

PUZZLE PIECES

Fall 2001

Notes from the Director



Meryl Lipton, M.D., Ph.D.

Attention deficit/hyperactivity disorder may affect as many as one million children in the United States. But are doctors, teachers and parents rushing to judgement when it comes to diagnosing the condition? A Rush expert discusses AD/HD and the controversies that surround it.

Many see the drug Ritalin and its new competitor Concerta as quick fixes—overprescribed drugs for unruly kids who teachers and parents can't control. Some even wonder if the illness it most commonly treats, now known as attention deficit/hyperactivity disorder or AD/HD, is real or just the product of a diagnosis-happy society. And there are others still, who, although they admit the problem exists, think it will pass with time or be better treated nonchemically.

Rush Record editor, Jill Waite, recently sat down with AD/HD expert Meryl Lipton, MD, Ph.D., formerly a special education teacher and currently a pediatric neurologist as well as executive director of the Rush Neurobehavioral Center and an associate professor at Rush, to discuss her views on AD/HD and its diagnosis and treatment.

Too many Drugs or too many Diagnoses?

I think the problem with AD/HD lies more in its diagnosis than in the drugs that treat it. Many children are

diagnosed with AD/HD who don't actually have it, and most are prescribed Ritalin or Concerta – a psychostimulant similar to Ritalin that requires fewer doses – when the problem is something else, such as anxiety or depression.

There are children, though, who have AD/HD but never get diagnosed. Girls with AD/HD, for example, tend to be less disruptive in the classroom than boys, so they are often missed. Then there are children from environments where there's little awareness of AD/HD.

Unfortunately, there's no simple test to identify AD/HD accurately even though an estimated three to five percent of school-age children have it. And without proper identification and treatment, AD/HD can lead to serious problems including dropping out of school, depression, poor self-esteem and failed relationships.

Part of the problem with diagnosis is uncertainty and confusion among parents, teachers and even doctors regarding the condition itself—a condition that has gone by many names, including minimal brain dysfunction, hyperkinesis and, more recently, attention deficit disorder. And while hyperactivity is the symptom most people associate with AD/HD, inappropriate impulsivity and attention problems are key indicators that there is a problem.

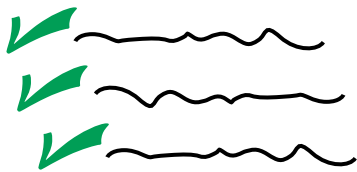
But the most significant issue in terms of diagnosis is the assessment leading to diagnosis. Often this is done in a superficial or incomplete way, which leads to misdiagnosis. Children with AD/HD often have other associated conditions, such as learning disabilities, mood disorders, anxiety, tics and so on. To diagnose AD/HD correctly, there should be a comprehensive evaluation. This means gathering thorough histories from the parents, teachers and the child; clinically assessing the child's academic, social and emotional functioning; and performing a thorough medical exam to rule out other problems.

But current financial pressures on health care often prevent all of that; doctors may have only 10 or 15 minutes to perform an exam. Therefore, many write prescriptions before they have all the information they need. Even worse, the child may not have the proper follow-up. In my mind, that leads to a lot of irresponsibility in terms of the message the parents and the school get about the condition and the importance of taking medication properly.

When a thorough assessment has been done, though, and the diagnosis is AD/HD, certain medication should be part of a complete management program. Psychostimulants like Ritalin and Concerta have been shown to increase attention and decrease impulsivity, hyperactivity and aggression in 70 to 80 percent of children with AD/HD. But there are other important components to treatment. Children with AD/HD must work with their parents and teachers—and in some cases, specialists—to learn new ways to follow rules, focus and control inappropriate behavior.

The bottom line is that there's no simple way of looking at AD/HD – from how it's diagnosed to how it's treated. If you look at 100 people with AD/HD, there may be 100 different patterns of behavior. That's why individualized intervention is so important. ■

Another School Year!



Here is a checklist to help parents, teachers, and other professionals assist children with neurobehavioral issues in school.

In a positive non-blaming way, parents should explain their child's needs to school professionals as soon as the school year begins. Even in a school where the teachers know the child, it is unreasonable to expect the school team to remember all of the issues and accommodations that relate to one child when they have been away for the summer and are responsible for so many children.

For example, imagine that last year you had an educational evaluation of your child done outside of school and you or the person who did the evaluation gave the school feedback about it. Some parents would think that their job is done, but it is not by any means. There needs to be follow up to see that this year's new teachers know about the evaluation. Then both parents and school staff need to assess what has changed since the original testing and evaluation and what would be the best plan (with recommendations and benchmarks) for the up-coming year. To this end, families and teachers should discuss how to best fit the child's needs given the school's structure and demands of the classroom. At the same time in their discussions, parents should recognize that the delicate relationship between the home care-giver and effected child is rarely replicated within the school setting where the teacher student ratio may be as favorable as 1:3 or as risky as 1:30+.

Even if the child is well understood by the school, teachers respond best to parental interest; just as we all respond to interest from those we work with or those we serve. It is also important to give teachers time to get to know the child and time to try strategies and approaches they have created. Checking in with your child's teachers 4-6 weeks after school has begun to reflect on what is working and what the challenges are is often helpful. At this time teachers generally have an understanding of their classroom children's strengths and issues. Plans for academic and social problems can be discussed and benchmarks for progress planned. A strategy for home-school communications is often helpful.

With a system's approach, families should view school and the child's learning as a partnership between their child, the school, their child's tutors and therapists and the family, for learning does not start or stop at the school door. For their part, school staff should not only accommodate to meet the student's needs, but they will be more successful if they share what is expected with the family and involved professionals. Together they should set benchmarks of progress as well plan for regular communication. ■



RUSH
NEUROBEHAVIORAL
CENTER

Founded in 1997, the Rush Neurobehavioral Center is a unique multidisciplinary team committed to serving the medical, psychological and educational needs of children with neurobehavioral problems with a special emphasis on children with social learning disorders. The center develops innovative approaches for diagnosing and treating these children. It conducts research on pediatric neurological and neuropsychological disorders and shares the knowledge acquired through the center's diverse activities with lay and professional communities.

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<http://www.rush.edu/rnbc>

Partnership with the Chicago Public Library

RNBC's pilot project: The underlying focus of this partnership is that with information and promotion of better understanding, children with neurobehavioral disorders will benefit from earlier diagnosis and improved outcomes.

Edgebrook Branch Speaker Series

Times to be announced

Tuesday, October 9

Dr. Marc Atkins "ADHD"

Tuesday, November 13

Geneva M. Oatman, Chicago Public School system, discusses the IEP process and evaluations

Tuesday, December 11

Michael J. Woodin, Ph.D. "Learning and Behavior Differences"

For additional information on RNBC partnerships or other RNBC outreach and education programs, call Kate, (847) 933-9339 x222.



RNBC's 5th Annual Benefit Dinner

will be held on
Wednesday, October 24, 2001
The Four Seasons Hotel
120 East Delaware Place, Chicago

Each year, RNBC hosts an annual benefit for the purpose of honoring two special individuals, building continued awareness of the mission of Rush Neurobehavioral Center, and raising funds to support the missions of the Center's work.

This year RNBC will again honor two special individuals. Our honorees will be **Irving B. Harris**, Chairman of the Harris Foundation, will be awarded the 2001 Pearl H. Rieger Award. This award pays tribute to an individual who has made a significant difference in the lives of children with neurobehavioral issues. He will receive this award for his dedication as a philanthropist in supporting educational and clinical programs for children with neurobehavioral disorders. We will also honor **Charlie Trotter**, legendary chef and restaurateur, who will be awarded the 2001 Living Proof Award. This award is given to recognize an individual with neurobehavioral issues for his lifetime of achievement.

We are fortunate to again have **Abby O'Neil** and **Sam Bezanis** co-chair the 2001 Benefit. Ms. O'Neil is a valued member of RNBC's Advisory Board and has lent her time and talents in the planning of our benefit for two consecutive years. In addition to her work on the outreach committee, Abby is a key figure in the development of the Resource Center and many of our other community based Outreach and Education programs. The Resource Center is RNBC's library where parents, teachers and community members can go to obtain information about neurobehavioral disorders.

Sam Bezanis, of Sam Bezanis, Ltd., is an event planner. For nearly 40 years, Sam has executed some of the largest corporate and individual events in the city. He has also underwritten the floral arrangements for all of the RNBC benefits. This year, he and partner Mark A. Jacobs, will again provide floral arrangements, in addition to his role.

Also co-chairing this year's Gala are **Phil Corboy and Mary Dempsey, Steven and Nancy Crown, and Ron and Christina Gidwitz.**

An expected attendance of 400 is projected for this year. Please join us and be a part of our 5th annual event. If you are interested in attending the benefit, please contact Pat Hurley and Associates at 312-533-2000. ■

Upcoming Events

Thursday, October 11 *Ghita Lapidus and Abby O'Neil participate in a panel discussion for the Illinois Branch of the International Dyslexia Association Conference. Joe Palombo will also present "Emotional Issues in Learning Disabilities."*

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Thursday, October 18 *Open House and book signing by Joe Palombo, author of Learning Disorders and Disorders of the Self in Children and Adolescents, RNBC in the Kenton Activity Center, Skokie, IL*

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Saturday, October 20 *Ceil Rothbart presents the film "A Celebration of Differences" and insights of her parenting journey at the Learning Disability Association (LDA), Indian Lakes Resort, Bloomingdale, IL*

.....

Tuesday, October 23 *Dr. Michael Woodin and Jennifer Grim present "Social Skills Interventions" to NSSED parents*

.....

Wednesday October 24 *5th Annual RNBC Benefit Dinner, Four Seasons Hotel, Chicago, IL*

.....

Friday, November 9 *Dr. Meryl Lipton and Dr. Michael Woodin present a NLD workshop for Chicago Public School Psychologists*

.....

Tuesday, November 27 *Grand Rounds at Rush North Shore Medical Center, 12:30PM in the Sharfstein Auditorium, given by Joe Palombo*

.....

Thursday, December 6 *Dr. Meryl Lipton will present for the Rush Department of Neurology at the Le Meridian Hotel, Chicago, IL, 3:30PM*

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For times, locations and additional information about these events, please call Kate, (847) 933-9339 x222.

"A Celebration of Differences" is now available on Amazon.com. At that web site, click on videos, type in "A Celebration of Differences," and hit "go."

Getting Over the Homework Hurdle: From Headaches to High-Fives

Sheeba Daniel-Crotty, Ph.D.

Most parents, educators and even students would agree that homework is an important element in academic programming. Most would also agree that homework is an essential means to extend the practice of academic skills to outside of the school environment and is key to helping build study skills for future use. Research further supports our positive perceptions of homework and links its completion to increased academic achievement (Cooper, 1989). Why, then, does homework pose one of the biggest hurdles of the day for both children and their parents?



In 1999, *Time* magazine reported that “Kids are dazed and parents are stressed” by the increasing amounts of homework assigned each day. In a day when many children spend well over two hours per evening on academics and parents struggle to find time and energy to embrace their role as “homework-director-extraordinaire,” how can we make homework less of a hassle for our children and for our families?

Children with neurobehavioral disorders and their parents face all the same struggles as other families, such as the long hours spent on homework, the arguments about completing homework and feelings of being overwhelmed.

However, children with attentional difficulties, learning disabilities, and other neurobehavioral disorders may also be more susceptible to other problems such as failure to plan for long-term assignments, disorganization, forgetfulness, frequent careless errors, procrastination and purposeful avoidance, or extreme feelings of failure and defiance.

Research has shown that homework success is dependent upon a three-pronged approach which involves:

- a) an individualized behavioral intervention utilizing specific goals,
- b) a collaborative home-school relationship and
- c) parental involvement (Power, Habboushe & Karustis, 2000).

Parental involvement, via parent training, has been found to be an effective intervention for reducing homework-related problems. Here’s what works: when parents are instructed to identify homework-related problems, establish a homework routine and structure, monitor progress on assignments and use incentive programs, homework completion and accuracy rates increase and parent-child conflict decreases (Anesko & O’Leary, 1982; Miller & Kelley, 1994; Kahle & Kelley, 1994).

Most children with neurobehavioral disorders require specialized behavioral interventions to address their problems with homework. Establishing an individualized behavioral intervention often involves the use of small, explicit goals (set by both parents and children) in which time-limits, problem amount, and accuracy criteria for each homework assignment are specified. Additionally, good behavioral interventions also include clear homework-time rules and expectations tailored to each child’s strengths and weaknesses as well as consistent rewards contingent on the accomplishment of set goals (Maertens & Johnston, 1972; Harris & Sherman, 1979; Goldberg, Merbaum, Even, Getz, & Safir, 1981; Holmes & Croll, 1989; Keith, Keith, Troutman, Bickley, Trivette, & Singh, 1993; Gorges and Elliott, 1992).

Finally, homework success is greatly dependent upon a collaborative partnership between home and school (Sheridan, Kratochwill, & Bergan, 1996, 1997). Regular communication between parents and teachers is essential as teachers have the ability to determine the type and amount of homework assigned as well as provide necessary feedback about homework accuracy. Parents and teachers must work together to ensure that the correct homework assignment and materials are brought home, completed and turned in on time. Also, parents and teachers can collaborate to determine an amount of homework that is manageable and specific to each child’s strengths and weaknesses. Such communication invites parents to become increasingly involved in their child’s education and this in itself can contribute to positive outcomes (Epstein, 1991).

Children with neurobehavioral disorders need frequent opportunities to learn and practice academic skills to keep up with their peers. For these children, homework provides such an opportunity, yet also poses as one of their greatest hurdles to master. For parents, managing homework is without a doubt a tough job as it may involve cushioning the blow of failure and frustration and wading through a sea of family conflicts. But as homework managers, parents should feel empowered. Understanding their child’s specific deficits, encouraging successes and advocating for his or her needs provides a child with a model of collaboration and perseverance that cannot be taught through lessons learned at school. ■

SIDE by SIDE

Educators, parents and children sharing viewpoints about neurobehavioral disorders

Bullying is a destructive force among the nation's 53.8 million children who attend kindergarten through 12th grade. According to the USA Today, April 17, 2001 article titled, "Educators try to establish anti-bully policies," The National Association of School Psychologists estimated that more than 160,000 children skip school every day because they fear bullies. Too often we hear, "that is how kids are," "everyone gets teased" As our nation grapples with these issues, schools are developing anti-bullying policies in an effort to stop this age-old practice. "Bullying can no longer be accepted as an inevitable part of school. The consequences are simply too great." We at RNBC were interested to know if our kids felt that they were more susceptible to bullying because of their learning differences...and so we asked them.

Q Do you get bullied at school? If so, do you feel it has anything to do with your learning differences?

A Sam Becker, Age 11
6th grade
Northbrook Jr. High School
Northbrook, IL

I get bullied at school because I have a learning disability. Once the teasing starts I feel out of control and really, really angry. I used to start pushing and hitting and shoving. It was not a pretty sight. But now I try to control myself and go up to the person and tell them in a calm voice how they made me feel. I say, "That really hurt my feelings what you said. Please don't call me that anymore."

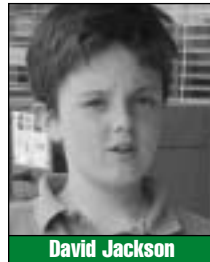
Here's a tip if you get bullied and you have a learning disability...stay in a teacher's range so she can see you and the bully won't tease you.



Sam Becker

A David Jackson, Age 11
6th Grade
Kennedy Jr. High School
Naperville, IL

I would have said that LD did cause me to get picked on or teased more a couple of years ago, but that really would have been incorrect. A couple years ago my only response to being teased was to get angry. Now I realize that the true answer is "only if you let it." You will be teased and made fun of. That's inevitable. However, when someone teases or makes fun of people they are trying to get someone to respond, usually by getting mad. If you don't enjoy being teased, just make it a bad deal for the teaser. It's a waste of their efforts to tease someone they know won't get mad. Right now, I have mostly taken control of my tendency to get mad when I am made fun of. Because of this, I don't get made fun of much anymore and I have some good friends.



David Jackson

A Leo Korman, age 9
4th grade
Solomon Schecter Day School
Northbrook, IL

Yes, there is one boy who bullies me. When I get a question wrong, he laughs. He yells, "Ha. Ha. You didn't get a thing right!" I use comebacks on him, like, "You didn't seem to get that question right the last time, I heard." I give him questions that he can't answer, "Can you spell Congressman? I give him other words that I know from my reading program that I know he can't spell, like refrigerate. Sometimes (after I do this) he runs away sometimes not. When he doesn't run away I just go back to my desk and ignore him. Sometimes I tell my friends to yell at him, "Why do you do that? How would you like it if someone did that to you?" My friends stick up for me and I stick up for them also. Also, I tell the teacher. Sometimes she sends him out of the room or to the office. Eventually he stops.

I feel bad about it (the bullying). It hurts my feelings. I get embarrassed. I get frustrated about the situation and I would like him to stop and leave me alone. He is not leaving me alone so in time I get really mad and I go back to my desk and try not to let anyone see and I kick my desk or stab it with pencils. That helps calm me down. Then I get back to work. ■

CENTER SPOTLIGHT



Dan Wallace, a native of Washington State, graduate of Whitman College and the Harvard Business School and Founder and President of Wallace Value Management is a valued member of the RNBC advisory board. Dan brings to RNBC a depth of experience and skills combining his unique background in both management consulting and investment banking.

His experience includes corporate strategy development, operational improvement, mergers and acquisitions, initial public offerings and private equity financing. He has worked in a wide range of industries, including industrial manufacturing, consumer goods, technology, business services and professional services.

Dan's interest was sparked by his own personal experience with neurobehavioral issues.

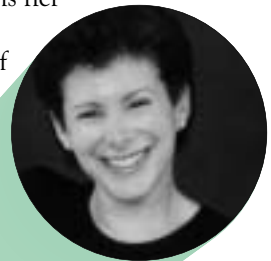
"My wife and I first became concerned about our son's behavioral issues when he was five. From there, it took us almost three years before his NLD was diagnosed. Worse yet, I now know that there were warning signs visible by age one and that his NLD itself was largely visible by age three. He is a bright and wonderful child and is doing very well. But I will always wonder how much happier his life might be if we had understood his issues and began intervention when he was three instead of when he was eight.

"As tortuous as our path was, I believe we were luckier than most. I am constantly amazed at how many people, children and adults I encounter who exhibit signs of neurobehavioral disorders, and how few people I encounter who are aware of, much less understand, these conditions. I believe the need for awareness is greatest among the pediatricians and school officials who can alert parents and get them on the path to intervention. As people go, we are very fortunate. My son was seen from birth by top-flight pediatricians with great training and experience. He attended one of Chicago's leading private pre-schools and went to a top-ranked elementary school in one of the best districts in Illinois. Yet none of their staff was able to offer any help where his struggles were concerned—not for lack of caring, but for lack of knowledge.

"My wife and I were started on the path to a diagnosis by a wise and well-informed private-school psychologist. We navigated that path through a combination of persistence and luck. I am convinced, sadly, that there are literally millions of individuals and families struggling with neurobehavioral issues who are largely unaware of it and have no real prospect of getting help unless those of us who have gained some awareness share it whenever we can. That is what I try to do."

Dan is married to wife Kathleen and has a son, David and daughter, Julia.

Ceil N. Rothbart has been an advisory board member of the Rush Neurobehavioral Center since its inception in 1997. Over the last four years, she has served as a member of the outreach committee, and has played a vital role in the establishment and ongoing publication of the center's tri-annual newsletter, "Puzzle Pieces." Ceil's largest commitment to the center is her role as the chairman of the video committee, which was created upon her suggestion that the Center produce educational video materials. She co-produced with former advisory board member Bobbi Zabel and a committee of six other parents, the critically acclaimed film, "A Celebration of Differences." Developed in partnership with the Outreach and Education Program at Rush Neurobehavioral Center, this inspirational film captures and reveals the emotional experience of individuals with learning differences. Children and adults talk about the challenges and triumphs that ensue from having a learning difference.



The film has been favorably received in news and book reviews both in print and online. It received national acclaim when it was featured in USA Today and highlighted on Oprah. It has twice been aired on WTTW and featured locally in both Pioneer Press and Chicago Parent Magazine. It has also been awarded Honorable Mention, The 47th Columbus International Film & Video Festival, 1999, Honorable Mention, The Sidney Berman Award for the Study and Treatment of Learning Disabilities, The American Academy of Child & Adolescent Psychiatrists and the Canadian Academy of Child Psychiatrists, 1999 and Finalist in the New York Festival for Film and Video Competition, 1999. To date, "Celebrations" has been sold in all 50 US, Europe, Israel. Copies of the film can be found in all branches of the Chicago Public Library, and as a standard part of school curriculum in Saskatchewan, Canada

Much of Ceil's motivation for creating the film came from her own personal experience as a parent of a child with learning differences. This May, Ceil was the key note speaker for the Professionals in Learning Disabilities (PLD) annual dinner where she spoke about parenting and presented the film. Ceil will again speak at the Learning Disability Association (LDA) on Saturday, October 20, 2001 at Indian Lakes Resort in Bloomingdale, Illinois.

Ceil has a BS degree in Human Development from Ohio State University and an MSW in Social Work from Jane Adams School of Social Work at the University of Illinois in Champaign/Urbana. As a licensed social worker, Ceil has worked on the adolescent unit at Forest Hospital in Des Plaines and at Maine Center for Mental Health in Park Ridge. She is President of Video Efx, her own video editing company. Today, Ceil devotes her time exclusively to the development of educational video materials for Rush Neurobehavioral Center. Ceil is married and has 2 children. ■



MASTER PIECEZ

Lonely

by Melissa Buckles-Haley
Grade 9, West Chicago High School, West Chicago

Craggy and crinkled
with crooked hands
and wispy gray hair
They are looking for someone to care about them
To share their stories, a laugh, a cry, a hug
Silent teddy bears on the beds
Notes from relatives on the walls
The strong smell of antiseptic permeates the air
People crouched in wheelchairs
or
Silent, unmoving in beds with crisp white sheets
And hospital corners
Wishing that someone would come and keep them company
Someone besides the nurses in their colorful uniforms and white shoes
Someone like relatives or lively grandchildren
Full of energy
Older people really are sweet to kids and enjoy their presence

*To submit a photo, picture, poem, story or letter for future Newsletter publications,
please fax 847-933-4194, e-mail: nbalantz@rush.edu or mail to us at RNBC.*

Social Skills Groups

- Building conversation skills
- Making eye contact
- Solving problems
- Following instructions
- Managing feelings
- Talking and listening skills
- Sharing
- Participating in a group
- Avoiding trouble
- Reading nonverbal cues
- Asking questions
- Playing with others
- Setting goals
- Joining in
- Making friends
- Building relationships

The staff of the Rush Neurobehavioral Center is committed to teaching “the language of social success” to children, and to educating and supporting their parents and families.

Social skills groups and parent training, education and support groups are available throughout the year at RNBC.

To learn more about these groups, how to have your child screened and placed, or for additional program information, please call (847) 933-9339.

RNBC's Resource Library

We welcome you to come visit our Resource Center, which houses a multitude of reference material on neurobehavioral disorders. Our shelves stock books as well as audio and videotape material. Due to the abundance of material and sources on the internet, we have decided to also provide a variety of internet web sites for you to browse.

While Rush Neurobehavioral Center is pleased to present information and references for parents and educators helping children with neurobehavioral differences, it is our policy not to recommend or endorse any specific reference source.

- LDA of America www.lदानatl.org
- LD OnLine www.ldonline.org
- NLDline.com www.nldline.com
- NLD on the Web! www.nldontheweb.org
- Aspen of America www.asperger.org
- Children and Adults with ADHD www.chadd.org
- Schwab Foundation for Learning www.schwablearning.org
- www.ocdawareness.com
- www.allkindsofminds.org
- www.emotionallyintelligent.com

"A Celebration of Differences"

narrated by **Bill Kurtis**

- Honorable Mention in Education
47th Columbus International Film Festival, 1999
- Honorable Mention, The Sidney Berman Award
American Academy of Child & Adolescent Psychiatry, 1999
- Favorably reviewed in "Booklist"
The American Library Association, 1999
- Finalist in Guidance & Counseling
The New York Festival for Film and Video, 1999
- Featured on Oprah Winfrey, June 15, 2000

Individuals with learning differences possess unique strengths and gifts. In this film, adults and children describe the strategies and experiences which have enabled them to succeed in a world that often frustrates and confuses them. They discuss their academic struggles, the empowerment that comes from understanding their issues, and the determination that enables them to address life's continuing challenges.



To order: Please 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.

"A Celebration of Differences" (22 min.)	price	\$ 39.95
	shipping	\$ 5.00
	sales tax	\$ 3.40
	total	\$ 48.35

You are an important piece of our puzzle!

To support the unique programs offered by Rush Neurobehavioral Center, consider a donation. Please include this form with your donation, and mail to:

RNBC, 9701 Knox Ave., Suite 102, Skokie, IL 60076

Your donation to our non-profit organization is tax-deductible.

"A Celebration of Differences"
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 \$50 \$100 other \$ _____

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