



Razzino and Associates, LLC Therapy and Assessments

150 LITTLE FALLS STREET STES 200 & 202
FALLS CHURCH, VA 22046
PHONE: 703-533-7779
WWW.DRBRIANRAZZINO.NET
E-MAIL: DR.BRIANRAZZINO@GMAIL.NET

Children's National Center (Adjunct Assistant Professor)
George Washington Medical School Medical (Adjunct Assistant Professor)

Brian Razzino, PhD

Licensed Clinical Psychologist
Certified PEERS[®] Provider

THE DOUBLE WHAMMY:

Recognizing and Supporting a Child with Dyslexia
and Learning Difficulties

- a) Recognizing differences
 - b) Understanding the experience
 - c) Working with the child
- 
- A decorative graphic consisting of several parallel white lines of varying lengths, slanted upwards from left to right, located in the bottom right corner of the slide.

1) All Children are not created equal

2) All should not be treated equally

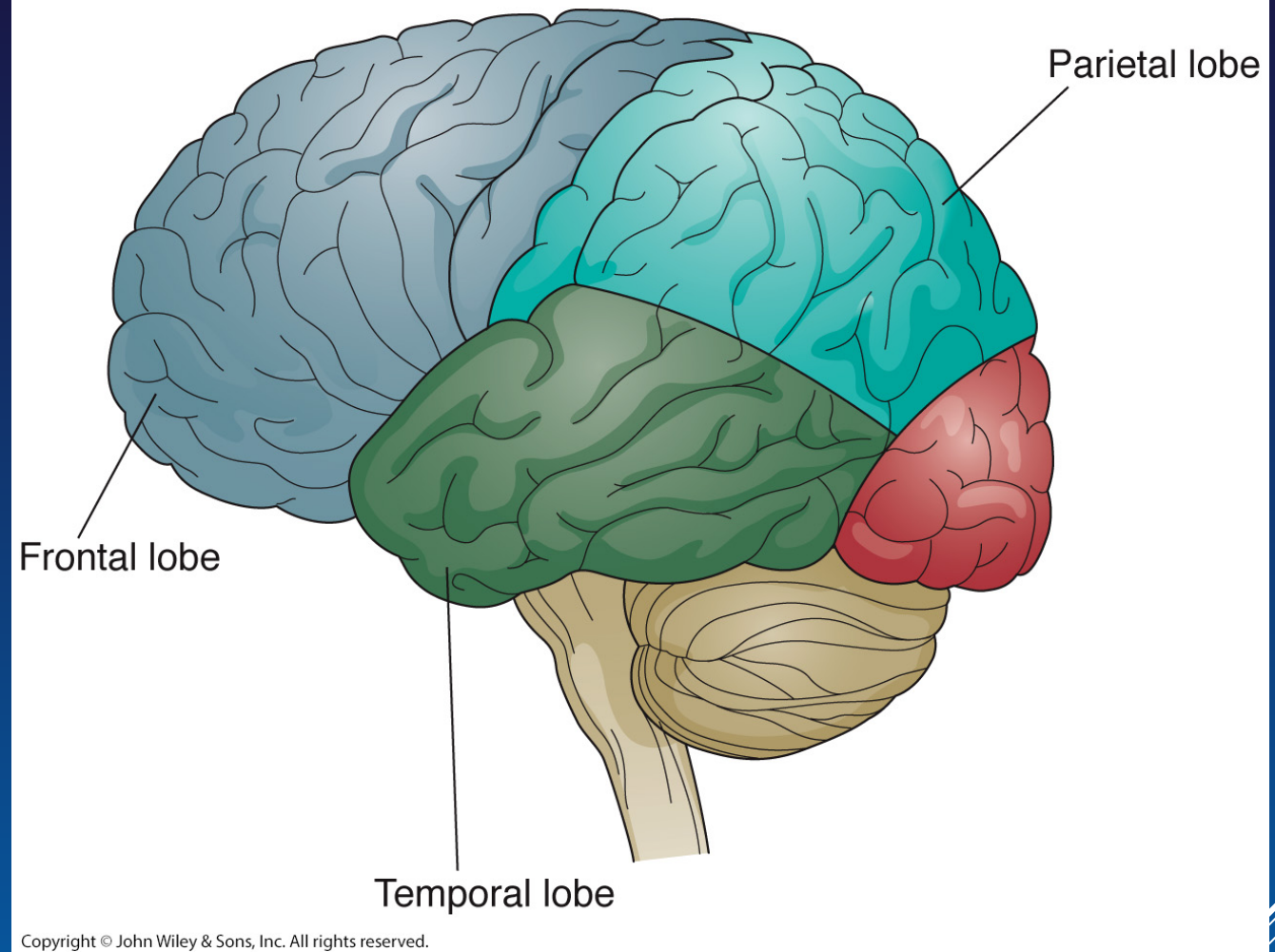
3) You can not do anything you set your mind to

WHAT ARE WE TEACHING?

A decorative graphic consisting of several parallel white lines of varying lengths and orientations, located in the bottom right corner of the slide.

- ▶ All Children are not created equal.
But all children are human, with great value and are deserving of love.
- ▶ All are should not be treated equally.
Children learn differently, therefore teaching needs to be different to reach them.
- ▶ You can not do anything you set your mind to.
Your life does have meaning and can be exceptionally meaningful.
- ▶ **What is this compulsion to spin a difference into a strength or gift?**
The parable of Rudolf. Born different = bullying and exclusion. You must prove your worth, then you get accepted by the people that bullied you. This is something to strive for?
- ▶ **Why must we be capable of writing a book, being a CEO, going to medical school or “changing the world” to feel better about the difficulty we have?**
- ▶ **What are we really teaching our children?**
Wealth, possessions, status, power, and popularity,...

WHAT ARE WE TEACHING?



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AREAS OF THE BRAIN IMPLICATED IN DYSLEXIA:
FRONTAL, PARIETAL, AND TEMPORAL LOBES

- ▶ Genetic factors
 - ▶ Evidence from family and twin studies
 - ▶ Genes are those associated with typical reading abilities (generalist genes)
- ▶ Problems in language processing
 - ▶ Speech perception
 - ▶ Analysis of sounds and their relationship to printed words
 - ▶ Difficulty recognizing rhyme and alliteration
 - ▶ Problems naming familiar objects rapidly
 - ▶ Delays learning syntactic rules
 - ▶ Deficient *phonological awareness*
 - ▶ Inadequate left temporal, parietal, occipital activation

ETIOLOGY OF LEARNING DISABILITIES: IMPAIRMENT IN READING (DYSLEXIA)

- ▶ Reading and writing specifiers
 - ▶ Multisensory instruction in listening, speaking, and writing skills
 - ▶ Readiness skills in younger children as preparation for learning to read
 - ▶ Phonics instruction
- ▶ Communication disorders
 - ▶ Fast ForWord
 - ▶ Involves computer games and audiotapes that slow speech sounds

TREATMENT OF LEARNING DISABILITIES

RECOGNIZING ABILITIES



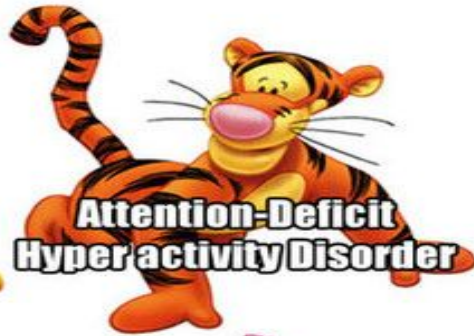
WELCOME TO PSYCHIATRY

“where anything you say can and will be
used against you”

A series of several parallel white lines of varying thicknesses, slanted diagonally from the bottom-left towards the top-right, crossing the right side of the slide.



Eating Disorder



**Attention-Deficit
Hyperactivity Disorder**



Depression



Anxiety



**Obsessive Compulsive
Disorder**



Schizophrenia



ATTENTION DEFICIT HYPERACTIVITY DISORDER

SLIDE 1

Core Symptoms of ADHD

<i>Core Symptom</i>	<i>Inattention</i>	<i>Hyperactivity-Impulsivity</i>
Clinical Expressions	Fails to attend to details	Fidgets with hands or feet
	Has difficulty sustaining attention	Leaves seat in classroom
	Does not seem to listen	Runs about or climbs
	Fails to finish	Difficulty playing quietly
	Has difficulty organizing tasks	Motor excess ("on the go")
	Avoids sustained efforts	Talks excessively
	Loses things	Blurts out answers
	Is distracted by extraneous stimuli	Difficulty awaiting turn
	Is forgetful	Interrupts or intrudes

DSM-5

- Age <17 years: ≥ 6 symptoms in 1 or both categories
- Age ≥ 17 years, ≥ 5 symptoms of in 1 or both categories
- Present > 1 setting
- Persist > 6mo
- Present before age 12
- Inconsistent with developmental level child
- Impair functioning
- Exclude psychiatric disorders

CO-OCCURRING DISORDERS

Prevalence of comorbid disorders for children with ADHD vs those without

	No ADHD	ADHD
Learning disability (%)	5.3	46.1 ^a
Conduct disorder (%)	1.8	27.4 ^a
Anxiety (%)	2.1	17.8 ^a
Depression (%)	1.4	13.9 ^a
Speech problem (%)	2.5	11.8 ^a
Autism spectrum disorder (%)	0.6	6.0 ^a
Hearing problem (%)	1.2	4.2 ^a
Epilepsy or seizures (%)	0.6	2.6 ^a
Vision problem (%)	1.4	2.3 ^a
Tourette's syndrome (%)	0.08	1.3 ^a

- ▶ Primary vs secondary
- ▶ ADHD subtype specific comorbidities

Larson et al, 2007



Oppositional Defiant Disorder

A pattern of angry/irritable mood, argumentative/defiant behavior, or vindictiveness

Angry/Irritable Mood

1. Often loses temper
2. Is often touchy or easily annoyed
3. Is often angry and resentful

Argumentative/Defiant Behavior

4. Often argues with authority figures or, for children and adolescents, with adults
5. Often actively defies or refuses to comply with requests from authority figures or with rules
6. Often deliberately annoys others
7. Often blames others for his or her mistakes or misbehavior

Vindictiveness

8. Has been spiteful or vindictive at least twice within the past 6 months.



INTERMITTENT EXPLOSIVE DISORDER

- ▶ Explosive eruptions occur suddenly, with little or no warning, and usually last less than 30 minutes.
- ▶ Person may be irritable, impulsive, aggressive or chronically angry most of the time
- ▶ The explosive verbal and behavioral outbursts are out of proportion to the situation, with no thought to consequences

- ▶ Specific phobia
- ▶ Social anxiety disorder (SAD)
- ▶ Panic disorder (PD)
- ▶ Agoraphobia
- ▶ Generalized anxiety disorder (GAD)

ANXIETY DISORDERS



DEPRESSION

**At the mildest end of the spectrum are
Adjustment Disorders with Depressed Mood**

**Dysthymic disorders are the second
category**

**Major Depression is the most severe
condition.**

Understanding the Experience



teapot tɒpɒt
təpɒt tɛpɒt
teɒpɒt tɛɒpɒt
tɒbɒt teapɒt
təpɒt tɛpɒt





Read this silently while it is being read aloud:

Last Serney, Flingledo and Pribin were in the Nerd-link treppering gloopy caples and cleaming burly greps. Suddenly a ditty strezzle boofed into Flingledopes tresk. Pribin glaped and glaped. "Oh, Flingledo." he chifed. "that ditty strezzle is tuning in your grep!"

When did this take place?

Who was with Flingledo?

Where were they?

They were treppering something, what were they treppering? What type of caples?

They were cleaming something, what were they cleaming? Then a strezzle showed up, what kind of strezzle?

Did they expect it? What did it do?

Where did it boofed?

Pribin was no help, what did he do?

Pribin chifed something, what did he chife?

ACTIVITY: DO YOU KNOW ALL THE WORDS IN THIS LIST?

- ▶ isolated
 - ▶ Know
 - ▶ making
 - ▶ only
 - ▶ often
 - ▶ with
 - ▶ One
 - ▶ points
 - ▶ relation
 - ▶ set
 - ▶ Table
 - ▶ value
 - ▶ variables
 - ▶ Are
 - ▶ between
 - ▶ Consists
 - ▶ continuously
 - ▶ corresponding
 - ▶ curves
 - ▶ draws
 - ▶ variation
 - ▶ graphs
 - ▶ if
- 

If the known relation between the variables consists of a table of corresponding variables, the graph consists only of the corresponding set of isolated points. If the variables are known to vary continuously, one often draws a curve to show the variation.

Basic College Math. M. Michael
Michaelson, 1945

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n."saidB y. "W r edon' nother
 "Comeo ets ehav pi cku i o n.W thavea
 eto pth sc
 fpopc loor?"
 cano com."Arew ngt tpopcor t'sbe nthef
 egoi oea ntha eno
 "Wec wa Betsyan ed.
 an shit." swer
 "Tha goodi an."Wec wa meo lofy puspi
 t'sa dea,"saidSus an shit.Co n,al ou.Hel ck itup."
 Thech enw entt r k.Itt
 ildr owo ook emal met kup al hepo om.
 th ongti opic lt pc
 Th the mintot
 en ytookt hec hek dBe ashedi hec
 o itchenan tsyw t. Allt hildren
 th tth hatw stt ingt Betsy pu comin obigpans
 ough att asju heth odo. the tw
 toputint
 heaven.

Come on” said Betsy. “We have to pick up this corn we don’t have another can of popcorn.” “Are we going to eat popcorn that’s been on the floor?” asked Susan. “We can wash it” Betsy answered. “That’s a good idea, “ said Susan “I can wash it, come on all of you, help us pick it up. The children went to work. It took them a long time to pick up the popcorn. Then they took the corn to the kitchen and Betsy washed it. All the children thought that it was just the thing to do. Betsy put the corn into two big pans to put in the oven.

LEARNING DIFFERENCES

Neurotypical



□ Ability □ Effort □ other

LD



□ Ability □ Effort □ Other

All Children Want to Do Well!

Motivated to do what exactly?

Avoiding :

Humiliation

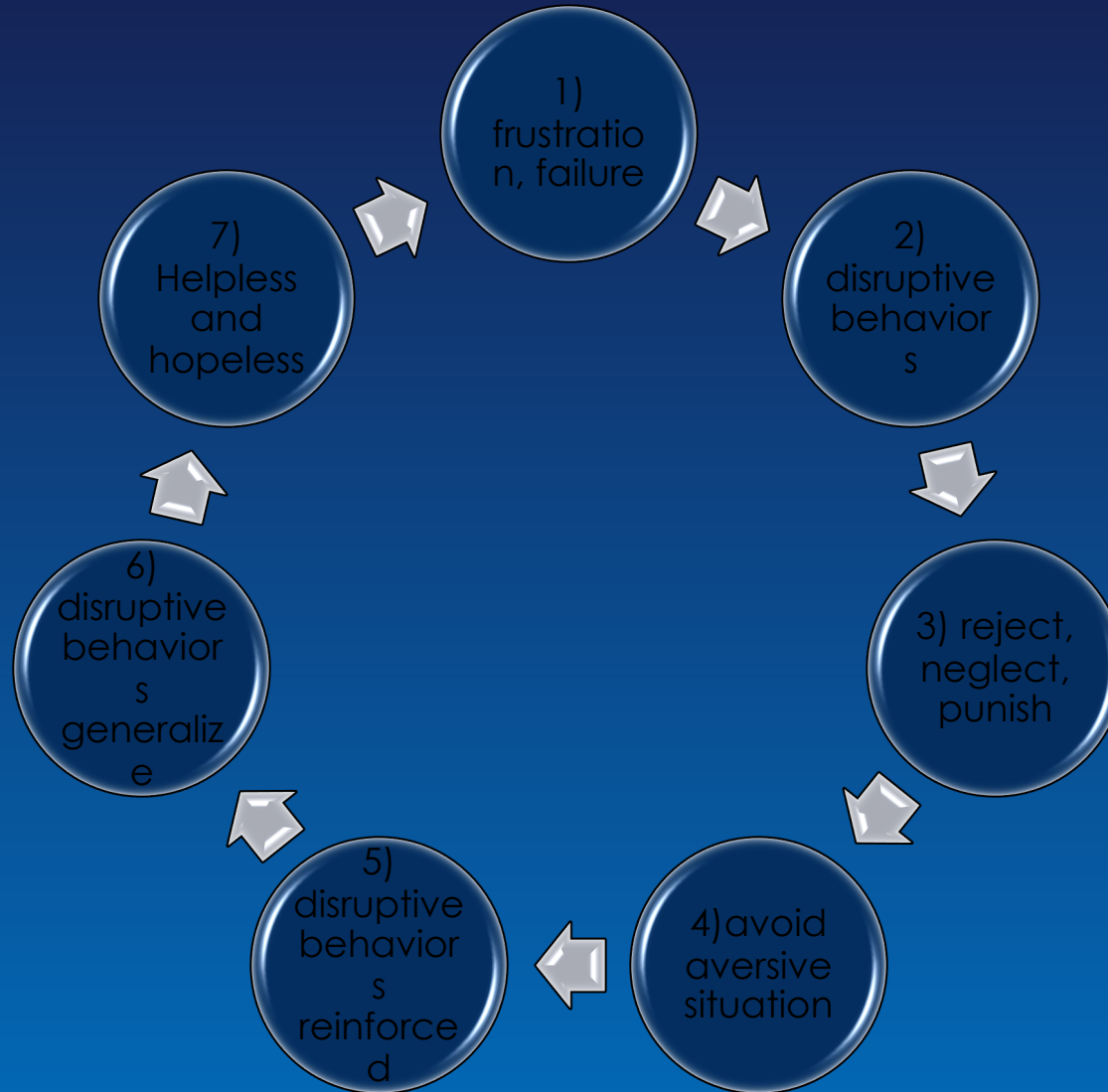
Failure

Rejection

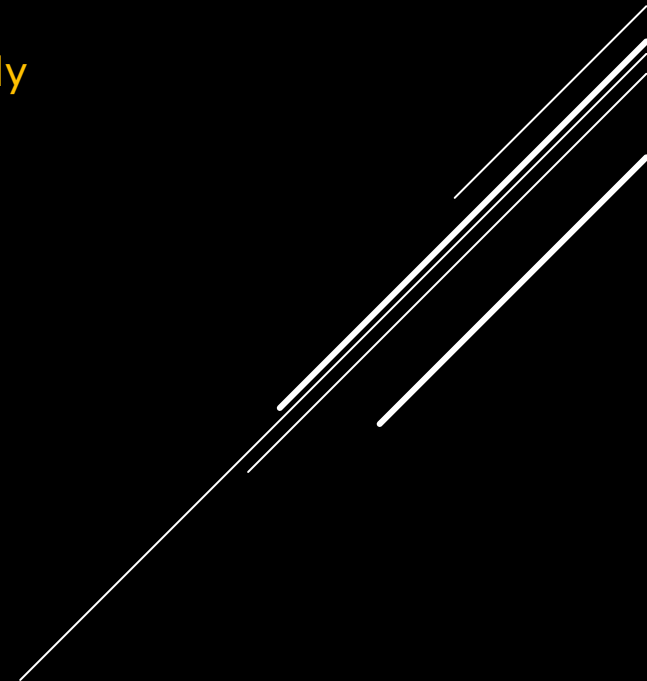
Criticism

Isolation

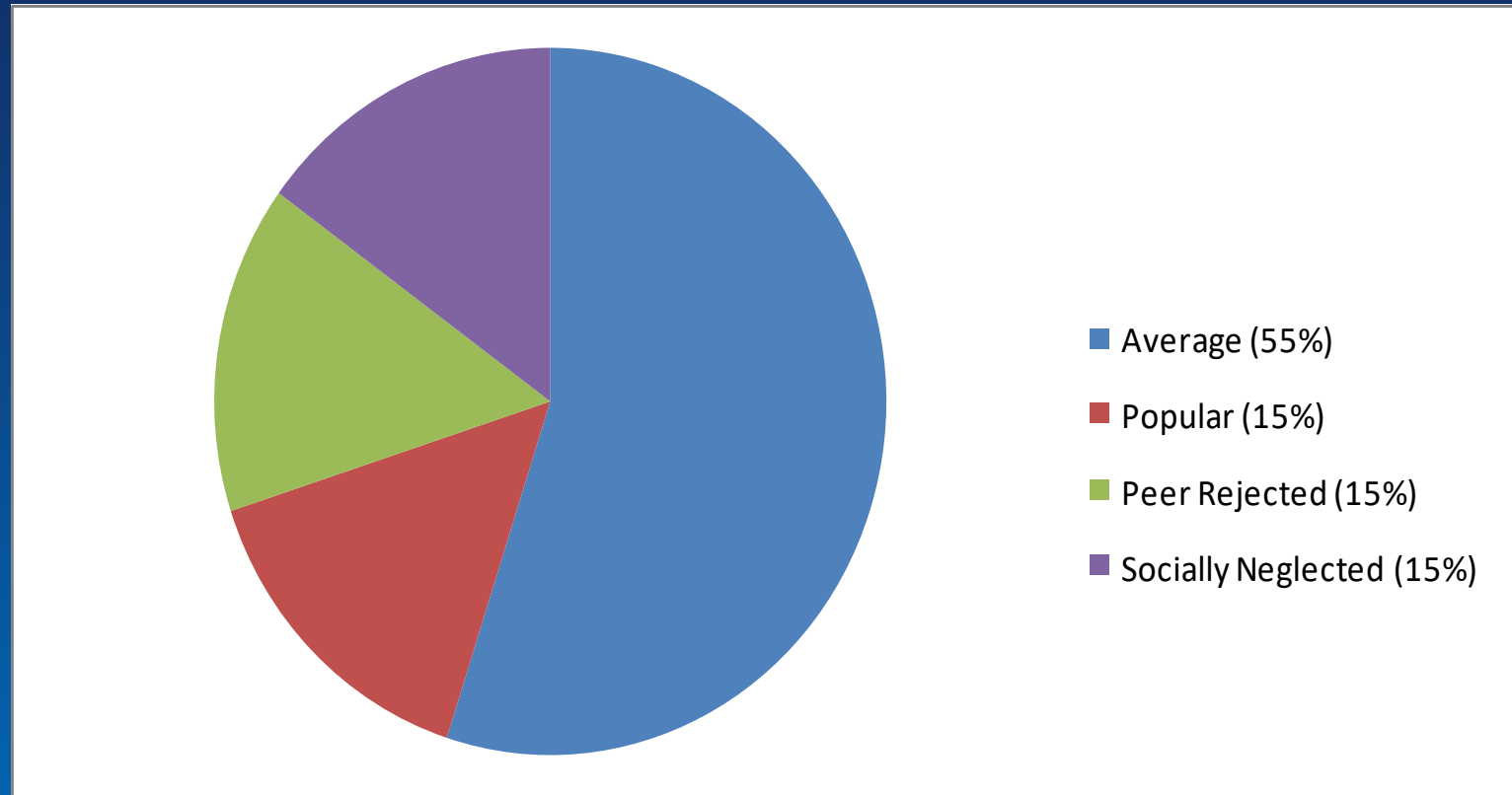
Vicious Cycle



- Children with dyslexia may be physically and socially immature in comparison to their peers.
- Children with dyslexia may have social immaturity and can make them awkward in social situations.
- Children with dyslexia can have difficulty reading social cues. (i.e., They may be oblivious to the amount of personal distance necessary in social interactions or insensitive to other people's body language).
- Dyslexia often affects oral language functioning. Affected persons may have trouble finding the right words, may stammer, or may pause before answering direct questions. This puts them at a disadvantage as they enter adolescence, when language becomes more central to their relationships with peers.



Social Skills: The Good, The Bad, and the Ugly

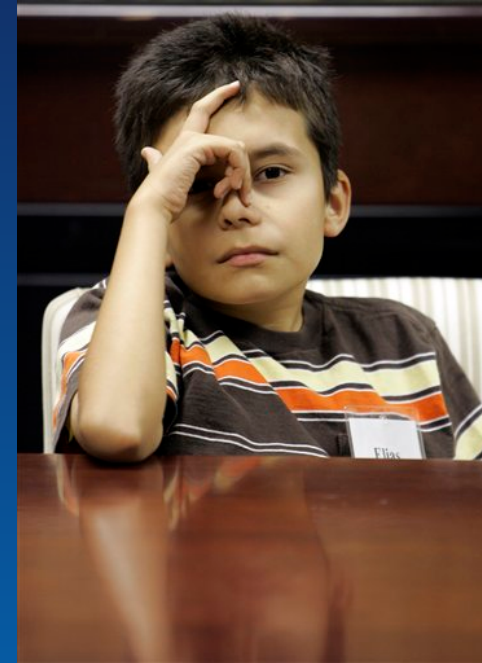


Categories of Peer Acceptance

SOCIAL DIFFICULTIES AMONG KIDS WITH LEARNING PROBLEMS

- Poor social communication
 - Problems with topic initiation
 - Use repetitive themes
 - Perseverate on restricted interests
 - Disregard the other person's interests
 - One-sided conversations
 - Elicit fewer extended responses
 - Give fewer reciprocal responses
 - Fail to identify common interests
 - Difficulty providing relevant information
 - Make unexpected leaps in topics
 - Pedantic style of speaking
 - Poor speech prosody
 - Highly verbose
 - Difficulty interpreting verbal and nonverbal social cues
 - Voice tone
 - Sarcasm
 - Gestures
 - Social touch

Photo of PEERS® courtesy of Associated Press



(Volkmar & Klin, 1998; Bauminger & Kasari, 2000; Orsmond, Krauss, & Seltzer, 2004; Koning & Magill-Evans, 2001; LeCouteur et al., 1989; Marks, Schrader, Longaker, & Levine, 2000; Ghaziuddin & Gerstein, 1996; Twatchman-Cullen, 1998; Hemphill & Siperstein, 1990; Church, Alisanki, Amanullah, 2000; Constantino, 2005)

Slide courtesy of the UCLA PEERS® Clinic

WHY TARGET SOCIAL SKILLS?

Having one or two close friends:

- ▶ Predicts later adjustment in life
- ▶ Can buffer the impact of stressful life events
- ▶ Correlates positively with:
 - ▶ Self-esteem
 - ▶ Independence
- ▶ Correlates negatively with:
 - ▶ Depression
 - ▶ Anxiety



(Buhrmeister, 1990; Matson, Smirolodo, & Bamburg, 1998; Miller & Ingham, 1976)

CONSEQUENCES OF PEER REJECTION


Peer rejection is one of the strongest predictors of:

- ▶ Mental health problems
 - ▶ Depression
 - ▶ Anxiety
- ▶ Juvenile delinquency
- ▶ Poor academic performance
- ▶ Early withdrawal from school
- ▶ Substance abuse
- ▶ Suicidal ideation and attempts



(Buhrmeister, 1990; Matson, Smiroldo, & Bamberg, 1998;
Miller & Ingham, 1976)

HOW TO HELP

- ▶ Individual Therapy: Cognitive Behavioral Therapy
 - ▶ Family Therapy: Family Systems, Cognitive Behavioral
 - ▶ Parent Consultation: Parent support, Cognitive Behavioral Work
 - ▶ Social Skills Training (Involve Parents, Teachers, Caregivers)
 - ▶ Consultation with allied providers
 - ▶ Medication
 - ▶ Physical Therapy, occupational therapy, sensory integration
 - ▶ Additional: Cranial Electrical Stimulation, Yoga, Meditation, Exercise
- 

OVERVIEW OF PEERS[®] INTERVENTION

Photo of PEERS[®] courtesy of Associated Press

- Conversational skills
 - Trading information
 - Finding common interests
 - Having a reciprocal two-way conversation
 - Non-verbal communication
- Electronic communication
 - Voicemail, email, IM, text messaging, social networking sites
 - Online safety
- Choosing appropriate friends
 - Identifying a peer group / crowd
 - Identifying extracurricular activities



UCLA PEERS[®] Clinic
<http://www.semel.ucla.edu/peers/>
(310)-26-PEERS
peersclinic@ucla.edu

Slide courtesy of the UCLA PEERS[®] Clinic

OVERVIEW OF PEERS® INTERVENTION

- Appropriate use of humor
 - Paying attention to humor feedback
- Peer entry strategies
 - Entering group conversations with potential friends
- Peer exit strategies
 - Exiting conversations
- Good sportsmanship
 - Playing nicely during games and sports
- Get-togethers
 - Being a good host or guest during get-togethers with friends

Photo of PEERS® courtesy of Associated Press



UCLA PEERS® Clinic

<http://www.semel.ucla.edu/peers/>

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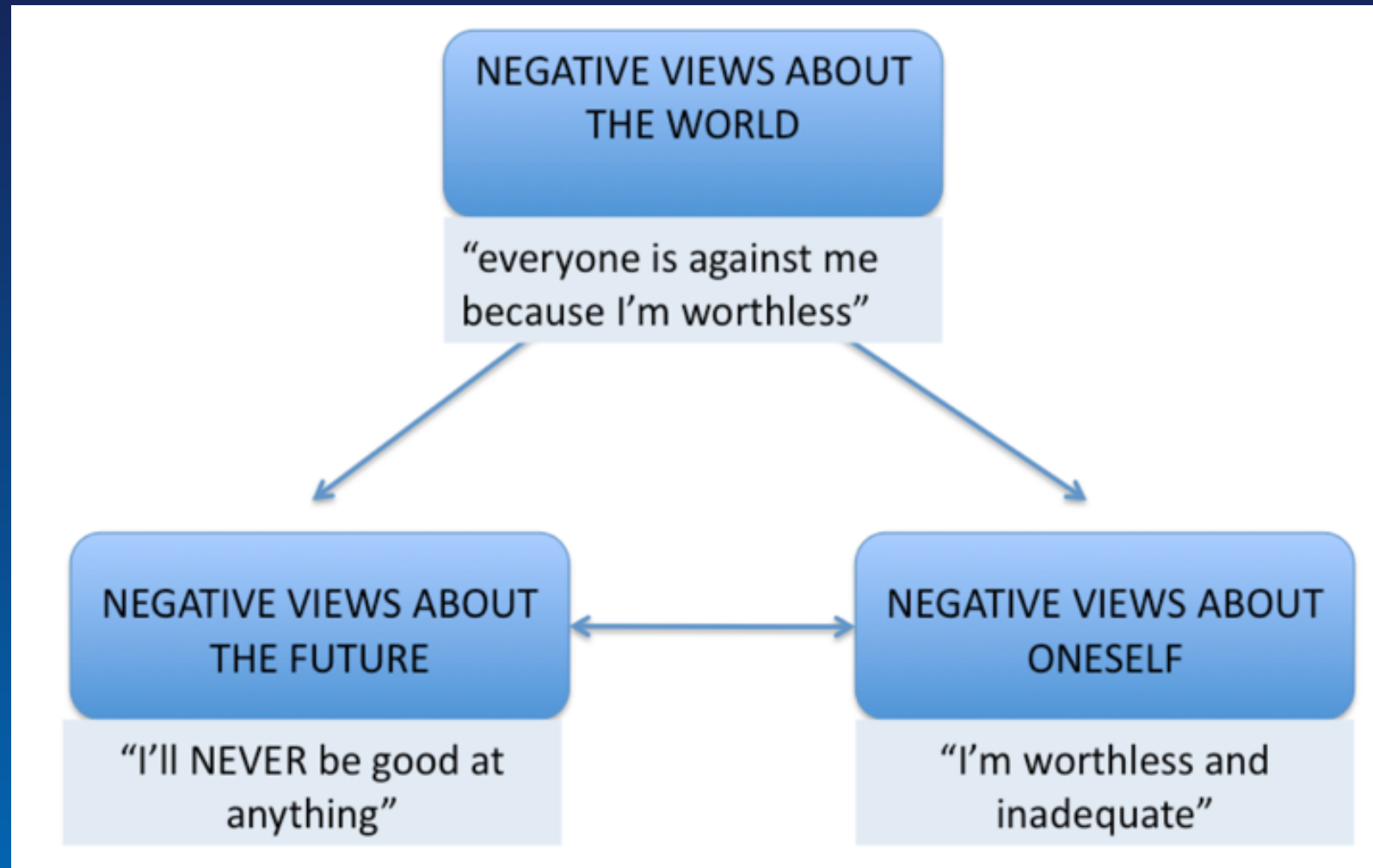
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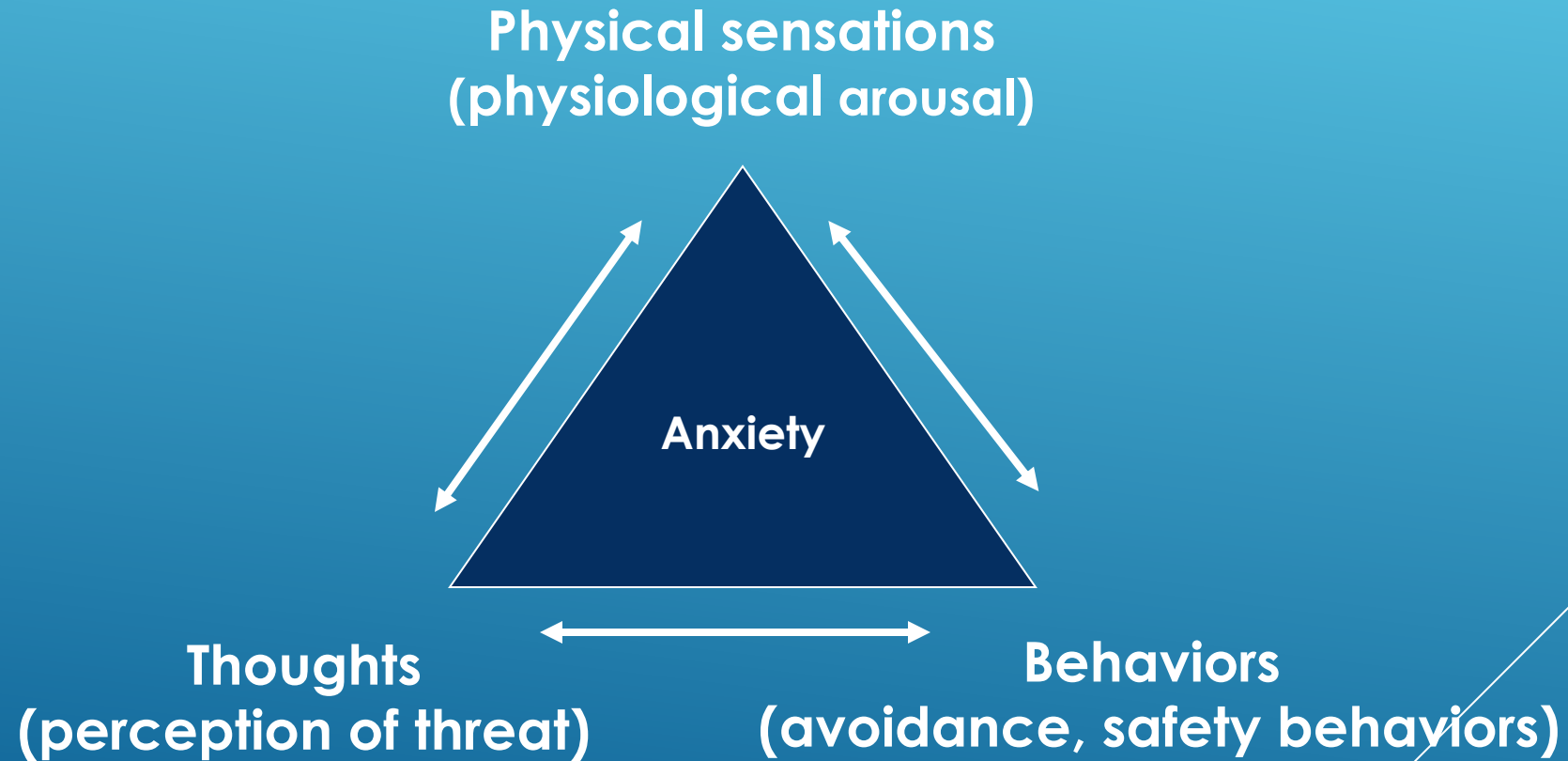
AN EXAMPLE OF ATTRIBUTIONS: WHY I FAILED MY MATH EXAM

	Stable	Unstable
Global	I lack intelligence.	I am exhausted.
Specific	I lack mathematical ability.	I am fed up with math.

Understanding and addressing faulty cognitions



BASIC CBT MODEL OF ANXIETY



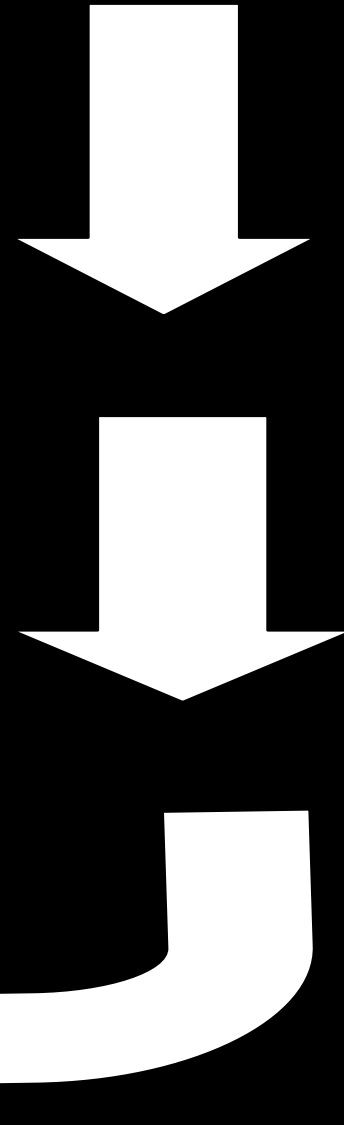
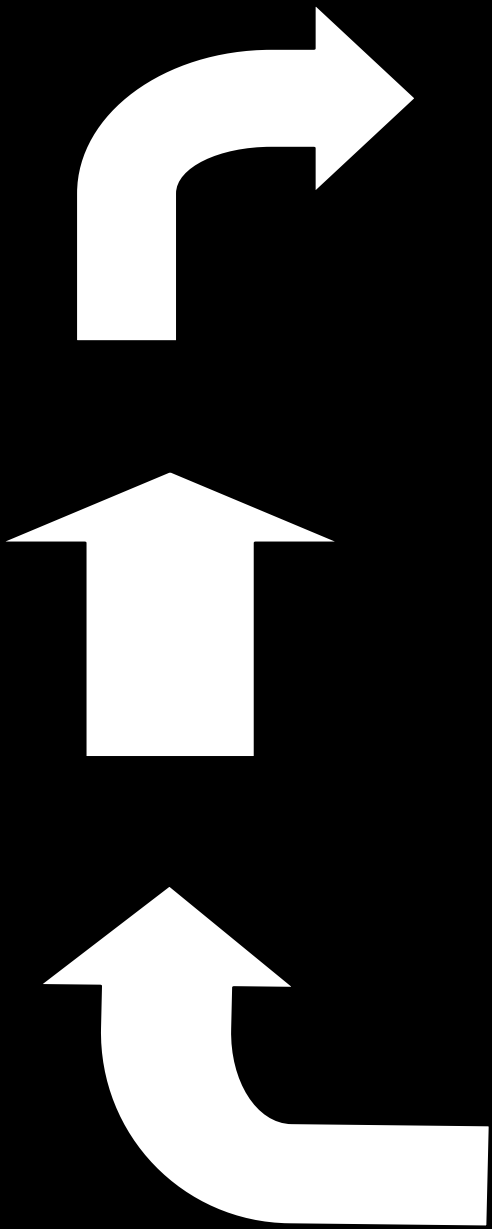



Fig. 3



- ▶ “If Kids could do well they would do well” vs. “Kids do well if they want to”. If the child had the skills to exhibit adaptive behavior, they wouldn’t be exhibiting challenging behaviors.
- ▶ “Behind every challenging behavior is an unsolved problem and lagging skill”

COLLABORATIVE PROBLEM SOLVING

LEARNING OPPORTUNITY: FOR BOTH PARTIES

- ▶ Plan A: Impose Adult Will (resentment, anger, conflict)
 - ▶ Plan C: Drop it (tip toe around, feel like a hostage, resentment, mutual dislike develop)
 - ▶ Plan B: Collaborative Problem Solving (Expectations and Solutions)
 - ❑ 1. Empathy (Genuine and Specific)
 - ❑ 2. Define the problem (for both parties)
 - ❑ 3. Invitation to problem solve, find mutually agreeable solution
- 

QUESTIONS AND THOUGHTS

