JUNXION

FOR RESIDENTS, BY RESIDENTS



raising great kids | By resident and education specialist Perk Musacchio





Pack up folder and backpack

Another visual homework schedule



If vacation plans have your child confused create visual schedule





Lily's visual bedtime schedule

keeping an eye on

More and more children are being diagnosed with Executive Function weaknesses that can be overcome with visual aids, as education specialist Perk Musacchio explains

Executive Function (EF) became a "new" buzzword in education about 15-20 years ago and is going strong today, which isn't necessarily a good thing. It's wonderful that more folks understand how brains function, but it's not good that an increasing number of kids are struggling with EF weaknesses. More students are being identified for services under the category of Other Health Impairment (OHI) due to significant Executive Function dysfunction and/or ADHD. Educators continue to address these needs globally, when possible, and individually when necessary. So what IS it?

Executive functions are the "conductor" for all higher-order and basic information-processing skills. The prefrontal cortex or "PFC" is located in the frontal lobe area of the brain (behind your forehead). It is the last area to fully develop, sometimes not until the mid-20s, and it's the first area to go! If you were able to see a child's brain as it matures, you'd be amazed at the massive increase of neurons in the early years of development. However, as different areas of the brain are used or neglected, pruning of these neurons occurs. This eventually enables the brain to be more efficient-removing the "weeds or dead wood" that might interfere with communication. This massive pruning occurs during the preteen and teenage years, which actually explains why, at times, kids may act the way they do! It certainly is backed by science and endorsed by auto insurance premiums. Just look at the higher rates for young males under the age of 25.

EF skills include sustained attention, impulse and emotional control, time and materials management, working memory, flexible thinking, planning and prioritizing tasks, task initiation and completion, and meta-cognition (thinking about your thinking). Areas of Difficulty Weaknesses with EF skills can be observed at home and school, although the severity may be perceived differently by teachers and parents. One frequent area of concern includes difficulty with routines and transitions. Parents will say that getting Johnny out of the house in the AM or to bed in the PM can be frustrating! Sustaining attention for directions and instruction often requires multiple repetitions

and reminders. Grades may be inconsistent and often "careless" mistakes are made. Individuals may have trouble getting started with and completing tasks. They tend to procrastinate and leave things go until the last minute, often causing anxiety for the individual and frustration for family members, teachers, or work colleagues. Parents will say "homework takes FOREVER" or their kids don't have the necessary materials to complete homework or they complete the homework and don't hand it in, which drives parents and teachers crazy. People who struggle with EF often have a messy workspace and spend way too much time looking for lost items. Personal items like school materials, clothing, or sports equipment often get lost in the "black hole". They have trouble keeping track of when library books are due, instruments are needed for music lessons or remembering sports equipment for after-school activities. These students tend to experience increasing difficulty

with each new grade level as expectations and activities increase, and more independence is required. Problem-solving and generalizing can also be challenging.

Areas of Difficulty in the Social World

Picture yourself as a student during elementary recess, in the hallway between classes at the secondary level or during extracurricular activities. "Thinking on one's feet," which we all need to do in these settings, does not come easily and often causes anxiety. The need to sustain attention, wait your turn and inhibit impulsivity in order to listen, wait and watch may make these experiences very challenging. Therefore, some kids have "a short fuse" and become easily frustrated and act out in ways that may look a little scary to peers, which can impact future friendships. Those with weaknesses with EF skills can also be black and white thinkers. They have trouble reading between the lines and may be overly judgmental and insensitive to the needs and feelings of others. Understanding that other people have thoughts and feelings that may be different does not come automatically and yet is important for developing empathy and positive social interactions. They may not be able to see the perspective of others without support.

How do we support kids with EF weaknesses?

· As much as possible, provide unprocessed, fresh, and organic food. Include proteins, healthy fat, and whole grains or complex carbohydrates as tolerated. Many children need to eat every two hours to manage blood sugar levels. Eating protein can extend that time. Monitor intake of sugar and artificial colorings or sweeteners. Some children's systems are very sensitive and react in a negative way. Some children have responded really well to removing sugars, processed food, and artificial additives. Limiting carbohydrates can also be helpful. Typical problematic foods can include gluten or dairy, so be a good "detective" and watch to see if you notice reactions or changes in behavior depending on your child's diet. Many individuals are also low in zinc, vitamin D, B6/B12, magnesium, iron, and omega, to name



Reading

A visual timer helps



a few. A thorough blood workup and evaluation can pinpoint possible low levels that could be affecting your child's physical or mental health. (taken from No Manual? No Problem!)

- Create and maintain routines. Make visual schedules with your child for AM, PM, and homework routines. Remember...it will always take young children longer to complete any tasks. They are still learning, so plan accordingly.
- Get plenty of exercise. Opportunities to "run off steam" and engage in free play are critical. So are opportunities for downtime and relaxation.

Gently raise the level

- of awareness for focus, impulsivity, and escalating behavior. Help kids begin to recognize how their body feels just before the anger level ramps up. Are their hands making fists? Are they breathing harder or faster? Feet tapping? Neck bulging? Face getting red? Heart racing? Mind having negative racing thoughts? It's important to help them recognize the signs sooner than later so they can catch themselves and use a strategy to de-escalate and calm down before an explosion. $\,$
- Provide external structures (containers, labels, color coding, lists, charts, and visual timers) to help with organization and routines for homework, time management, and materials management. Have a "launchpad" by the door where jackets, bookbags, etc. can be ready to grab.

- Most kids have limited ability to structure themselves and will require parental modeling, guided practice, and reminders... sometimes for a LONG time!
- · Clean out folders and backpacks daily. Don't let papers accumulate or get lost in the black hole. Remember the OHIO method... Only Handle It Once.
- Build in external rewards for controlling impulsivity, improving focus and task completion, and for being more accurate with responses. Eventually, the goal is NOT to need external reinforcement.
- · Praise the process, not the product. "I am so proud that you tried your best and didn't give up" vs. "That's awesome that you got an A."
- · Give your kids "voice and choice." For example, ask Maclin if he wants to wear the red shirt or the blue shirt or ask Lily if she wants to do math or spelling first.
- · Remember it can take up to 30 days to change a habit, and that's practicing a new skill every day in the same way. Children with a learning difference or disability may require many more opportunities for practice and reinforcement.

NOW...after all of that...if EF weaknesses are still significant and affecting some part of the child's life, parents might want to consider additional interventions.

· Counseling is always a good option to help children understand themselves...how they learn, their strengths and weaknesses, and strategies to help with any areas of concern. Counselors are very good at helping

Visual homework schedule with reading before bedtime

reframe negative thinking and providing support for the family and individual. When children have been diagnosed with ADHD and/or any other mental health concerns (anxiety, depression, etc.), the behavior often impacts the family (sibling relations, homework time, etc.). Therefore, counseling may involve the individual and other family members.

- · Neurofeedback is a treatment that has been used for years for pain management. It looks at brain waves via an EEG and has become more known and available for the treatment of ADHD, concussions, headaches, and anxiety. Its effects on the brain pathways are long-lasting and have been recommended by the American Academy of Pediatrics.
- · The Interactive Metronome (IM) program is also a form of cognitive therapy that "trains the brain" to play, sequence, and process information more effectively through interactive exercises.
- · The Forbrain is a unique speech and brain training headset that is worn daily for 20-30 minutes. It can help the brain better process information by helping hear one's own voice through a combination of enhancing specific frequencies of speech and the use of bone conduction to transmit the voice via

vibration. It gives a natural and better perception of the wearer's voice. It is an excellent workout for the sensory system and can result in improved speech, increased attention, and better memory.

· When there is a diagnosis of ADHD, a physician may prescribe a stimulant medication that "wakes up" the frontal lobe so it can do a better job at focus, inhibiting impulsivity, etc. There are some medications that are prescribed for ADHD that are not stimulant medications and can take time to build up in the system as compared to a stimulant. If parents opt for medication, it is best to start it on a "non-school day." It is also critical that the family and school personnel (teachers and nurses) are aware and in constant communication. There are easy forms/medication checklists that teachers can complete during the trial period of medication that can be then shared with the doctor.

You want the minimum dose with the maximum results.

Overcoming Executive Function weaknesses does not happen overnight. Parents often say, "But he should be able to remember to hand in his homework/bring home his textbook/return his library books." As a teacher and parent, I can tell you it can take years and sometimes a lifetime of strategies and struggles. The good news is the earlier and more consistent intervention, the better the outcome.

Perk Musacchio is the co-author of No Manual, No Problem: Strategies and Interventions to Help Your Child Thrive in Today's World where information about why more people are struggling with Executive Function and strategies to help can be found. She is also co-author of A Student's Guide to Communication and Self-Presentation and the originator of the Peace Walk®. For more information, visit her website at www.skillstosoar.com.





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