

Helping the At Risk or Learning Different Child ★ Part 1/Part 2



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Course Presenters

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June Shelton School & Evaluation Center

- Founded April 2, 1976
- Students with learning differences preschool through grade twelve
- Comprehensive curriculum with strong academic orientation
- Supportive environment, stressing multisensory learning techniques
- Accredited by Independent Schools Association of the Southwest (ISAS)
- Member of Southern Association of Independent Schools (SAIS)

**What is a language learning
difference?**

Definition of Language Learning Differences

A language-learning different child shall be defined as a child with:

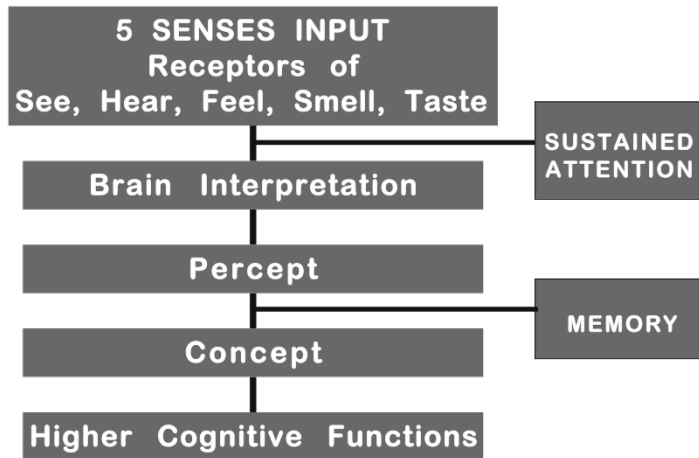
- average or above-average intelligence
- adequate vision and hearing
- without primary emotional disturbance
- who has failed or is at high risk to fail when exposed to school experiences using conventional educational techniques.

Definition of Language Learning Differences

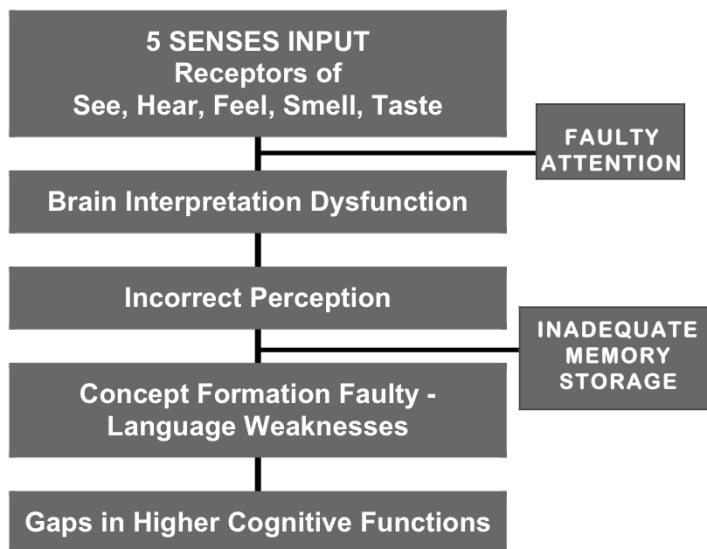
Language-learning differences are the result of **auditory** and **visual processing dysfunction** and include:

- the specific language disorder, **dyslexia**,
- and the related disorders of **ADHD**,
- specific **math** disability,
- specific **written expression** disability,
- specific **oral language** disorder, and
- developmental **motor** disorder.

Processing Chart

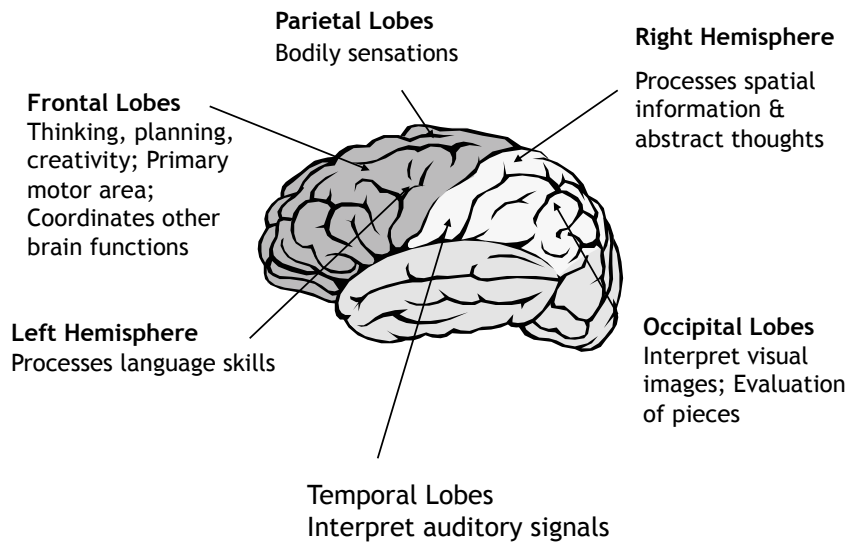


Processing with Dysfunctions



Why do we need to understand the brain and how it processes?

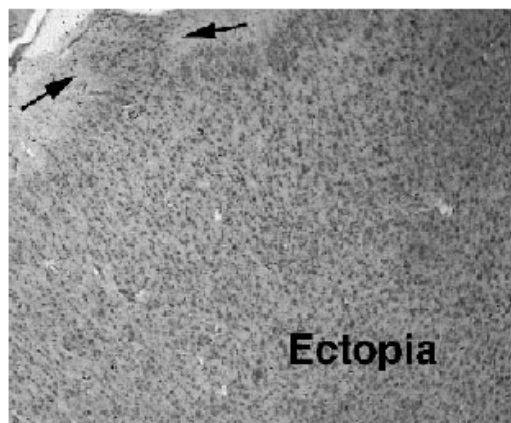
Mapping the Mind



“While no two brains are alike, the brains of people with dyslexia are distinctively different compared to those without dyslexia.”

Dr. Gordon Sherman

ECTOPIAS



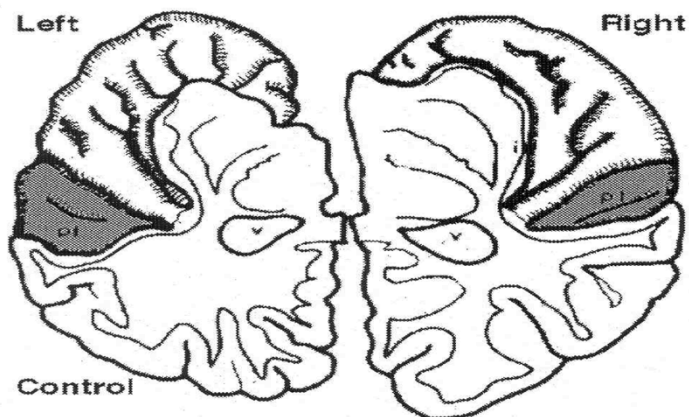
Dr. Gordon Sherman

Neural Migration

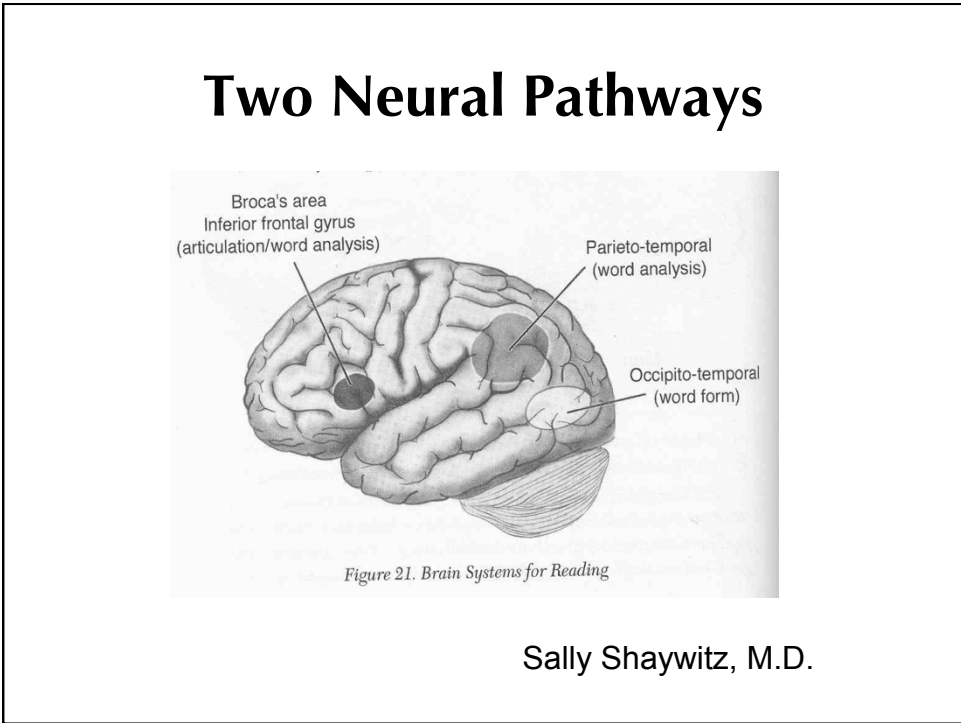
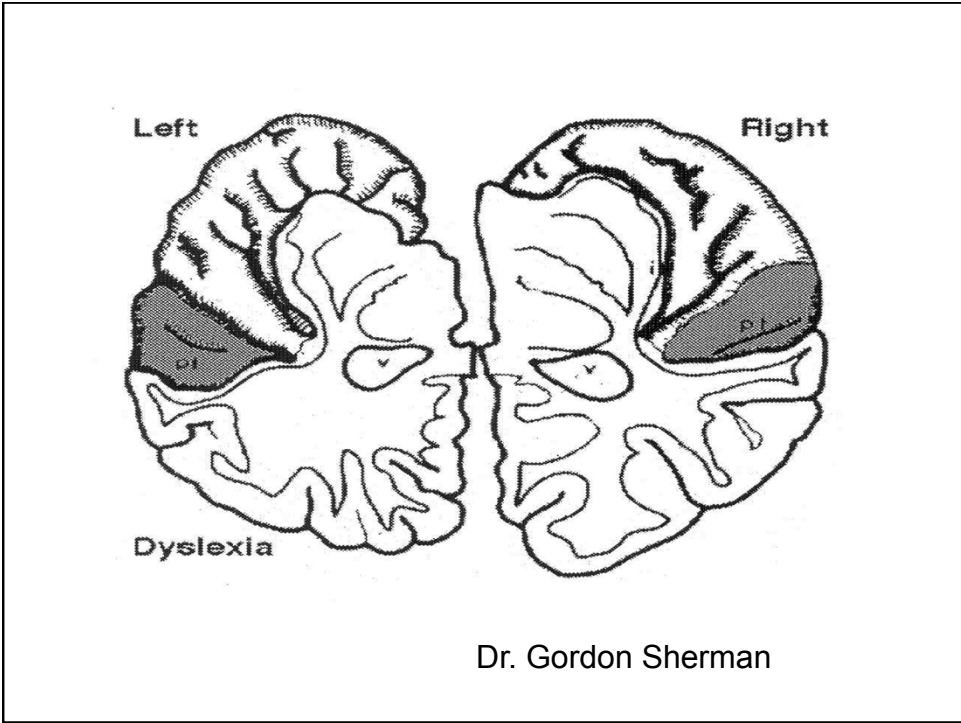
- Occurs before the 6th month of gestation
- A genetic code sends the signal to migrate
- In non-impaired learning brains the neurons do not reach the first layer of cerebral cortex-the language center of the brain

Dr. Gordon Sherman

Additional Cortex Difference Symmetry

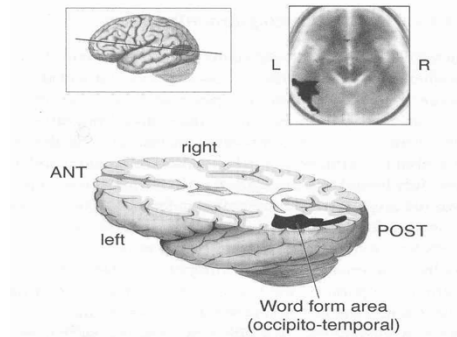


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Word Form Area Occipito-Temporal

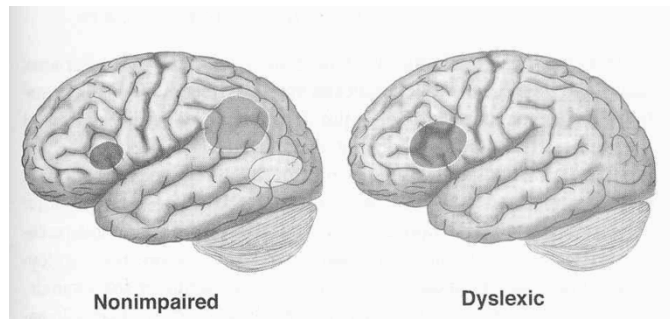
- The more skilled the reader, the more they activate this region



Sally Shaywitz, M.D.

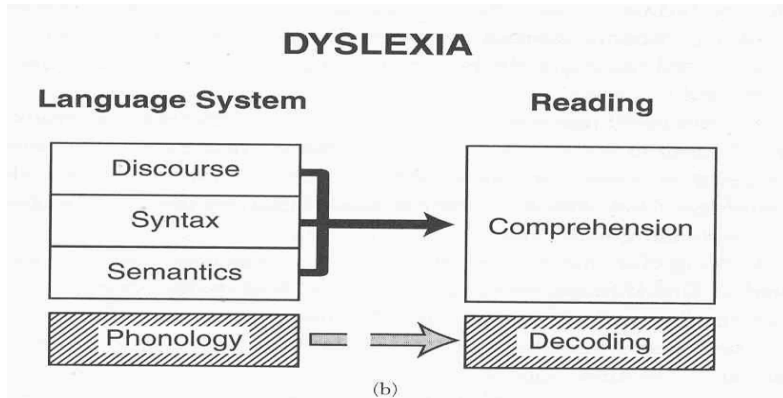
A Neural Signature for Dyslexia

- Under activation of Neural Systems in the Back of the Brain



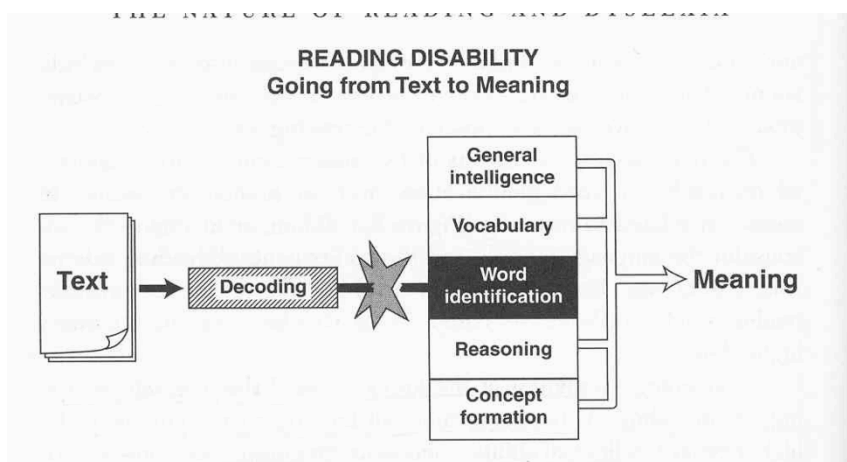
Sally Shaywitz, M.D.

In dyslexic children there is a glitch within the language system.



Sally Shaywitz, M.D.

A phonological weakness blocks decoding, which in turn interferes with word identification.



Sally Shaywitz, M.D.

Attention Deficit / Hyperactivity Disorder (AD/HD)

- ADHD refers to a family of chronic neurobiological disorders that interfere with people's capacity to attend to tasks, regulate activity, and inhibit behavior in ways appropriate to their age and circumstances.


Attention Deficit Hyperactivity Disorder (ADHD) DSM 314.01

Essential features


- ✓ Developmentally inappropriate degrees of
 - inattention,
 - impulsiveness,
 - hyperactivity.

Neurotransmitters


Play a vital role in key bodily functions.

 **Acetylcholine** - widespread in the brain -
involved in muscle action, learning & memory

Dopamine - plays major role in regulation
of movements & emotions

 **Norepinephrine** - involved in reward, mood
regulation, arousal, activation fight/flight
behavior

Serotonin - regulates body temperature,
pain perception, onset of sleep

 **Endorphins (opioids)** - minimize pain,
produce feelings of pleasure

ADHD Individuals Benefit From:

- Appropriate amount of sleep
- Eating a well balanced diet
- Exercise
- Prayer or Meditation
- Medication (if needed)

Dr. Edward Hallowell
Driven to Distraction

Patterns of Dyslexia & Related Disorders

Patterns of Learning Disorders 2008

- Pattern 1 - Reading Disorder (Dyslexia)
- Pattern 2 - Related Disorder: Reading Comprehension Disorder
- Pattern 3 - Related Disorder: Attention Deficit / Hyperactivity Disorder

Patterns of Learning Disorders 2008

- Pattern 4 - Related Disorder: Math Disorder (Dyscalculia)
- Pattern 5 - Related Disorder: Motor Incoordination
- Pattern 6 - Related Disorder: Oral Language Disorder (Dysphasia)

Patterns of Learning Disorders 2008

- Pattern 7 - Related Disorder: Social Interaction
- Pattern 8 - At Risk for Learning Disorders
- Pattern 9 - At Risk for Oral Language Disorders

How do we treat learning differences?

Treatment

Remediation + Montessori

- ✓ Organization/Study Skills
- ✓ MSL Reading Approaches - Language Therapy
- ✓ Multisensory Teaching
- ✓ Cooperative Learning
- ✓ More Individualization

Treatment

Accommodations

- ✓ Untimed Tests / Extended time on written assignments
- ✓ Assistive Technology - computers, books on tape, tape recorders

Treatment

Non-medication

- ✓ Direct teaching of attention skills

Medication

- ✓ Stimulant Medications - Ritalin, Dexadrine, Adderall, Concerta
- ✓ New Class of Medication - Strattera, a selective norepinephine reuptake inhibitor
- ✓ Mood Medications - Paxil, Prozac, Wellbutrin, Zoloft

Positive Effects

- Improved sustained attention
- Improved impulsivity
- Improved learning due to increased memory
- Better organization, less scatter
- Less risk of illegal drug use
- Less side effects of anxiety, depression, suicide

**Who is the preschool
child who is at risk?**

If you would identify children who are high risk for academic learning tasks, with the goal of providing early intervention, evaluate:

- *Coordination*
- *Language*
- *Attention, and*
- *Perception*

What can we observe in preschool children that would alert us to at-risk characteristics?

COORDINATION

- Gross
- Fine
- Life Skills



ORAL LANGUAGE

- ✓ Receptive (*understanding*)
- ✓ Expressive (*producing*)
 - Speech (*articulation*)
 - Morphology (*roots / affixes*)
 - Syntax (*order / grammar*)
 - Semantics (*meaning*)
 - Voice (*quality*)
 - Fluency (*smooth production*)



WRITTEN LANGUAGE

- ✓ Pre-reading
- ✓ Reading
- ✓ Pre-writing
- ✓ Writing
- ✓ Composition

ATTENTION

- Motor Skills
- Practical Life
- Sensorial
- Silence Game





PERCEPTUAL

- Sensorial
- Social Skills
- Pre-Academic

What does the Montessori curriculum give us that helps the at-risk / learning different student?

Montessori Applied to Children at Risk

A method which provides for:

- **individualization** of instruction through the child's interaction with the didactic materials proceeding at his own rate for mastery

Montessori Applied to Children at Risk

- ✓ Specific procedures / techniques for training **attention**
- ✓ A classroom **structure**, clear in limits and privileges, which assists the child with faulty inhibition control to develop those skills

Montessori Applied to Children at Risk

- ✓ An emphasis on **work organization** which gives a child a model for learning how to set up and go about work tasks, the result of which can be a lifelong habit of investigation

Montessori Applied to Children at Risk

- ✓ **Manipulative materials** which provide the child with multisensory perceptions which help concretize abstract concepts

Montessori Applied to Children at Risk

- ✓ Specific techniques for increasing **gross motor skill** development, eye-hand coordination and fine motor skill facility

Montessori Applied to Children at Risk

- ✓ A concentration on the specific labels for people, objects, and ideas and their attributes and functions that foster **oral language development**

Montessori Applied to Children at Risk

- ✓ Presentations of academics in small **sequential steps** with scientifically researched materials to further skill development in language, math, geography, history, physical and biological sciences, art and music

Montessori Applied to Children at Risk

- ✓ An **environment of encouragement** to try, a de-emphasis of failure, which encourages the child's desire for independence, an emphasis on respecting the teacher and classmates that fosters consideration for others

**What else does the
Montessorian need to know to
help the at-risk/learning
different student?**

**FACILITATING LEARNING FOR
LEARNING DIFFERENT STUDENT**

- Tasks reduced to smaller segments
- Segments based on perceptual assessment / observation of perceptual motor development
 - ✓ Show/feel similarities, & differences (sensorial)
 - ✓ Teach transitions (abacus)
 - ✓ Teach patterns (hundreds board)

FACILITATING LEARNING FOR LEARNING DIFFERENT STUDENT

- Oral language emphasis
 - ✓ Use short repeated phrases
 - ✓ Use rhythm
 - ✓ Use multisensory reinforcement for memorization
- Organization must be taught
 - ✓ Use of space-control charts/placement guides
 - ✓ Directionality - left to right carefully stressed/
tactile & kinesthetic reinforcement
 - ✓ Sequence - first, second, third
- Attention - equal responsibility of student & teacher

The At Risk Child Requires:

- Teacher is present in their learning environment for greater time periods



The At Risk Child Requires:

- Direct assistance on attention, focus, and concentration



The At Risk Child Requires:

- Structure for behavior



The At Risk Child Requires:

- Guidance in selecting and performing tasks



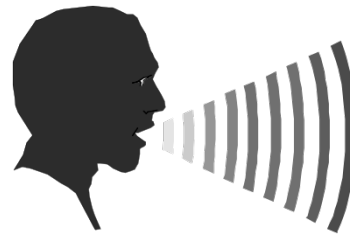
The At Risk Child Requires:

- Perceptual discrimination from three dimensions to paper and pencil



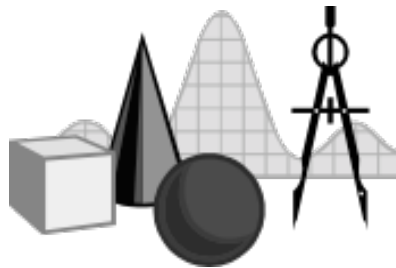
The At Risk Child Requires:

- Specific and direct oral language development



The At Risk Child Requires:

- Direct teaching of language and/or math symbols



The At Risk Child Requires:

- Pre-writing and writing practice with a multisensorial technique



The At Risk Child Requires:

- Language presentations modified with the techniques or programs for children with specific reading disabilities

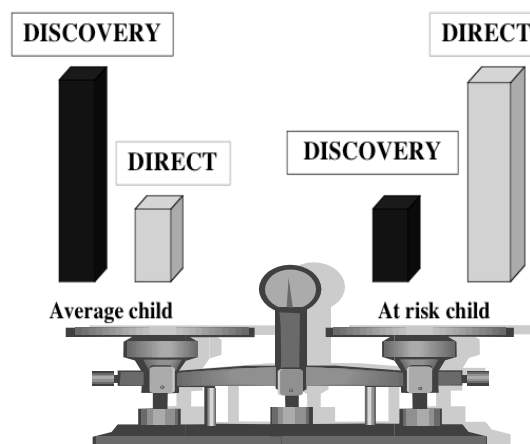


SUMMARY & CONCLUSIONS

The At Risk Child Requires:

- Direct teaching of language and/or math symbols
- Pre-writing & writing practice with a multi-sensorial technique
- Language presentations modified with the techniques or programs for children with specific reading disabilities

A Balance in Education Discovery Learning & Direct Instruction



Results of Lack of Early Intervention

- Untreated disorders of articulation become ingrained habits
- A lack of vocabulary becomes more severe communication disorders

Results of Lack of Early Intervention

- Visual/auditory processing disorders result in mild to severe written language disorders (reading, writing, spelling)
- Non Verbal/verbal communication deficits often causes difficulties with social skills

- If a parent or teacher waits for the child with a language disorder to spontaneously develop the skills for which he does not have the discrimination & integration abilities, it means the child struggles with confusion & frustration.



Education Must Be Prescriptive

Many approaches/programs could work with most children to some degree, but it is more effective if we match the program to the child and his individual profile of strengths/weaknesses in the assimilation of language and learning.



J. McVicker Hunt has written that Montessori has come the closest to solving the problem of “match” in education. (Hunt 1968). He explains the “match” concept as placing the level of presentation to the child at the child’s developmental and skill level for optimal learning and success. This problem of “match” is critical to teaching the at risk child.

Self-Concept Formation

- The child with average learning skills has more positive than negative experiences both before entering school and after entering school
 - ✓ This builds resistance to anxiety
 - ✓ Establishes a strong sense of self worth

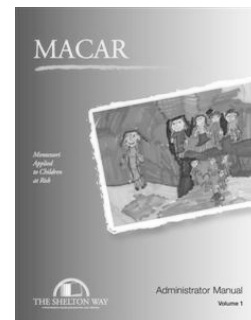
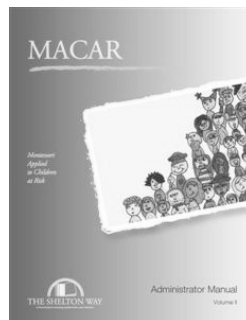
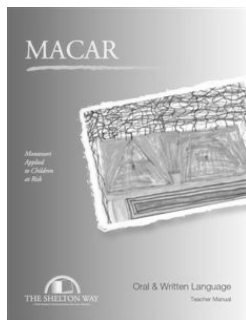
Self-Concept Formation

- The child with learning or adjustment difficulties has more negative than positive experiences, *especially* after entering school
 - ✓ This exacerbates feelings of anxiety
 - ✓ Self-concept is negatively affected
 - ✓ Negative behaviors develop

A vicious circle of negative behavior is set into motion

- Adults must intervene to stop the cycle
- The possibility of more positive experiences must be increased
 - ✓ Improve academic skills
 - ✓ Direct teach social skills/coping strategies
 - ✓ Provide success experiences in and out of the academic setting

For further information about the
MACAR Course and materials,
please visit the Shelton website
www.shelton.org



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