

TOTAL COMMUNICATION THERAPY

CENTRE NEWS

This issue – we will be focusing on mainly the topic of Attention. The ability to remain focused and attentive seems to be the bane of many today. We are all too familiar with ADHD or attention deficiencies whether they are of the inattentive kind or hyperactivity. As adults, we may struggle with staying focused on that one thing that is important. Too many things seem to be competing for our attention and we often end up exhausted at the end of the day – or burned out with the Covid situation. We live life with many things competing for our attention.

For students today, cell phone texting, gaming, and transactions done over gadgets add to a sense of non-continuity in things that we used to hold meaningful (like – the act of reading or spending time with loved ones) whereas we see processes of life unfolding in our eyes in the past, we get this sense that young students are getting fragments of life in the midst of information overload on social media today. It's little wonder – we don't need scientific literature to remind us that the students of today have brains that are primed to receive snippets of information at short intervals only.

There is a need for immediate gratification or a fast track to success. Would we want to embrace this phenomenon as part of our fragmented consciousness or fight against that? Forbes recently reported a study that showed that many couldn't tell facts from

opinions that they have read and that is concerning.

Our articles aim to merge our thoughts and opinions with what we know to be scientific truth out there about the condition of attention deficiencies. Our opinions are obviously coloured to a large extent by our own experiences of the students whom we have worked with and observed. We have seen how our students have struggled greatly with sustaining attention when they have been diagnosed with ADHD or other conditions that have overlapping features of ADHD. Thankfully, they do make sound progress with the right intervention.

Our article on Developmental Language Disorder, which affects 7 to 11 percent of school-aged students aims to shed light on this lesser-known disorder which many confuse with Dyslexia, which in turn would affect the academic performances of students if left unaddressed.

Kalpana, our Business Executive, as a parent of a child with ADHD will share her valuable experience and insights this month on her journey. She will also be reviewing a book that she had found to be useful during the earlier part of her daughter's life.

We hope you enjoy this issue of our Newsletter.

Wishing you a blessed and healthy life!



ADHD - What now beyond medication?

By Prudence Low (Speech-Language Pathologist)

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Medicating an ADHD student, however, does not mean that the individual can now automatically acquire all those skills of planning and organizing themselves effectively but to equip the students with the type of mental processes that would help them navigate the maze of learning challenges more efficiently.



ADHD and Math Learning Difficulties

By Diana Mendiola (Educational Therapist)

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The various definition of dyscalculia and math learning difficulties (MLD) generated over decades of study have one thing in common – that mathematics learning difficulties are on a spectrum. With ADHD, nearly a third of the children have a math learning disability, and 25% of the children with math learning disabilities have ADHD.



ADHD, Maths, and Executive Functions

By Michelle Loo (Educational Therapist)

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‘My child knows all the Maths concepts, but he doesn’t know how to apply them.’ or ‘My child should know how to do this, we went through this before!’ Well, you are not alone as many parents have confided that their children with ADHD struggle in completing Maths tasks.



DEVELOPMENTAL LANGUAGE DISORDER

By Darren Low (Educational Therapist)

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Resilience is vital to the process of learning, as learning something new is inherently challenging. It requires a child to face their weaknesses again and again, in order to acquire a new skill or knowledge that they did not previously possess. There are many different ways to build up resilience in everyday life, starting with one that all children love - games.



Screen Time and ADHD

By Kerensa Chew (Speech and Language Therapist)

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At the height of the pandemic, parents have been finding different ways to keep their children engaged and occupied at home. Offering children screen time has most likely been one of the options. Screens are everywhere, and they are here to stay.



Perspective as a Parent & A Book Review

By Kalpana Mannepalli (Shadow Support Manager)

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My Kid has ADHD: we took the diagnosis in our stride and decided to sail in this journey which was not easy but has been a great learning experience with making many discoveries.



Importance of Pacing, Co-regulatory Patterns, Anticipation

By Merrin Philip (Developmental Therapist)

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As we consider the core issues that impact children with Autism or attention difficulties it draws our attention to cognitive processes that may impact every aspect of their daily functioning.



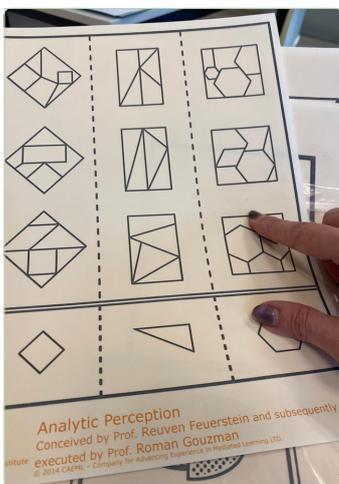
**ADHD - WHAT NOW
BEYOND MEDICATION?**

Prudence low
Speech-Language Pathologist

A growing number of medical studies have acknowledged that ADHD requires more than medication for a successful outcome. As therapists, we have seen how medicating a student with ADHD has brought about nice changes. Our older students can testify that medication has helped them think better.

Medication helps in these cases to set the stage for the next steps of learning to occur. Medicating an ADHD student, however, does not mean that the individual can now automatically acquire all those skills of planning and organizing themselves effectively. In fact, the next step of our work would be to equip the students with the type of mental processes that would help them navigate the maze of learning challenges more efficiently.

Processes of Thinking



The Feuerstein Institute has a wonderful way of describing the thinking processes. It breaks the thinking process into the Input, Elaboration and Output Phases. The Input phase (a phase that is often impaired in students with ADHD)

describes first-level mental processes that help one to gather information efficiently. Often the impulsivity of students with ADHD would mean

they take a broad and sweeping view of the task in front of them. They may fail to use the cues provided, or they may not know that there is a systematic way of seeking out information in order not to miss out on important details. Our therapists have found it gratifying to equip these true ADHD students with those sets of thinking tools.

Co-morbidities or Overlapping Conditions?

There have been a number of studies of co-morbidities of ASD and ADHD – which means that they can both exist in an individual.



Medicating a child with ASD with stimulants for ADHD is still controversial.

Certain qualities that we often associate with children with ASD may seem awfully similar to that of ADHD. They may seem less focused on what you are saying. They may be tangential in their speech, and language development may seem patchy. They may be impulsive and self-directed when they have yet to acquire a proper perspective of the expectations of those around them.

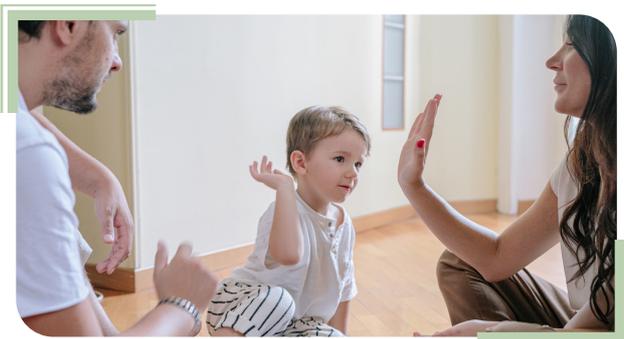
However, the roots of which impulsivity would be an important consideration for an appropriate course of action. For the child with ASD, when the focus is placed on building connections with parents, and others, and understanding the expectations of others, this in turn would have a regulating effect on their behaviour and attention.

In practice, we have also encountered many instances where those with dyslexia or difficulty with literacy appear like inattentiveness. Dyslexics, particularly older students with more self-awareness may encounter the battles of the mind daily where the mis-spelling of a single word may send one into a spiral of feelings of shame and guilt. While the brain is trying to decode a word, shame interferes with the thinking process, and somehow hijacks one's ability to understand what was being read.



When targeting dyslexics, it is important for therapists to be sensitive to this and not treat the student as someone who lacks interest or focus in reading. An approach that is sensitive and sympathetic offers the student an accessible route, by building confidence in reading through sound methods of remediation and meaningful scaffolds.

The best outcome can be achieved by parents taking time to understand their child's condition and by working closely with the therapists to gain feedback and implement strategies at home wherever applicable.



ADHD AND MATH LEARNING DIFFICULTIES

Diana Mendiola
Educational Therapist

The various definition of dyscalculia and math learning difficulties (MLD) generated over decades of study have one thing in common – that mathematics learning difficulties are on a spectrum. With ADHD, nearly a third of the children have a math learning disability, and **25% of the children with math learning disabilities have ADHD.**

Difficulties are often due to challenges in the basic processes of the brain, such as working memory, processing speed, executive functioning, and language processing, which form the basis of many tasks. These are also known as Executive Functions. Difficulties also occur because of challenges in using the brain's hard wiring, often referred to as the 'number module' located in the parietal lobe of our brain. This affects the domain-specific processes to solve maths problems.

With ADHD, it can be difficult to maintain attention to repetitive tasks such as practising math tasks. Whenever boring or rote learning is applied, the more a child may have sloppy errors in their calculation. The ADHD brain also has a low frustration tolerance, as it has less dopamine (also known as the reward hormone) and weaker dopamine receptors. This means that it is more effortful for children with ADHD to stay through a complex problem or that a boring page of homework may not feel as rewarding compared to other students.

Some strategies to support children with ADHD and math difficulties are using specific modes of instruction such as self-monitoring and visualizing their progress. Fidget toys, music, bouncy balls and sensory-simulating tools can also be used alongside learning, to ensure that the pre-frontal cortex remains engaged.



Another unpopular opinion is the use of games, preferably on the computer, which can be highly stimulating, quick paced and novel, ensuring that a child actively participates and apply skills spontaneously.

ADHD is not the only co-morbidity in math learning disabilities. Our Educational Therapists, Diana and Michelle, use a screening checklist containing 31 characteristics to understand if a child is at risk of dyscalculia and MLD. Want to know more about your child's competency in Math? Speak to our educational therapists today.



ADHD, MATHS, AND EXECUTIVE FUNCTIONS

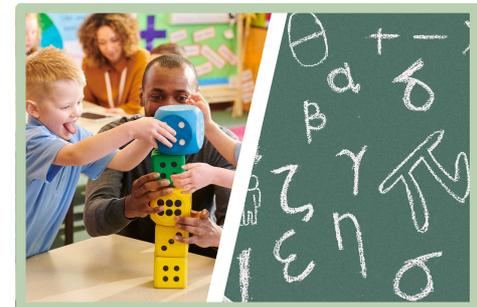
Michelle Loo
Educational Therapist

Hey parents! Have these thoughts ever crossed your mind?

'My child knows all the Math's concepts but he doesn't know how to apply them.' or 'My child should know how to do this, we went through this before!'

Well you are not alone as many parents have confided that their children with ADHD struggle in completing Math's tasks.

If your child has ADHD, you may find that their academic performance consistently falls short of



what you know they can do. This can feel frustrating, absolutely, but know that it's not their fault. ADHD is a mental health condition, not a sign of their work ethic or intelligence.

So, why do children with ADHD tend to have trouble with Maths? A few different reasons help explain the connection.

1) Self-regulation:

Children with ADHD have difficulties in self-monitoring and have the tendency to act without planning and organizing thoroughly. This may manifest itself when Maths is shown as a series of quick tricks, where content is not understood before an answer is computed.

2) Working memory:

You can think of your working memory as your brain's copy-paste function. It allows you to hold snippets of information in your head for 15 to 30 seconds. However, research shows that ADHD can cause problems with your working memory. This can make it harder to do Maths problems with multiple steps.

3) Reconstitution: Working memory:

Metacognition is the awareness and understanding of one's own thought processes. A difficulty that children with ADHD have is the ability to shift attention from one construct to the next and adjust to the new demands. Research suggests that children with ADHD tend to make more errors when shifting between types of Maths problems.

Maybe the top half of their exam has division problems and the bottom half has multiplication problems. They might accidentally keep using division rules when the worksheet shifts to multiplication.

These three areas are part of Executive Functions (EF). To support children with ADHD in Maths, there needs to be a restart of their cognitive strategy targeting EF.

To increase **self-monitoring**, a tool such as the Feuerstein Method can be utilized. Activities such as the Organization of Dots aid in slowing the child down and facilitate thinking. To close the gaps in **working memory**, remediation should include having a visual representation of the work problem. Lastly, for **metacognition**, in order to help your child switch from task to task, consider providing an organizer of prompts to initiate tasks



DEVELOPMENTAL LANGUAGE DISORDER (DLD)

Darren Low
 Educational Therapist

WHAT IS DEVELOPMENTAL LANGUAGE DISORDER (DLD)?

Using language is a skill that allows us to share our ideas and feelings - to learn effectively in school and to understand the world around us. Unfortunately, people diagnosed with Developmental Language Disorder (DLD) struggle with these aspects on a daily basis.

Developmental language disorder, or DLD for short, is a hidden but very common condition that means a child has difficulty using and/or understanding language. Children with DLD have language abilities that fall behind those of other children of their age, even though they are just as smart. Having trouble with language means that children with DLD may have difficulty socializing with their classmates, talking about how they feel, and learning in school (Norbury, Gooch, Wray, Baird, Charman and Simonoff, 2016).



DLD is very common. If your class at school was made up of 28 students,

there would be about two students in your class with DLD; it is a life-long condition. Even though DLD is usually first discovered and treated in childhood, it usually does not go away as a child grows up.

FACTS ABOUT DEVELOPMENTAL LANGUAGE DISORDER

- It affects approximately **7% of the population** (more common than Autism and ADHD).
- It affects more boys than girls. There is no known cause.
- It is a lifelong condition but therapy (intervention) can help.
- It is difficulty with talking and/or understanding and affects learning, confidence, and socializing.

DLD AND ITS EFFECTS ON LEARNING IN SCHOOL

Developmental language disorder has often been linked to being a main contributing factor to language problems. Children with DLD often show poor performances at school because of their oral language difficulties. They have a hard time using language, understanding and making meaning of what teachers or classmates are saying.

Children with DLD are also more likely to have reading disabilities than other children. This would, hence, limit their ability to acquire content required for reading. They would struggle with reading individual words and interpreting meaning from texts.

DLD also affects a child's ability to respond to math problem-solving questions as it requires them to make good interpretation and sense of what the question is asking and what would be the best solution for it.

WAYS TO SUPPORT YOUR CHILD TO BETTER PROGRESS IN SCHOOL

As the saying goes, "When there is a will, there is a way." Hence, with the right support children

too CAN succeed in school. This support would have to first come with a comprehensive language assessment administered by speech and language therapists. This is to help understand the child better and in identifying areas to be developed by curating a suitable individualized plan. It is important to know that support from professionals, like speech-language therapists, educational therapists and teachers, can make a huge difference in the lives of children with DLD.

MORE WAYS TO HELP SUPPORT:

1. Make language more accessible by making clear, explicit statements. Instead of saying 'You need to be ready for school', you could say 'Time is up! The bus has arrived. You need to change into your uniform with your bags and get to the bus now'.
2. Repeat and rephrase key instructions in short and simple sentences for easy comprehension.
3. Use multimodal support to convey messages. This can be aided with visual cues/ planners, charts, posters etc.



DLD children require many repetitions and opportunities to practice. Hence, consistent and well-planned instructions can help make a positive impact in their language. Through co-teaching, educators and therapists can create a rich environment with positive effects on children with DLD.



SCREEN TIME AND ADHD

Kerensa Chew
Speech and Language Therapist

Have you ever wondered how much time you and your children spend per day looking at screens?

From TVs to mobile phones, we use digital devices constantly in our daily lives. Not forgetting that during the pandemic, most of us stayed home and attended work and/or school via computers and laptops. **Screens are everywhere, and they are here to stay.**

At the height of the pandemic, parents have been finding different ways to keep their children engaged and occupied at home. Offering children screen time has most likely been one of the options.

Parents might be wondering then: **How much screen time is appropriate, and is there a link between screen time and ADHD?**

In Canada, the new Canadian 24-hour Movement Guidelines have recommended less than 2 hours of screen time per day for children 5 and over, and less than 1-hour per day for children aged 2 to 4. Research has also shown that excessive screen time is linked with negative consequences for physical and mental health, such as obesity, increased anxiety, depression, and sleep problems.

A recent study of 5-year-olds compared the attention spans of kids who watched less than 30 minutes per day and those who spent more than 2 hours per day. The results showed that **children who had more screen time had a**

7.7 times more chance of meeting the criteria for an ADHD diagnosis (Tamana et al., 2019). For children with ADHD, the pull to screen time is even stronger. Families whose children have been diagnosed reported that the excessive screen time made ADHD symptoms worse, increased triggers of outbursts when kids were forced off-screen, a lack of interest in school and other activities, and sleep problems.

What then can we do to minimize the harmful effects of excessive screen time on our kids?

- **Exercise and movement:** Getting active through physical exercise and movement will do the opposite of passively watching screens. It flips their attention “on” and activates their mind’s main functions, which include memory and impulse control.



- **Set limits and stick to it:** Setting limits on screen time according to the recommended guidelines will allow for more time spent doing other activities, such as getting active and exploring other ways to keep themselves entertained without the need for screens.





PERSPECTIVE AS A PARENT & A BOOK REVIEW

Kalpana Mannepalli
Shadow Support Manager

ADHD Child: Parent's Perspective

My Kid has ADHD: we took the diagnosis in our stride and decided to sail in this journey which was not easy but has been a great learning experience with making many discoveries.

In my opinion, people with ADHD represent some of the most fascinating, fun, and fulfilling of all the people I meet. However, words such as structure, supervision, reminders, and persistence don't even begin to describe the magnitude of the task people with ADHD have to tackle every day, especially kids.

Children need their parents to understand their difficulties and teach them to overcome those challenges. As parents we feel the best way to help the child is to start by changing your perspective.



By far, **the biggest barriers for parents are denial, ignorance, and a refusal to learn.** We realized if we sat in denial that the stakes are high, not only for the child but for the whole family. We felt we need to acknowledge

the condition and as parents should help a child avoid unnecessary suffering. It takes time and effort, but it's worth it. "For a family having

an ADHD kid, its very important for all family members (especially parents) to be aligned in the way the child is being "managed", if there is divergence in that, it could end up in worsening the issue."

As a parent, just being with my kid makes me smile. They invariably have a special something, a spark, a delightful quirk. We look for that special something and help the child feel good about themselves by identifying talents, strengths, interests and dreams, teach them to see and believe in what they can do, and avoid focusing on what they can't do.

I remind myself of my child's positive sides and the negative symptoms associated with ADHD. By recognizing the mirror traits, I felt I avoided the ravages of shame and fear.

We realized that "worry" gets extremely toxic when you worry alone. Talk to the right people, join support groups, confide in trusted people about what you're up against. **Build a team! You cannot do it alone, nor should you try.**



They say laughter is the best medicine, surround yourself with people who can laugh, it is important to be able to regain a perspective that allows you to see the humour in all of the messes and fixes these kids can get into.

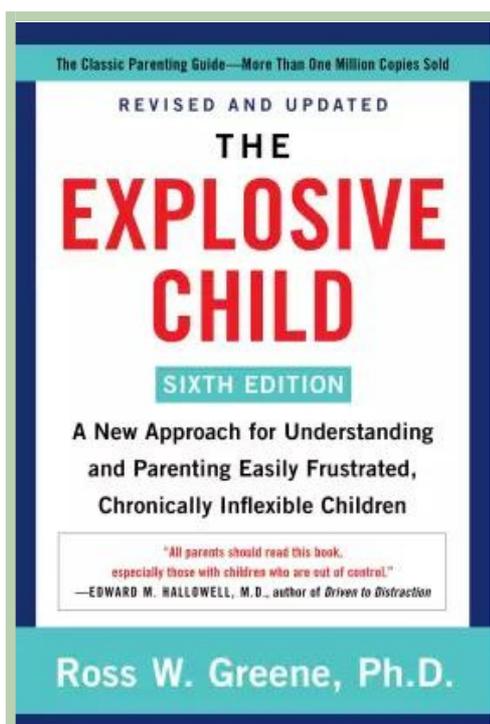
Let your love for your child carry the day. Tune out the diagnosis and labels and simply notice and nourish the spirit of your child for who she/he is. Providing this unshakable base of support will set the tone for all interactions to come. This is what builds self-esteem, confidence, and motivation, which in turn creates joy and success in life.

Lastly, how you approach your child will set the tone for how your child manages himself or herself. When you show them compassion and understanding, you teach them to love themselves and see their strengths.

BOOK REVIEW

Book Name: The Explosive Child [Sixth Edition]: A New Approach for Understanding and Parenting Easily Frustrated, Chronically Inflexible Children

When reflective listening is combined with collaborative problem solving, you get a practical and rational approach to helping "behaviourally challenging" children.



The work of Ross W. Greene, PhD, was first introduced to me by our kids doctor, and his approach is remarkable in its simplicity and respect for children, from whom respect is frequently asked but rarely given.

Although the components of the strategy he recommends are not novel, the exclusivity with which he employs these few basic techniques make it feel innovative.

He claims that all significant issues remain unsolved due to lagging skills and may be addressed one at a time in the discussion by employing empathy to reflectively listen, identifying the issue by expressing your concern, and encouraging your child to come up with practical solutions. The foundational assumption is that your child is misbehaving due to a lack of skill rather than a lack of motivation. Increased misbehaviour is often met with increased punishment, which he argues does not benefit the child in any way. This book has a wealth of information. I strongly recommend all parents, whether they have an "explosive child" or not, read this. It really has helped fix my thinking when it comes to behaviours.

All behaviour is communication!





IMPORTANCE OF PACING, CO-REGULATORY PATTERNS, ANTICIPATION

Merrin Philip
 Developmental Therapist

As we consider the core issues that impact children with Autism or attention difficulties, it draws our attention to cognitive processes that may impact every aspect of their daily functioning.

One of the primary core issues underlying attention difficulties is the lack of connectivity in the brain which as a result may cause the following challenges:

- Communication with children can feel one-sided for parents.
- Child's interaction with peers or caregivers may not be fluid. They may fleet from one conversation to another topic.
- Children may not be able to appraise the environment and as a result, they may be in flight or fight mode.
- Children may seem rigid and experience difficulty with transitions.
- Child may drift from one activity to another or may struggle if elements of an activity are changed (poor cognitive flexibility)
- Children may have a poor sense of self and may struggle to maintain reciprocal interactions while interacting with peers.
- Child may not be able to organize own self to be able to perform daily routines independently
- These challenges can cause them to be prone to frequent meltdowns
- Children may be unable to maintain relationships and friendships

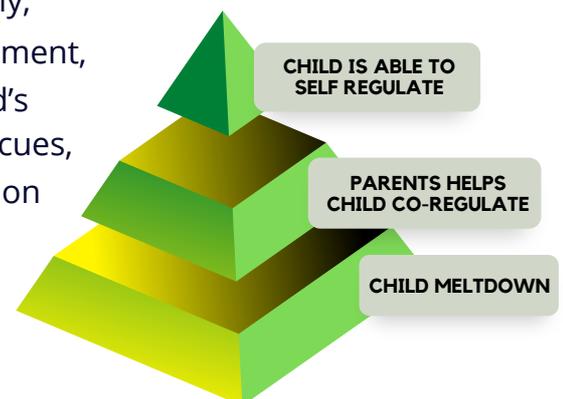
HOW CO-REGULATION HELPS IN REMEDIATING THESE CHALLENGES:

Co-regulation can be defined as a way of being. It establishes a shared focus of attention with a communication partner. In other words, the child will be thinking about the same thing as the person he/she is interacting with. Sometimes there are instances when the child's thought isn't the same as the adult's because the adult's pace may be faster than the child or the child's pace could be faster than the parent's.



YOU MAY BE THINKING: "ARE SELF-REGULATION AND CO-REGULATION THE SAME?"

Diving deeper, self-regulation is the process of managing yourself. The child needs to manage his physical needs (hunger, thirst, fatigue, going to the bathroom) and emotions. When the child struggles to self-regulate or in other words manage his/her needs, the child will have a meltdown, may become impulsive, or can appear highly anxious. When kids can't self-regulate, they need parents/ caregivers to help them regulate. When the parent responds contingently, at that moment, to the child's needs or cues, co-regulation occurs.



To establish co-regulation there are 3 essential roles to keep in mind, namely; competent, contingent, and authentic roles.

- **Competent roles:** means that the child should be able to perform a task without any prompts
- **Authentic role:** task should be meaningful and real
- **Contingent role:** the task should be done in partnership with parent/peer

E.g. - Let's take an activity of baking. A 5-year-old child should be able to mix the batter with the ladle (competent), the task of baking is highly motivating as the child gets to eat his/her favourite cake (authentic).

Finally, the adult pours the flour into the measuring cup, and then the child pours it into the mixing bowl (contingent role).



WHY IS CO-REGULATION IMPORTANT?

- It helps to facilitate a variety of skills such as waiting, watching and closely observing for cues as well as active listening
- It builds connectivity and develops experience sharing in children. They will eventually be able to share the events that happened during the day
- They will be better tuned to their emotions. Hence, the number of meltdowns will reduce
- They will anticipate things in future and show excitement even before things have happened

- They will be able to manage their daily routines as they are more flexible in thinking.
- They will actively seek out more experiences with the parents.

HOW TO FACILITATE CO-REGULATORY PATTERNS:

- The first step to building co-regulation is for parents to look at daily tasks or routines as opportunities for social engagement. An example could be sweeping, where the child holds the dustpan (child's role) and the parent sweeps the waste into the pan (parent's role).
- Another important thing to remember is to use more declarative language while doing tasks.
- Parents need to remember to slow down. This will help ground the child in the moment, figure out what's bothering them and guide them to finding a safe space.
- Co-regulation starts by giving the child the opportunity to coordinate actions. The coordinating of actions helps to establish a reciprocal flow between the communication partners - I go/ you go... I go/you go....etc. Hence, the child eventually gets the idea that once you respond, he/she responds and continues the action sequences. Here is an example of co-regulation through a game of ball throw. The child and you share the roles of 'sender' and 'receiver'. You roll the ball back and forth to maintain the pace of the interaction and connection.

TOTAL COMMUNICATION THERAPY

Total Communication Therapy centre is located in the leafy 10 Winstedt Rd complex. Our team of speech and language therapists, educational psychologists, occupational therapists, and educational therapists work closely with families and schools; further bridging the gap of learning and development.

This season, Total Communication has introduced a number of brand-new programmes for children ages 3 to 22.



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