Child Decoded

Child Decoded:

Seeing Past the Labels to Address the Needs

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With a special emphasis on children who have experienced changes in living situations, such as through adoption or kinship care.
What are the unique special needs that can hide under labels and diagnoses

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The Pros and Cons of Diagnosing (or labeling)

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PROS

- Sometimes the label is spot on
- There is research on most effective treatment protocols
- Parents can find books, support groups and specialists to help
- Often a diagnosis or label is necessary to receive services

CONS

- The child is now labeled with a disorder or disability
- There may not be a label or diagnosis that is a good fit (even if multiple are used)
- Some conditions are still "emerging" and not in the diagnostic options
- People may see the label, not the child
- The label does not integrate brain and body

The Two Major Sources of Labels

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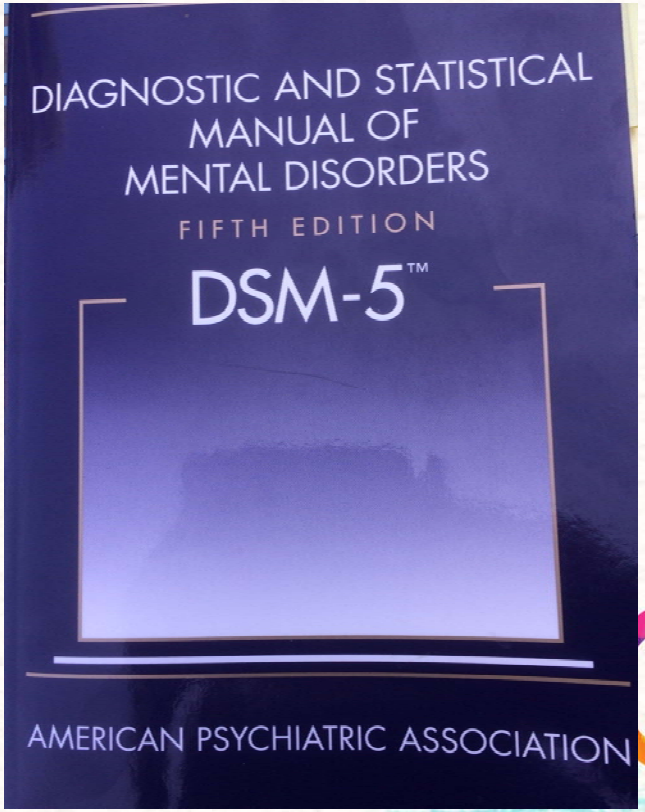

The Two Sources Often Overlap

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The School System	← →	The DSM-5
• Intellectual Disability		• Intellectual Disability
• Speech/Language Disability		• Communication Disorders
• Specific Learning Disability		• Specific Learning Disabilities
• Autism		• Autism
• Other Health Impaired		• Attention Deficit Disorder
		• Motor Disorders
• Emotional Disturbance		• Most of the DSM-5
• Traumatic Brain Injury		• Neurocognitive Disorder
• (and 6 more IEP qualifiers)		

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A few examples of what is not included in these labels

- Dyslexia
- Sensory Processing Disorders
- Irlen Syndrome
- Executive Function Disorder (though schools are assessing it more)
- Slow Cognitive Tempo
- Gifted and Talented
- Trauma

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What else is missing?

A failure to look under the hood,

Check under the surface,

Integrate mind and body.

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Let's go through the major labels and look beyond them

DYSLEXIA!!!

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- It's a reading disability, but not all reading disabilities are dyslexia.
- Sometimes other challenges preceded the reading problem. Treatment must start at the source.
- If there is dyslexia (or any reading problem), watch for a writing problem.
- Plan on continued accommodations and some modifications.
- Don't forget related issues in spelling, math fluency, foreign language and vocabulary.
- Keep an open mind about complimentary and alternative approaches
- Example case: early ear infections

Writing Disability (Dysgraphia)

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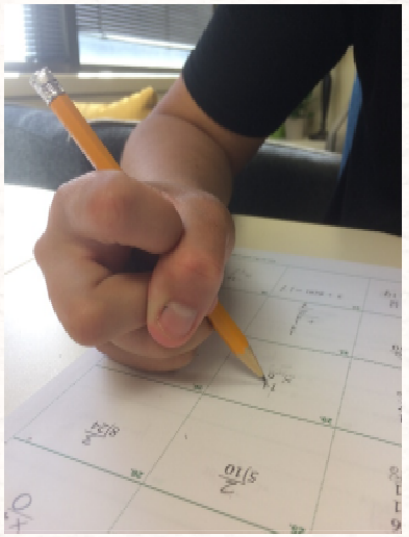
- Can a cause be determined?
  - Related to a reading disability
  - Due to poor fine motor coordination
  - Due to mismatch between cognitive and motor processing
  - Due to Executive Function weaknesses or Attention Deficit Disorder
- Technology is our friend
- Technology is not the cure
  - Use adult support for scaffolding and dictation strategies
  - Use rubrics
  - Use alternatives to writing to express knowledge



Math Disability (dyscalculia)

- Possible causes
  - Related to dyslexia, so there is poor fluency with facts (not dyscalculia)
  - Is it a weakness in math concepts
  - Is it part of a more complex presentation, such as Nonverbal Learning Disability
  - Is it lack of exposure or consistent education
- Possible solutions
  - For fluency with facts-get a calculator
  - For conceptual reasoning-go multisensory
  - Do spend time on practical math in high school
- College accommodations
  - Logic classes

Attention Deficit Disorder

(oh, where to start?)

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- The standard of care is *medication, counseling (intervention)*, and *accommodations*
- Explore possible causes of/contributors to the Attention Deficit
  - Sensory processing disorders
  - Other learning disability
  - Illness or Medication effects
  - Allergies and sensitivities
  - Language processing problems
  - Giftedness
  - Immaturity
  - Executive Function weaknesses
  - Trauma (leads to cognitive disorganization and hypervigilance)
  - Prenatal drug or alcohol exposure
  - Examples: Rey, Nori

Attention Deficit Disorder
(what can we do besides medication)

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- Start treatment at the source (trauma, language processing, sensory processing)
- Look for "10% strategies." Try to find 4-5.
- Provide accommodations
  - Find ways for this child to move if needed
  - Give brain breaks
  - Shorten tasks, particularly homework
- Realize this child may never have the desired classroom attention style
- Explore complimentary and alternative approaches, but it's ok to be cautious, frugal or skeptical.

Speech and Language Disabilities

- It's important to know the difference between speech and language
- Is there any indicator of what caused the delay
  - Family history
  - Early ear infections
  - Early deprivation
- Are there challenges accompanying the speech or language delay
  - E.g., vestibular processing problems, auditory processing disorder
- Plan on long term accommodations even when speech or language seems improved. School is a very verbal place.
  - Written instructions, reading support, visual supports, visual projects

Example: Rosie

Autism Spectrum Disorder

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- There are a lot of variations, but only one name now.
- It is necessary to consider several areas
  - Sensory processing
  - Communication skills
  - Social Interaction skills and desire
  - Emotion Regulation
  - Interests
  - Cognitive abilities
  - Academic abilities
- Don't assume anything
- Where to start? Find what helps the child stay calm while taking part in the world

Emotion Regulation

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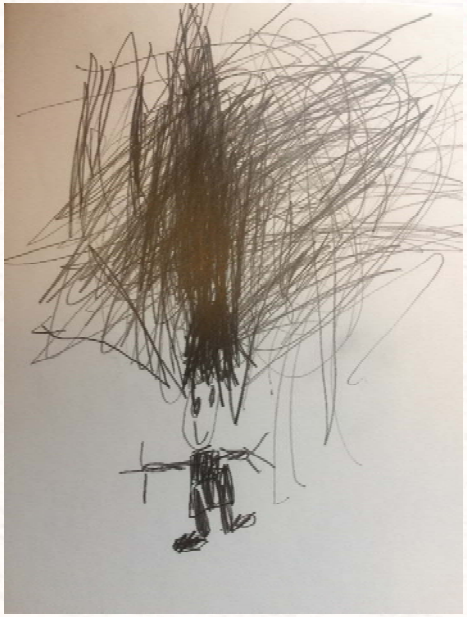
- This can encompass a wide range of emotions – anxiety,/fear anger/rage, frustrated, over-excited, giddy, irritable, moody
- Look under the hood
  - Family history/Trauma history
  - Other irritants-allergies, eczema, medications
  - Atypical sensory processing
  - Sleep disorder
  - Learning disability/ADHD
  - Hangry?
- Look for "10% strategies"
  - Exercise
  - Healthy snack
  - Sensory work
  - Brain break
  - Predictable day
  - Sleep
  - Co-regulation



Model
Calm
Coping!

The Four Foundations for learning readiness

- Nutrition
  - Basics
  - Sensitivities
- Sleep
  - Basics
  - Sleep disorder
- Exercise
  - Basics
  - Sensory motor needs
- Hydration

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Some Examples involving the 4 foundations

James, 14, bright, a little reclusive due to sensory issues, complains of attention problems that began in middle school, wants a medication trial.

Vanessa, adopted at 9 months of age, 12, bright, emotional and anxious, eyes cannot scan smoothly

Brady, 8, on two antipsychotics and still out of control at home and school, has language weaknesses and is not progressing in reading

Medical issues to consider

- Genetic disorders
- Sleep disorders
- Allergies, eczema, asthma
- Frequent illnesses or infections
- Digestive issues

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Tori-12 months old

- adopted at 9 months from China, abandoned at 2 weeks of age (approx.), in orphanage with adequate care.
- At 12 months of age, still cannot take food, cannot sustain eye contact, delayed motor skills, delayed expressive language.
- Feeding practice not helping
- Sensory support, vestibular support led to eye contact, interaction

- Abby - 5 years old *Question-retain in kindergarten*

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  - Adopted at 12 months from an institution. Hated being touched or held facing a parent.
  - Developed into a cheerful tomboy, just don't expect physical affection.
  - Late Spring, kindergarten teacher suggests retention due to poor progress in reading, so the family comes in for evaluation.
  - Most pressing concern for me was the sensory issues causing her to reject all touch.
  - Sent to hippatherapy

In Conclusion

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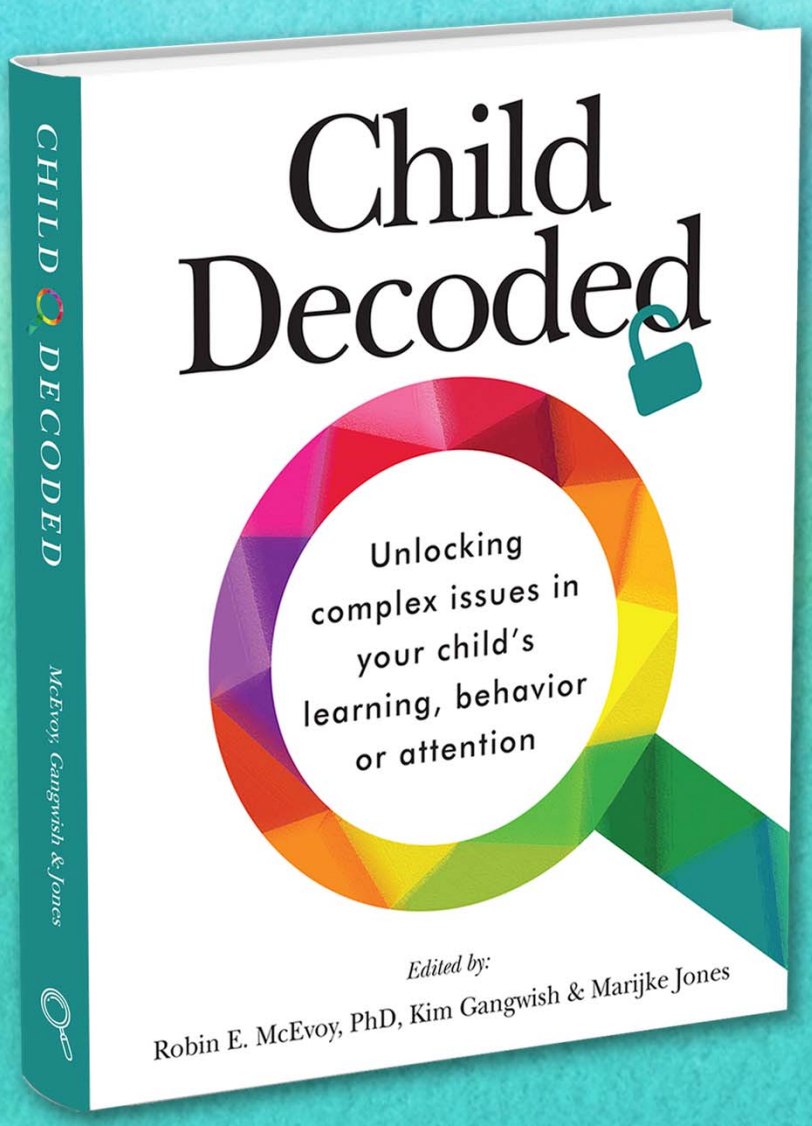
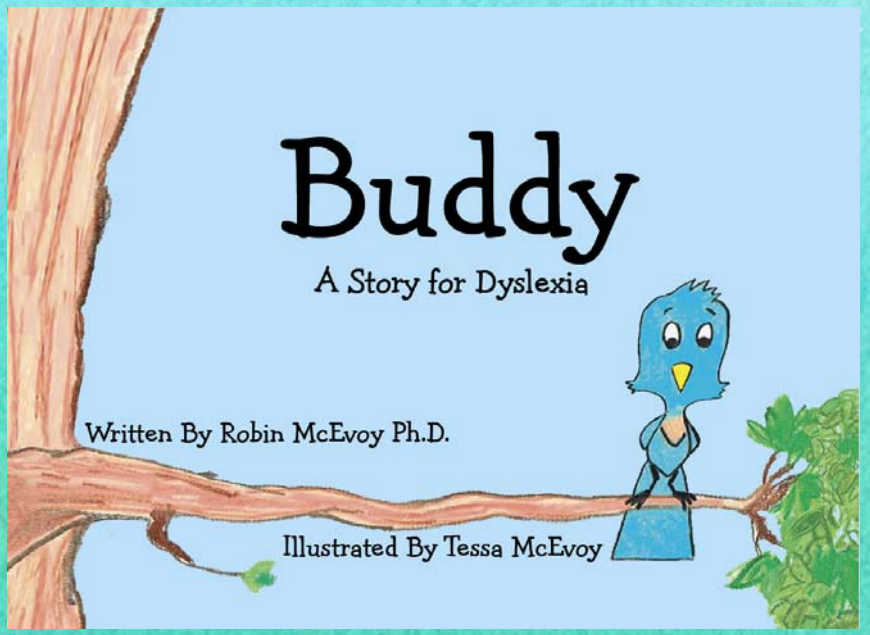
- Diagnoses can be helpful
- Labels might be needed
- But realize they are a starting point, not a stopping point





(free adoption chapter on our website)

www.ChildDecoded.com
www.RobinMcEvoy.com

Thank You!!!

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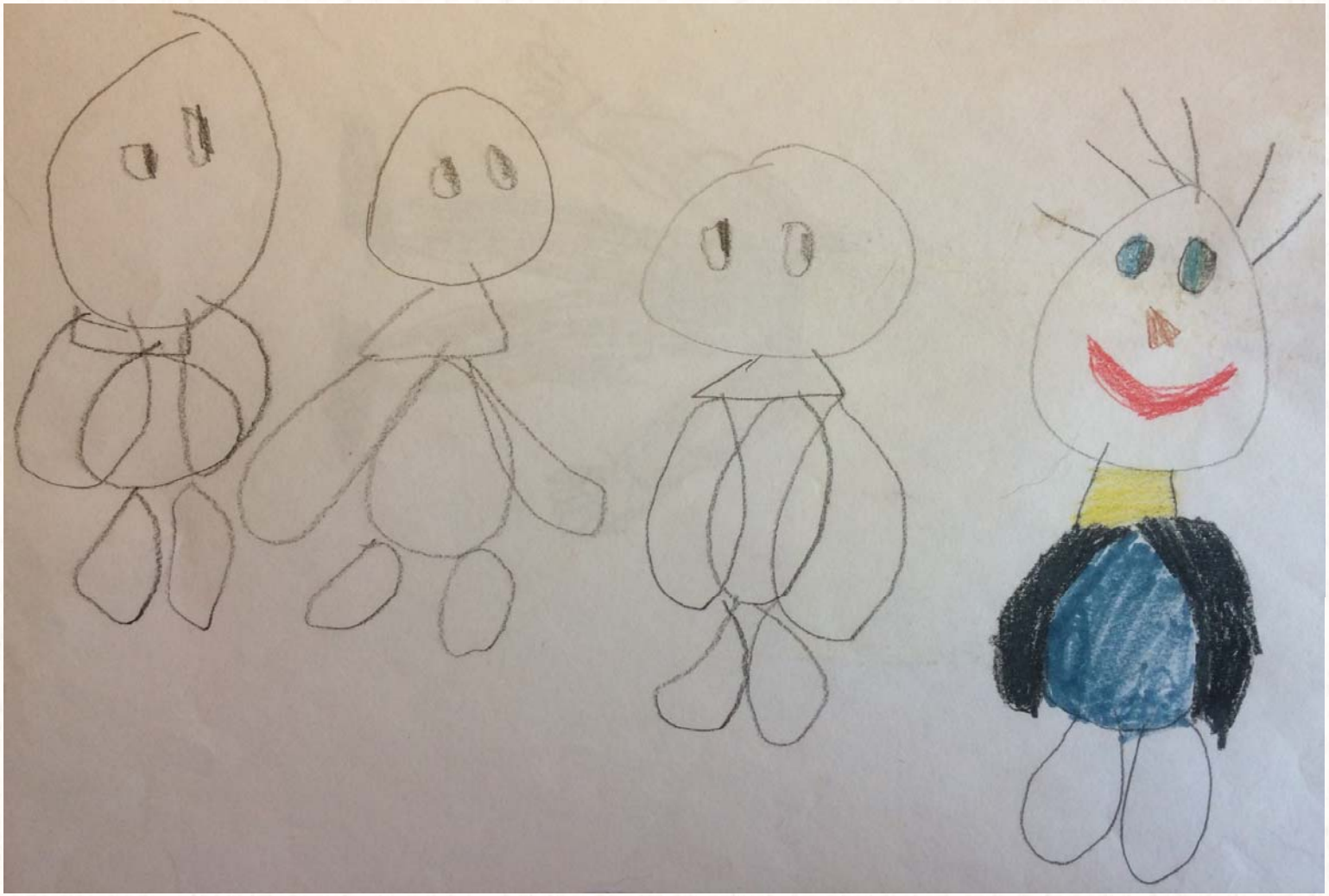

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- Tommy – 13 years old
  - has a school diagnosis of SIED, poor self control and attention control, very poor self-control at home, not very insightful
  - Additional observations in evaluation
    - Physically is overly thin with poor muscle mass
    - Extreme hypersensitivities, including SPD and EMF sensitivity
    - But poor interoceptive sense
    - Irritable

    - Plan-send to allergist

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- CJ - 23 years old *Top Down vs Bottom Up approaches*
  - Academic concerns emerged early, seemed both overwhelmed and clueless in the classroom, could not follow directions, slow academic progress, painfully slow and limited writing, increasingly demoralized and emotionally flat
  - Diagnosed 2E, gifted with SPD and Dysgraphia and EF
  - Later identified with food sensitivities (dairy)
  - Top down did not work
  - Bottom up approach – homeschool for 2 years with intensive SPD work and diet work, re-entered a smaller charter school that had lots of field trips
  - Did well in college and recently graduated

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