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Georgia Strait | WOMENS

WHO SHOULD ATTEND

Education & Clinical
Professionals: All education
and mental health or
healthcare professionals who
work with children or youth
including, but not limited to
K-12 Classroom Teachers,
School Counsellors, Learning
Assistance/Resource Teachers,
School Administrators, School
Paraprofessionals including
Special Education Assistants,
Classroom Assistants and
Childcare Workers.

All other professionals who support behavioural challenges and complex learning needs including but not limited to: Nurses, Social Workers, Psychologists, Clinical Counsellors, Family Therapists, Occupational Therapists, Speech Language Pathologists, Addiction Counsellors, Youth Workers, Mental Health Workers, Probation Officers and Community Police Officers.

LIVE IN-PERSON

- Complimentary tea, coffee and assorted pastries
- On-site exhibitors

Please note, in-person registration does not include access to the live stream or recorded footage.

LIVE STREAM FROM HOME

This conference will be live streaming from Saskatoon, SK to online participants on November 4-6, 2024 from 8:30am - 4:00pm CT

Recorded footage and all course content will be available until December 9, 2024. Please allow 3-5 business days after the conference has ended for recorded footage to become available.

Live stream registration: www.webinars.jackhirose.com



November 4-6, 2024

Monday to Wednesday 8:30am to 4:00pm

Saskatoon, SK

Saskatoon Inn & Conference Centre 2002 Airport Drive

Caroline Buzanko

Ph.D., R.Psych

Steven G. Feifer

Varleisha D. (Gibbs) Lyons
Ph.D., OTD, OTR/L, ASDCS







- ✓ Proven Brief Interventions to Help Students with Emotional and Behavioural Problems
- Worried & Distressed:
 Dealing with Anxiety Disorders in School Age Children
- ✓ Fostering Social Emotional Learning Skills in Students
- Proven Interventions to Help Children & Adolescents with Reading and Writing Difficulties
- ✓ Self-Regulation & Mindfulness for the Classroom



THE SASKATOON CONFERENCE ON BEHAVIOURAL, DEVELOPMENTAL & EMOTIONAL CHALLENGES WITH CHILDREN & ADOLESCENTS

Presented by Jack Hirose & Associates. Sponsored by Sunshine Coast Health Centre and Georgia Strait Women's Clinic

If you have any questions, please contact your on-site coordinator.

PLEASE REMEMBER:

- Wear your name badge every day.
- Turn off your cell phone.
- If you have pre-purchased lunch your tickets are in your name badge, please treat your tickets like cash.

EVALUATION FORM:

• Complete your evaluation form each day using the QR code below.



SCHEDULE:

This schedule may vary depending on the flow of the presentation and participant questions

7:30am – 8:30am	Sign-In
8:30am – 10:00am	Morning Workshops Begin
10:00am – 10:15am	Mid-Morning Break (Refreshments Provided)
10:15am – 11:45pm	Workshop in Session
11:45pm – 12:45pm	Lunch Break
	Sign-In (CPA Members Only)
12:45pm – 2:15pm	Afternoon Sessions Begin
2:15pm – 2:30pm	Mid-Afternoon Break (Refreshments Provided)
2:45pm – 4:00pm	Workshop in Session
4:00pm	Complete Evaluation Forms (Use QR Code Above) & Sign-Out (CPA Members Only)

CERTIFICATES:

• Digital certificates are available for download on the final day for multi-day attendees at: http://registration.jackhirose.com/certificates

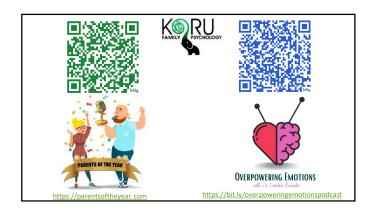
CPA MEMBERS

- A new policy requires you to request a form from your on-site coordinator, which must be submitted directly to the association.
- Please sign in after lunch and sign out at the end of the day. Early departures result in the loss of CPA credits.
- Certificates will be updated with CPA credits after form verification (allow 2-4 weeks).

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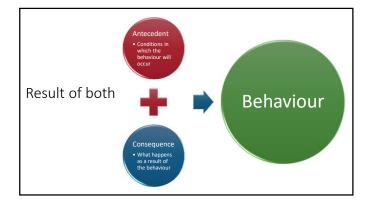
Warning! 100% obedience comes at a • Boosts independent thinking • Helps form identity great cost

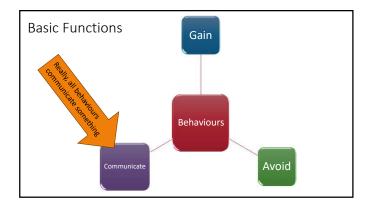
Importance of acting out

- Essential for development & learning
- Learn about themselves & the world

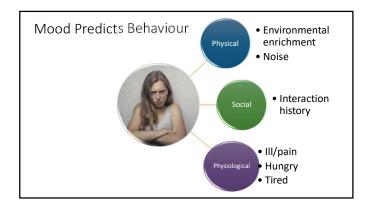
- Boosts emotional regulation
- Empowering
- Stand up for themselves

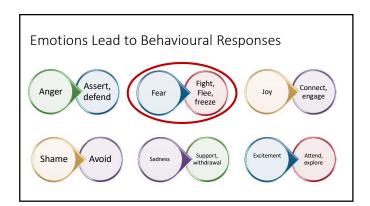










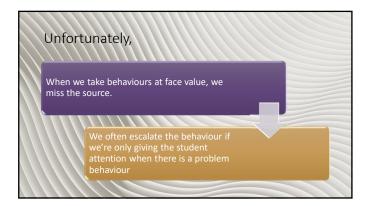














Misbehaviour

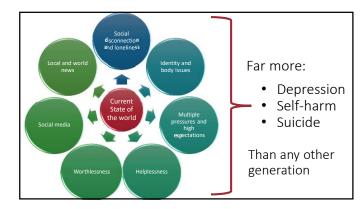
- Aware of behaviour and rules
- Within their capacity to act differently

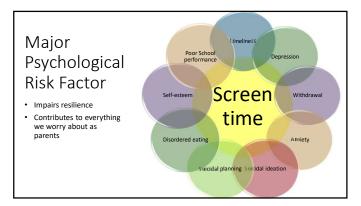




Strong emotions limit flexibility and perspective taking







Self-esteem False messages to avoid rejection So happy! So beautiful! "Likes" worsens self-esteem Others won't like the "real" them.

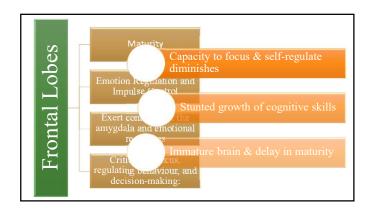






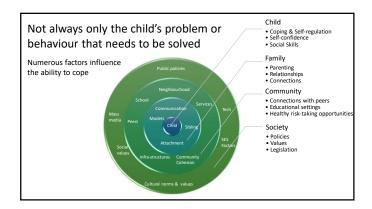
Poor self-regulation because resources used up

- Poor emotion regulation
- Increased emotional reactivity
- · Proactive aggression
- Anti-social behaviours

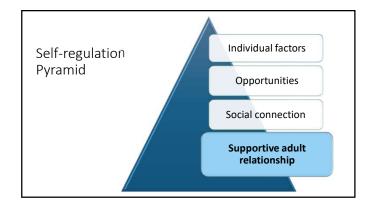


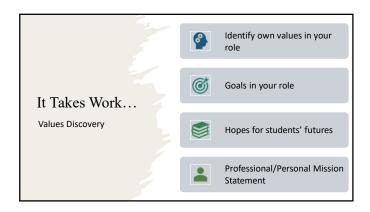


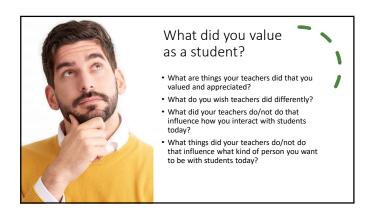
















- What kind of relationship do I want this student?
- Who do I want to be within this relationship?
- What qualities do I want this student to see in me?
- How could our relationship be improved? • What can I do more of? Less of?

	1



Align with Values: From Ideas to Reality

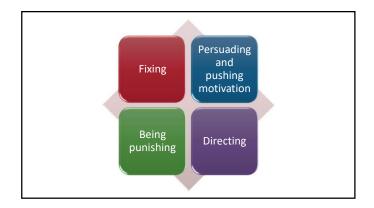
- List concrete, observable behaviours you can do that align with your top three values?
 - Reducing corrective feedback
 - Identifying child's strengths and positive
 - behaviours more frequently • Listening actively more often
 - Engaging in collaborative problem solving whenever a conflict arises

 - Showing more love
 - Engaging in more acts of kindness





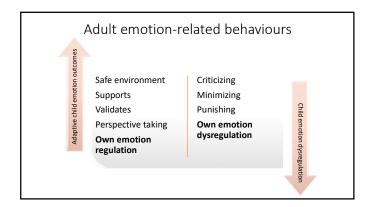


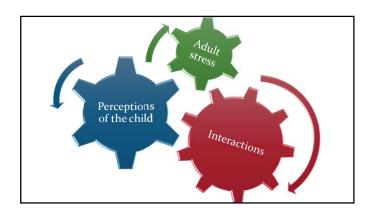


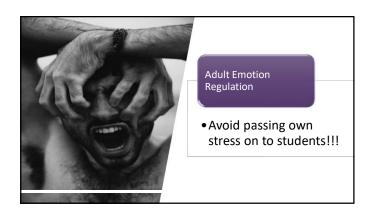








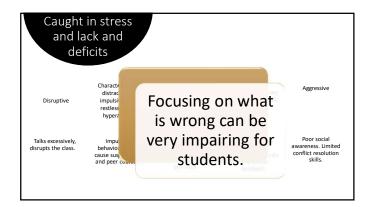








Greatest predictor of ODD:
Adult stress + negative
perceptions of the child



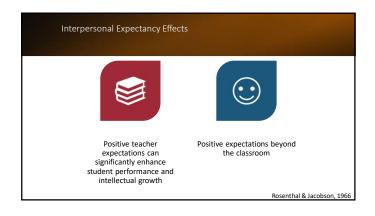
Behaviours Related to Identity

- Identity and self-concept are cocreated!
- Self-evaluation is based on their experiences and others' appraisals
- What are the consistent, repeated cues they receive over time?

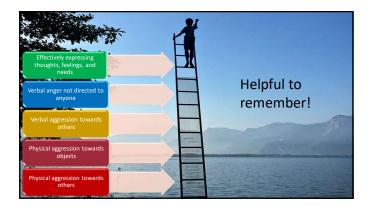


Perceive Students for Their FULL Potential









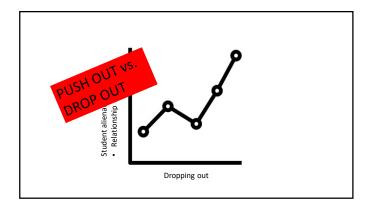






Board Members							
lame	School issues	Friend issues	Parent issues	Sibling issues	Getting in trouble	Emotional	Health
Mr. Frank	х						
Or. Simms						х	х
Susan	x	x	х				
Mom				х	х	х	
Jeff			х	х	Х	х	Х
Brendan		х					х
Marie			х	х	х	х	х



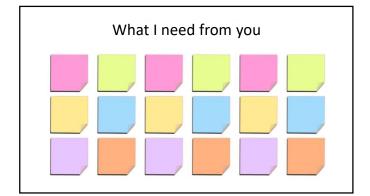


• Stand just in/outside the door or go around the room

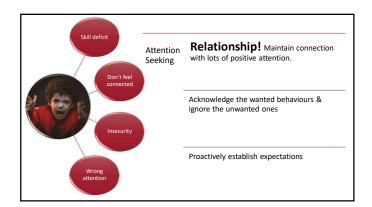
- Greet each student positively
- Say their name
- \bullet Have a short positive interaction
- Follow student's lead Handshake, fist bump, high five,
- Handshake, fist bump, high five pinkie shake
 Direct them to the first activity
 Specific acknowledgement to reinforce desired behaviours

You have less than 6 minutes

- Kids need to feel liked and respected
- What can you DO to strengthen your relationship with your students every day?





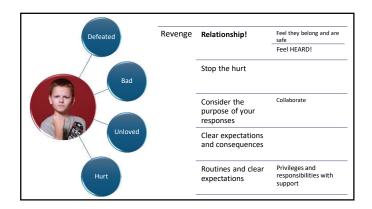


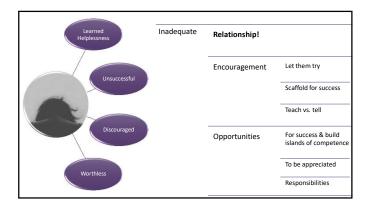
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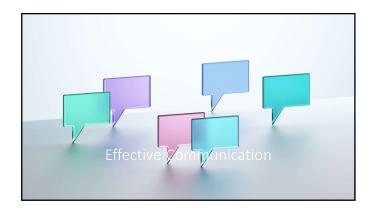
Positive Attention & Planned Ignoring

For behaviours that are maintained by adult attention

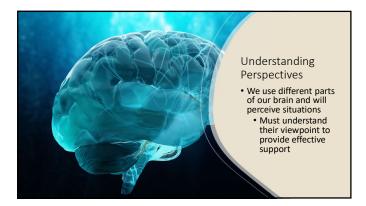
		Relationship!	Mutually respectful
Anxious	Power		Feel they belong, are safe, and are heard
		Avoid power struggles	Everyone loses
Not capable		Collaborate	
		Rationales for rules	
No control		Routines and clear expectations	Privileges and responsibilities





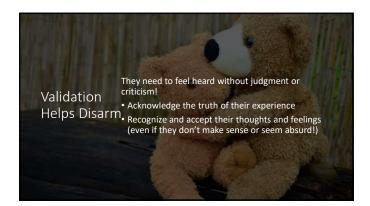
















Effective Communication

You listen more than talk
You remain calm

You acknowledge their perspective Your attitude is respectful and caring

You respect their autonomy
You ensure that they feel heard



Unhelpful Communication

You ignore perspective

Your attitude is not respectful and caring You try to lecture, teach, nag, or fix the

You try to lecture, teach, nag, or fix the situation, share your agenda

Talk too much

Emotional escalation or power struggle Taking things personally

Negativity

Judgment

Replace negativity with curiosity



Even if they challenge, we still have to work hard







RESPECTFUL

POSITIVE

ASSERTIVE





NON-AGGRESSIVE CARING



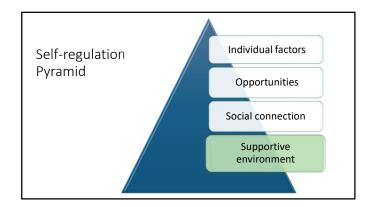
A child's greatest need is to feel accepted and valued just as they are

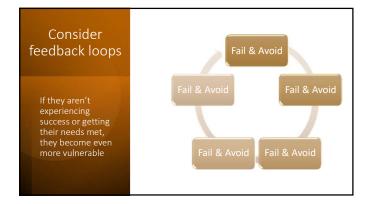
Remember! Kids want to be and do good!

So, let's expect them to.

Be proactive, set them
up for success, and
support them when
they can't.









Get on Offense!

Spend time putting support strategies in place vs. waiting for problem behaviours to happen. Do anything you can to promote positive behaviour

- promote positive behaviour

 Greeting students as soon as you see them

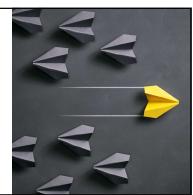
 Help them transition to/from various activities throughout their school day

 Clear and simple expectations that are both reasonable and enforceable;

 Provide the ability to problem-solve what needs to happen for them to be successful in challenging situations

 Adults and kids take "practice breaks" before they really need them

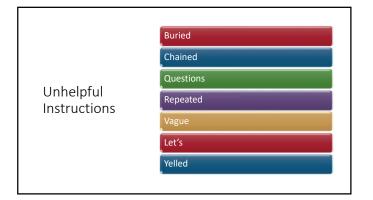
 Model appropriate tone, volume and cadence
- Model appropriate tone, volume and cadence with students who are frustrated



	Involve child				
	Start small! Few rules and build on successes				
	State rules positively				
	Make rules visible				
F . I I: I :	Teach & practice to success				
Establishing	Use role play to keep kids actively engaged				
Behaviour	Train every day				
Expectations & Strategies	Automatize (requires less brain energy!)				
	Tie new behaviours to existing ones				
	Use positive motivators vs. Punishment				
	Make rewards appealing and immediate				
	Acknowledge adaptive behaviours				
	Review expectations and support at point of performance				
	Provide ongoing structure and support for success				
	Choices				
	Structured breaks 85				

Provide:

- 3-5 expectations
- Rationales
- Immediate successes
- Explicitly Teach
 - Examples and non-examples of expected behaviours
 - Models



Better Instructions	Direct
	Specific
	Clear
	One at a time
	Moment of silence
	Within their capacity
	Respectful





Boosting Motivation

- Choices & anything to foster independence and responsibility
- Incorporating child preferences
- Positive before anything corrective
- Positive attitudeStatements of self-efficacy and encouragement
- Reward for practicing
- Positive before negativeMix low appealing tasks with high appealing
- Breaks between tasks
- Relaxation
- Exercise/movement
- MusicHumour
- Interacting with peers

Start the day off right









Find the Antidotes!	
Defies authority	Follows directions; obeys rules
Destroys property	Uses objects appropriately
Fights with others	Plays, shares with, assists others
Hits others	Solves problems verbally
Disrespectful	Collaborates, accepts decisions
Irritable	Express how they feel Good natured & easy going
Lies	• Is honest





Conduct an Acknowledgement Assessment!

- How do you like being acknowledged? How do you hate being acknowledged?
- Create a developmentally appropriate assessment form with a menu of lots of feasible options
- Acknowledge students based on their preferences
 - Reflect and adjust!

Reward ideas						
Homework pass	Pass from a class or task	Store (e.g., pencils or erasers)	Lunch with the teacher	Bring a friend from another class	Free time in class or extra recess	
Choose a seat for the day	Positive call home	Keep class mascot	Front of line pass	Clasroom coupons for privileges	Dance party	
Treasure box	Movie	Bonus point	Talent show	Music choice	Late pass	
Science experiment	Extra computer	Class leader	Teacher chair	Podcast	Scavenger hunt	
Teacher dress up						

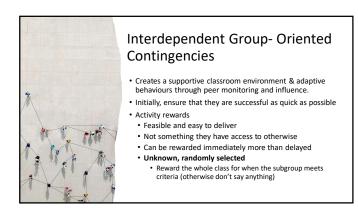
Reinforcement Exhaustion Replace praise with gratitude



When giving out discincentives, BE BORING, but when giving out rewards, BE PASSIONATE.





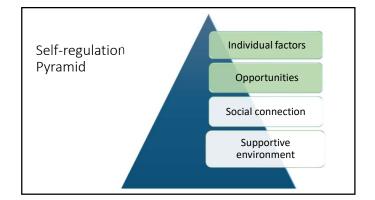




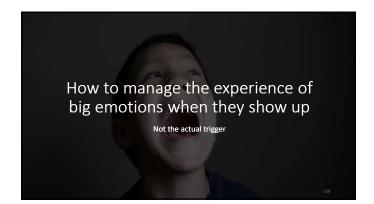












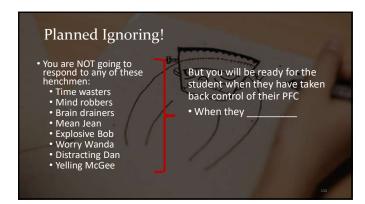
Curiosity is a key response to emotional experiences











Build Acceptance & Tolerance

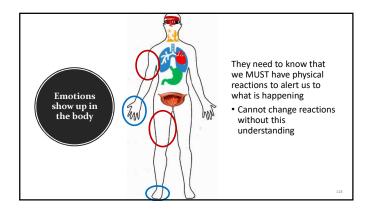
- NOT resist, control, or eliminate emotions
- Focus on ending fear of discomfort
 - I am uncomfortable but I am going to do this anyway

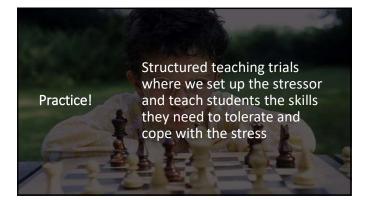


They start to worry about the physical feelings, which are distressing, which they will do anything to stop

Become reactive
Misinterpret and leads to more sensations...



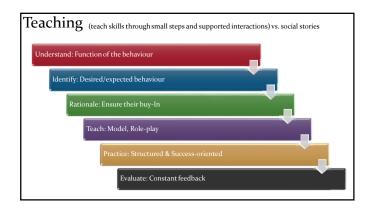




Practice

- Not being first in line
- Losing a game
- Meeting a cute puppy
- iPad unavailable
- Someone cheats at soccer
- Making a mistake





- Which child was most like you?
- Why?
- Who was successful?
 What did they do to be successful? Who wasn't successful?
- What could they have done to be successful?
- When is it better to get the small reward right away vs. the big reward later?
 - When is it better to wait?
- When have you chosen the bigger reward later over the smaller one right away?

 • What are your marshmallows? Your phones? iPad? Videogames?
- When is it important to think before you act?
 - When do you NOT need to think before they act?

Goal: Waiting for things we want



Teaching

Resistance training: Structured teaching trials to learn to resist the temptation

- Do vs. not do
- Clear expectations and consequences
- Ongoing support for success
- Short redirection vs. lectures



Capitalize on current challenges!

- Challenges are part of life & dealing with them is part of learning.
- Optimize teachable moments
 Let them figure out the fight on the playground themselves!
 Let them try.
 Let them fail (but don't set them up for failure)
 Work through next steps and how to fix things



Create challenges!

- Challenge of the day, week, or month
 - Work through things on their own
 - Might get frustrated in the moment but the intrinsic reward once solved is far greater than if helped





Cue (vs. prompt)

- How will you get started?
- How will know when you are done?
- How will you keep going if it gets hard? If you are tired?
- What will this look like?
- How long will it take? (How long did it take before?)
- How do you know what you need?
- How do you know where to start?
- How did you know how to do that?
- What would you do the same way? Differently?
- Did this meet your prediction of difficulty?
- What have you done to be successful in the past?

Conflict Resolution

Teach!

- Normal part of relationships!
- Not a bad thing can be positive
- Examples of helpful vs. unhelpful responses



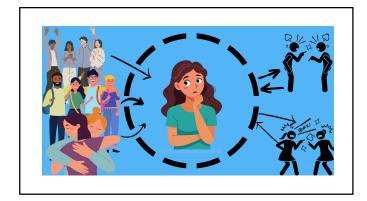
Practice Flexibility: Getting Unstuck



- Looks like _____ is trying to make your amygdala stuck
- What little change can help?
- How can you try something different?
- Have them think of hows
 - How will you respond?
 - How will you make your next move?
 - How will you handle (the situation)?









Promote self-reflection

- What does prosocial behaviour mean?
 - How do you know when someone is being prosocial?
- What types things have you done to help others?
 How did it feel?
- What are the benefits of helping others?
- Who is someone you know who is kind or helps others?
- How do they interact with others?
- How come some people are prosocial and some aren't?
- How come some kids choose to bully others and some don't?
- Are some people prosocial sometimes and not others?
- What gets in the way of them being prosocial sometimes?
- What motivates you to be kind to others?
- How do you think being prosocial affects your relationships with others?



Model!

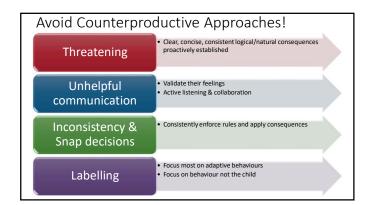
- Polite & respectful behaviours
 - Verbal
 - nonverbal
- Listening
- Validating others
- Collaboratively problem-solving







Avoid Counterpro	ductive Approaches!
Lecturing	Proactively establish expectations & calmly remind them
Power struggles	Pre-established expectations, active listening, choices Privacy!
Arguing	Stay calm and assertive
Confrontation	Wait until calm & offer invitation Establish regular meeting times





Get Them Thinking
About Their Own
Behaviours

• Your choice. No skin off my

- Your choice. No skin off my back!
- Ask questions
 - What is this, a zoo?
 - What is this, a preschool?







Act vs. Talk



Get Curious Not Furious





Separate Consequence Discussions from Emotional Validation







How would you respond? You are the worst person in the universe and I hate you. You are a dumb f&%ing a%%hole.



Ideas on how to respond?

Master listener & compassion

- Acknowledge the upset & validate their experience
- You understand their pain
- Show safety
- Be natural and neutrak



"Ugh, you really don't like this math. I can see how upset you are and hate the thought of doing this right now."





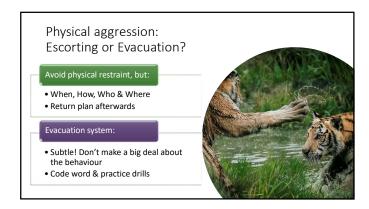
- Always validate their experience and
- Ensure they feel that we understand.

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Managing to Behaviours

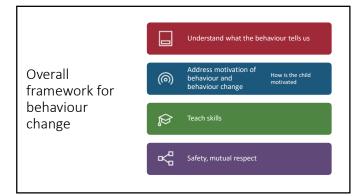
When you feel the need to respond

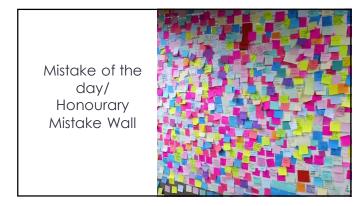
Least int res

It is critical that students can save face and have the chance to self-correct or solve the problem on their own

Least-to-most intrusive response

Choice Proactive conversations

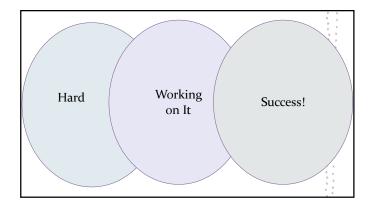














Exercise!!!

- Strengthens the brain
- Chemicals calm brain during stress
- Stress chemicals released to help stressed out system recover efficiently
- Promotes attention and other key skills



Sleep!!!

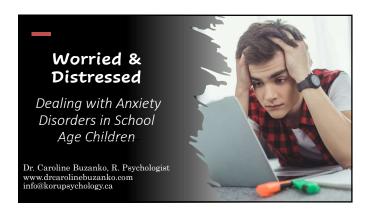
- Critical for learning: glue for remembering

 - Need good night sleep before exam
 Need good sleep after studying for exam!
- Helps manage stress
- Helps eat better





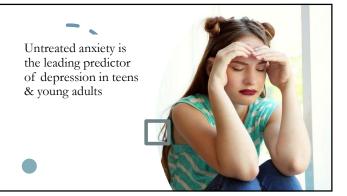


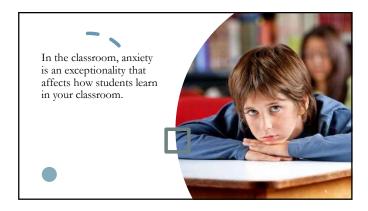










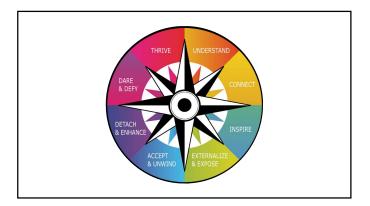


Limits Executive Functioning

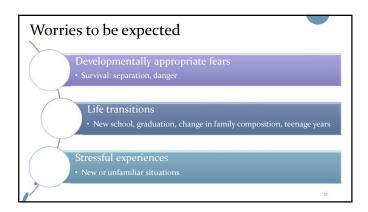
- Attention
 Impulsivity
 Organization
 Planning
 Prioritizing
 Initiation
- Working memory
 Decision making
 Self-monitoring

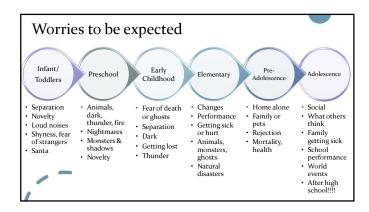


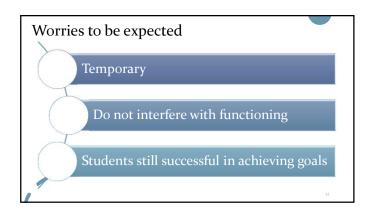


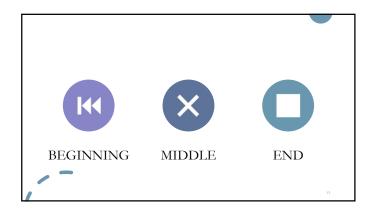








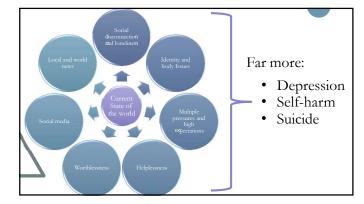


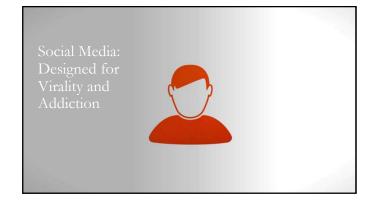


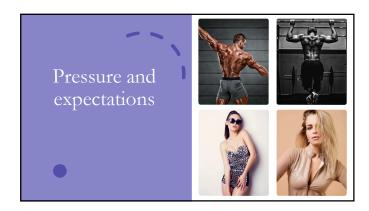


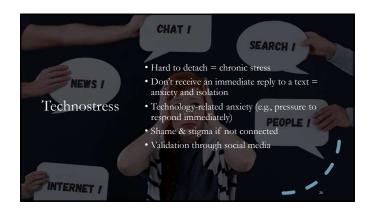
Everyone is predisposed to anxiety.













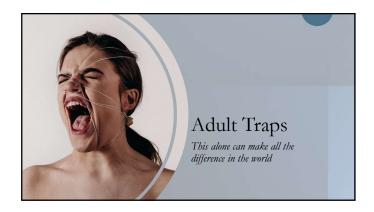














Unsolicited Support

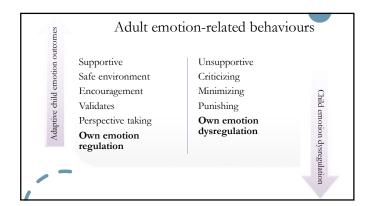
- Swooping in can:
 Undermine the equity in the relationship
 Create a sense of obligation

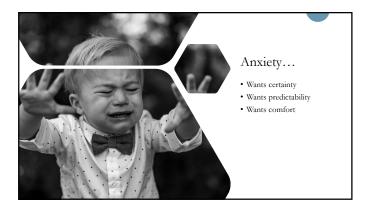
 - Independence and self-esteem threatened
 - Feel invalidating
 - Seem unsympathetic
 - Shut down communication

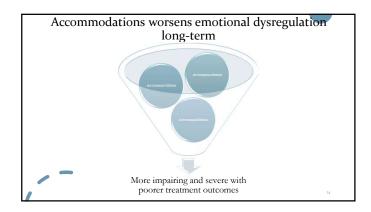
Minimizing Get stuck in constant need for reassurance No skills developed

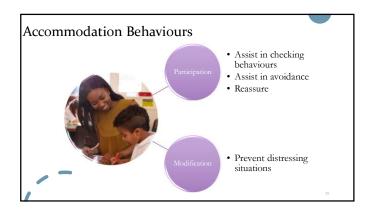


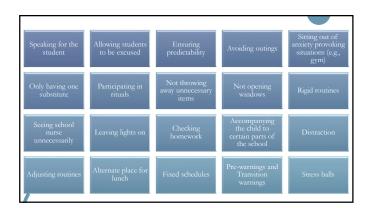


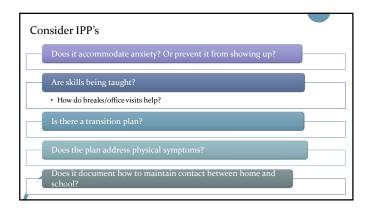


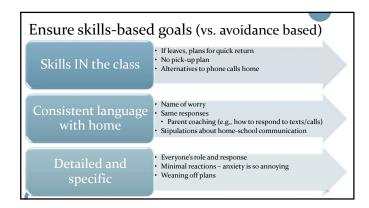


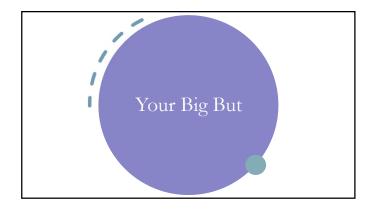






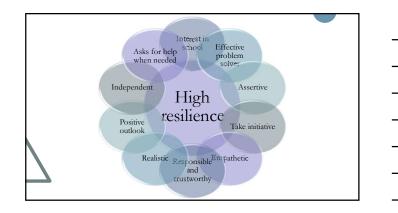






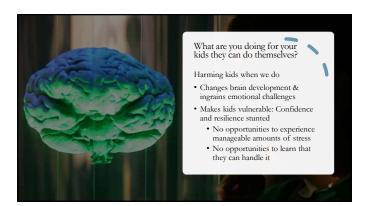




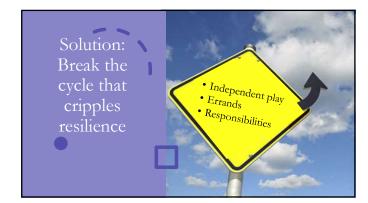






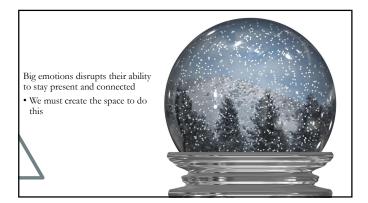


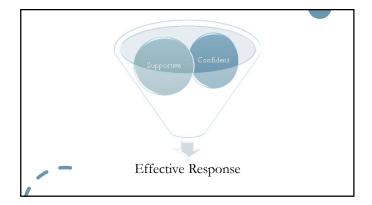






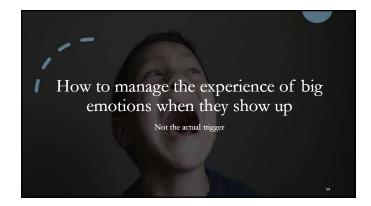






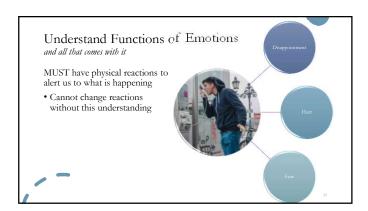














Expressing Feelings Adaptively

Kids need to know:

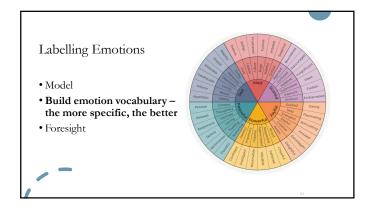
- All feelings are ok and important
- How to label feelings effectively & rationale
 - To make sense of them
 How they can guide us
 - Foresight
- How to talk about feelings
- Their feelings matter
- What to do next



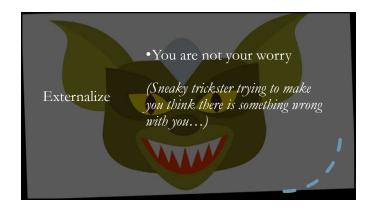
Labelling Emotions
& All that comes with it

With no words comes behaviours

Name it to tame it
Calms nervous system
Builds confidence

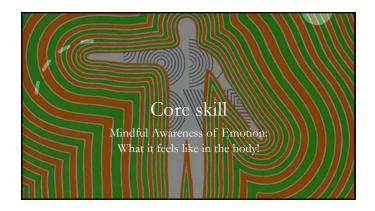




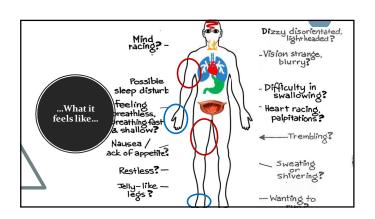


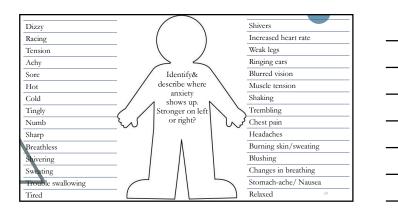








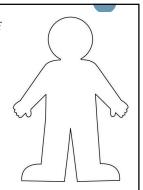




When we label the different parts of emotions and our experiences, we:

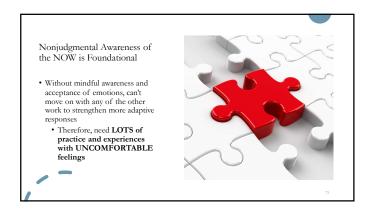
- Change our interpretation of them
- Change how our body responds
- Dampen amygdala's false alarm
- Turn on prefrontal cortex
- Make adaptive decisions
- Learn that we have control over our responses · I know what you are & I know how to handle you
- Avoid getting sucked in it's just a piece of

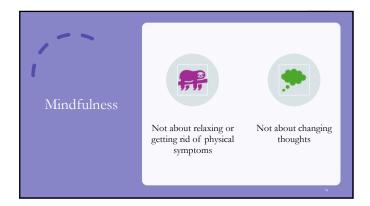


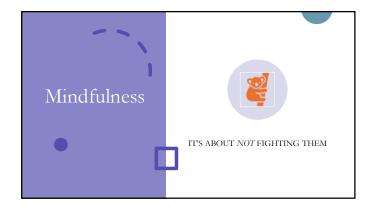


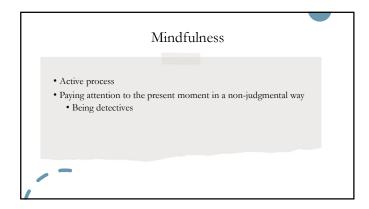


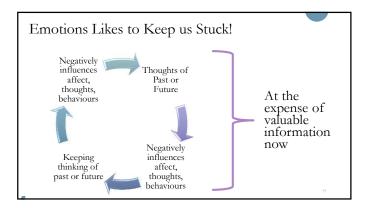


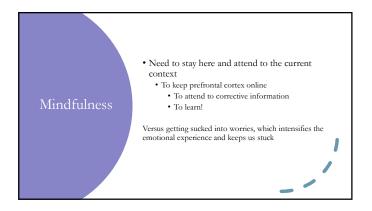












Acceptance & Tolerance of Emotions

- Confront emotions
- Sit with emotions
 - NOT resist, control, or eliminate emotions.

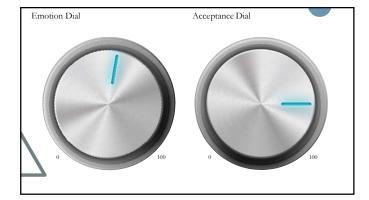


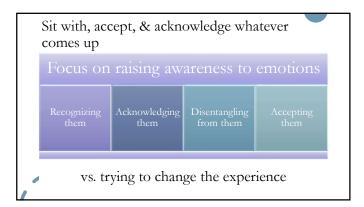
GOAL

Acceptance & Tolerance

- Normal part of being human
- Temporary, not fact
- Sit with them until they subside





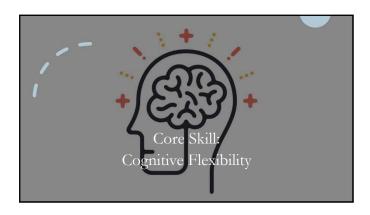


Mindful Awareness & Acceptance of Thoughts

- Infinite amount of thoughts
 - (4.617 x 10^61 potential thoughts= four hundred sixty-one duodecillion and seven hundred decillion)









Threat vs. Challenge Response
Not good or bad, different purposes

Threat response: Goal is survival in situations we aren't equipped to handle

• More cortisol to defend and protect

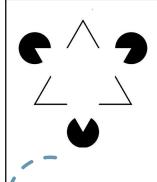
Challenge response: Opportunity for growth where we tackle hard but manageable situations

• More testosterone and adrenaline to help us achieve our goal



Stretch

Make a list of things you or others have believed that you do not believe anymore



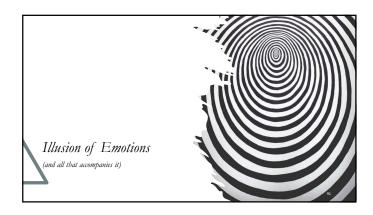
- Information from our eyes and ears only loosely connected to what we experience
 Fragmented
 Ambiguous
 Lots of effort to change them into 3-D

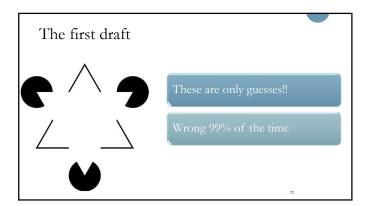
Knowledge Influences Sensory Information (e.g., all faces are always convex)

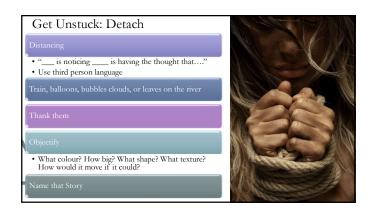
 Our knowledge/ experience misleads us into seeing the mask as convex

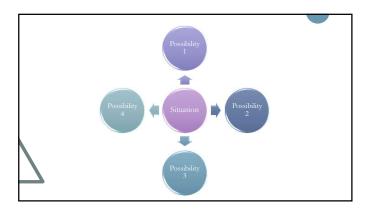
Bottom-up sensory information is overridden by top-down knowledge







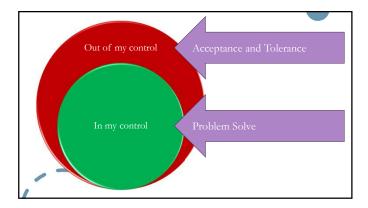


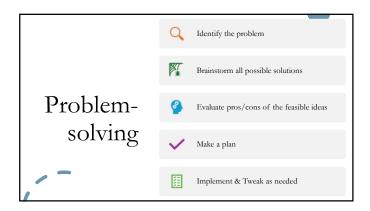




Build Awareness! Externalize & Get Meta

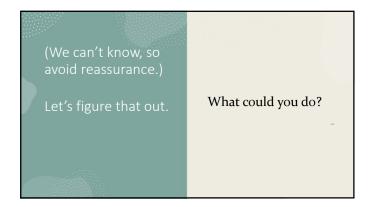
- When does Stuck Stan show up?
 What is easy to get stuck on? What is easy about it?
 What is easy to avoid getting stuck? What is easy about it?
 - What helps you get unstuck? What worked before?
 What do you say to yourself to get unstuck?
- Identify obstacles to getting unstuck
- Collaboratively develop strategies to overcome them

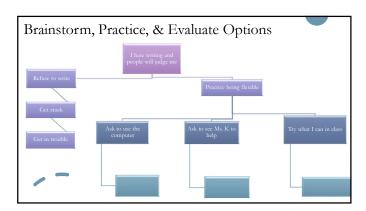














Model!

- I feel frustrated. I need to take a minute to think what to do next.
 - Can you help me brainstorm ideas?
- That's a tight timeline. I am going to plan this out.
- I am a little nervous; I have no idea what will happen. Let's figure this out.





Practice!

- Problem-solving
 - Start with emotion free problems
 - Move toward emotionally charged situations

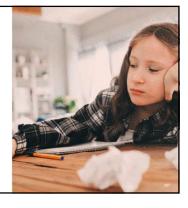
Mixing up the day Find three ways to learn about a topic Be Creative! Find three ways to show what you know about a topic Stop and Switch (e.g., dribble, switch to math, back to ball activity)



Perfectionism is the most serious thinking trap & root of depression

Focus on core concepts

- Unrealistic expectations
- Rumination
- Need for approval
- Concern about mistakes
- Doubts about actions
- Additional traps like circumstantial thinking , quality/quantity





Break into Parts Ex: Perfectionism

Helpful parts of perfectionism

Helps us prepare Helps us strive for excellence



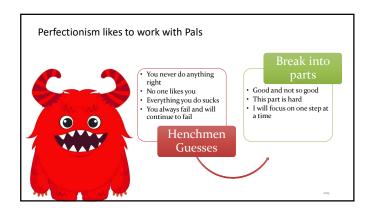
Unhelpful parts of perfectionism

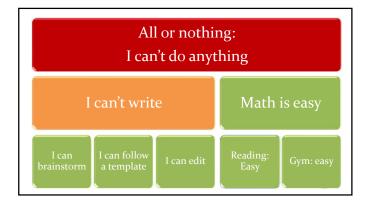
Become paralyzed Procrastinate & create more stress

Stifles learning and growth

Narrows our world

Makes us perform worse











Embrace mistakes What was this experience like? What did you learn today? What mistake did you make that taught you something? What did you try hard at today? What can you learn from this? What will you do the next time you are in this situation? What advice can you tell others based on this?

It is not what they did wrong that counts, but what they do next.



Build Procedural Thinking!

- Strive for excellence, but address unrealistic standards
 - Emotions related to expectations
- Focus on what's next (vs. circumstances, rumination, should's)

What's next?





'hat's ext?

What's next?

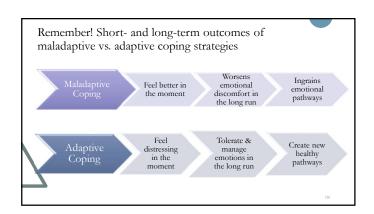
Forging ahead

- Avoid getting stuck
- No need to ask why, lecture, or explain the problem
- Have THEM think of the *hows*
 - How will they fix this mistake?
 - How will they move on?
 - How will they handle





Important! MUST understand how their behaviours are maintaining, or even worsening, their emotional discomfort The behaviour is reinforced in the moment, increasing the likelihood of using this strategy again in the future Telebetter in the moment



Resilient kids

Effectively respond to and cope with everyday challenges

- This is where we are going!



Resilience

Ability to adapt well to adversity, trauma, tragedy, threats, or even significant sources of stress.



Risk or adversity adaptation or competence Opportunity Resilience





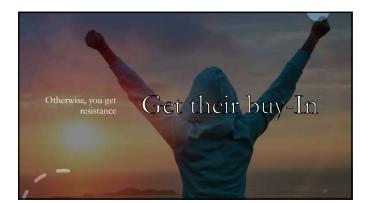




Integrate Skills through **Emotion Exposure**

Integrate skills to master adaptive responses

- Talking not enough to change the brain!
- Doing makes stronger memories
- · Doing gives us experience
- · Quicker progress
- Provoke STRONG EMOTIONS MUST show up for learning to happen



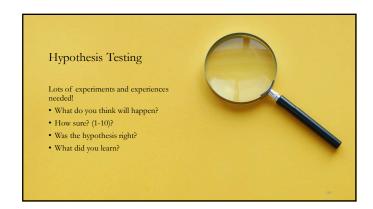
Real bravery is not fearlessness.

Bravery is acknowledging when something is hard and not pretending it isn't $% \left(\frac{1}{2}\right) =\frac{1}{2}\left(\frac{1}{2}\right) ^{2}$

With an honest appraisal, we can respond productively



9







Work on it everyday

- Focus on what skills the student needs to develop specifically
 - Problem solving
 - Making mistakes
 Asking for help

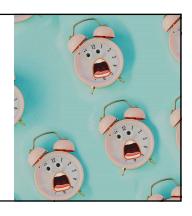
 - Frustration tolerance
 - Persistence
- Change it up
 - Length of time
 - Distance
 - Time of day
 - Places
 - People



Exposure to LEARN:

Emotions are safe, tolerable, & temporary

When I don't do anything to try to make myself feel better, the amygdala learns: This is not dangerous! (And stops sending the false alarm.)



Exposure to LEARN

Despite feeling anxious, I still did it

And... I can still live life and do anything, even while feeling anxious!



Exposure TO LEARN

No matter what happens, I can handle it!

On my own

- Without others
- Without safety behaviours



Our job is not to convince: Learning happens through experience

They need to:

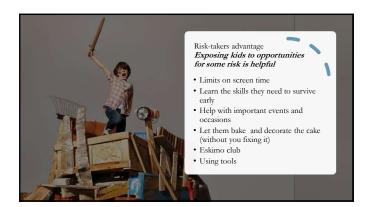
- · Test the accuracy of their predictions
- · Make their own conclusions
- · Create new expectations





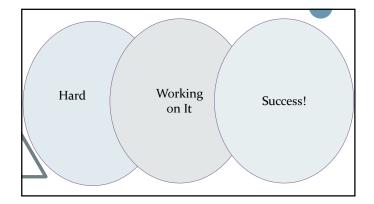
Let them Be Independent

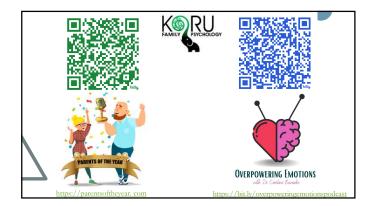
- Give kids the chance to do, think, be, and make their own decisions and mistakes
- · Check their own homework
- Solve their own conflicts (even during soccer at recess)
 Make their own friends
- Make important decisions in the class
 Hold important jobs
- Encourage kids to try new things, even when
- Scared
 They need to know you support and trust them!
- Teach kids to be comfortable in the world



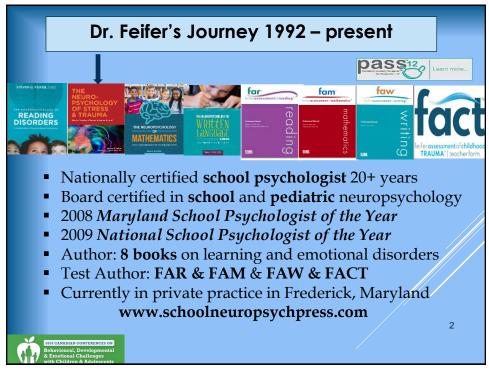














PRESENTATION OUTLINE



- Defining Trauma
- •Trauma and Mental Health Disorders
- Anxiety and Academic Functioning
- Trauma and the Brain
- Strategies to Address Student Mental Health



2

PREVALENCE OF TRAUMA

- 26% of children will have experienced or witnessed a traumatic event by their 4th birthday, and 2/3rd's of children report one traumatic event by age 16 (SAMHSA, 2020).
- * A traumatic event is defined by APA as a direct or <u>perceived</u> threat rendering a child feeling overwhelmed and fearful of their safety.
- * Traumatic stress reactions in children often lead to difficulty self-regulating emotions, heightened aggression, lack of trust, and poor school performance (Diamanduros et al, 2018).



Washington DC: " March for our lives" March 24th, 2018



SUBTYPES OF TRAUMA

(NCTSN, 2021)

Bullying (peer victimization) - a deliberate attempt to inflict social, emotional, physical, and/or psychological harm to someone perceived as being less powerful. Bullying can be physical (hitting, tripping, kicking, etc.), verbal (teasing, taunting, threatening, sexual comments), social (spreading rumors, embarrassing someone in public) or include cyberbullying through social media.

Community Trauma - exposure to intentional acts of interpersonal violence committed in public areas by individuals not necessarily related to the victim. Includes homicides, sexual assaults, robberies, shootings, gang related violence and weapons attacks.

Complex trauma - exposure to multiple traumatic events often of an invasive and interpersonal nature, such as abuse, sexual abuse, or profound neglect. The trauma often occurs early and often in life, and can disrupt many aspects of the child's development and ability to form secure attachments.

Early childhood trauma - traumatic experiences that occur in children aged 0-6. These types of traumas can be the result of intentional violence, such as child physical or sexual abuse, or the result of natural disaster, accidents, or war. Young children also may experience traumatic stress in response to painful medical procedures or the sudden loss of a parent/caregiver.

5



SUBTYPES OF TRAUMA

(NCTSN, 2021)

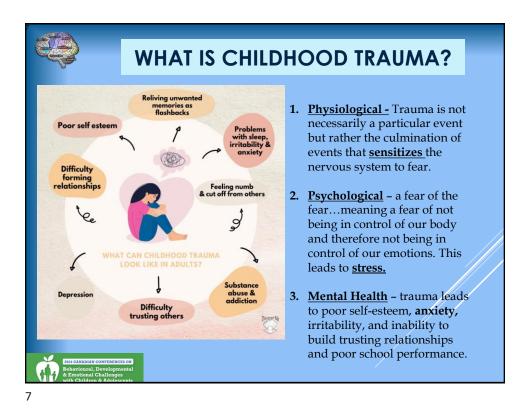
Intimate Partner Violence (IPV) - occurs when an individual purposely causes harm or threatens the risk of harm to a partner or spouse. Tactics used in IPV can be physical, sexual, financial, verbal, or emotional in nature and can also include stalking, terrorizing, humiliation, and intentional isolation from social supports and family. Children are silent victims of IPV, and some are directly injured, while others are frightened witnesses.

Pediatric medical trauma - refers to a set of psychological and physiological responses of children and their families to pain, injury, serious illness, medical procedures, and invasive or frightening treatment experiences. Medical trauma can occur as a response to a single or multiple medical events

Physical abuse - one of the most common forms of child maltreatment. Legal definitions vary occurs when a parent or caregiver commits an act that results in physical injury to a child or adolescent, such as red marks, cuts, welts, bruises, muscle sprains, or broken bones, even if the injury was unintentional

Sexual abuse -any interaction between a child and an adult in which the child is used for the sexual stimulation of the perpetrator or an observer. Nontouching behaviors can include voyeurism (trying to look at a child's naked body), exhibitionism, or exposing the child to pornography.

6



SYMPTOMS OF TRAUMA **Physiological Symptoms** Psychological/Cognitive **Behavioral Symptoms** (anxiety disorder?) (withdrawal/depression?) Symptoms (ADHD?) Work Refusal Inconsistent attention **Shallow Breathing Facial Flushing** School Refusal Irritability **Excessive Sweating** Avoiding unstructured areas Mind goes blank during tests **Hand Tremors** Sensitivity to loud sounds Loses train of thought Dizziness Rarely volunteers in class Poor organization **Dilated Pupils** Speaks in a hushed voice Easily angered **Fatigue** Does not initiate peers Poor emotional self-regulation Avoids cafeteria Distrusts authority figures **Muscle Tension** Chest pains Often visits school nurse Irrational fears



PRESENTATION OUTLINE

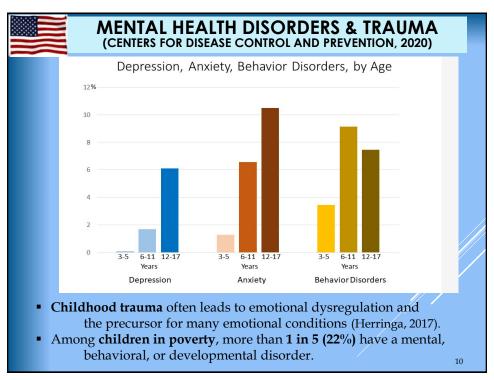
Defining Trauma

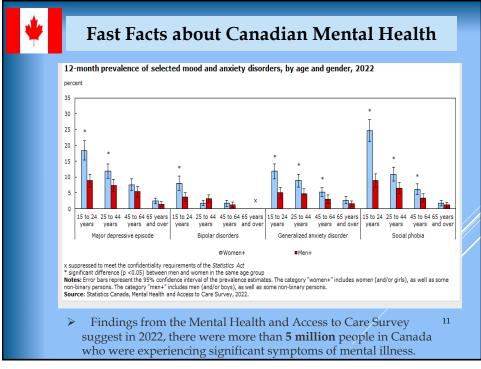


- Trauma and Mental Health Disorders
- Anxiety and Academic Functioning
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9







Fast Facts about Canadian Mental Health

Statistics Canada, 2023

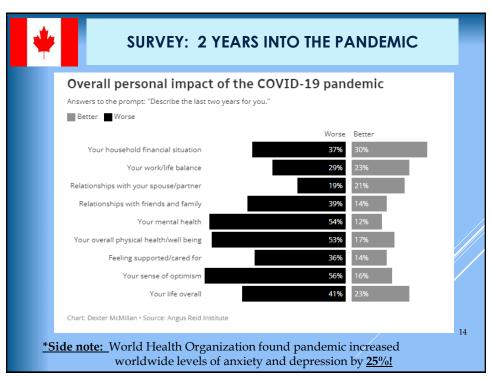
- The percentage of Canadians aged 15 years and older who met the diagnostic criteria for a major depressive episode, bipolar disorder, and generalized anxiety disorder has **increased in the past 10 years**, whereas the prevalence of alcohol use disorders has **decreased**.
- Youth (ages 15-24), especially women, were most likely to have met diagnostic criteria for a mood or anxiety disorder based on their symptoms.
- Only half of the people who met diagnostic criteria for a mood, anxiety, or substance use disorder talked to a health professional about their mental health in the past 12 months before the survey.
- Unmet needs for counseling or psychotherapy were higher than unmet needs for medication or information about mental health.



12

& Emotional Cl with Children &







PRESENTATION OUTLINE

- **■**Defining Trauma
- Trauma and Mental Health Disorders



- Anxiety and Academic Functioning
- Trauma and the Brain
- Strategies to Address Student Mental Health



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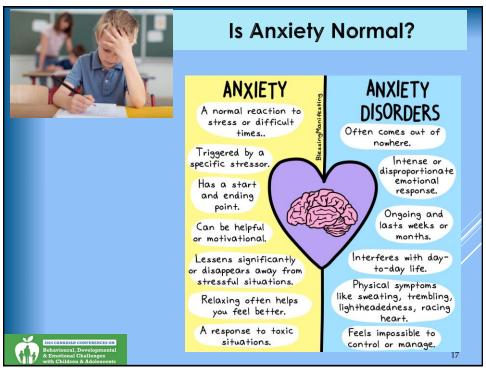


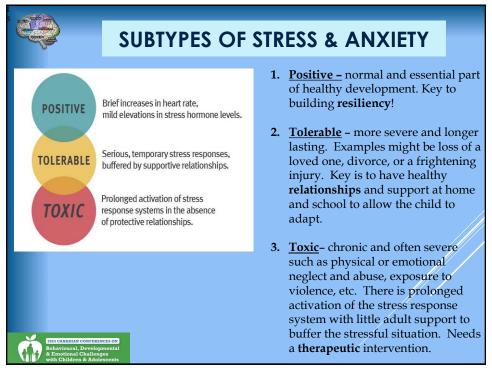
Main Subtypes of Pediatric Anxiety Disorders

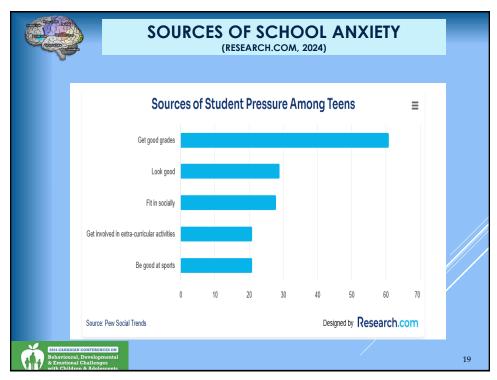
- **1. Generalized Anxiety Disorder** most common, and characterized by excessive **worry**, restlessness, and difficulty concentrating.
- **2. Separation Anxiety -** excessive fear and anxiety from being separated from caregiver.
- **3. Social Anxiety –** fear of being embarrassed or humiliated in a **social** or **performance** situation. Often related to fearing physiological symptoms of anxiety being visible in public (i.e. sweating, trembling, blushing, etc..)
- **4. Obsessive-Compulsive Disorder –** ritualistic thoughts or behaviors used to alleviate anxiety.
- **5. Phobia irrational** fears leading to avoidance of object or situation.

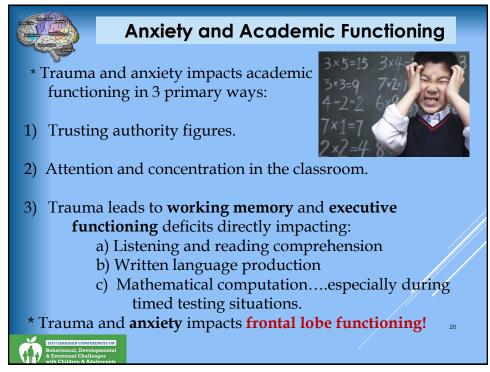


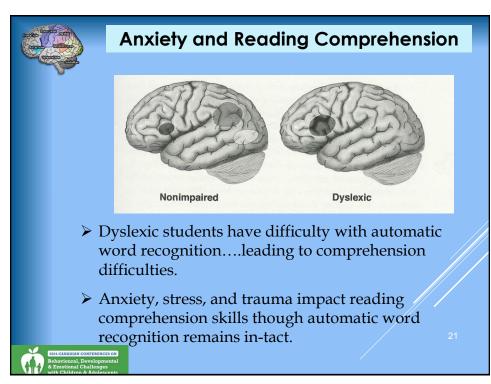
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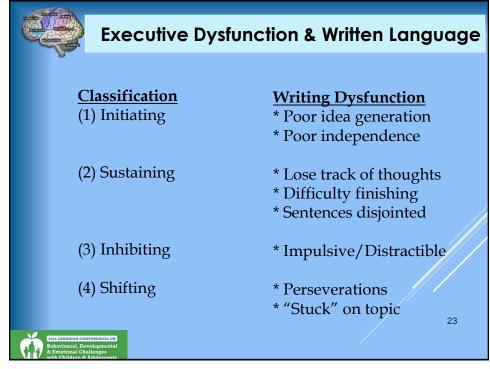




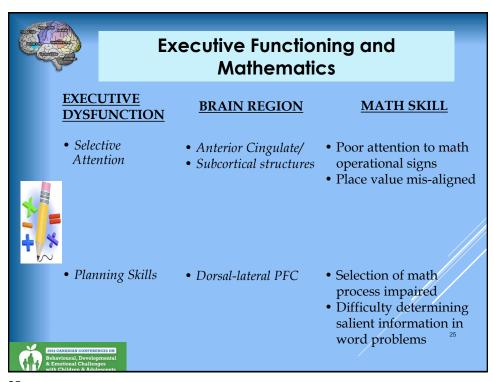




	DO'S AND DON'TS FOR ANXIOUS READERS				
Do's	Don'ts				
Praise the effort more than the outcome. Provide alternative ways to show mastery of reading without reading in front of others.	Force the student to read aloud in class. Call on a student without their hand raised.				
Validate a student's fears by being empathetic while also reassuring them.	Draw attention to a student who shows signs of physical anxiety (i.e., blushing, sweating, hand tremors, voice cracking)				
Take relaxation breaks and remind the student to practice breathing.	Embarrass the student in front of peers.				
Share successes with caregivers	Downgrade them for being anxious rather than not know material.				
Smile more and use humor to lighten the mood.	Draw undue attention to a student.				
Gradually and systemically reward incremental attempts to read in front of others, starting with the least stressful situation.	Be judgmental and overly critical.				
Collaborate with other pertinent school staff so all teachers approach the situation similarly.	Tell students in advance they will be reading out loud in class. It only heightens their anticipatory anxiety.				



Executive Dysfunc	tion & Written Language
<u>Classification</u> (5) Poor Organization	Writing Dysfunction * Frequent erasers * Forget main idea * Disjointed content
(6) Poor Planning	* Poor flow of ideas * Lack of cohesive ties
(7) Poor Word Retrieval	*Limited word choice * Simplistic sentences
(8) Poor Self Monitor	* Careless miscues * Sloppy work
Behavioural, Developmental & Emotional Challenges with Children & Adolescents	24



	Executive Functioning and Mathematics				
	EXECUTIVE DYSFUNCTION	BRAIN REGION	MATH SKILL		
	Organization Skills	• Dorsal-lateral PFC	Inconsistent lining up math equationsFrequent erasersDifficulty setting up problems		
+ **	Self-Monitoring	• Dorsal-lateral PFC	 Limited double-checking of work Unaware of plausibility to a response. 		
M	Cues Pattern Recognition Endersonal Conference on Ethersonal Challenge in Children & Adolescents The Conference of the Conference o	• Dorsal-lateral PFC	 Symbolic reasoning Timed subtests compromised 		



Causes of Math Anxiety

<u>Implicit Messages</u>:

- "Oh not to worry Billy, I was never that good in math either."
- "Wow, are you taking Algebra II....that is sooooo hard!"
- "Hey Ritchie...it doesn't matter if you do not understand your math homework, you will never use this stuff in real life."

CAUSES OF MATH ANXIETY:

- ►Timed tests
- ➤ Pop quizzes
- ➤ Being called upon to write a math problem on the board
- ➤ Speeded skill drills and classroom competitions
- ➤ Teaching too quickly before concepts are consolidated
- >Unit tests that cover too much information
- ►No visual cues
- ▶Poor instruction
- Classroom climates that prevent students from asking questions
- ➤ Stressing teacher's own algorithm

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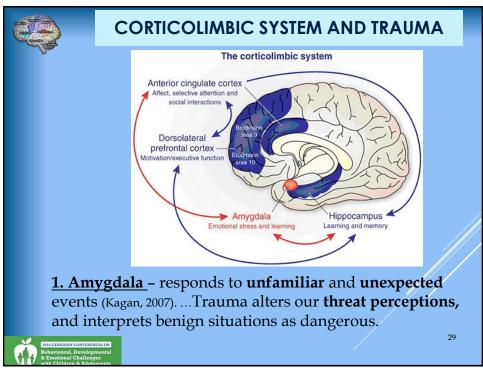
PRESENTATION OUTLINE

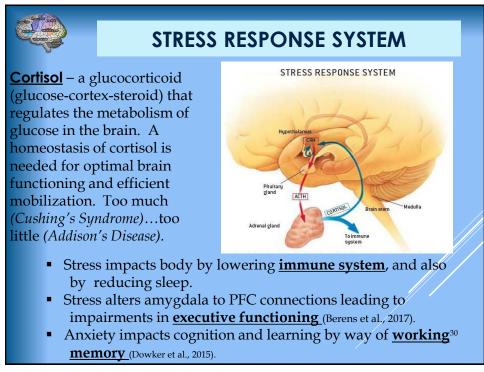
- Defining Trauma
- •Trauma and Mental Health Disorders
- Anxiety and Academic Functioning

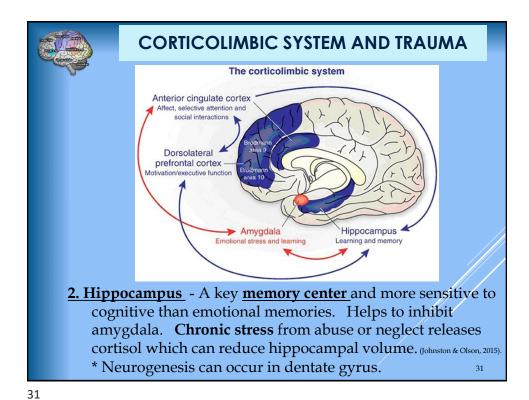


- ■Trauma and the Brain
- Strategies to Address Student Mental Health



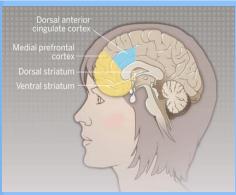






CORTICOLIMBIC SYSTEM AND TRAUMA The corticolimbic system Anterior cingulate cortex Affect, selective attention and social interactions Dorsolateral prefrontal cortex vation/executive function Hippocampus 4 Amygdala Emotional stress and learning Learning and memory 3. Anterior Cingulate Cortex - Directs our attention inward toward becoming overly aware of nervous system fluctuations and visceral responses (i.e. heart rate increases, breathing rate, perspiration, etc.). *Trauma is felt in the body!

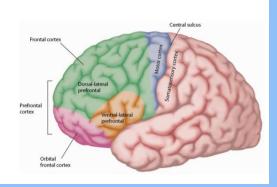
FRONTAL LOBE AND TRAUMA: DORSAL ANTERIOR CINGULATE



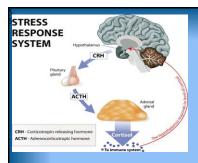
- Dorsal anterior cingulate helps regulate emotional functioning and supervises fearbased system.
- Helps interpret and regulate our emotional experiences with language.
- Alexithymia emotional intensity of an experience impacts the ability to identify, label, and verbally communicate one's emotional state.
- 85% of PTSD patients experience alexithymia... brain imaging studies showing greater cortical thickness in dorsal anterior cingulate (Demers et al., 2015).

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ORBITAL FRONTAL CORTEX AND TRAUMA: SELF REGULATION SKILLS



- * Self-regulation of social skills functioning children who have been abused or neglected often experience tremendous challenges developing trust with others and establishing stable interpersonal relationships.
- 4. Orbital-frontal Cortex children who have experienced have difficulty accurately identifying their own emotions, as well as comprehending the emotional states of others. Emotional EF DEFICITS!
- Social Dyslexia misread social cues and highly reactive to misperceived slights and inability to comprehend how behavior may disrupt the learning environment. Emotionally egocentric. 34



SUMMARY OF STRESS REACTIONS

- The hypothalamic-pituitary-adrenal (HPA) system controls the endocrine system and how we respond to stress.
- Research shows abuse and neglect are associated with both increased (overarousal) and decreased (underarousal) of HPA system.
- If exposure to stress is chronic, the body shifts to an **ongoing stress response**, even when the threat is long gone.
- Stress in utero impacts the developing brain.

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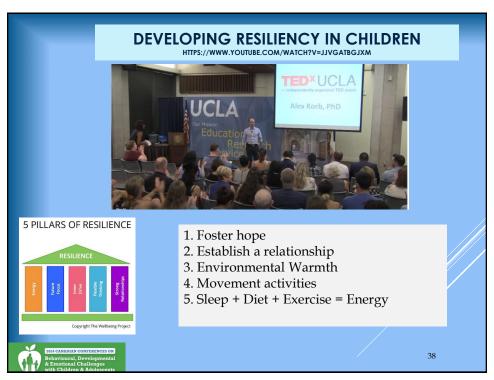


PRESENTATION OUTLINE

- Defining Trauma
- •Trauma and Mental Health Disorders
- Anxiety and Academic Functioning
- ■Trauma and the Brain
- Strategies to Address Student Mental Health









20 SCHOOL ACCOMMODATIONS FOR ANXIETY

- 1. Allow extra time on tests, quizzes, and assignments.
- 2. Refrain from calling on a student unless hand is raised.
- 3. Provide alternative ways to demonstrate subject mastery so school is not just the memory Olympics (e.g., projects, papers, independent study).
- 4. Provide preferential seating in class.
- 5. Allow the student to use a **crisis pass** when feeling stressed or overwhelmed in class.
- Create a "calm corner" in the classroom that students can use to selfcalm as needed.
- 7. **Structure and Routine:** picture schedules for younger children and write class routine on board for older children.



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20 SCHOOL ACCOMMODATIONS FOR ANXIETY

- 8. Notify the student in advance when there will be a substitute teacher or emergency drill.
- 9. Provide access to lecture notes and assignments online.
- 10. Structure more challenging classes in the morning rather than at the end of the day.
- 11. Allow students to retake one test each marking period to demonstrate mastery.
- 12. Adjust pacing and talk less rapidly as content is being taught.
- 13. Reduce quantity of items on ditto's and worksheets to reduce visual overload.
- 14. Grade assignments positively and not punitively.



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20 SCHOOL ACCOMMODATIONS FOR ANXIETY

- 15. Have older students **tutor** students in younger grades to build academic confidence.
- 16. Incorporate more **humor** into class lessons!!
- 17. Break large projects or assignments into manageable **chunks** to be completed over time.
- 18. Incorporate exercise and **movement** breaks into the daily classroom routine.
- 19. Teachers should try to modulate tone of voice, rate of speech, and positive comments made each date.
- 20. Build a **relationship** with the student outside of class!
- * Encourage parents to seek **therapeutic** intervention outside of school.



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FEIFER ASSESSMENT OF CHILDHOOD TRAUMA (FACT)

- Parent, Teacher and Self-Report forms students 4-18.
- Digitally administered and scored on PIC
- Approximately 10 minutes to complete (65 questions)
- Gender and age-based norms
- Total Trauma Index Score:
 - a) 4 Clinical Scale Scores (Physiological, Emotional, Behavioral, and Academic)
 - b) 4 Supplemental Cluster Scores (Resilience, Inattention, Depression, Anxiety)
- Over 100 504 Recommendations
 (PAR-Iconnect)

Behavioural, Developmental & Emotional Challenges with Children & Adolescents



CAREGIVER CAPACITY AND RESILIENCY

(TRAUB AND BOYNTON-JARRETT, 2017)

 Positive appraisal style impacts executive functioning skills and facilitates cognitive restructuring.



- 2. Following trauma exposure, caregivers play a critical role influencing a child's overall social-emotional response and adaptation (McLeod et al., 2007).
 - a) Neglectful
 - b) Democratic
 - c) Authoritative
 - d) Authoritarian
- 3. Maternal mental health most influences coping (*16 million children live with a depressed parent)
- 4. Family routines foster resilience.

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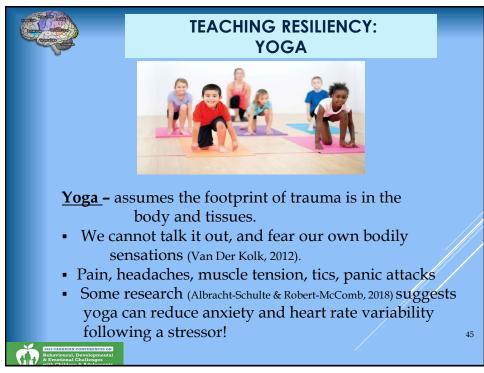
TEACHING RESILIENCY: MINDFULNESS



<u>Mindfulness</u> – focus on breathing from the diaphragm, not the chest, and exhaling on longer slower breaths.

- Strive for 6-8 breaths per minute.
- Practice breathing techniques when visualizing an anxiety provoking situation.
- Enhances parasympathetic nervous system.

2024 GANADIAN CONFERENCES OF Behavioural, Developments & Emotional Challenges with Children & Adolescent





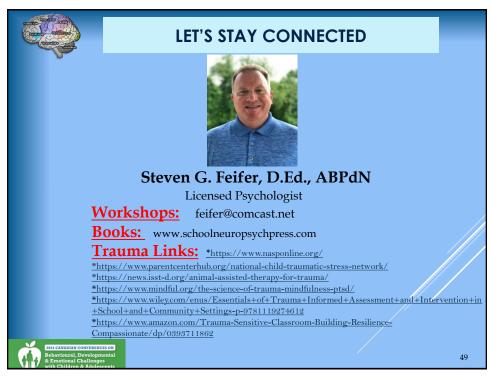


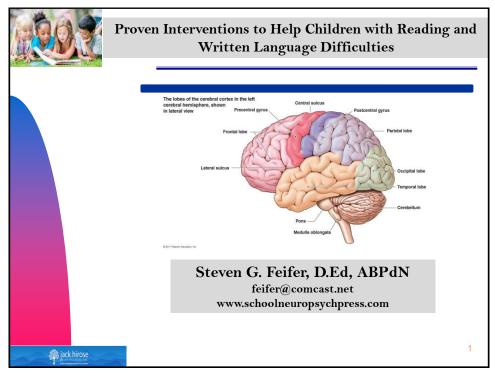
CANINE ASSISTED THERAPY

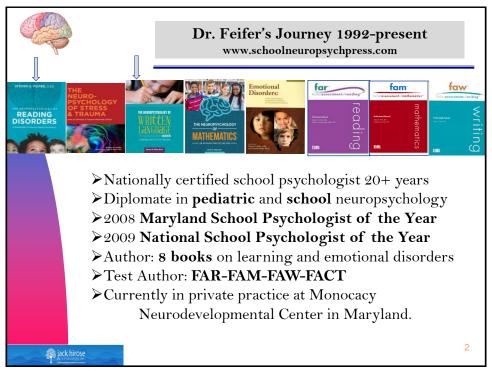
- Provide unconditional warmth and positive emotions.
- Animals do not try to give sage advice, but provide an emotional pathway to heal.
- Presence of a therapeutic animal promotes oxytocin secretion (bond), lower heart rate and blood pressure, and calmness (Beetz et al., 2012).
- Reduces social isolation and promotes sense of connectedness (O'Haire et al., 2015).

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Presentation Outline

→ Why Literacy Matters

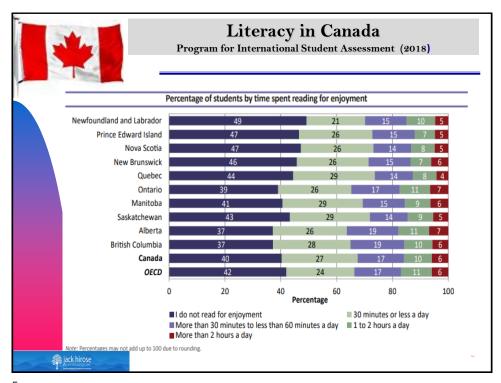
Defining Dyslexia
Four Universal Truths of Reading
Subtypes of Reading Disorders & Interventions
Defining Dysgraphia
Cognitive Constructs and Writing
3 Subtypes of Written Language Disorders
Strategies for Success



3

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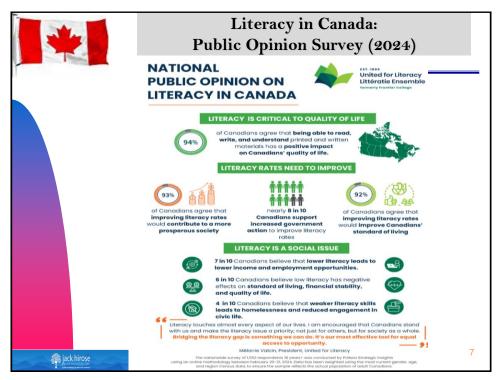
Literacy in Canada: Post Pandemic Program for International Student Assessment (2022) **Table 3.16** Canadian and provincial average scores in reading over time, 2018-2022 2018 Standard error Standard error Newfoundland and Labrador 512 (4.3)478* (7.2)Prince Edward Island 503 (8.3)496 (10.4)Nova Scotia 516 (3.9)489* (6.4)New Brunswick 489 (3.5)469* (4.3)Quebec 519 (3.5)501* (4.9)Ontario 524 (3.5)512* (4.1)Manitoba 494 (3.4)486 (4.1)Saskatchewan 499 (3.0)484* (4.3)Alberta 532 (4.3)525 (6.4)British Columbia (4.5)(6.0)(2.5) Reading scores in Canada (507) declined 13 points. Average decline among 81 countries 10 points (476 avg/U.S. 504). Newfoundland and Nova Scotia biggest decline. More than 23,000 students in Canada from 850 schools participated. ack hirose Organisation for Economic Cooperation and Development (OECD)

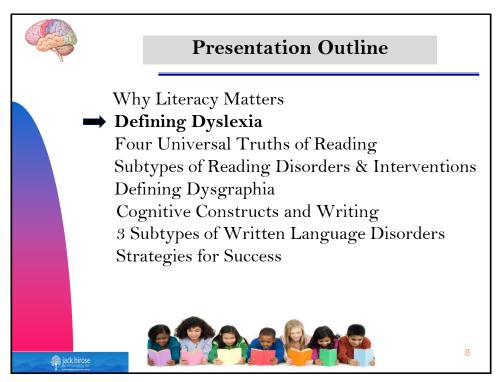




Why Literacy Matters in Canada

- Civic Engagement: People's belief that they can engage in, understand and
 influence political affairs rises with increased education and skills. Among
 Canadians with less than a high school diploma, just 32% report this belief,
 compared to 60% of people who have obtained a bachelor's degree or higher.
- Economy: High literacy in Canada helps build an educated and skilled workforce
 which contributes to the country's economic growth.
- Work: Canadians with low literacy skills are twice as likely to be unemployed than those with higher level literacy skills.
- Health: Canadians with the lowest levels of literacy are more than twice as likely to be in poor health compared to Canadians with higher literacy skills.
- Poverty: In Canada, 46% of adults at the lowest literacy levels live in low income households, compared with 8% of adults at the highest literacy levels.
- Family: Reading to children before they start school helps develop their language skills and interest in reading and learning. Children of parents with higher education levels have higher literacy levels.







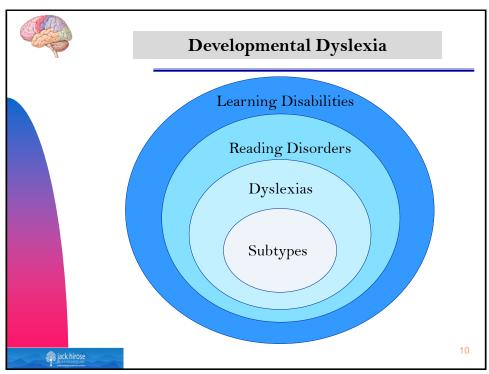
Defining Dyslexia

➤ "Dyslexia is characterized by difficulties with <u>accurate</u> and / or fluent word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often <u>unexpected</u> in relation to other cognitive abilities and the provision of effective classroom instruction. Secondary consequences may include problems in reading comprehension and reduced reading experience that can impede growth of vocabulary and background knowledge."

- International Dyslexia Association

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What is a Learning Disability?

LEARNING DISABILITY (Grades 1-12: Code 54)

This is the official definition adopted by the Learning Disabilities Association of Canada (LDAC) on January 30, 2002.

"Learning Disabilities" refer to a number of disorders which may affect the acquisition, organization, retention, understanding or use of verbal or nonverbal information. These disorders affect learning in individuals who otherwise demonstrate at least average abilities essential for thinking and/or reasoning. As such, learning disabilities are distinct from global intellectual deficiency.

Learning disabilities result from impairments in one or more processes related to perceiving, thinking, remembering or learning. These include, but are not limited to: language processing; phonological processing; visual spatial processing; processing speed; memory and attention; and executive functions (e.g., planning and decision-making).

Learning disabilities range in severity and may interfere with the acquisition and use of one or more of the following:

- oral language (e.g., listening, speaking, understanding)
- · reading (e.g. decoding, phonetic knowledge, word recognition, comprehension)
- written language (e.g., spelling and written expression)
- mathematics (e.g., computation, problem solving).

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Presentation Outline

Why Literacy Matters Defining Dyslexia

Subtypes of Reading Disorders & Interventions
Defining Dysgraphia
Cognitive Constructs and Writing
3 Subtypes of Written Language Disorders
Strategies for Success





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Four Universal Truths of Reading

1. In all word languages studied to date, children with developmental reading disorders (dyslexia) primarily have difficulties in identifying, recognizing, categorizing, and/or manipulating phonological units at all linguistic levels (Goswami, 2007).

Screening for Success (Hulme & Snowling, 2016)

- 1. Phonological awareness skills.
- 2. Ability to link sounds with letters.
- *3. Rapid letter-naming skills?
 - a) Rapid naming of letters better than objects (Kilpatrick, 2015)
 - b) Rapid naming of letters is moderately correlated with reading performance (.28-.57%) and explains some of the reading variance independent of phonological awareness (Truong et al., 2019).

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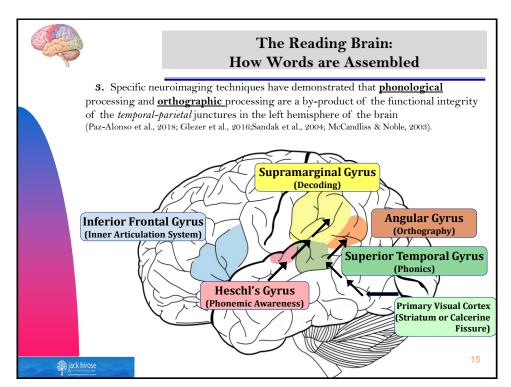
Four Universal Truths of Reading

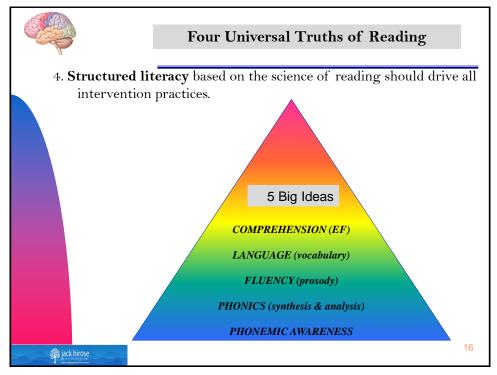
- 2. The English language *is not* a purely phonological!
 - 1 letter grapheme: c a t. The sounds /k/ is represented by the letter 'c'.
 - 2 letter grapheme: l ea f. The sound /ee/ is represented by by the letters 'e a'.
 - 3 letter grapheme: n igh t. The sound /ie/ is represented by the letters igh'.
 - 4 letter grapheme: thr ough. The sound /oo/ is represented by the letters 'o u g h'.
- ➤ The English language includes over <u>1,100</u> ways of representing <u>44 sounds</u> using a series of different letter combinations (Uhry & Clark, 2005). In Italian there is no such ambiguity as just <u>33</u> graphemes are sufficient to represent the <u>25 phonemes</u>.
- Therefore, **25%** of words are phonologically irregular (i.e. "debt", "yacht", "onion", etc..) or have one spelling but multiple meanings *-homonyms-* (i.e. "tear", "bass", "wind", etc.)

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Summary: We need to develop **orthography!!**

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Presentation Outline

Why Literacy Matters
Defining Dyslexia
Four Universal Truths of Reading

→ Subtypes of Reading Disorders & Interventions
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Strategies for Success



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Subtypes of Dyslexia

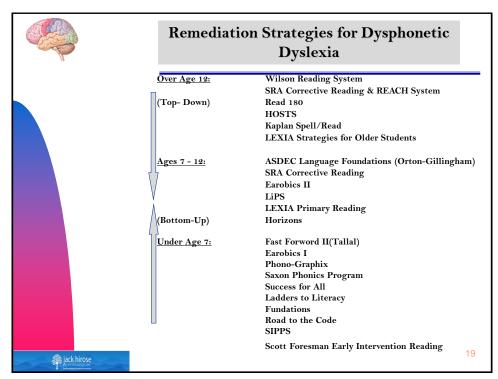
1. <u>Dysphonetic Subtype</u> - great difficulty using phonological route in reading, so visual route to lexicon is used. These readers do not rely in letter to sound conversions, but rather over-rely on visual cues to determine meaning from print.

<u>Neuropsychological Significance</u>: Left temporal-parietal gradient (*supramarginal gyrus*).

Target Word:	Read As:
cat	couch
balloon	<i>ball</i>
jump	gym
ghost	goat

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The Morphological Connection ("Top-Down")

<u>Morpheme-</u> the smallest meaningful component of a word that still conveys meaning. Examples include:

<u>Prefixes:</u> ante, extra, mis, para, pre, retro, super <u>Suffixes:</u> able, tion, ment, ness, ship, tude, ward, ible <u>Latin Roots:</u> cent, extra, hemi, meta, therm, ultra

- Research suggests that children learn to <u>anticipate</u> words through a combination of phonological, orthographic, and morphological strategies (Senechal & Kearnan, 2007).
- Knowledge about morphological awareness contributes to individual differences in reading and spelling that cannot be entirely attributed to orthographic and phonological processing.

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Subtypes of Dyslexia

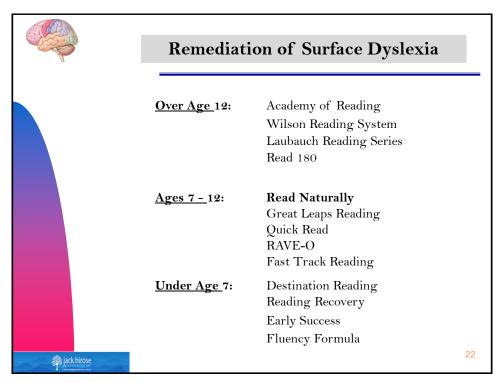
2. <u>Surface dyslexia</u> - an over-reliance on sound symbol relationships as the process of reading never becomes automatic. These children break every word down to its phonological base, and read slowly due to poor **orthographic** perception and processing.

WORD	READ AS
island \rightarrow	izland
grind \rightarrow	grinned
listen \rightarrow	liston
begin \rightarrow	beggin
lace →	lake

Extreme difficulty reading words where phonemes and graphemes are not in 1 to 1 correspondence: yacht debt

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Subtypes of Dyslexia

3. <u>Mixed Dyslexia</u> - severely impaired readers with characteristics of both **phonological** deficits, as well as **orthographical** deficits. These readers have no usable key to unlocking the reading and spelling code. Very bizarre error patterns observed.

WORDREAD AS:AdviceExvicesCorrectCorexViolinVilenMuseumMusunePossessionPersessiveMaterialMitear



* Multiple breakdowns along many reading pathways.23

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4 Remediation Strategies for Mixed Dyslexia

- (1) **Multiple Programs** An eclectic and approach capitalizing on the particular strengths of the child. Consider using a multisensory type of **Orton-Gillingham** program, coupled with a fluency model such as **Read Naturally**, and the computerized models of **Read 180**.
- (2) **Top Down Strategies** Often atypical development mapping individual sounds to the visual word form association areas.
- (3) Socioeconomic Status is a very strong predictor of reading skills due primarily to the home literacy environment. Therefore, schools need to provide more reading opportunities.
- (4) **Motivation and Confidence** –Great Leaps, Read Naturally, etc. tend to give immediate feedback.



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4 Components of Reading Comprehension

- 1. <u>Content Affinity</u> attitude and interest toward specific material.
- **2.** <u>Working Memory</u> the ability to temporarily suspend information while simultaneously learning new information. The amount of memory needed to execute a cognitive task.
- **3.** Executive Functioning the ability to self-organize verbal information to facilitate recall.
- **4.** <u>Language Foundation</u> vocabulary knowledge is vital for passage comprehension.

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Reading Comprehension Interventions

- 1. Stop & Start Technique student reads a passage out loud and every 30 seconds "stop" to ask questions.
- <u>Oirectional Questions</u> ask questions at the beginning of the text instead of the end.
- 3. Read Aloud reading out loud allows student to hear their own voices and facilitates working memory.
- 4. **Story Maps** pre-reading activity where graphic organizers are used to outline and organize the information.
- 5. Active Engagement encourage active, not passive reading, by having children take notes or putting an asterisk next to important information. Also, multiple colors for highlighting.



Steven G. Feifer, D.Ed., ABPdN

- •A neurodevelopmental assessment of reading
- •Pre-K to College (Ages 4-21)
- •Normative sample included 1,074 students
- •15 subtests in complete battery
- •Diagnoses 4 subtypes of reading disorders
- •Includes the FAR-S dyslexia screening battery
- •Total Far index score and 4 Reading index scores



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Presentation Outline

Why Literacy Matters
Defining Dyslexia
Four Universal Truths of Reading
Subtypes of Reading Disorders & Interventions

➡ Defining Dysgraphia

Cognitive Constructs and Writing 3 Subtypes of Written Language Disorders Strategies for Success



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What is Dysgraphia?

Dysgraphia is a broad-based term that refers to a specific learning disability in written expression. The term can include problems with letter formation, legibility, letter spacing, spelling, fine motor coordination, rate of writing, grammar and overall sentence production (Chung et al., 2020).

<u>Developmental Dysgraphia</u> refers to difficulty acquiring writing skills despite adequate learning opportunities and cognitive skills.

 Younger children tend to have deficits with the motoric aspects of the written stroke, whereas older children struggle with more cognitive-linguistic elements of writing (Biotteau et al., 2019).

Acquired Dysgraphia refers to a learned skill (writing) being disrupted by a specific injury or degenerative condition.

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Warning Signs of Developmental Dysgraphia						
Age Group	Signs of Dysgraphia					
Preschool aged children	 Awkward pencil grasp Lack of hand dominance Fatigues quickly when writing Letters poorly formed or inversed Difficulty writing within margins Overflow motor movements Does not anchor paper with opposite hand. 					
Elementary aged students	 Illegible or messy handwriting Letter transpositions Mirror writing Switching between cursive and print Slower paced writing Poor spelling impacts legibility. Frequent erasures 					
Secondary school students	 Poor planning and organizational skills. Discrepancy between verbal output and written output. Difficulty keeping pace when note-taking. Does not separate ideas by paragraph. Paragraphs do not flow from general to specific. Grammar impacts legibility. 					



Types of Writing Genres

- <u>Persuasive</u> change the reader's point of view in order to affect the reader's action.
- **Expository** explaining objective information to enhance the reader's overall understanding.
- <u>Experiential</u> to describe a personal experience or narrative to others.
- <u>Prosaic</u> to convey a particular sentiment or emotion from a personal experience. Often written in a metaphoric style inclusive of poem, lyric, or sonnet.
- <u>Analytical</u> heavily structured style of writing where scientific scrutiny involved.

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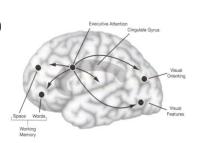


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Attention: (Selective & Sustained)

- Poor planning
- Uneven tempo
- Erratic legibility
- Inconsistent spelling
- Poor self monitoring
- Impersistence





BRAIN REGION - Anterior Cingulate Gyrus
*Effort control and top-down attention

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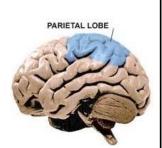
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Cognitive Constructs and Written Language

Spatial Production

- Poor spatial production
- Poor visualization
- Poor margination
- Organization problems
- Uneven spacing
- Poor use of lines



BRAIN REGION –Right Parietal Lobe

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Sequential Production

- Poor connected writing
- Letter reversals
- Organizational deficits
- Lack of cohesive ties
- Deficits in working memory, especially with ADHD kids, leads to sequential dysfunction.

BRAIN REGION - Left Prefrontal Cortex

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Cognitive Constructs and Written Language

Working Memory Skills

- Poor word retrieval skills
- Poor spelling
- Poor grammar rules
- Loss of train of thought
- Deterioration of continuous writing
- Poor elaboration of ideas
- Cortical mapping of language is <u>distributed</u> throughout brain (i.e. nouns vs. verbs)

BRAIN REGION – Semantic memories stored in temporal lobes. Retrieved by frontal lobes



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Language:

- Poor vocabulary
- Lack of cohesive ties
- Poor grammar
- Simplistic sentence structure
- Left hemisphere stores language by converging words into semantic baskets; right hemisphere excels in more divergent linguistic skills (simile and metaphor).
- Writing genre impacts retrieval!

BRAIN REGION - Temporal Lobes

3



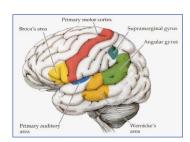
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Cognitive Constructs and Written Language

<u>Intelligence</u>

- Concrete ideation
- Poor development of ideas
- Poor audience awareness
- Weak opinion development
- Simplistic sentence structure



BRAIN REGION - Inferior Parietal Lobes

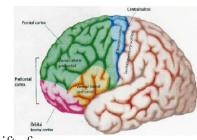
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Executive Functioning

- Organize and plan ideas
- Self monitor
- Task initiation
- Sustain attention to task
- Difficulty making cognitive shifts from one topical area to another.



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Cognitive Constructs and Written Language: Motor Output Speed (Pollock et al, 2009)

BRAIN REGION – Dorsolateral Prefrontal Cortex

Handwriting Speed
15 - 32 letters per minute
20 - 35 letters per minute
25 - 47 letters per minute
34 - 70 letters per minute
38 - 83 letters per minute
46 - 91 letters per minute

BRAIN REGION - Basal Ganglia

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→ 3 Subtypes of Written Language Disorders
Strategies for Success



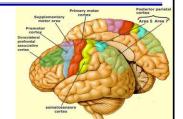
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3 Subtypes of Written Language Disorders

(1) <u>Graphomotor Dysgraphia</u> - apraxia refers to a wide variety of motor skill deficits in which the voluntary execution of a skilled motor movement is impaired.



- a) <u>Premotor cortex</u> plans the execution of a motor response.
- b) <u>Supplementary motor area</u> guides motor movement.
- c) <u>Cerebellum</u> physical act of sequencing fine motor movements becomes less effortful and more reflexive.
- d) <u>Basal Ganglia</u> procedural memory and automaticity of handwriting and gross motor movements.

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3 Subtypes of Written Language Disorders

(2) Dyslexic Dysgraphias: (Spelling Miscues)

- a) <u>Dysphonetic dysgraphia</u> the hallmark feature of this disorder is an inability to spell by *sound* due to poor <u>phonological</u> skills. There is often an over-reliance on the visual features of words when spelling (i.e "sommr" for "summer").
- b) <u>Surface dysgraphia</u> a breakdown in the <u>orthographic</u> representation of words. Miscues made primarily on phonologically irregular words (i.e. "laf" for "laugh"; "juse" for "juice"; "mite" for "mighty").
- c) <u>Mixed Dysgraphia</u> characterized by a combination of both <u>phonological</u> errors and <u>orthographical</u> errors depicting faulty arrangement of letters and words (i.e "ceshinte" for "kitchen").

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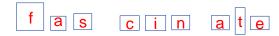
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Key Spelling Strategies

- 1. Incorporate nonsense words into weekly spelling instruction to make sure students can represent each sound with a letter.
- 2. Use tile spelling markers to color-code vowel digraphs in words by families (i.e. Sauce, Pause, cause, etc...)
- 3. Place a heavy focus on prefixes and suffixes during instruction.
- **4.** Have students write each word with white space in between each syllable in the word using the box approach. (*i.e. fascinate*)



5. Show multiple spellings of a word and have the student select the correct choice (i.e wuz, was, whas).

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3 Subtypes of Written Language Disorders

(3) Executive Dysgraphia - an inability to master the implicit rules for grammar which dictate how words and phrases can be combined. Deficits in <u>working memory</u> and <u>executive</u> <u>functioning</u> in frontal lobes hinders output.

- Word omissions
- Word ordering errors
- Incorrect verb usage
- Word ending errors
- Poor punctuation
- Lack of capitalization
- Oral vs. written language discrepancy

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Features of Executive Dysgraphia

- a) <u>Verbal Retrieval Skills</u> the frontal lobes are critical in retrieving words stored throughout the cortex, often stored by semantic categories.
- b) Working Memory Skills helps to recall spelling rules and boundaries, grammar rules, punctuation, and maintaining information in mind long enough for motoric output.
- c) <u>Organization & Planning</u> syntactical arrangement of thought needed to sequence mental representations.

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Presentation Outline

Why Literacy Matters Defining Dyslexia Four Universal Truths of Reading Subtypes of Reading Disorders & Interventions Defining Dysgraphia Cognitive Constructs and Writing 3 Subtypes of Written Language Disorders

Strategies for Success





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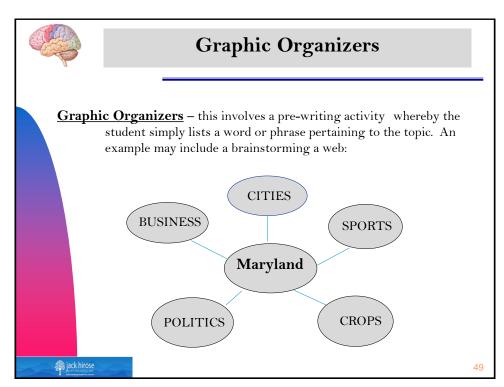


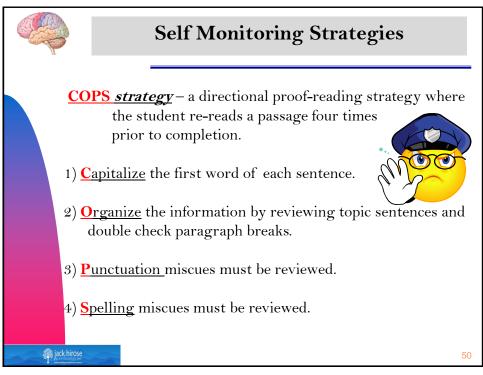
10 Research Based Strategies (Graham & Perin, 2007)

- Writing Strategies (effect size .82) (1)
- Summarization (effect size .82) (2)
- (3) Collaborative Writing (effect size .75)
- Specific Product Goals (effect size .70) (4)
- (5) Word Processing (effect size .55)
- (6) Sentence Combining (effect size .50)
- (7) Prewriting (effect size .32)
- Inquiry activities (effect size .32)
- (9) Process Writing Approach (effect size .32)
- (10) Study of Models (effect size .25)

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Self Monitoring Writing Rubric

IDEAS

- 4 The topic and details are well developed.
- 3 The topic is clear but more details are needed.
- 2 Details that don't fit the topic confuse the reader.
- 1 The topic is not clear.

ORGANIZATION

- 4 The beginning, middle, and ending work well.
- 3 Some parts of the essay are unclear.
- 2 All parts of the essay run together.
- 1 The order of information is confusing.

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Self Monitoring Writing Rubric

WORD CHOICE

- 4 Words make the meaning clear.
- 3 Clearer words are needed.
- 2 Some words are overused.
- 1 Words are used incorrectly.

CONVENTIONS

- 4 Conventions are used well.
- 3 There are few errors.
- 2 Errors make the essay hard to understand.
- 1 Help is needed to make corrections

AUDIENCE AWARENESS

- 4 The passage is clear and understandable for the intended audience.
- 3 The reader may need background knowledge to fully comprehend.
- **2** There are some parts of the passage that are difficult to understand.
- 1 The passage is extremely confusing for the intended audience.

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Strategies for Secondary Students

- <u>Inspirations</u> teaches how to craft concept maps, idea maps, and other visual webbing techniques to assist in planning, organizing, and outlining. Very effective word predictive software.
- <u>Kurzweil Technology</u> adaptive technology to further practice grammar, spelling, and punctuation. Voice activated software also an option.
- Journal or Diary can be a fun and effortless way to practice writing on a daily basis.
- <u>Keyboarding</u> speed up output to reduce pressure from working memory skills to retain information over longer periods of time.
 - <u>Livescribe</u> a "smart" pen which would both record lecture information in the class, as well as transcribe notes to a computer screen. Smart pens allow students to better organize their notes.



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5 Steps for Executive Dysgraphia (Ray, 2001)

- (1) <u>Prewriting</u> use graphic organizers.
- (2) <u>Drafting</u> use model to take notes and model how to organize in a text form using topic sentences.
- (3) <u>Revising</u> second draft emphasizing content, and elaboration of ideas and making connections.
- (4) Editing re-read for capitalization and punctuation errors.
- (5) <u>Publishing</u> peer assisted strategies and teaching students to give and receive feedback base upon a writing rubric.



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Feifer Assessment of Writing (FAW)

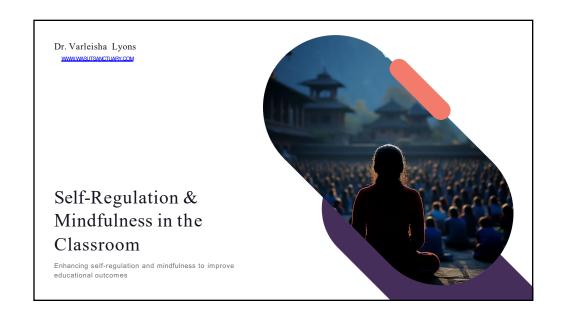
- A neurodevelopmental assessment of written language disorders.
- Pre-K to College (Ages 4-21)
- 12 subtests in complete battery/10 subtests core
- Diagnoses <u>3 subtypes</u> of writing disorders:
 - 1) Graphomotor Dysgraphia
 - 2) Dyslexic-Dysgraphia
 - 3) Executive Dysgraphia
- Includes the FAW-S dysgraphia screening battery
- Yields a Compositional Writing Index (CWI)

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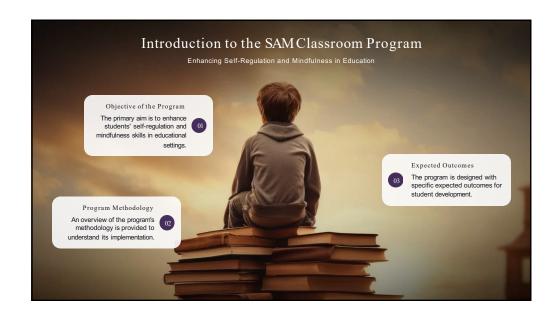
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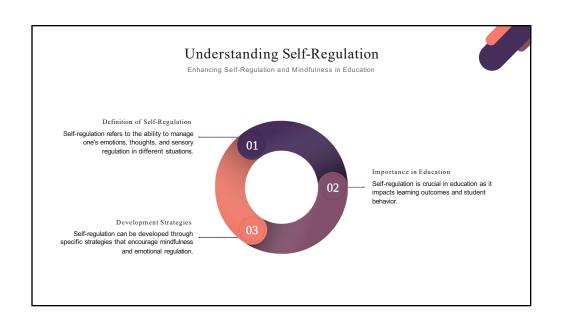
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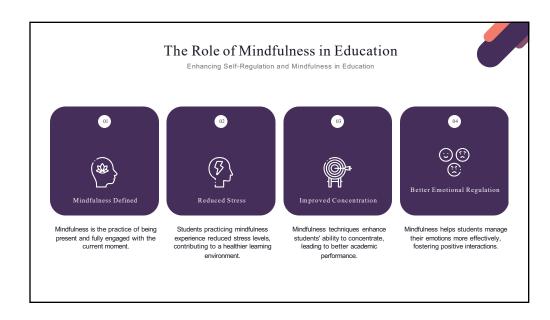


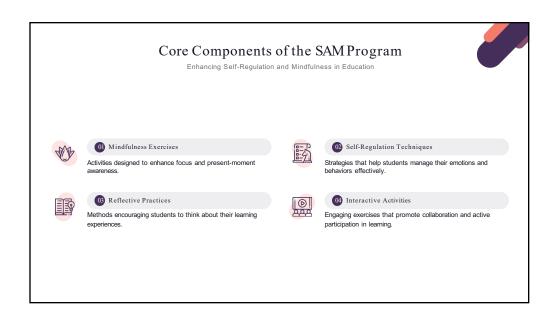












Mindfulness Exercises

Key Components of Self-Regulation in the SAM Program

- Mindfulness exercises are integral to the SAM Program.
 They support students' emotional regulation and focus.
- They help students focus on the present moment.
 Encouraging present-moment awareness reduces distractions.
- Develop awareness of thoughts and feelings.

 Students learn to recognize their emotions and mental states.
- Breathing exercises are a common practice.
 Simple techniques to calm the mind and body.
- Body scans enhance body awareness.

 Students systematically focus on different body parts.

Mindful listening improves focus in communication.
 Students engage fully in listening, enhancing comprehension.



