

PUZZLE PIECES

Summer 2003

Vitamin S...A Universal Rx Neurobehavioral Problems



Meryl Lipton, MD, Ph.D.

No matter what issue parents or children ask me about, every inquiry includes an implicit question: *How can I (or my child) be better? What is the Rx, the prescription for my child's neurobehavioral disorder?* A key part applies to every brain-based learning and behavior problem. It is Vitamin S.

I have a bright and wonderful 9-year-old patient, "Rafael," with significant learning and attentional problems. Last year Rafael was having a horrible time with math. He couldn't process his

teacher's curriculum, and the teacher would not change. Rafael's mom worked with the teacher and the principal, convincing them to let him leave school early to see a math tutor. The tutor taught him in just the way Rafael needed, and his math problems vanished.

This fall Rafael returned to school full time but in a different class with a different math teacher. After observing the class, it was clear what the problem was. In addition to his attentional problems, Rafael has visual-motor issues. These processing issues came into play because his teacher was writing on an overhead projector. That meant that Rafael had to look up at the screen where the teacher's drawing showed and then down at the paper on his desk to transfer what he saw the teacher do.

I explained Rafael's difficulty to the teacher. He thought a few minutes. "Not a problem. Here, Rafael, why don't you use this?" He handed Rafael a paper copy of the overhead transparency. Rafael did not have to look up from the screen to his desk; he focused on the paper in front of him while he listened to the teacher. In no time, Rafael was keeping up with his classmates.

Vitamin S has another name: "Vitamin Success." Rafael's mom had Vitamin S when she got Rafael the outside help he needed. Vitamin S helped this year's teacher figure out how to give Rafael work on paper. Rafael had the biggest dose of Vitamin S of all. Last year he was having an awful time in school, but when he worked with the tutor, his success zoomed. This year his test scores, happiness, and, most important, self-confidence continued to soar. All of that is Vitamin S.

Yes, it sounds a little corny to talk about Vitamin Success, but after graduate and medical degrees and more than three decades of taking care of children like Rafael, I know that along with everything else we can now do for our children, Vitamin S is a huge part of every successful prescription.

A Brain-Based View of "Meltdowns"

Joshua F. Mark, LCSW

As a clinical social worker serving children with neurobehavioral issues, one of the most common concerns I hear from parents is the "meltdown," a child's loss of control that may result from a limit or expectation being set, a transition, a conflict, or other "normal" life events. Many parents come into my office demoralized, enraged, and bewildered, needing to more effectively manage this problem – a problem that kids typically outgrow after the pre-school years.

The fact is, many children diagnosed with ADHD, NVLD, ODD, OCD and similar diagnoses exhibit this rather challenging behavior. Interestingly, I find that it's not just the parents who want help. After I develop a relationship with these kids, and we move beyond their experience of being blamed, they report to me their own embarrassment and remorse about the meltdowns.

Ross Greene, PhD, author of *The Explosive Child*, and professor at Harvard Medical School, has worked extensively with this singular issue. He has been able to develop and articulate a positive approach that I have found effective, and practical to teach to parents.

Dr. Greene recognizes that a good number of these kids demonstrate common brain-based traits of striking inflexibility, combined with a low frustration tolerance, and explosiveness. They also appear to be delayed in the process of developing skills that are critical to complex social interactions. Similarly, other children may not develop reading or athletic skills at the same pace as other children do.

Many parents have tried, in vain, the common parenting strategies that utilize a consequence, after the fact, to address meltdowns. Dr. Greene points out that such motivational strategies, even the best designed ones, "can't make the impossible, possible." Even positive rewards can't shape behavior that the child just can't do.

In talking with parents, and often using the neuropsychological testing as a guide, we determine which neurological factors might be contributing to the meltdowns. Is it expressive language issues, facial recognition problems, processing speed issues, difficulty changing cognitive sets, or a tendency to get overwhelmed in stimulating environments? Utilizing this type of diagnostic information can help enormously in guiding the intervention.

Using a thoughtful approach that includes picking our battles, setting reasonable expectations, slowing down the pace of transitions, previewing, talking through alternatives regarding known "hot spots," much can be done to help teach and model flexibility in a manner that is less frustrating for everyone. The entire approach hinges on one basic idea: "Children do well if they can."

Gifted and Learning Disabled?

A Primer for Parents and Professionals About a Potentially Confusing Category of “Twice Exceptional” and Wonderful Children

By Michael F. Woodin, PhD

Ezra talked in full sentences before the age of two and spoke conversationally about unique areas of interest well before other children his age. His knowledge about facts and information often left his early elementary teachers at a loss about content to teach. On IQ tests, he was found to have an overall and verbal IQ that was said to be better than over 99% of the children his age. However, he is having significant difficulty learning how to do math and has problems with handwriting and written expression. He is now in the third grade, and I'm really worried about him. His teacher even suggested recently that I have him evaluated by the school psychologist for a learning disability! I thought he was gifted, so how can that be? He seems to be getting more and more frustrated with these subjects and I know that he is brighter than his work shows. I'm afraid that he just can't get his ideas out and his teachers all say that they know he is really very smart. What is this all about? I am so confused.

Do you have or know of a child who is very bright, has fantastic areas of strength, but has significant difficulty learning to read, write, do math, retrieve ideas, organize, or plan effectively? Well, there is such a group of wonderful children and adolescents that inspire a high level of passion, concern, and wonder in me as a diagnostician, teacher, and parent—those who exhibit a set of both phenomenal “gifts” and equally unique, but challenging, deficits considered to be “learning disabilities.” The description presented above is typical for this group.

Here at RNBC, we strive to help parents and professionals better grasp the “puzzle pieces” of knowledge and action that need to be put together to understand and intervene for children with unique neurobehavioral profiles. It is our hope that if you have such a child, student, client, or patient, this brief primer will serve to better acquaint you with this often misunderstood group so that you might be able to take action, follow some next steps, and create positive change for that individual.

What Is A Gifted Learning Disability (GLD)?

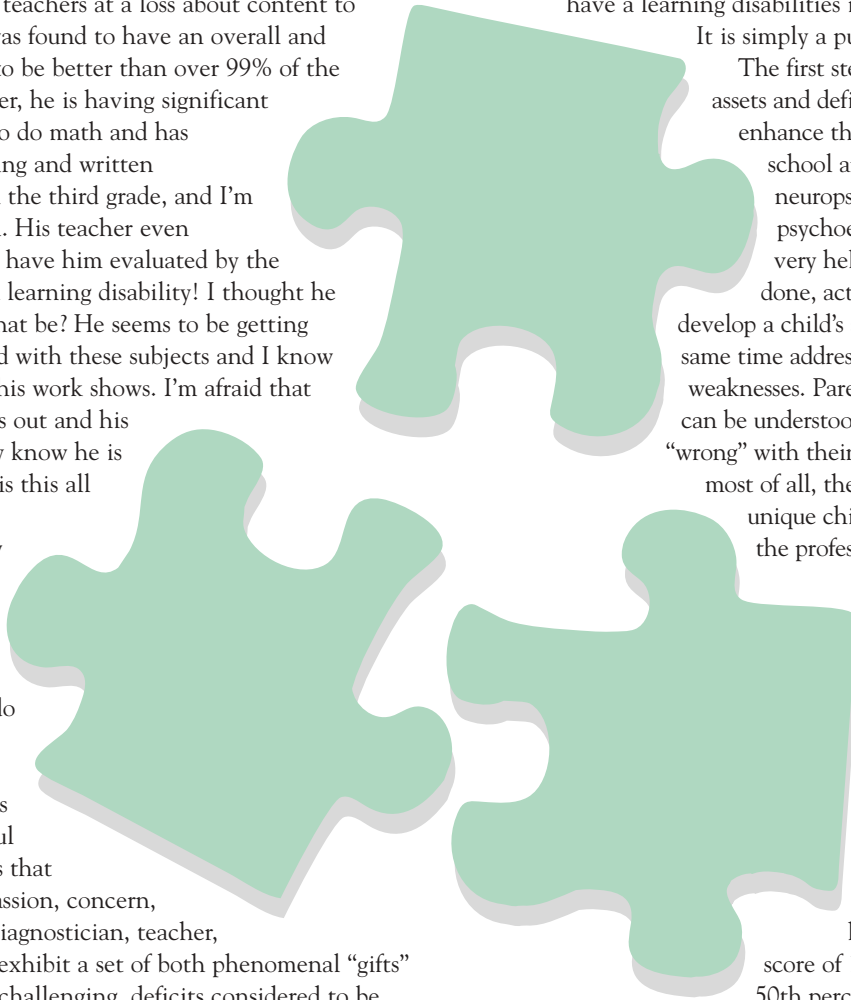
At first glance, just the label “Gifted Learning Disability (GLD)” can seem to be an oxymoron or contradiction in terms. How can someone have a gift and a learning disability at the same time? I once had a parent question that if a child had each

category—giftedness and learning disability—“wouldn't they seem to cancel one another out and make the person average or worse?” They certainly don't cancel one another out. To be gifted and to have a learning disabilities is actually not really a paradox. It is simply a puzzle to be solved.

The first step is coming to know a child's assets and deficits and how to use them to enhance the child's experience in the school and family environments. A neuropsychological or psychoeducational evaluation can be very helpful in this process. Once this is done, actions can be taken to further develop a child's abilities and gifts while at the same time addressing and re-mediating areas of weaknesses. Parents need to know their child can be understood, there is nothing terribly “wrong” with their child, help can be attained, and most of all, there is reason to celebrate their unique child. The second step is finding the professional(s) who will help you through this sometimes difficult process.

Let's briefly deal with some terminology. “Gifted” is an interesting term meaning that someone has been endowed with a unique ability or set of abilities. Numerically, for psychologists and schools who need to classify children, the cutoff point for giftedness has traditionally been a standard score of 130 or above (100 is average or 50th percentile). In English, that means that a child performs intellectually or academically at the 98th percentile or above compared to his age peers. To have a “gift” then places an expectation that the individual is able to perform at a high level and, in some cases, these children are expected to excel in all areas.

A celebrated definition of giftedness proposed by a group of cognitive-developmental researchers known as the Columbus Group (as cited in Morelock, 1992) indicate that giftedness is “asynchronous development” or development that creates unique strengths and weaknesses. This “asynchrony” or difference leaves the child “particularly vulnerable” and in need of greater “modifications in parenting, teaching and counseling in order for them to develop optimally.” (p. 1). In this way, the idea that gifted children have areas of deficit or learning disabilities really is not a paradox—such differences are to be expected. It is just that some children have a greater level of difference or areas of deficit that



are more glaring than their non-LD gifted peers. This level of difference is what demands greater understanding and knowledge for intervention.

While not to be used as a definitive indication, below is a checklist that can be used as a brief screener to see if you should request a further assessment for determining whether a child can be considered to be gifted-learning disabled (GLD).

What to Do If GLD Is Suspected

First, we urge you to be calm and assured even though the situation can be very challenging and, in some cases, upsetting. Your child can be understood, and there are interventions and activities that can help. Knowledge is power for parents and professionals alike. Once you gain knowledge and/or find professional allies who can help to understand your child, action and change can begin to happen. If, after filling out the checklist below you are instructed to seek further assessment, then we would recommend that you find a professional you trust who can help to determine the “topography” of your child’s assets and deficits through a comprehensive evaluation. By getting such an evaluation, a gifted-learning disability diagnosis can be either confirmed, disconfirmed, or attributed to some other condition. This can help to verify what you already know, extend your knowledge, and empower you to act on your child’s behalf. We have a few key suggestions about seeking an evaluation.

Evaluation Guidelines for GLD

- 1) Make sure you get an assessment through a provider (i.e., neuropsychologist, clinical psychologist, learning disability specialist, or psychoeducational diagnostician) who you have met and trust after giving this checklist and other information about your child.
- 2) Ask questions and feel satisfied about the person’s training and expertise in the areas of giftedness, learning disabilities, assessment, and intervention. Don’t be afraid to “kick the tires” before scheduling an evaluation. It is a huge investment of time, money, and energy for you and your child with potentially high stakes.
- 3) The evaluator should offer to do
 - (a) a comprehensive evaluation,
 - (b) give diagnostic feedback to parents, professionals, and/or schools,
 - (c) provide recommendations for intervention,
 - (d) case management services, and
 - (e) a written report.
- 4) A “comprehensive evaluation” should include, at a minimum, measures of: intelligence; cognitive processing; learning and memory; attention and executive functioning; visual-spatial skills; motor functions; and academic skills. To be truly comprehensive, we also believe that the assessment should also have a focus upon social cognition, behavior, and social-emotional functioning. To truly address and intervene regarding the full scope and needs of GLD individuals, their social-emotional status must be addressed. It is all too common to dismiss this area although it remains a large piece of the puzzle to be pieced together.

- 5) Intelligence should be assessed by more than one measure and the evaluator should be able to determine the difference between a child’s verbal and nonverbal functioning, timed and untimed performance, and visual-spatial skills versus visual-motor performance.
- 6) The evaluator should acknowledge an “asset-orientation,” meaning to understand not only a child’s “deficits or weaknesses” but also to see a primary role in finding and characterizing those areas in which the child excels.

Once an evaluation is attained, positive findings can yield very positive results. In the meantime, if you suspect your child has a gifted-learning disability, we would suggest that you access a number of resources that are available to you. Success with GLD individuals has been shown to occur through interventions and research in many areas including academics, achievement, cognitive processing, social-emotional functioning, family and individual therapy. We have included some basic references and links in these areas in the box here.

Gifted-Learning Disability (GLD) Resources

Organizations

Rush Neurobehavioral Center (RNBC): 847.933.9339

Parents of Gifted/LD Children:

<http://www.geocities.com/athens/1105/gtld.html>

Supporters and Advocates of Gifted Education (SAGE):

www.mtprospect.org/sage/community

Supporting the Emotional Needs of the Gifted:

www.sengifted.org

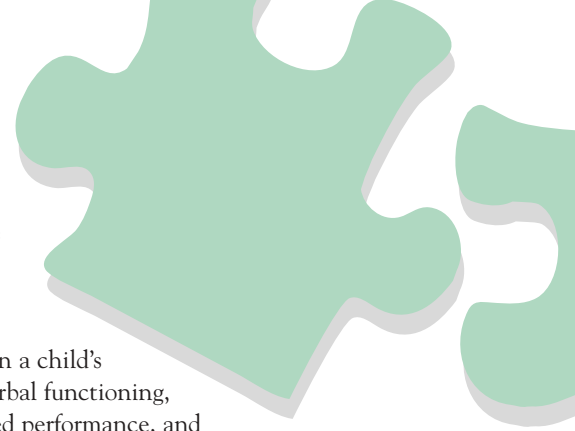
Publications

Smart Kids With School Problems: Things to Know and Ways to Help by Priscilla L. Vail, Patricia Vail

Uniquely Gifted : Identifying and Meeting the Needs of the Twice Exceptional Student (An Avocus Advocacy in Education Title) by Kay Kiesa (Editor)

In the Mind’s Eye: Visual Thinkers, Gifted People With Dyslexia and Other Learning Difficulties, Computer Images and the Ironies of Creativity by Thomas G. West
Crossover Children: A Sourcebook for Helping Children Who Are Gifted and Learning Disabled by Marlene Bireley (CEC Books)

The Pretenders: Gifted People Who Have Difficulty Learning by Barbara P. Guyer, Sally E. Shaywitz.





RNBC Gifted-LD Screening Checklist

Please cut out this checklist for your own use. And feel free to make copies for friends, family and educators.

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

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

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

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

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

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

This Summer Reading Is Killing Me!

Fun Ways That Parents Can Encourage Kids to Read

Susan Wise, PhD

While summer is a time to relax and have fun, it does not mean that kids should take a break from learning. Many children, especially those with a learning disability, lose many of the hard-won gains of the school year if they take a complete “mental” break during the summer months. Summer reading is an important way to continue the learning process, although it can and should be fun too!

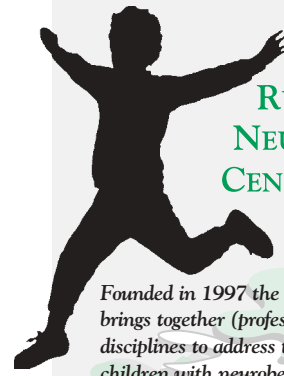
Younger children are not usually assigned specific books to read over the summer. It is most important that they read and practice decoding skills so that these skills become automatic. They should be encouraged to read (and write) every day. To make these activities more fun, parents can:

- Read aloud with their kids every day.
- Read the same books that their kids are reading and discuss the events of the book. Ask questions that encourage prediction and critical thinking skills, such as “What do you think will happen next?” and “Why do you think this happened?”
- Take kids to the library and/or the bookstore often. Many libraries and bookstores have summer reading programs that encourage and reward reading.
- Take out subscriptions to popular kids’ magazines that are of interest to their children. There are many different types of publications available, including nature, current events, and sports magazines.
- Encourage kids to keep a diary that they write in every day, especially when they are on trips away from home. Kids can catalog the events of the day and perhaps supplement their writings with photographs and other mementos from the trip.
- Encourage kids to be pen pals with friends who are away at camp, etc. Kids love to get letters in the mail! Alternatively, the children could use e-mail to communicate, if both of them have internet access.
- Use the internet. There are many sites available with appropriate content for children that allow them to explore topics of interest in as much depth as they choose.
- Let kids choose what they want to read. Most children are interested in something-make appropriate resources about subjects of interest available.
- Be a “model” reader. Children should feel that parents value reading and the information that they receive from doing it. Children should see parents engaged in the reading process in a variety of contexts. For example, reading is used at the grocery store, in cooking, while driving and reading maps, etc. Make this use of reading obvious to your children.

Older children in middle and high school are often assigned books to read during the summer months. These assignments typically provide information for class discussions during the first few weeks of school, and students may be tested to determine if they did, in fact, read the book. It is, therefore, important that students, especially those with learning difficulties, read, remember, and understand the material they read. Parents can help by:

- Reading the books together and having discussions about the content of the book. Parents and children can take turns reading aloud and then talk about what happened.
- Helping the child create a character log that lists the characters as they appear and describes their physical and personality traits. These lists can be updated as new details are revealed.
- Encouraging the child to summarize the events of each chapter or group of chapters. This summary does not have to be written; it could be tape recorded or a word processor could be used.
- Using books on tape, if available.
- Teaching annotation skills, such as underlining, high-lighting, etc. The use of sticky notes or flags can be used to mark critical passages within the text.

Hopefully, these suggestions will allow children to see reading as a vital life skill that is entertaining and fun, as well as educational.



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.

MISSION

The mission of the Rush Neurobehavioral Center is to serve the medical, psychological, and educational needs of children with neurobehavioral problems with a special emphasis on social-emotional learning disorders.

In support of the center's mission, RNBC; develops innovative approaches for diagnosis and treatment, trains parents and professionals, conducts research, and shares the knowledge acquired through the center's diverse activities creating a sophisticated community where our children are understood and celebrated.

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The following summer enrichment groups will be offered at RNBC this summer:

Social Development Groups:

Group	Dates	Time
Boys Ages 10-12 years old	June 16-19, June 23-26	3 – 4 pm
Girls Ages 6-8	Mondays June 9 – July 28	10:30-11:30 am
Girls Ages 8-10	Mondays June 23-Aug. 16	4 – 5 pm
Girls Ages 11-14	Wednesdays June 23-Aug. 16	4 -5 pm
Boys & Girls Ages 4 – 5 ½	Tuesdays June 17-Aug. 5	10:30-11:30 am

If you are interested in any of these groups, please contact RNBC at 847-933-9339. Advanced registration is required because we comprise each group based on a 2-3 step intake process.



RNBC is currently in search of educational tutors interested in learning how to identify and remediate executive functioning disorders. If interested, please call

Shartrina Robinson-Amato, 847-933-9339, ext. 228.

"A Celebration of Differences"

Narrated by Bill Kurtis



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 call 847-933-9339 or fax 847-933-4194.

Make check or money order payable to Rush

Neurobehavioral Center. Orders

will be processed upon receipt of payment.

All sales are final. Tapes may also be purchased at the center.

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

Sensory Motor Summer Fun!

Gloria Levin MA, OTR/L

Warmer weather and longer days provide opportunities for promoting your child's sensory motor development. Planning, sequencing, anticipating the outcome, reciprocal conversation, turn taking and other skills can be easily included. You can support risk taking and work with feelings when an activity is or is not successful. Best of all, you and your child can have fun together!

Getting ready for summer is the beginning. Carrying out patio furniture and sponging it down provides tactile stimulation, muscle and joint input (proprioception) and strengthening. Using the hose and aiming it requires both strength and eye-hand coordination. Cleaning off bikes, scooters, wagons, and riding toys, making sure tires are inflated, helmets fit correctly, and horns/bells are in working order, provide opportunities to develop responsibility for possessions and problem solving. Family members can decide together who does each job, similar to the group process that is expected in

school. When you do these activities as a family, you are demonstrating that each family member has a contribution to make that helps the family as a whole.

Gardening provides opportunities for visual-spatial and motor planning, sequencing, follow-up, strengthening, and sensory "mess" that can last from early spring through fall. Start small with a planter of vegetables or flowers. Research "foolproof" plants with your child and keep a weekly picture and/or written journal to retell the experience. Enjoy the tastes and smells of your labors!

While organized team sports provide opportunities for skill development, they can be stressful. When teaching a sport, separate out and practice the motor skills from the strategy and rules of the game. Badminton, croquet, tetherball and basketball can be set up with height and distance adjustments. Neighborhood "pick-up" games may be less pressured, so speak with neighbors about friendly, cross-generational games.

"Individual" sports are often effective for children with challenges. Swimming is the best all round activity, and private lessons can make the difference between

enjoyment or disappointment. Use the summer to "try out" karate, horseback riding, ballet, fencing, and golf. If successful, these activities can be extended into the school year.

Walking is an affordable and healthy activity. Walking on a variety of terrains (forest preserve/hill/beach) provides different sensory motor experiences; distance or speed can be easily varied. Your child can also jump, hop, gallop, run, skip, or move backward, sideways, or in a pattern. The routine of walking together can continue through the teen years, when long silences are sometimes needed before conversation can take place.

Summer is the time to bring the inside out. This could include a trampoline, obstacle courses, an easel, chalk, playdough/clay, drawing materials, and all kinds of water play. Washing the car can be calming and productive after a difficult day. Playing music outside can provide the space to move, dance or listen. Making sandwiches/snacks, then spreading out a blanket on the lawn to sit on provides motor, sensory and family experiences that are memorable.

In many instances less is more, so keep it simple, and enjoy!

CENTER SPOTLIGHT

Amy V. Davis, PhD, Pediatric Neuropsychologist, earned her PhD and M.S. at Finch University of Health Sciences/The Chicago Medical School and did her Post-Doctoral Fellowship in Pediatric Neuropsychology at the Medical College of Wisconsin in Milwaukee. She completed her internship training in Neuropsychology with additional specialty training in Child Clinical Psychology and Behavioral Medicine at Loyola University Medical Center. Dr. Davis earned her B.A. in Psychology at Washington University in St. Louis, MO.

Dr. Davis has been in the field of Neuropsychology for over 10 years beginning with her undergraduate studies at Washington University in St. Louis where she conducted both experimental and pediatric neuropsychological research. Upon graduation from college, Dr. Davis worked as a research assistant and neuropsychological psychometrician at University of California in San Diego. Dr. Davis also did a majority of her clinical training at the University of Chicago. Her clinical experience and expertise is assessing and providing therapeutic interventions for children with various neurological, medical, psychiatric, and neurobehavioral disorders. Dr. Davis also specializes in working with very young children, ages 0 – 5, and has developed the Half P.I.N.T. Clinic (Preschool and Infant Neuropsychological Testing) here at RNBC. In addition, Dr. Davis conducts research and publishes in peer reviewed journals in such areas as ADHD and preschool assessment.



Leslie Baer, PhD, Clinical Child Psychologist, holds a BA in Psychology from Northwestern University. She earned her PhD in Clinical Psychology from Miami University in Oxford, Ohio. Dr. Baer completed a two-year, combined predoctoral and postdoctoral fellowship in child clinical psychology at the Yale University Child Study Center-Yale School of Medicine. She has experience working with a wide range of pediatric populations, including children with social/emotional difficulties, behavioral disorders, learning disabilities and developmental disorders. At RNBC, Dr. Baer conducts psychological evaluations of children age 2-15, provides individual child psychotherapy and parent guidance, consults with schools and facilitates social skills groups. Dr. Baer's areas of expertise include children with social/emotional disorders, the evaluation and treatment of young children and assessment of autism spectrum disorders.



Half P.I.N.T.

Preschool and Infant Neuropsychological Testing Clinic

“My 3 year old is having problems in preschool, he bumps into other children, seems to get in their way, and no one calls for play dates. What should I do? We have noticed that our son doesn't show any interest in other children. He seems to like us (his parents). He can sit for hours and watch a video over and over but doesn't want to join the neighborhood children playing outside. Is there anything wrong with him?”

With our growing awareness developmental issues and the importance of early intervention many parents are faced with the question of “Is there anything wrong with my child? Does she need help?” Brain based learning and behavioral problems can be recognized early and differentiated from the normal variations in development. We are happy to announce new diagnostic services focused on young children

Based on Dr. Leslie Baer's clinical experience during her internship and postdoctoral studies at Yale Child Study Center and

Dr. Amy Davis's clinical and research experience during her postdoctoral studies at Medical College of Wisconsin, the Half PINT clinic has been developed to offer psychological and neuropsychological assessment services to children ages 0-5. This clinic is unique to the Chicago area because it combines a developmental perspective within a psychological and neuropsychological framework. Drs. Baer and Davis have experience working with various clinical populations in this age group. Typical patient populations include:

- Autistic spectrum disorders
- Children with self-regulation and attention problems
- Children with various psychiatric and socio-emotional concerns
- Children having various medical and neurological conditions

The clinic is set up to include several two-hour sessions involving initial parent intake and interviews, neuropsychological assessment, play assessment, and feedback with families, schools, and other healthcare providers. In addition, for children currently in an educational setting, Drs. Baer and Davis also will incorporate a school observation and school focused recommendations.



Outreach Partnerships

The goal of Rush Neurobehavioral Center's (RNBC) outreach programs is to create a sophisticated community where children with brain-based learning and behavior problems will be understood, celebrated and cared for. In the past year, the Center's outreach efforts touched more than 55,000 children.

Chicago Public Schools

The Rush Neurobehavioral Center is close to completing its second year of partnership with the Chicago Public Schools. The first year of the project included two elementary schools, Farnsworth and Mark Skinner Classical School. The second year of the program has focused on providing service to one school, Mark Skinner Classical School. The goals of the program are to expose teachers and parents to the characteristics of nonverbal learning disorders, and provide them with a repertoire of direct interventions to improve the education of all students. The project's main goal is to provide teachers and parents with strategies and interventions that benefit all students, but especially children who may have characteristics similar to NLD. Social skills and executive function deficits are primary areas of need for children with NLD. The inservices have provided educators with practicable ideas for teaching children social, organizations, time management and metacognitive skills.

Teachers continuing to implement these strategies in the future will have a lasting positive influence on the community. The teachers and parents constantly rate the workshops as helpful and informative, and in the words of one father, "I was always yelling at him for being so forgetful; I now realize there may be a reason for it, but more importantly, how I can begin to help him."

Chicago Catholic Schools

RNBC has a partnered with eight inner-city Catholic grade schools in Chicago. The teachers in these institutions want to learn to become more effective with the students who have brain-based learning disabilities and behavioral disorders.

This pioneering effort involves over 115 teachers in eight schools. This initial year long project includes four teacher development workshops covering the topics of ADHD, reading disabilities, classroom and behavior management and social learning differences. Additionally, each school has an on-site mentor available to teachers each week.

Chicago Public Library

Due to the overwhelming response to our pilot project partnering with the Chicago Public Library, this program will be expanding. We will now be offering the speaker series at the Austin/Irving branch as well as continuing to provide the series at the Edgebrook Branch.

The 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.

Austin-Irving Branch • Chicago Public Library
6100 W. Irving Park Road, Chicago
312-744-6222

Program Speaker Series 2003

- | | |
|---------|------------------------------------------------------------------------------------------------|
| Sept. 9 | Understanding ADHD
What Parents Need to Know
Marc Atkins, PhD |
| Oct. 14 | Strategies for Teaching Organization
and Time Management Skills
Shartrina Robinson-Amato |
| Nov. 11 | Helping Children Be Successful:
An Emotionally Intelligent Approach
Ed Dunkelblau, PhD |

Edgebrook Branch • Chicago Public Library
5331 W. Devon Avenue, Chicago
312-744-8313

May 20, 2003

- | | |
|----------------|------------------------------------------------------------------------------------------|
| Sept. 16, 2003 | Enhancing Self-Esteem in Children
with Learning Disabilities,
Julie O'Malley, PsyD |
| Oct. 21, 2003 | To be announced |
| Nov. 18, 2003 | To be announced |

"Learning Disabilities and More" is a monthly series of programs presented in cooperation with the staff of the Rush Neurobehavioral Center (RNBC) and the Adult Services Office of the Chicago Public Library.

For more information, call the Edgebrook Branch at 312-744-8313 or Adult Services at 312-747-4252.

RNBC is entering a new partnership with Chicago Public Schools. Ogden Elementary has been designated as the site of the 2003/2004 Nonverbal Learning Disabilities Project. RNBC will also continue its second year of mentorship with the Chicago Catholic Schools to help educators identify, assess, and accommodate its diverse learners.

MASTER PIECE

From Slow to Supreme

By Charles B. Ford

*Reprinted with permission from Attention! Magazine, December 2002 issue,
published by CHADD for families and adults with Attention-Deficit/Hyperactivity Disorder*

Perhaps the most distinct childhood memory I can recall involving AD/HD occurred when I was in elementary school. I remember struggling to pay attention to what the teacher was presenting, but no matter how hard I tried to focus, I found myself staring out the window as countless thoughts ran rampant through my head. I remember wondering what was wrong with me, and why the other kids didn't seem to share my difficulties.

Unfortunately, such self-reflections were sporadic and with my attention span being tracked in seconds, such thoughts never lasted too long before they were replaced with others. I struggled through both elementary school and a good portion of high school, barely advancing to the next grade, and encountering numerous academic and disciplinary problems.

I remember having bouts of interest and countless good ideas, but since the majority of these episodes lasted for only a few minutes, they never amounted to much more than a passing thought. However, when I was midway through my junior year in high school, I was diagnosed with AD/HD. This diagnosis led to a process that turned my life around. After being diagnosed, I underwent family therapy, psychotherapy and a few test periods with different medications.

I wish I could say that everything was much easier after these treatments as I progressed through high school and into college, but it was not. Although I still experienced many of the adverse effects of AD/HD, as well as new obstacles resulting from various medications, I began to better understand the questions that had plagued me my entire life. Many of the frustrations I had experienced now had an explanation, and many of the problems I had encountered up to that point now had answers. It took a great deal of patience, hard work and persistence to get to a place where I felt that I had some control over my deficiency, but eventually it came.

At this point, I decided to try to better understand my deficiencies and overcome the obstacles they presented. This self-imposed agenda has never been easy, yet regardless of the complex obstacles that faced me, I refused to give up. Every time I overcame one obstacle, two new ones would spring up. Still, I persisted.

In college I discovered that in order to combat the obstacles created by AD/HD, I needed to improve my study habits. One of the most frustrating aspects of this disorder is the difficulty in staying focused on one task or subject, something I still struggle with today. However, I learned that developing solid organizational skills, including prioritizing activities and persistently working toward the completion of tasks, were the most significant tools I could utilize to manage these obstacles.

In my senior year in college, the success I sought finally became a reality when I not only made the Dean's List, but was also selected for an internship in the Clerk's Office of the Supreme Court of the United States. I completed two consecutive internships while finishing college, and then was hired as an Aide to the Marshal of the Supreme Court, where I served for over a year.

In January 2002, Justice Clarence Thomas hired me to serve as his Aide to Chambers. As the Justice's aide, I perform duties such as case management, document annotation and distribution as well as numerous other tasks to assist him in performing his duties as a Supreme Court Justice. This distinction is quite an honor for a young adult on his way to law school.

When I look back on my life and the numerous challenges I've faced and overcome, the most distinct thoughts that come to mind are persistence, patience and hard work, because they are the tools that enabled me to get where I am today. I hope that my story will inspire at least one person who suffers from AD/HD to never give up and to continue working toward success and happiness.

I would like to express my immense gratitude to those people who provided me with support, love, encouragement and opportunity, especially my family, Jennifer, Mr. Kemp and Justice Thomas.

For more information regarding this article, write to CHADD at 8181 Professional Place, Suite 201, Landover, MD 20875 or visit the CHADD website at www.chadd.org

RNBC Sixth Annual Benefit Dinner

Rush Neurobehavioral Center would like to extend our sincere gratitude to our Advisory Board, friends, supporters and staff for the success of our sixth annual gala. Co-chaired by Linda and Bill Jacobs, this year's benefit raised approximately \$500,000 dollars.

The 2002 **Pearl H. Rieger Award** was bestowed upon Jane Healy for the significant difference she has made in the lives of children with neurobehavioral disorders.

This year, the center presented Fred Kriebel with the **Living Proof Award**. This award honors an individual with neurobehavioral differences who has successfully overcome such challenges.

Save the date, of Wednesday, November 5, 2003, for RNBC's 7th annual benefit dinner. This year's award recipients will be Diane Swonk, Chief Economist at BankOne (**Living Proof Award**) and Dr. Samuel P. Gotoff (**Pearl H. Rieger Award**). For information, call 847-933-9339.



Jane Healy

Pearl Rieger



Fred Kriebel

Roger Plummer

*Join us,
November 5, 2003,
for RNBC's
7th Annual
Benefit Dinner*