference - Friday, May 27 & Saturday, May 28, 2006**

**Autistic Spectrum Disorders: What They are and How to Identify Them Early, Management of Children with Social-Emotional Learning Disorders: A Case Based Approach, and Is It Only ADHD? Screening for Coexisting Conditions**

**Mind Institute Seminar — August 9th -12th**

**Guatemala - Opening Doors...Discovering Worlds — September 5-6th**

## Dr. Marc Sandrolini

will present on October 12, 2006 at the 20th Annual Illinois Dyslexia Association conference in Oakbrook, Illinois. For conference and registration information, please, visit [www.readibida.org](http://www.readibida.org)

RNBC invites you to join us on **Friday, October 13, 2006** to learn more about children with Asperger's Syndrome, High Functioning Autism, Nonverbal Learning Disability (NLD) and other social-emotional learning disorders

Keynote speaker, **Dr. Cathy Lord**, will present information on how to understand and help these children.



**Watch for conference brochures to be mailed in late August 2006.**



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