

SEPTA NEWS

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EDITOR: NICOLE HOROWITZ
E-MAIL: NICOLEHOROWITZ@AOL.COM

PRESIDENT'S MESSAGE — JANE HELLBERG

The 2003-2004 school year has flown by so quickly and has been a busy and productive one for SEPTA. So many good things have happened this year.

SEPTA meetings this year have offered the opportunity to listen to Dr. Risa Tabacoff speak about educational testing; watch Mr. Scott Persampieri present the video *Last One Picked, First One Picked On* and learn about the curriculum found in SMS; discuss transitioning between schools with Barry Whalen, Alethea Schepperly and a knowledgeable panel of Somers teachers; and attend an informative lecture at Heathcote Middle School in Scarsdale to listen to a renowned panel discuss learning differences among children. CNN also came to

visit Somers so they could spread the word about Mrs. Katy Faivre's special education class at SMS and the wonderful atmosphere at SMS which welcomes her students.

In addition, a newsletter and website were introduced this year with the hope that busy parents can stay informed about the special education happenings right here in Somers, as well as across the nation.

So many parents have given so generously of their time and talents to benefit SEPTA. Membership has grown this year, the Holiday Happiness Plant Sale and the T-shirt Sale have raised funds which were used to en-

hance classrooms throughout the district, and the newsletter has provided valuable information to parents.

Special thanks to a remarkable group of women who have worked on the SEPTA executive board this year and who continually show their commitment to the SEPTA community by reaching out with help, encouragement and advice whenever it is needed.

Enjoy the summer!

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SPARC PROGRAM

by Jane Hellberg

Beginning this fall the Special Program and Resource Connection, Inc. (SPARC) will be offering their Kids Express program to SIS students.

Kids Express is an after school social/recreational program that provides students with the opportunity to experience positive social skills development. The groups are small and are run by trained staff members from SPARC.

This program has been a suc-

cess for the past five years in both the Yorktown and Lakeland school districts. SEPTA and the SIS PTA are, both, delighted that Kids Express will be offered at SIS.

Though the program is not offered until the fall, a flyer containing additional information about this wonderful program. is attached at the end of this newsletter so parents have the opportunity to plan after school schedules in advance.

If you have any further questions regarding Kids Express, please contact SPARC at 914-243-0583 or SPARCInc@aol.com.

The Mission of the PTA

- ☞ To support and speak on behalf of children and youth in the schools, in the community and before governmental bodies and other organizations that make decisions affecting children.
- ☞ To assist parents in developing the skills they need to raise and protect their children.
- ☞ To encourage parent and public involvement in the public schools of this nation.

EDITOR'S NOTE

As the end of our first year of publishing *SEPTA News* comes to a close, I would like to take a moment to do some back-patting and thanking.

I have enjoyed my experience helping SEPTA make this newsletter a reality. I have to admit that I was just a wee bit nervous about taking on this responsibility blindly, so to speak. But the members of SEPTA make anything easy. I want to thank them all, not only for their constant support, but for reminding me that everything is manageable when it's done one step at a time.

Thank you to Caroline Angiello, Jane Hellberg, Lisa Immerblum and Barbara

Probst for the constant stream of information they keep flowing my way. Without you guys there would be no newsletter.

I would also like to thank all the parents, teachers and administrators who have taken the time to share their thoughts about, and appreciation of *SEPTA News*. Your feedback has been a big help.

On behalf of SEPTA, I extend great appreciation to Barry Whalen for making time in a schedule that would make any soccer mom look like she's standing still, to write articles for us.

Thank you to Mr. Conciatori, Mrs. De-Martis, Dr. Dowling, Mrs. Bause and all the teachers for making distribution through

the backpacks possible.

And finally, thank you to all the copy volunteers, especially Jane, who don't mind hanging in the copy room!

Lisa, I never made anyone's fondest wish come true before, I just hope it turned out as well as you expected.

If you have any information that you would like to share with parents or teachers through *SEPTA NEWS*, please send it to me at NicoleHorowitz@aol.com, or the SEPTA mailbox @ SIS, attn: newsletter.

Be sure to look for *SEPTA News* in September.

Have a terrific summer!

Nicole Horowitz

Words of Inspiration

To You, My Sisters - by Maureen K. Higgins

Many of you I have never even met face to face, but I've searched you out every day. I've looked for you on the Internet, on playgrounds and in grocery stores.

I've become an expert at identifying you. You are well worn. You are stronger than you ever wanted to be. Your words ring experience, experience you culled with your very heart and soul. You are compassionate beyond the expectations of this world.

You are my "sisters."

Yes, you and I, my friend, are sisters in a sorority. A very elite sorority. We are special. Just like any other sorority, we were chosen to be members. Some of us were invited to join immediately, some not for months or even years. Some of us even tried to refuse membership, but to no avail.

We were initiated in neurologist's offices and NICU units, in obstetrician's offices, in emergency rooms, and during ultrasounds. We were initiated with somber telephone calls, consultations, evaluations, blood tests, x-rays, MRI films, and heart surgeries. All of us have one thing in common. One day things were fine. We were pregnant, or we had just given birth, or we were nursing our newborn, or we were playing with our toddler. Yes, one minute everything was fine. Then, whether it happened in an instant, as it often does, or over the course of a few weeks or months, our entire lives changed. Something wasn't quite right. Then we found ourselves mothers of children with special needs.

We are united, we sisters, regardless of the diversity of our children's special needs. Some of our children undergo chemotherapy. Some need respirators and ventilators. Some are unable to talk, some are unable to walk. Some eat through feeding tubes. Some live in a different world.

We do not discriminate against those mothers whose children's needs are not as "special" as our child's. We have mutual respect and empathy for all the women who

walk in our shoes. We are knowledgeable. We have educated ourselves with whatever materials we could find. We know "the" specialists in the field. We know "the" neurologists, "the" hospitals, "the" wonder drugs, "the" treatments. We know "the" tests that need to be done, we know "the" degenerative and progressive diseases and we hold our breath while our children are tested for them.

Without formal education, we could become board certified in neurology, endocrinology, and psychology. We have taken on our insurance companies and school boards to get what our children need to survive, and to flourish. We have prevailed upon the State to include augmentative communication devices in special education classes and mainstream schools for our children with cerebral palsy. We have labored to prove to insurance companies the medical necessity of gait trainers and other adaptive equipment for our children with spinal cord defects.

We have sued municipalities to have our children properly classified so they could receive education and evaluation commensurate with their diagnosis. We have learned to deal with the rest of the world, even if that means walking away from it. We have tolerated scorn in supermarkets during "tantrums" and gritted our teeth while discipline was advocated by the person behind us on line. We have tolerated inane suggestions and home remedies from well-meaning strangers. We have tolerated mothers of children without special needs complaining about chicken pox and ear infections. We have learned that many of our closest friends can't understand what it's like to be in our sorority, and don't even want to try.

We have our own personal copies of Emily Perl Kingsley's "A Trip To Holland" and Erma Bombeck's "The Special Mother". We keep them by our bedside and read and reread them during our toughest hours. We have coped with holidays. We have found

ways to get our physically handicapped children to the neighbors' front doors on Halloween, and we have found ways to help our deaf children form the words, "trick or treat."

We have accepted that our children with sensory dysfunction will never wear velvet or lace on Christmas. We have painted a canvas of lights and a blazing Yule log with our words for our blind children. We have pureed turkey on Thanksgiving. We have bought white chocolate bunnies for Easter. And all the while, we have tried to create a festive atmosphere for the rest of our family. We've gotten up every morning since our journey began wondering how we'd make it through another day, and gone to bed every evening not sure how we did it.

We've mourned the fact that we never got to relax and sip red wine in Italy. We've mourned the fact that our trip to Holland has required much more baggage than we ever imagined when we first visited the travel agent. And we've mourned because we left for the airport without most of the things we needed for the trip.

But we, sisters, we keep the faith always. We never stop believing. Our love for our special children and our belief in all that they will achieve in life knows no bounds. We dream of them scoring touchdowns and extra points and home runs.

We visualize them running sprints and marathons. We dream of them planting vegetable seeds, riding horses and chopping down trees. We hear their angelic voices singing Christmas carols. We see their palettes smeared with watercolors, and their fingers flying over ivory keys in a concert hall. We are amazed at the grace of their pirouettes. We never, never stop believing in all they will accomplish as they pass through this world.

But in the meantime, my sisters, the most important thing we do, is hold tight to their little hands as together, we special mothers

LEGISLATION - Caroline Angiello, Chair

SENATE UNVEILS MENTAL HEALTH PARITY LEGISLATION

Senate Press Release—www.senate.state.ny.us

Senate Majority Leader Joseph L. Bruno and Senator Thomas Libous (R-C, Binghamton) today unveiled Senate legislation that would provide parity in insurance coverage for mental illnesses. The proposal would require insurance companies to cover most mental illnesses and would require coverage for a broad range of mental illnesses and conditions specifically related to children.

"Mental illness can result in tragedy if it is not properly treated, however many families do not have access to the proper treatment," Senator Bruno said. "I've met several times with Tom and Donna O'Clair who lost their son Timothy as a result of mental illness. They have courageously advocated for a law that would require insurance companies to provide coverage for mental illness in the same manner as health care. This Senate bill would provide parity in coverage and would help people get the treatment they need so other families won't have to suffer the kind of tragedy suffered by the O'Clairs. I applaud their courage and I applaud Senator Libous for the hard work he has done to address such a complex and critically important issue."

"The legislation we're introducing today is a critical step toward providing the vital care that people with mental illnesses need. After a lot of discussion with mental health advocates, we have a bill that would make commonsense reforms to improve access to care without creating escalating insurance costs for small businesses," said Senator Libous, who chairs the Senate Committee on Mental Health and Developmental Disabilities.

Senator Bruno and Senator Libous announced the Senate mental health parity legislation at a Capitol news conference where they were joined by Harvey Rosenthal, Executive Director of the New York State Association of Psychiatric Rehabilitation Services, Melissa Devine, Executive Director of the National Association of Social Workers, Richard Gallo of the New York State Psychiatric Association, Liz Dears Kent of the Medical Society of the State of New York and Cynthia Dames of the Coalition of Voluntary Mental Health Agencies and the National Association of Social Workers - New York City.

COVERAGE FOR TREATMENT OF MENTAL ILLNESSES

The Senate bill would require insurance companies to cover biologically based mental illnesses, including the following: Schizophrenia, Schizoaffective Disorder, Major Depression, Bipolar Disorder, Delusional Disorders, Paranoia, Panic Disorder, Obsessive Compulsive Disorder, Bulimia, Anorexia and Binge

...the Senate bill would require insurance coverage for children under 18 with attention deficit disorder, disruptive behavior disorders or pervasive developmental disorders. . .

Eating. Seven other states with parity laws base their required coverage on biologically based mental illnesses.

The Assembly's mental health parity bill is based on a very broad diagnostic manual and would require insurance coverage of treatment for hundreds of afflictions ranging from caffeine anxiety disorder to gender identity confusion.

COVERAGE FOR CHILDREN WITH MENTAL ILLNESS

In addition, the Senate bill would require insurance coverage for children under age 18 with attention deficit disorder, disruptive behavior disorders or pervasive development disorders where there are serious suicidal symptoms or other life-threatening, self-destructive behavior; significant psychotic symptoms (hallucinations, delusion, bizarre behaviors); behavior caused by emotional disturbances that placed the child at risk of causing personal injury or significant property damage; or behavior caused by emotional disturbances that placed the Child at substantial risk of removal from the household.

"In terms of providing mental health coverage for childhood mental illnesses, the Senate bill is preferable because it lines out in law which illnesses must be covered, as opposed to the Assembly bill that would leave those decisions up to a state agency," Senator Libous said. "The Senate bill goes beyond the scope of the Assembly bill because it takes the guesswork out of it and doesn't leave such an important decision up to the interpretation of agency bureaucrats."

LIMITING THE COST IMPACT

Serious concerns have been raised that requiring businesses to provide mental health insurance coverage for employees would result in higher insurance premiums that could lead to an in-

crease in the number of uninsured New Yorkers. Mental health advocacy groups have estimated that the broad coverage required in the Assembly's parity bill would result in premium increases of less than one percent. Business organizations have projected significantly larger increases.

To address cost concerns, the Senate bill would exempt any company or organization that can prove to the state Superintendent of Insurance that they have experienced an insurance rate increase of two percent or more as a direct result of having to provide mental health coverage. Currently, nine states with parity laws provide such an exemption ranging from 1% to 4%.

In addition, the Senate bill would exempt businesses of 50 or fewer employees from having to provide mental health coverage. Fifteen states with parity laws provide a similar exemption. Also, the federal government's mental health parity law includes an exemption for businesses of 50 or less employees.

The bill would also require the state Insurance Department and the Office of Mental Health to conduct a two year study to determine the effectiveness and impact of mental health parity legislation in New York and other states. If enacted, the bill would take effect January 1, 2005 and sunset on December 31, 2007, to provide for an opportunity to amend the law based on the findings and recommendations of the study.

Alan Lubin, Executive Vice President of the New York State United Teachers, representing the New York State Psychological Association, said: "The Senate has taken a significant step forward which should bring us close to enactment of a mental health parity law in New York State, which adequately addresses the mental health needs of New Yorkers."

Barry Perlman, MD., President of the New York State Psychiatric Association, said: "The New York State Psychiatric Association applauds Senate Majority Leader Joseph Bruno and Senator Thomas W. Libous, Chairman of the Senate Mental Health Committee for their leadership in advancing this historic legislation which will result in improved access to mental health services for millions of New Yorkers."

Medical And Therapy News

New research shows stark differences in teen brains By LEE BOWMAN Scripps Howard News Service
May 11, 2004

Recent popular films depicting teenagers suddenly housed in adult bodies have more than a little truth in them.

The latest brain research has found strong evidence that when it comes to maturity, organization and control, key parts of the brain related to emotions, judgment and "thinking ahead" are the last to arrive.

"It seems that regulation of impulse control is the last on board and often the first to leave in the brain as we age," said Dr. Ruben Gur, a professor of psychology and director of the Brain Behavior Laboratory at the University of Pennsylvania who has been researching brain development in young adults.

Until recently, most brain experts thought the human command center stopped growing at around 18 months, and that neurons were pretty much set for life by age 3.

In fact, the brain's gray matter has a final growth spurt around the ages of 11 to 13 in the frontal lobes of the brain, the regions that guide human intellect and planning.

But it seems to take most of the teen years for youngsters to link these new cells to the rest of their brains and solidify the millions of connections that allow them to think and behave like adults.

At the same time, the release of a cascade of adolescent hormones during and after puberty causes other areas of the brain, particularly the amygdala, which governs basic emotional response, to fire up or expand.

The result is that teens look at things differently than adults. This has tremendous implications for education, mental health, drug abuse and moral and legal responsibility of adolescents.

Deborah Yurgelun-Todd of Harvard Medical School and McClean Hospital in Boston has studied how teenagers and adults respond differently to the same images. Shown a set of photos of people's faces contorted in fear, adults named the right emotion, but teens seldom did, often saying the person was angry.

When Yurgelun-Todd and her team did the same test while doing functional magnetic resonance imaging of the subject's brains, they found a stark difference in the parts being used. Adults used both the advanced prefrontal cortex and the more basic amygdala to evaluate what they had seen; younger teens relied entirely on the amygdala, while older teens (top age in the group was 17) showed a progressive shift toward using the frontal area of the brain.

"Just because teens are physically mature, they may not appreciate the consequences or weigh information the same way as adults do," Yurgelun-Todd said. "Good judgment is learned, but you can't learn it if you don't have the necessary hardware."

There is more evidence of the differences:
- A recent imaging study by researchers at the National Institute on Alcohol Abuse and Alcoholism found that teens taking an experimental gambling test

are less likely to activate a region in the base of the brain that motivates behavior to work to obtain rewards than a control group of young adults, ages 22-28, playing the same games.

- Numerous studies show alcohol and perhaps other drugs hit teen brains harder than they do adult brains. The frontal lobes and the hippocampus, which is involved in memory formation, are particularly vulnerable.

- It has been known for some time that children have sharp growth spurts in brain connections among regions specialized for language and spatial relationships between ages 6 and 12. That language capacity tends to reside mostly in a person's nondominant side - the left hemisphere of the brain in right-handers, for instance. But a recent imaging study by researchers at the University of Cincinnati Medical Center found that this distinction ends in the mid-20s when the brain shifts to use both sides in language processing.

The story of teen brain development lies in a process called myelination, in which a layer of fat coats wire-like fibers connecting regions of the brain, back-to-front, side-to-side, and everywhere in between. Over time, this makes the operation of the brain more precise and efficient, affecting not just thinking and problem-solving, but also coordination and mastery of skills ranging from throwing a baseball to playing the trombone.

But there's a price for this greater efficiency - brain cells that aren't hooked up to other parts tend to get killed off.

"If they're not on the network, they die and their place is taken up with cerebral fluid. This goes on well beyond age 18," said Dr. David Fassler, a psychiatrist at the University of Vermont.

Even in adulthood, the wiring job is not completely done. Imaging done on the brains of people in their 40s and 50s show there's another surge of connections being made, perhaps in response to menopause or to prepare the brain to better compensate for the loss of brain cells as we age.

Still, it's a slow, arduous road to maturity and insight for teens.

"We have some new insight into the 16 year-old that doesn't think twice about getting in a car with a friend who's been drinking, but they're still not going to appreciate adults arguments for why they shouldn't," said Fassler.

At the National Institute of Mental Health, Dr. Jay Giedd, who helps run the ongoing imaging studies that first detected the middle school growth spurt, said the new understanding of teen brains "argues for doing a lot of things as a teenager. You are hard-wiring your brain in adolescence. Do you want to hard-wire it for sports and playing music and doing mathematics, or for lying on the couch in front of the television?"

The new understanding of adolescent brains leads to questions of ethics and legalities.

The Supreme Court already has decided that people should not be executed for crimes committed when they were age 15 or younger, and in the fall is scheduled to consider whether the restriction should be extended to everyone under 18.

Two years ago, the court banned execution of mentally retarded people because of deficiencies that "diminish their personal culpability."

"With the new biological explanation that adolescent brains are different, we think there's scientific evidence that they, too, are less culpable," said Stephen Harper, an adjunct professor of juvenile justice at the University of Miami School of Law who specializes in capital cases.

Gur said some scientists would put off the age of legal majority to 22 or 23, and said there will likely be considerable debate over how to tell when a person's brain physically looks like an adult's as imaging research continues and efforts to set standards and norms develop.

Fassler predicts that within a decade, brain images will be sophisticated enough to "help us determine the age for appropriate treatment of addictions and therapy models for adults and adolescents with disorders."

Other researchers say that while it's possible to gain general understanding about brain development and function from the images, the notion that medicine, law enforcement or anyone else should work from some ideal, normal brain model is troubling.

"Each individual is not an exact map, and the difficulties in determining what the range of variations are is really dangerous. The data is incredibly easy to be over-interpreted," said Sonia Miller, a New York attorney who specializes in cases dealing with new technologies.

Some courts are already accepting brain scans as evidence of a person's mental capacity in criminal cases, she said, and "as the neuroscience of intentional behavior develops, the way we assign responsibility and blame will be challenged. This raises a lot of questions about how much neural privacy can we expect, how much the authorities can get into your brain."

Dr. Peter Bandettini, a brain-imaging researcher at the National Institutes of Health, said the science of understanding what small structures and chemicals are doing within the brain is far from a gold standard for mental function or age.

"Right now, I personally think you'd get more information about a person's mental age by going to a set of behavioral tests. But I'd agree that as these technologies become more powerful, there's going to be a greater need for checks and balances to determine how the imaging information should be used."

PARENT PROGRAMS BY NICOLE HOROWITZ

Reading, wRiting, and aRithmetic. The most basic skills needed to further our education and make it through life. Without a doubt, the three R's are extremely important, as they are the foundation of all curricula. And when most of us think of school, the 3 R's are what come to mind.

However, there is another set of basic skills that our children learn in school, just as we, too, did - many, many moons ago. This other set of skills won't be found listed in any school's curriculum and are not so much taught as they are absorbed by osmosis during day-to-day life. These equally important skills are known as social skills. The director of a highly acclaimed residential school for learning disabled students, Rick Lavoie, also identifies something called The Hidden Curriculum and explores what that means to a child's school success.

The hidden curriculum is, in essence, the culture of the school. It is made up of those unwritten/unspoken rules that ensure the social success of most kids. Though a hidden curriculum can be found in any school, it is especially important to avoid events whose only goal in life is to avoid embarrassment. For this reason Lavoie focuses on middle school's hidden curriculum in his video "Last One Picked, First One Picked On."

After learning that the SMS teachers and teaching assistants viewed this video as part of their staff development, SEPTA asked Scott Persempari, SMS's Assistant Principal, to share his presentation with parents. After watching Rick Lavoie, we were all very grateful that Mr. Persempari agreed to our request.

The first of two social skill problems LD students typically face is the inability to ask questions. Socially, this becomes a problem when a child doesn't realize that upon meeting someone new there is a need to ask questions to get information in order to interact with that person. In the classroom, the inability to phrase a question becomes a roadblock in the student's education. Because LD students don't know how to ask their teacher about something that is giving them trouble, they will typically say instead, "I don't get it," or "I can't do it."

The second typical social skill problem Lavoie talks about is impulsivity. Because

of the inability to stop their thoughts from becoming words or actions, many LD students will do or say the first thing that comes to mind. Without a thought for the natural consequences of their actions, many LD students will rush headlong into a social blunder.

From Lavoie's two examples, it becomes clear that, every single day, we use our social skills without having to think about them because every environment we find ourselves in is a social one. Unfortunately, unlike other learning disabilities, there is no compensation for social skill deficiencies.

Until social skills, like any other skill, are broken down to their finest points in order to be taught to LD students, many are either unaware of the hidden curriculum, or if aware, are unsure of how to use it. Social skills need to be specifically taught, so special education teachers need to be aware of the hidden curriculum of their school. Some resources for teachers to use to identify the hidden curriculum that Lavoie suggests are: communicating with colleagues, especially support staff; publications; surveys; interviews; brainstorming; and observing students in their daily interactions during school hours.

Some of the things that need to be considered when looking for the hidden curriculum of a particular school seem to be so obvious adults often overlook them. But for the LD student, they can be certain pitfalls. For a student who is chronically late, the physical layout of the school can be the problem. This student may not realize there are short cuts from one end of the building to the other and therefore may find himself retracing his steps throughout the day. Another aspect that has to do with the physical plant of the building is the cafeteria and how the lunch line works. Lavoie has seen many students skip eating lunch because they cannot figure out how to "work" the line and may be too embarrassed to ask for help.

A lot of LD students are unaware of the social environment of their school. They don't know who the administrators are, what they do, or who works for whom in terms of staffing. They may not know how to read a teacher and often think that no matter what the teacher says is gospel, even if the teacher is making a joke. Among their own

peers, there may be little understanding of the cliques and who is friends with whom.

LD students need to be made aware of and shown how to make use of extra-curricular activities. After school activities/clubs are of the utmost importance for LD students because they break a large school down into small manageable groups.

Both teachers and parents need to make sure that their students understand their schedule. Here Lavoie gave an example of a boy who was in grave danger of being expelled because of the number of days of school he had missed. When he and his parents were called in for a meeting, one of his teachers noticed that all of his absences were on the day of the week that had extended periods. The boy confessed to not being able to follow his schedule on those days and admitted he was too embarrassed to ask for help so would just cut school.

In order to help LD students learn proper social skills, Lavoie advocates what he calls Social Skill Autopsies. This is the examination of a social error to discover its cause and a way to prevent it from happening again. When a mistake is autopsied and discussed with the student, it becomes a teachable moment rather than a punishable or humiliating moment.

Part of the autopsy process is to provide the "right" answer so that the child learns what to do as well as what not to do. Too many times parents and teachers are quick to punish a mistake without examining the reason the mistake was made in the first place. To punish a child who is unaware of the hidden curriculum is to lose the lesson because he has no real idea as to what he did wrong in the first place.

Promoting school wide respect of learning differences and difficulties along with consistency and structure in the LD child's life will make a tremendous difference. But the most important thing that any of us can do to understand learning disabilities and to help LD children, no matter what the environment, is to look at the situation through the eyes of the child instead of trying to get him to see it through ours.

NOTE: This video, along with Rick Lavoie's other videos, have been purchased by SEPTA, and are available in the Somers Public Library.

OFFICERS

PRESIDENT Jane Hellberg
VICE PRESIDENT Lisa Immerblum
SECRETARY Laura Hanlon
TREASURER Katherine Realbuto

“Together we can make a difference.”

Somers Central School District

Special Services Barry Whalen
 277-3777 Alethea Schepperly
 Superintendent of Schools Dr. Joanne Marien
 248-7872
 Asst. Superintendent Mrs. Kathy Mason
 248-5531



PLEASE NOTE: The following is a compilation of resources that SEPTA members have used and found helpful. While SEPTA does not endorse any individual resource, we do hope that you find this list useful.

Tutors

Pam Provetto Thronwood 769-9036
 Orton-Gillingham

Books

Grandin, Temple *Emergence: Labeled Autistic*
 Greene, Ross W. *The Explosive Child: A New Approach for Understanding and Parenting Easily Frustrated and “Chronically Inflexible Children*
 Harris, Sandra *Right From the Start: Behavioral Interventions for Young Children with Autism for Parents and Professionals*
 Kranowitz, Carol Stock *The Out of Sync Child: Recognizing and Coping with Sensory Integration Dysfunction*
 Koplewicz MD, Harold S. *It's Nobody's Fault: New Hope and Help for Children and their Parents*
 Levine, Mel, et. al. *Educational Care: A System for Understanding and Helping Children with Learning Problems at Home and in School*
 Silver, Larry *Dr. Larry Silver's Advice to Parents on ADHD*

Useful Websites and Phone Numbers

www.aspergerinformation.org For parents & professionals about Asperger Syndrome with special emphasis about bullying
 www.interdys.org International Dyslexia Association 212-691-1930
 www.loc.gov/nls/ National Library Service for the Blind & Physically Handicapped 202-707-5100
 www.nationalreadingpanel.org The National Reading Panel
 www.rfbid.org Recordings for the Blind & Dyslexic 212-557-5720

* This is only a partial list and will be changed in each issue of the newsletter. For a complete list, please see our website.

GUIDELINES FOR PROMOTING YOUR ADHD CHILD'S SOCIAL SKILLS

BY ROBERT H. MILICH, PHD

⇒ Establish a home reward system using chips or points.

1. Choose behaviors that you would like your child to work on such as *sharing, taking turns, not being bossy or controlling, using appropriate greetings, asking other children what they would like to play, controlling angry outbursts, etc.*

2. Choose one or two of these behaviors at a time and reward using chips or points when behaviors are exhibited. These points or chips can be redeemed for prizes or special treats decided upon mutually by you and your child, e.g., a “reward menu.”

3. Focus your child on positive behavior exhibited with peers.

4. Rehearse or prime your child for various social interactions with peers. Video-

taping can be useful here.

⇒ Structure play dates with classmates and monitor your child's behavior. Be prepared to redirect when behavior deteriorates.

⇒ Monitor and reduce exposure to aggressive situations.

REMINDERS FOR KIDS

Things To Help You Make & Keep Friends

1. Offer to help someone else.
2. Ask someone to play with you.
3. Say something nice to someone.
4. Listen quietly and don't interrupt when someone is else is talking.
5. Share something you have with someone else.
6. Ask someone what they want to play or do.

7. Compliment someone else and really mean it.
8. Include someone else in a game or an activity.
9. Do something nice for someone else. Be helpful.
10. Ask other kids if you can join in a game that they are playing.

Things To Avoid When You Are With Another Kid

1. Don't change the topic when someone else is talking.
2. Don't be a tattletale
3. Don't cheat when playing games.
4. Don't interrupt.
5. Don't play too rough
6. Don't tease other kids.
7. Don't be too silly when playing.
8. Don't lose your temper and hit or yell at other kids.
9. Don't say mean things that hurt other people's feelings.
10. Don't do things you know will annoy other kids.