



Fostering Motivation, Hope, and Resilience in Children with Learning Disorders

Robert B. Brooks, Ph.D.

R. Brooks

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I have had the opportunity to work with many children and adolescents with learning disorders during the past 30 years. In conducting therapy with these youth I became increasingly aware that most were burdened by feelings of low self-worth and incompetence and that many believed that their situation would not improve. Not surprisingly, this sense of hopelessness served as a major obstacle to future success. Once children believe that things will not improve, they are likely to engage in self-defeating ways of coping such as quitting or avoiding tasks, blaming others for their difficulties, or becoming class clowns or bullies. Thus, a negative cycle is often set in motion, intensifying feelings of defeat and despair.

As I listened closely to children with learning disorders I came to understand that if we were to help them to be more motivated and to learn more effectively, we must ensure that our interventions address not only their specific learning needs but their feelings of low self-worth as well, and that we must provide them with opportunities to experience realistic accomplishment that nurtured optimism and hope.

In my discussions with countless educators and parents I began to appreciate another major dimension in whether or not these youngsters with learning disorders would be successful. All of us who work with or raise children, whether teachers, clinicians, or parents, possess certain assumptions about why children behave the way they do. These assumptions, which I often refer to as a mindset, subtly or not-so-subtly guide our interactions with children. Frequently, we are not even aware of the

components of this mindset although they direct much of our behavior.

If we examine the school environment, I have found that educators have many different assumptions about the process of education and about students with learning disorders. Given this, a question can be raised, namely, "What is the mindset of an effective educator?" or worded somewhat differently, "What are the assumptions and behaviors of an educator who will touch the mind, heart, and spirit of children with learning disorders and infuse them with realistic hope?"

In attempting to answer this question in this article, I will rely on the many interactions I have had with educators as well as my own experiences as a principal of a school in a locked door unit of a psychiatric hospital and as a consultant to both public and independent schools. My journeys have introduced me to teachers and school administrators who are skilled in touching both the minds and hearts of students, who recognize the importance of focusing not only on developing the intellectual lives of students but their emotional lives as well, and who through word and deed demonstrate a deep commitment to creating school climates in which all students will thrive.

These talented educators possess a mindset that guides their teaching style and their interaction with students and reinforces a zest for learning even in those children struggling with learning disorders. I believe that the ingredients of this mindset are predicated on commonsense and an adherence to basic principles of human dignity and respect. I know that many

Educators are already engaged in practices that follow from the tenets of this mindset so that what I highlight will hopefully serve as a validation of their existing teaching style.

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President's Letter

by Suzanne Mills Eades, Ph.D.

Hello, everyone. It is with great joy and pleasure I am beginning my term as president, and I feel quite fortunate to follow Leigh Miller's wonderful leadership. Under Leigh, not only were programs expanded but also The Endowment for Dyslexia Education was founded. Fortunately, Leigh will continue on the board another year as Parliamentarian, for I don't know what I would do without her continued guidance. Thank you, Leigh, for making my transition to president so smooth. Your dedication and service to DBIDA and the community is tremendous. I also would like to welcome to the board Anna Burton, Gay Darden, Pam Quarterman, and Debbie Wills. We are lucky to have their varied talents on the board.

One of the board's primary goals this year is to work to fund The Endowment for Dyslexia Education. This endowment fund will support the educational programming efforts of the DBIDA. In an effort to extend DBIDA's educational programs for teachers, professionals, and the general public, The Endowment for Dyslexia Education will be dedicated to providing state-of-the-art, research-based instruction directly impacting a vast number of students. RBC Dain Rauscher, a national brokerage firm, awarded a grant to DBIDA, providing the initial funding for The Endowment. I would like to thank RBC Dain Rauscher for their significant support of education and their commitment to local charities. In addition, most of the DBIDA board and many IDA members also have generously contributed to The Endowment. Please look for further information in this newsletter about becoming a charter fellow, archiving your name in DBIDA history.

The annual spring conference held February 27th and 28th was very successful. I would like to thank Jane Hood, Leora Miller, and Mary Morrison, my fellow members of the conference committee. Their tremendous commitment of time and energy culminated in a wonderful event and learning opportunity for conference participants. Both Dr. Nancy Mather and Dr. Robert Brooks provided excellent keynote addresses that were not only informative but also entertaining. I also would like to thank our break-out speakers, Leticia Diaz, Carole Hill, Dr. Susan Istre, Dr. Vennecia Jackson, Ruth Ann Jewell, Mary Morrison, and Pam Quarterman. Our break-out speakers volunteer their time, and thanks to them, conference participants gain information on a wide range of relevant topics to dyslexia and learning differences. Mark your calendars: Dr. Louisa Moats will provide the keynote address for our 2005 conference on February 11, 2005.

DBIDA is obviously very busy pursuing our mission. At the meeting following the conference, your board awarded an educational scholarship to a very worthy candidate who has been receiving educational therapy. Encourage your students to apply; information is available on our website. The Dallas Dyslexia Information Group (DDIG) which is sponsored by DBIDA meets monthly, and ALTA CEUs are awarded. Look for the list of upcoming speakers in this newsletter. Velda Skinner provides wonderful leadership to DDIG and acts as our liaison with the group. October's Read-a-Thon was another great success with six schools participating. Monies raised support scholarship funding. Thank you to Terri McElroy for her organization of the Read-a-Thon. DBIDA's library has found a new home at Oak Hill Academy in their library. Please feel free to use this resource. Oak Hill's address is 9407 Midway Road, Dallas, and hours for check-out are weekdays 8:30 a.m. - 3:00 p.m.. Our helpline also continues to be available, and please spread the word of this free resource for families and professionals.

Enjoy the beautiful spring weather!

Suzanne Mills Eades, Ph.D.

The Mindset of Effective Educators

The following are several of the key components that I believe represent the mindset of the effective educator; space limitations do not permit a lengthier discussion of each of these components nor the inclusion of other components. However, it is my hope that this relatively brief description will provide the reader with a sense of the mindset that I believe should be learned, embraced, and incorporated by all educators in their teaching activities since the end result will be many more students with learning disorders who are saved from future failure and who are helped to lead more productive, fulfilling lives.

Addressing the Social-Emotional Needs of a Student Is Not an Extra Curriculum Activity

At one of my workshops I was discussing the significant impact that educators have on the social-emotional life of students. A high school science teacher in the audience challenged the emphasis I was placing on social-emotional factors by contending, "I am a science teacher. I know my science and I know how to convey science facts to my students. Why should I have to spend time thinking about the student's emotional or social life? I don't have time to do so and it will distract me from teaching science."

I know that there are many teachers and school administra-

tors who would take issue with the views expressed by this science teacher, who believe as I do that addressing a student's social and emotional development may be as vital as teaching specific academic skills and content. However, I am also aware that there are many educators who would concur with her opinion. I believe it is unfortunate that a dichotomy has emerged prompting some educators to perceive that nurturing a student's emotional and social well-being is mutually exclusive of the task of teaching academic skills. I am convinced based on my own experiences as well as the feedback I have received from many educators that strengthening a student's self-worth is not an "extra" curriculum; if anything, a student's sense of belonging, security, and self-confidence in a classroom provides the scaffolding that supports the foundation for increased learning, motivation, self-discipline, responsibility, and the ability to deal more effectively with mistakes.

Empathy Is One of the Most Important Skills of an Effective Teacher

If you were to ask me, "What do you consider to be one of the most vital skills for a teacher to possess?" I would respond, "Empathy." Translated to the school arena, empathy is the capacity of teachers to place themselves inside the shoes of

their students and to see the world through the student's eyes. Goleman (1995) highlights empathy as a major component of emotional intelligence.

Being empathic encourages us to ask, "Whenever I say or do things with students, am I saying or doing these things in a way that my students will be most responsive to my message?" For example, a teacher may wish to motivate a student with learning problems by exhorting the student to "just try harder." While the teacher may be well-intentioned, such a comment is frequently experienced in a negative, accusatory way. When students feel accused, which is not uncommon among children and adolescents with learning disorders, they are less likely to be cooperative. Consequently, the teacher's comment will not produce the desired results. However, if the teacher had been empathic, he or she might have wondered, "If I were having difficulty in my role as a teacher, would I want another teacher or my principal to say to me, 'If you just tried harder you wouldn't have this problem?'"

To highlight the importance of empathy, I have asked educators in my workshops to think of a teacher they liked and one that they did not like when they were students. I then ask them to think of words that they would use to describe each of these teachers. Finally, I say, "Just as you have words to describe your teachers, your students have words to

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describe you. What words would you hope they used to describe you? What words would they actually use?" Teachers who appreciate the importance of empathy constantly ask these questions of themselves. Most importantly, their interactions are guided by thoughts about how they wish to be perceived and described by their students.

Educators Have a Lifelong Impact on Students and on the Development of Resilience

As noted earlier, many students with learning disorders are beset with feelings of doubt about their future. Effective educators appreciate that what they say and do in the classroom each day can have a lifelong influence on their students (Brooks, 1991; Brooks & Goldstein, 2001). This appreciation of their impact adds meaning and purpose to their work, empowering them and lessening feelings of stress and burnout. In the past 15-20 years there has been an increased effort to delineate those factors that help at-risk youth to overcome adversity and become resilient. Schools especially have been spotlighted as environments for nurturing self-esteem, hope, and resilience. For example, psychologist Julius Segal (1988), in describing resilient youth, writes:

From studies conducted around the world, researchers have distilled a number of factors that enable such children of misfortune to beat the heavy odds against them. One factor turns out to be the presence in their lives of a charismatic adult--a person with whom they can identify and from whom they gather strength. And in a surprising number of cases, that person turns out to be a teacher. (p. 2)

A basic belief that resides within the mindset of effective educators is that they have the power to

be the charismatic adult in a student's life and they actively seek opportunities to do so. These educators recognize that all of their actions in the classroom can have an impact on students, an impact that goes far beyond today or next week or next month. While this impact is true for all students, it has special relevance for students with learning problems who are burdened by feelings of vulnerability and hopelessness.

We Must Avoid Accusations, Blame, and Labels

At the beginning of my career, when children did not improve in therapy with me or in the school at which I was principal, I was quick to call them "resistant," "oppositional," "unmotivated," and "manipulative." The use of such pejorative labels basically blamed the very youngsters I was supposedly helping. One of the most significant changes in my own mindset was to begin to accept the notion that whether or not a child benefited from therapy or school had as much, if not more, to do with the style and behavior of the therapist or educator than what the child brought into the situation. This was a major shift in my thinking since I had been taught initially that resistance was for all intents and purposes a part of one's inner character and would be displayed in all situations. Yet, it was difficult for me to continue to subscribe to this belief as I observed so-called "resistant" and "unmotivated" students who were very cooperative and motivated with some teachers, but not with others.

I am not implying that we should blame ourselves when we are confronted with a challenging student, but rather instead of blaming the student through the use of accusatory labels, we should ask what is it that we can

do differently so that this student might be more responsive and willing to learn. For instance, I worked with one student with learning problems who disliked school but loved taking care of pets. When he was given the job of being the "pet monitor" or the school, which entailed his ensuring that the pets were cared for, writing a short book with the assistance of his teacher about pet care (the book was bound and placed in the school library), and lecturing in each class of his elementary school about taking care of pets, his motivation to be in school, to write, and to learn increased markedly. He was fortunate to have a teacher and principal who had the courage to change their approach or script rather than expecting him to make the first move. Once they offered opportunities for this student to shine, his seeming "resistance" disappeared.

All Students Are Different and Learn Differently and We Must Teach Them in Ways in which They Learn Best

There is a plethora of research in the fields of education, developmental psychology, and the neurosciences that have taught us about how every child is different from birth, that children have different temperaments, learning styles, and kinds of intelligence. Yet, even with this research I often hear teachers say, "We must treat all children the same. If we make an accommodation for this student, what will the other students feel? We must be fair."

I would not want any student to feel a teacher is not fair, but we must appreciate that fairness does not imply expecting the same amount of work from each student. It has been my experience that if at the beginning of the school year school teachers openly explain to their students that

we all learn differently and that these differences require the implementation of a variety of accommodations, students will not develop the feeling that the teacher is unfair. What is unfair and is a prescription for frustration and failure is to require students to learn and perform in identical fashion although they possess different learning and temperamental styles.

Some educators have expressed concern that making accommodations will be very time-consuming. However, when I describe the most common types of accommodations I have requested for students with learning disorders, most educators have remarked that these are realistic and achievable and do not require significant changes in the classroom routine. Some of these accommodations include, but are not limited to: (a) permitting students to take tests untimed, (b) establishing a maximum time for homework each night (the child's parent can verify this), (c) allowing students with attentional and learning problems to have two sets of books, one at home and one at school, to lessen the pressure they experience about the possibility of losing books, (d) providing assignments for the entire week on Monday (or at the end of the previous week) so that parents can help their children to organize their time and work, and (e) permitting students with writing difficulties to use computers for all written work (surprisingly, some teachers still require homework assignments to be handwritten).

Students Will Be Most Responsive and Motivated to Learning from Us when We Meet Their Basic Needs

Effective educators recognize that before they attempt to teach a child academic skills or content, their first task is to create a safe

and secure environment in which all students feel comfortable and motivated to learn. This is an issue that requires even more diligence when working with students with learning disorders. One of the foremost researchers in the area of motivation has been psychologist Edward Deci at the University of Rochester. Deci's model suggests that students will be more motivated to learn when particular needs have been met (Deci & Flaste, (1995). Deci articulates three such needs. They are: (a) to belong and feel connected to the school (I would also add the words "to feel welcome"), (b) to feel a sense of autonomy and self-determination, and (c) to feel competent.

An appreciation of these needs can serve as guideposts, leading educators to ask such questions as: How do I help each student to feel welcome in my classroom? What choices do I provide my students so that they develop a sense of ownership? Do I incorporate and teach problem-solving skills in all of my activities so that students can learn to make informed decisions? Do I use discipline more as a form of punishment or as a way of teaching self-discipline?--that is, do I involve students in helping to create some of the rules and consequences in the classroom? Do I identify and reinforce the strengths of students so that they feel more competent? Do I convey the message from the first day of class that mistakes are part of the learning process, that we can learn from mistakes and not fear them?

Effective teachers constantly consider these and related questions. They reflect upon whether they are assisting students to feel welcome in the classroom, whether they are promoting a sense of ownership or autonomy, and whether they are

helping students to feel competent. I use a metaphor to capture the need for competence, namely, "islands of competence." I often ask educators to identify, reinforce, and display each student's "islands of competence" as a concrete way of demonstrating that we all have strengths. One of the most effective ways to display the strengths of students is by insuring that each student has a responsibility at school (e.g., tutoring a younger child, helping in the office, painting murals) that highlights the student's competencies. Success begets success. Self-esteem and dignity are based upon authentic accomplishments and each new accomplishment increases the child's motivation to learn and to take realistic risks.

(See DBIDA Fall 2004 Newsletter for Part Two of this article)

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Motivation...to teach...to reach...to learn!

Dallas Branch International Dyslexia Association 2004 Spring Conference

This theme resonated throughout the Dallas Branch IDA Annual Spring Conference. Over 400 participants were treated to the ideas of nationally known keynote speakers, Dr. Nancy Mather and Dr. Robert Brooks. Regional expertise was also displayed in six breakout sessions.

Dr. Nancy Mather is a Professor at the University of Arizona in Tucson in the Department of Special

Education, Rehabilitation, and School Psychology. Dr. Mather presented "Effective Interventions for Students Struggling with Basic Reading and Writing Skills": The purpose of this presentation was to discuss the development of basic reading and writing skills and provide an overview of effective instructional interventions for teaching word identification and spelling to students who struggle with the acquisition of basic reading and writing skills

Dr. Robert Brooks, a clinical psychologist and member of the faculty of Harvard Medical School, is renowned for the warmth and humor he uses to bring his insights and anecdotes to life. Dr. Brooks presented: "The Power of Mindsets: Nurturing Motivation and Resilience in Children with Learning Problems." He described a strength-based model for working with youngsters with special needs with attention to the factors that contribute to the creation of a positive school and home climate.

The breakout sessions offered a variety of topics to those at the conference. First, Dr. Vennecia Jackson discussed brain functioning in "Understanding the Connections . . . and the Interruptions." Next, Mary Morrison, Counselor and play therapist, presented the importance and impact play therapy has on learning different students. In addition, Leticia Diaz, M.Ed., Educational Consultant, discussed the distinction between a true learning disorder and a language difference in bilingual students.

Each day ended with even more motivation! The second session offered ideas for study skills and time organization from Ruth Ann Jewel, CALT, and "Social Skills Training for Children with Learning Disabilities" from Dr. Susan Istre, Director of the Center for Social Success. Pam Quarterman, M.M.S., CCC-SLP, Director of Oakhill Academy; and Carole Hill, M.A. offered ideas for setting the stage for reading acquisition through strong early childhood education and language development.





The Buck Stops Here!

Due to rising cost of newsletter production, the Board of DBIDA has decided to print and mail only one newsletter per year. This will be a substantial saving in the budget. However, to keep all members updated on 2004 events, the second issue will be sent out electronically. Don't miss out! Send your email address to: janehood@comcast.net and we will add you to the email list!

To help with these rising costs, the newsletter will also start taking advertisements. If you are interested in reaching over 600 forward-thinking, creative individuals, consider advertising or even underwriting the DBIDA newsletter! Contact the newsletter editor for details.

Please note that because the fall newsletter will be electronic, the annual ballot containing the slate of officers and by-laws changes will be mailed in the Conference Registration.

Proposed By Laws Update For Fall Vote

In the continuing effort to update the by-laws, the Board is recommending that amendments be adopted to reflect that the election of officers is in the fall and not at the annual meeting which is now held after the spring conference. This schedule change needs to be addressed in the by-laws, Article VIII, Committees, 3. f.

Existing by-laws

The Nominating Committee shall:

f) allow the election of the Officers, Directors, and Members of the Nominating Committee at the time of the Annual meeting. A qualified voter, upon receipt by mail of an official stamped ballot, has the option of mailing the ballot vote or bringing the ballot to the annual October meeting to vote in person. Thus, a qualified

voter may cast a ballot received in the mail in person at the Annual Meeting or by returning the ballot by mail, providing such ballot reaches the Secretary before the polls are declared closed at the Annual Meeting in October.

Proposed Change

The Nominating Committee shall:

f) allow the election of the Officers, Directors, and Members of the Nominating Committee. A qualified voter, upon receipt of an official ballot distributed prior to December 1, has the option of returning the ballot to the administrative office via regular mail, electronic transmission, or in person. The ballot must reach the Secretary on or before December 20.

MISSION:

The Dallas Branch of the International Dyslexia Association is committed to leadership and advocacy for people with dyslexia by providing:

- Support for individuals and group interactions
- Programs to inform and educate
- Information for professionals and general public.

The Dallas Branch IDA newsletter, a publication of the Dallas Branch of the International Dyslexia Association, is free to its membership. The International Dyslexia Association neither recommends nor endorses any specific speaker, school, institution, instructional program or material.

The International Dyslexia Association



55th Annual Conference

“Freedom Through Learning”



November 3-6, 2004 Philadelphia Convention Center, Philadelphia PA

The International Dyslexia Association (IDA) is a non-profit, scientific, and education organization dedicated exclusively to the study and treatment of the specific language disability known as dyslexia. We have been a strong force in the educational and scientific communities for over 50 years. IDA works internationally, nationally, and locally on such matters as public awareness, education, research and legislation.

KEYNOTE SPEAKER: Barbara Foorman, Ph.D.

Professor and Director, University of Texas-Houston Health Science Center
Center for Academic & Reading Skills

NORMAN GESCHWIND MEMORIAL LECTURER: Albert Galaburda, M.D.

Emily Fisher Landau Professor of Neurology and Neuroscience, Harvard Medical School
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- *Attend the premier event in the field of learning disabilities!*
- *Listen to hundreds of noted experts in the LD field, covering topics such as diagnosis, teaching approaches, math, spelling, comprehension, ADHD, social issues, early intervention and more.*
- *Visit our exhibit hall and learn about teaching resources, assistive technologies, schools with programs for students with learning disabilities, and other related items.*
- *Share information with co-workers, colleagues, professionals and others.*

Accommodations:

Loews Philadelphia Hotel (headquarters hotel) Rates are \$165 single/double. This hotel is across the street from the convention center. To reserve rooms, call 215-231-7333.

Hilton Garden Inn: Rates are \$149 single/double, and \$159 for Jr. suites. Hotel is one minute from the convention center. Web site: www.philadelphiacentercity.gardeninn.com. Group code "IDA". For reservations, call 215-923-0100 or 877-782-9444

Marriott Courtyard: One block to convention center. Rates are \$155 single/double. Call 215-496-3200, or 800-321-2211 for reservations. Web site: www.marriott.com

Hampton Inn: One minute from convention center with rates of \$145 single/double. Complimentary continental breakfast. For reservations, call 800-HAMPTON, or the hotel directly at 215-665-9100 or 888-874-3405

Holiday Inn Express: This is the farthest hotel from the convention center at five blocks away. If you are shopping for the lowest price hotel, this would be your choice. Rates are \$115 single and \$125 double/triple/quad. Complimentary deluxe breakfast bar. Call 215-735-9300 or 800-564-3869 for reservations. Intercontinental hotel reservations: 1-800-HOLIDAY. Web site: www.hiexpress.com

Conference Programs available in August. For more information, call IDA at 1-800-ABC-D123, e-mail us at info@interdys.org; or visit our website at www.interdys.org

Social Skills Training for Children with Attention & Learning Problems: Issues and Information

Dr. Susan Istre Director, Center for Social Success

Children are referred for social skills coaching for a variety of reasons: they have no friends, they don't pick up on social cues, they annoy other children excessively, they are picked on by others, they don't stand up for themselves, they misinterpret cues and react defensively, and a variety of other reasons. Ultimately, their parents, teachers, physicians, or therapists are concerned that the child is at risk for social isolation or social rejection. Children who are socially isolated are often lonely and become depressed. Children who are socially rejected often feel misunderstood, blamed for everything, and frequently react with anger and aggression.

Children with Attention Deficit Hyperactivity Disorder (ADHD) and Learning Disabilities (LD) are at increased risk for having social skills problems because of the nature of their disabilities. For example, children with ADHD are distractible and often don't pick up on cues, they are impulsive and often interrupt and grab, and they are hyperactive and often too loud, annoying, and in other children's face and space. Children with language learning disabilities often have trouble understanding what others are saying, expressing themselves clearly, and reading non-verbal body language. Children with fine or gross motor problems and sensory integration difficulties are often clumsy, can't keep up with other children in games and sports, and may over react to touch.

Our schools focus on teaching

learning different children strategies to be successful academically. We measure their intelligence quotient (IQ) and achievement scores, diagnose their specific learning disability, develop an individualized education plan, modify their curriculum, and measure outcomes to assure improvement and success. But what about a child's emotional quotient (EQ)? How do we assess and remediate problems in this realm?

Unfortunately, there is no clear definition of social or emotional skills. Dr. Daniel Goleman focused attention on this issue nearly a decade ago in his groundbreaking book, *Emotional Intelligence* (1995). He basically described emotional intelligence as the intra- and interpersonal skills necessary to monitor, interpret, and appropriately manage your own and other's feelings. He discussed the importance of having certain global skills like self-awareness, morality, optimism, motivation, and persistence. He also referenced the importance of specific social skills like body language literacy, anger and stress management skills, assertive skills, and personal responsibility skills.

Although mental health specialists like psychologists, counselors, and social workers have long addressed social and emotional issues of children and adults, there is no specific diagnosis for social skills problems in the current Diagnostic and Statistics Manual (DSM IV), which is used to define mental health issues and provide direction for treatment plans. Without

a formal diagnosis, families cannot obtain reimbursement for counseling services. Hence, therapists commonly use other diagnoses like Developmental Disorder of Childhood Not Otherwise Specified or Adjustment Disorder. They might also reference other conditions felt to contribute to the social skills problem, like ADHD, Oppositional Defiant Disorder (ODD), mood disorders, or anxiety. Many children present with very complicated symptoms and are identified as having dual (e.g. multiple) diagnoses. Mental health specialists are in the best position to help children address social skills deficits because of the complex emotional nature of the problem. Teachers and other types of therapists can help "teach" specific social skills and remediate underlying language and motor delays, but counseling is usually needed to address the intervening emotional issues that prevent the child from using the skills.

A comprehensive assessment is the first step in the process of diagnosing and treating social skills problems. A general psychological screening test is a good place to start. Then a specific social skills assessment tool is necessary to pinpoint the specific nature of the social skills problems. A thorough history from both the parents and the child is also essential, as well as input from the teacher and any other therapists working with the child. Sometimes it is necessary to diagnose and treat other psycho-biological conditions first,

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like ADHD, mood, or anxiety disorders. Medication may need to be considered. Evaluations by other specialists may also be necessary to rule out motor, language or other learning disabilities. Alternative school placement options might also need to be considered.

Treatment planning involves prioritizing problems and solutions. This must be individualized for every child. If the child is very young, sometimes language therapy for the child and behavior management counseling for the parents is the best place to begin. If these therapies are not necessary or have already been accessed, social skills play therapy is recommended. If the child is older and has major problems with aggression, individual therapy for anger management is needed before social skills therapy can begin. If social skill difficulties are the main concern, social skills training group is recommended to begin as soon as possible.

In order to be maximally effective, children should be matched in a social skills group by age, gender, and issues. Even under the best of circumstances, it may take time for an appropriate group "fit" to be identified. It is better to wait for the right group than to place the child in a group that will not meet his or her needs. It may be necessary to begin by matching the child in a dyad (a group consisting of only two children). This may actually be the ideal size to begin with if a child has more severe problems and/or needs intensive therapist time and attention. As the child becomes more capable of interacting appropriately with other children and requires less therapist guidance, other suitable members can be added to enlarge

the group. Maximum group size is probably about six to eight children, with two therapists present.

Therapist training and experience is also a critical component for social skills group success. First, the therapists must be licensed to practice counseling. This requires a master's or doctoral degree as well as a specific license to practice as a Psychologist, Licensed Professional Counselor (LPC), or Licensed Master of Social Work (LMSW). Beware of those who advertise as doing social skills counseling with only a bachelor's degree. Counselors doing social skills training should also have experience doing group therapy and have additional training in using a specific social skills curriculum.

There are a variety of social skills training curricula on the market. One of the best was developed by McGinnis and Goldstein and is extensively described in their book entitled, *Skill Streaming the Elementary School Child* (1987). They have also published a similar adolescent training guide. Gresham has an excellent book entitled, *Social Skills Intervention Guide* (1991), which has the distinct advantage of correlating with the assessment items on the Social Skills Rating Scale. For children with pervasive developmental delays, a new text is available entitled, *Navigating the Social World: A Curriculum for Individuals with Asperger's Syndrome* (2002). Many therapists, such as myself, have devised their own copyrighted curriculum and training materials. Other therapists conduct more process (versus product) oriented groups and only deal with issues that are raised by members on the day of group. Because children with social skill

problems have issues with acquisition (knowing what is appropriate) and performance (doing what they know they should), a combination of both curriculum-based training and open forum discussions is most effective.

Most social skills training groups use a variety of cognitive-behavioral strategies to teach and reinforce appropriate behavior. In addition to directly teaching a specific skill, it is helpful to use a combination of role modeling, role playing, and real play. For pre-school children, songs and puppet play are especially effective. For elementary aged children, social stories, discussions, and video-taping are useful. For adolescents, problem-solving groups are ideal.

Parent participation is critical to the success of children's social skill training groups. Children only see the therapist one time a week for one hour. Parents are the most consistently available adult influence and are needed to help reinforce the use of skills being taught in group. It is more natural for adults to criticize than encourage, so parents must be taught not only what improvements to look for but also how to comment positively on what the child is doing right, not what he or she is doing wrong. Other important skills to teach parents are how to help their child identify and deal with strong feelings and how to problem solve effectively. Parent meetings should be scheduled at least monthly and should include take-home instructions and information.

Social skills groups are usually twelve to sixteen weeks in duration. Children can typically resolve "acquisition problems" (not knowing what to do in social situations) in that length of time,

but may need additional coaching to resolve more resistant “performance problems” (knowing what they are supposed to do but not doing it). Children with more pervasive delays require a more simplified curriculum and greater repetition to achieve successful results.

Evaluating the success of social skill training programs is generally accomplished by getting subjective feedback from parents and children. Therapists should also report on specific areas of improvement and areas in need of additional work. More objective evidence can be obtained from standardized rating scales. Unfortunately, few such scales exist and the post-test data will only be an accurate reflection of progress if the curriculum taught in group is reflected in the test items.

Despite the difficulty in diagnosing social skill deficits, identifying a suitable curriculum, matching children in groups, involving parents, and evaluating outcomes, social skills training groups are still desperately needed to help prevent children from becoming socially isolated or rejected. We all play an important role in helping the at-risk child through identification, referral, teaching, counseling—and most of all by providing hope and encouragement. Each of us must strive to be a “charismatic adult”, as described by Dr. Brooks, to help children believe they are capable of loving and being loved, forgiving and being forgiven, and growing up to be emotionally intelligent human beings.

Mark Your Calendars!

The Dallas Branch IDA Spring Conference is February 11, 2005 at City Place in Dallas.

Join us for inspiration from Louisa Moates, Keynote Speaker!

Because space is always limited, you may want to register early to guarantee your spot! To receive early registration information, email Jane Hood at janehood@comcast.net. Your email address will be entered and you will be notified for early registration.



DBIDA FELLOWS AND FRIENDS

Top row left to right: Anna Burton, Julie Noel, Debbie Wills, Marguerite Burtis, Mary Morrison, Suzanne Eades, Linda Sharpe, Lynn Harnden. Bottom row left to right: Linda Sullivan, Pam Quarterman, Terri McElroy, Jane Hood, Ruth Ann Jewell, Debbie LeBlanc. Not pictured: Lynda Csaszar, Addie Beth Denton, Leigh Miller, Leora Miller, Sarah Moore, Kathi Silver, Velda Skinner, Margaret Smith, Lana Stripling, Jamie Williams.

The Dallas Branch of the International Dyslexia Association (DBIDA) is pleased to announce the creation of The Endowment for Dyslexia Education, an endowed fund to support the educational programming efforts of the DBIDA. In an effort to extend DBIDA's educational programs for teachers, professionals and the general public, The Endowment for Dyslexia Education will be dedicated to providing state-of-the-art, research-based instruction directly impacting vast numbers of students. Individuals are invited to become charter fellows and to be archived in DBIDA history. For more information, contact Marguerite Burtis, Chair, 972-661-5157 or Burtism@AOL.COM.

A special thanks to the schools that participated in the 2003 Read-A-Thon.

Six schools participated and 112 students read at least 2003 minutes. If you would be interested in being the coordinator for your school next year, please call Terri McElroy at 972-396-8823.

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