

FDLRS Record

Newsletter for the University of Florida FDLRS-MDC program in Jacksonville

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Letter from the Clinical Director

By Stephanie B. Holmes, Ph.D.

Our UF-Jacksonville FDLRS-MDC team is blessed to have had such meaningful collaborations with many children, parents, teachers, administrators, and physicians throughout the year. We know it often takes a village to help a child succeed emotionally, behaviorally, and academically. We are thrilled to be a part of that journey.

When I interface with community members, I am often asked about the scope of services our UF-Jacksonville FDLRS clinic provides.

A large piece of our clinic provides **diagnostic evaluations** for children and adolescents, including psychoeducational, psychological, neurodevelopmental, and speech and language evaluations. We specialize in evaluating students who are medically complex and children who have complex psychosocial histories, as these cases often require the expertise of a multidisciplinary team. We have found it helpful to families and educators alike when we translate our psychology DSM-5 diagnoses and our medical ICD-10 diagnoses into the school language of IDEA.

We also provide **trainings** to students, parents, teachers, administrators, and other professionals in the community. We cover such topics as pediatric anxiety interventions, behavior interventions, study strategies, Individualized Education Plans, Response to Intervention, and how to interpret cognitive testing.

Helpful to many families, educators, and professionals, has been our offering of **consultations**. We review previous testing with appropriate parties in the child's life, and make recommendations for treatment and educational planning. We also help families navigate through the school system, linking their children with the appropriate ESE representative. We have collaborated closely with teachers and medical personnel, helping to problem-solve on case-specific academic and treatment issues.

Our continued **partnership with the University of North Florida** has been greatly beneficial to our patients, our UNF interns, and our team. While we aim to help our UNF interns refine their counseling skills, we often find that our skilled UNF interns enhance the knowledge of our own team members while simultaneously helping our patients to make great strides.

Thank you to all of those families, school personnel, and medical personnel who have given us the privileged opportunity to have an impact on the lives of our community's children. We look forward to continued collaboration with our community in the upcoming years.

-Stephanie Holmes Kinnare, Ph.D.



OUR SERVICES

Who we Serve:

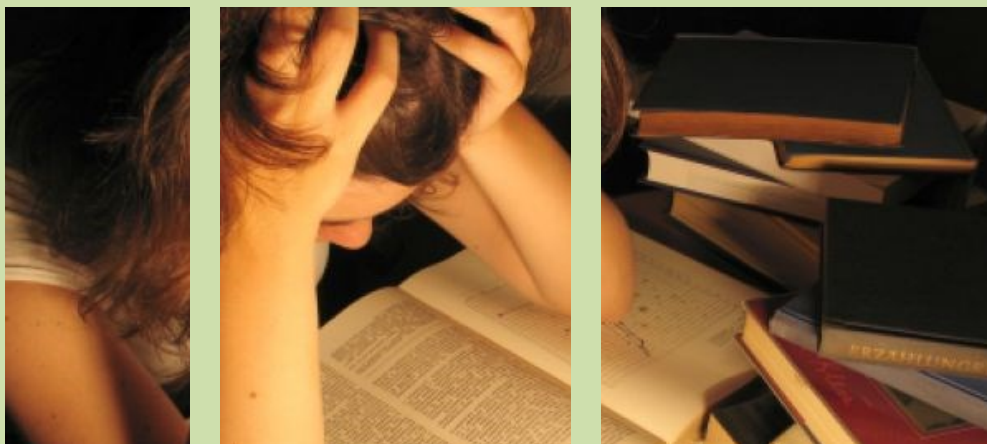
- Individuals between the ages of 3 & 22 who have not graduated high school.
- Who are struggling in school and have complicated medical, behavioral, developmental, &/or social histories
- And who reside in Baker, Clay, Duval, Flagler, Nassau, & St. Johns counties

Services for Families:

- Comprehensive, multidisciplinary assessment, which may include psychoeducational, emotional-behavioral, &/or developmental pediatric evaluations
- Feedback sessions and a report detailing our findings
- Assistance in planning for your child's educational and psychological needs
- Trainings for parents covering a variety of topics

Services for the Community:

- Training/consultations for educators, students, & other professionals
- Educational consultation and support services: This can include collaboration with school personnel to facilitate school placement & provision of services



Reading Comprehension Strategies

by Carrie Fagen, M.Ed.

Reading comprehension is the act of understanding and interpreting what is read. It is an intentional, interactive process and operates under the premise that one can read words on the printed page both accurately and fluently. When roadblocks to comprehension occurs, it is first necessary to determine if difficulties with phonemic awareness, phonics, sight word recognition, or reading fluency is hindering an individual to understand what is read. Assuming the aforementioned skills are in place or are being addressed, instruction in reading comprehension strategies may be useful in assisting an individual to better understand what is read.

There are several approaches one can use to teach reading comprehension strategies. When good readers read, they are often able to visualize what they reading, and in a sense, create movies in their minds. Those who struggle with reading comprehension often do not visualize and need help in creating such pictures. Visualization can be done through a questioning process (i.e. "What do you picture after reading that passage?" "What is in the foreground...the background?" "What colors do you see?" "What kinds of movement are happening in your picture?"). Asking explicit questions about what is specifically stated in the text before moving to more implicit questions and requiring the use of text to support responses can also further aid the development of comprehension. Vocabulary development best occurs at the point of need and comprehension can be further supported when students learn to use context clues to determine the meaning of unknown words. Helping students to articulate the main idea of a passage in fifteen words or less and identify key details that support that main idea is another strategy that can boost reading comprehension. Other evidenced-based comprehension strategies that can be incorporated into reading comprehension instruction include making predictions and personal connections, as well as determining the author's purpose for writing.

Becoming a competent reader who is not only able to read what is printed on the page but is also able to gain meaning from these words is a process. This process is best achieved through instruction, modeling, and corrective feedback.

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UF-Jacksonville
FDLRS-MDC serves
Baker, Clay, Duval,
Flagler, Nassau, &
St. Johns County.

Intellectual Assessment in Schools

By Shannon Miller Knagge, Psy.S.

Intellectual assessment is a critical tool for providing information about a child's performance. It provides data to compare the child's performance to their same-age peers, as well as to examine the processes the child uses to problem-solve while performing. Common questions that most often lead to the assessment of intellectual functioning within schools involve learning disabilities, giftedness, and intellectual disability. For giftedness and intellectual disability, the intelligence quotient score, or IQ score, is one piece of evidence that is used in conjunction with several other pieces from areas like academic and adaptive functioning to support whether or not a child is functioning significantly above or significantly below his or her peers. For learning disabilities, the IQ score can be used to show the difference between the child's cognitive abilities and where they are actually performing academically, as measured by data collected from achievement testing, criterion-referenced testing, and response to intervention (RtI).

The following is a list of common testing instruments used to both assist in the derivation of an IQ score and the examination of the processes behind a school-age child's problem-solving strategies:

- Wechsler Intelligence Scale for Children – Fifth Edition (WISC-V)
- Wechsler Preschool and Primary Scale of Intelligence- Fourth Edition (WPPSI-IV)
- Differential Ability Scales, Second Edition (DAS-II)
- Stanford-Binet Intelligence Scales-Fifth Edition (SB5)
- Kaufman Assessment Battery for Children – Second Edition (KABC-II)

What To Do While Waiting for a Diagnosis

By Candice Rosenberg, M.Ed.

Diagnoses can be very helpful. They can have several benefits such as giving professionals a baseline for communication, prompting one to be more patient with another's difficulties, normalizing one's experiences, guiding one toward evidence-based treatments, and even having treatment services paid by insurance companies.

Many individuals are waiting to be evaluated, and hence often waiting to start treatment services.

However, lack of a formal diagnosis does not have to hinder intervention. There are statewide programs that children and their families can access at no cost in order to be screened or evaluated, and to start treatment services. For example, the statewide Early Steps program provides evaluation and intervention services to children birth to 36 months. The statewide FDLRS Child Find program coordinates with the school districts to locate children potentially eligible for services under the Individuals with Disability Act (IDEA) and links them with services. Additionally, public school districts provide academic and/or behavioral interventions to children who are demonstrating academic or behavioral needs beyond the regular curriculum.

For more information on "what to do while waiting for a diagnosis," feel free to attend one of our no-cost, monthly workshops on this topic. Contact candice.rosenberg@jax.ufl.edu for more information.

How to Help Your Child Learn to Control His or Her Temper

by Carrie Fagen, M.Ed.

Maintaining your cool when life doesn't go your way is very difficult for many children and adults alike. You can help your child develop emotional control by modeling appropriate behavior, teaching him or her specific skills to use in emotionally charged situations, role playing situations that typically cause tantrums or outbursts, and providing incentives to motivate him or her to behave appropriately.

The following steps are recommended to teach your child to control his or her temper:

1. **Work with your child to create a list of situations that cause your child to lose his or her temper.** These *triggers* may include being told , “no,” having to complete homework or a chore he or she doesn't want to do, sharing a toy or electronic device with a sibling or friend, or stopping an activity he or she enjoys (playing video games) to do something he or she dislikes (setting the table, practicing an instrument, etc.). If the list is long, try to group the list into larger categories, so as to not overwhelm your child.
2. **Discuss with your child what it looks and sounds like to “lose your temper.”** This list may include swearing, hitting, arguing with a parent, and yelling. Decide with your child which behaviors he or she should place on a “can't do” list, focusing only on a couple behaviors at a time.
3. **Brainstorm with your child three or four activities he or she can do instead when faced with a tantrum trigger.** Some ideas may include taking a five-minute break in your room, listening to one song, drawing a picture, or reading a book. Choose a small list of *replacement behaviors* that appeal to your child. If your child doesn't enjoy art, drawing a picture may not be a good choice; however, if he or she enjoys building, a 3-minute “Lego Break” may be appropriate.
4. **Post your created chart in a place that both you and your child can refer to when problems arise.** This chart should include triggers, “can't dos” and replacement options.
5. **Over the next couple of weeks, use real-life examples to practice using the replacement behaviors.** Keep practice times short and include a variety of triggers and a variety of replacement behaviors. If appropriate, your child may enjoy the opportunity to be the “parent” and give you a few situations to demonstrate using replacement behaviors appropriately.
6. **After practicing for a couple of weeks, start using the process.** Begin with minor irritants for a couple of weeks before moving to more challenging triggers.
7. **Connect the process with a reward.** Initially, small rewards should be given *every time* the child responds appropriately to triggers. Once the child becomes more skilled and uses the process effectively, you may use daily or even weekly bigger rewards after a pre-determined number of replacement behaviors have been demonstrated.
8. **Through this process, new triggers may emerge and old triggers may fade away.** Complete the entire process when you observe your child losing his or her temper on a regular basis with new triggers. Eventually, your child should naturally transfer replacement behavior skills in new situations, but this may take much time and practice.

Reference:

Dawson, P. & Guare, P. (2009). *Smart But Scattered*. New York: Guilford Press.



Helpful Resources for Families

By Candice Rosenberg, M.Ed.

Florida's Multi-Tiered System of Supports (MTSS)

<http://www.florida-rti.org>

Within MTSS, resources are allocated in direct proportion to students needs. Data on student performance informs educators on which instruction and interventions should be maintained and layered.

Florida Department of Education

<http://www.fldoe.org/academics/exceptional-student-edu/>

Questions regarding IDEA, IEPs, etc. Go directly to Florida Department of Education

Disability Rights Florida

http://www.disabilityrightsflorida.org/our_work/services

Serves any Floridian with a disability or related issues. Provides topics such as: access to a free and appropriate public education in the most inclusive setting, and equal access to public and private programs and services, including businesses, transportation, post-secondary education, housing, and assistive technology.

ADDitude

<http://www.additudemag.com/>

Strategies and support for ADHD and LD

NASP: National Association of School Psychologists

<https://www.nasponline.org>

Covers a variety of academic and psychology topics.

Super Duper Publications

<https://www.superduperinc.com/Handouts/Handout.aspx>

Access to handouts of a variety of topics.

Reading Rockets

<http://www.readingrockets.org/resourceinfo>

Reading resources for parents and teachers



How to Give Children Effective Instructions

by Carrie Fagen, M.Ed.

A common complaint amongst parents is that their children don't "mind" or do what they are told to do. This perceived non-compliance can lead to poor parent-child interactions and increased problem behaviors. One simple, yet highly effective, solution to this situation is for parents to give their children more effective commands. Here are ways to present instructions or commands to your child in a manner that will likely increase compliance:

1. **Assume the "minimum necessary" rule.** The fewer commands you give your child, the greater likelihood your child will obey those commands. Decreased compliance occurs with the increase in the number of commands given, so be selective in the commands you give. Don't give a command that is of little value to you or one that you don't plan on following through with a consequence if it is not followed. It's far better to give your child a few meaningful commands in which he or she can be successful than overwhelming your child with a litany of demands that he or she could never follow.
2. **Be close.** Give directions no further than three feet away and maintain eye contact while giving directions. Eliminate distractions such as texting, listening to music, or playing video games prior to giving directions.
3. **Present your directions as a command, not a question or favor.** Directions such as, "Wash your hands, OK?" or "Can you pick up your room now?" give children an open opportunity to be non-compliant. It is far more effective to give businesslike commands in a calm, yet firm tone.
4. **Be clear and specific.** Directions such as, "Behave," or even "Pick up your room," are too general and difficult for a child to follow. Providing your child with specific commands increases the likelihood of him or her demonstrating the desired behavior. Directions such as, "Please remain in your seat during dinner," or "Please pick up the clothes on the floor in your room," are far better instructions than the aforementioned, vague commands.
5. **Keep it positive.** Provide your child with a command that tells him or her what to do, rather than what not to do. For example, "Stop touching your brother," could be rephrased to "Please keep your hands to yourself."
6. **Keep it polite.** The first time you give a command, start with the word, "Please." Allow your child a few moments to comply before repeating request with, "You need to..."
7. **Ask your child to repeat the command.** This gives your child a few seconds to process the information and ensures that your child understood what is expected of him or her.
8. **Don't be a nag.** Only repeat instructions one time. If the instructions are not followed after the second time, immediately give your child a consequence. Effective consequences need to be immediate but not necessarily severe. For example, removing "gaming" privileges for the rest of the day can be far more powerful than telling your child on *Monday* he's on restriction and in his room *all weekend* for not setting the table.
9. **Every command doesn't need an explanation.** Parents often spend too much time reasoning and explaining the rationale after giving a command with their children. This can lead to verbal overload and to the assumption that the command may be negotiated. Occasionally, a simple, brief explanation can be given before the actual command. For example, "It is time to get up and get ready for school. Please make your bed and get dressed."
10. **Praise compliance immediately after a command is obeyed.** Verbally praising your child for obeying a command greatly increases the likelihood that commands will be obeyed in the future. For the child who has significant struggles with command compliance, a reward/token system may need to be put into place. Many studies clearly show that positive reinforcement is a far more powerful force in changing behavior than negative consequences.

References:

- Dawson, P. & Guare, P. (2009). *Smart But Scattered*. New York: Guilford Press.
- Barkley, R.A. (2005). *Taking Charge of ADHD*. New York: Guilford Press.
- Hallowell, E. & Ratey, J. (2011). *Driven to Distraction*. New York: Simon & Schuster.

Testing Accommodations

By Stephanie Holmes Kinnare, Ph.D.

Many students benefit from accommodations during Florida's statewide student assessments. According to the Florida Department of Education Bureau of Exceptional Education and Student Services, students "routinely use the same kinds of accommodations in statewide assessment situations that they use in the classroom" (2005, p. 16).

Accommodations may be grouped into four different categories including:

Flexible Presentation

Examples include:

- Using text-to-speech technology to read written materials
- Information in written instructional materials is presented orally
- Uses special devices to enhance visual attention or support physical interaction with classroom materials (e.g., colored overlays, book stand or page holder)
- Opportunity to paraphrase or repeat directions to demonstrate understanding

Flexible Responding

Examples include:

- Dictates responses to a test administrator or proctor
- Use of assistive technology to respond to written assignments (e.g., computer, braillewriter, stand-alone communication device)
- Uses specially formatted paper (e.g., wide lines, blank math grids, colored lines)
- Periodic checks by test proctor/administrator

Flexible Scheduling

Examples include:

- Testing time separated into short periods
- Extended time
- Test taken at a preferred time of day

Flexible Setting

Examples include:

- Individual or small group setting
- Distraction-free environment (e.g., study carrel, white noise machine, approved calming music through headphones)
- Sensory-friendly environment (e.g., glare reduction lighting, special furniture, special acoustics)

To learn more information on statewide testing accommodations, you may visit:

<http://www.fldoe.org/academics/exceptional-student-edu/beess-resources/presentations-pubs/>



Reference and Recommended Reading:

Florida Department of Education Bureau of Exceptional Education and Student Services (2015). *Accommodations for Florida's Statewide Student Assessments*. Retrieved from <http://www.fldoe.org/core/fileparse.php/7690/urlt/statewideassessmentaccommodations.pdf>