It is with great pleasure that Focus provides readers with the series of letters below from the New York Times Sunday Dialogue of December 8, 2012. In the Sunday Dialogue, a letter on a topic of high interest and importance is published mid-week, reader responses are collected and the writer of the original letter writes a rejoinder. This particular Dialogue, Medicating for A.D.H.D., was stimulated by a letter written to the Times by long-time PBIDA member and supporter, Dr. Fran Sutherland. Those who know Dr. Sutherland know that she is a thoughtful psychologist with a strong sense of integrity who has helped many families in our area. Dr. Sutherland presented at the 2012 PBIDA conference on ‘Management of ADHD: An Integrated Model of Theory and Practice.’

Why is this Dialogue on ADHD important to PBIDA members? The reason is that ADHD and dyslexia are co-morbid; 30-40% of children with ADHD have a reading disorder (dyslexia) and 15-35% of children with a reading disorder also have ADHD (Attention-Deficit/Hyperactivity Disorder, Executive Function, and Dyslexia-The Perfect Storm, Aylward, G.P., in From ABC to ADHD, What Parents Should Know about Dyslexia and Attention Problems, Eric Q. Tridas (ed.), IDA 2007). All professionals working with children and adults with dyslexia will want to read Dr. Sutherland’s initial letter, the diverse responses, and Dr. Sutherland’s carefully considered rejoinder.

**DR. SUTHERLAND’S LETTER:**

**To the Editor:**

In the span of less than a year, The New York Times has published several news and opinion articles about the use of stimulants to treat attention deficit hyperactivity disorder that are simultaneously intriguing, disturbing and confounding.

On the Op-Ed page, in January, L. Alan Sroufe (“Ritalin Gone Wrong”) asserted that stimulants offer no lasting benefit because the causes of attention deficit disorder are better explained by environmental factors and experience. In August, Bronwen Hruska (“Raising the Ritalin Generation”) wrote about being pressured to medicate her son, despite her misgivings.

In your news pages, in June, “Risky Rise of the Good-Grade Pill” documented the misuse of stimulants by upper-middle-class suburban youths in an effort to gain an academic edge. In October, “Attention Disorder or Not, Pills to Help in School” described physicians who treat children in low-income regions with stimulants to help them to perform better academically and behaviorally.

*(Continued on page 12)*
Dear Readers,

Among the initiatives that National IDA has identified for this year, one of the most important is the Standards of Knowledge and Practice for Teachers of Reading.

We know that reading difficulties, including dyslexia, are the most common type of learning disability. While the exact numbers vary somewhat, estimates are that between 15-20% of our young students struggle with language, reading and writing. Another 20-30% are at risk because their reading and writing skills are not sufficiently developed to allow the students to read efficiently and effectively, but are not weak enough to qualify for special services. In order to support these students in all classes throughout the school day, it is clear that all classroom teachers, not just reading specialists and special education teachers, need to be able to provide effective instruction and support in reading and writing.

Teaching reading effectively requires considerable knowledge and skill. Many, if not most teachers at all levels, currently do not have sufficiently in-depth preparation to recognize the early signs of risk, to prevent reading problems, or to teach students with language processing problems successfully. The Standards of Knowledge and Practice have been developed to guide the preparation, certification and professional development of those who teach literacy skills, whether in the classroom, remedial or clinical settings. The standards are based on what we know about the nature, prevalence, manifestations and treatments of dyslexia that are supported by research and by diagnostic guidelines.

The Standards outline the following: (1) the content knowledge necessary to teach reading and writing to students with dyslexia or related disorders or who are at risk for reading difficulty; (2) the practices of effective instruction; and (3) the ethical conduct expected of professional educators and clinicians. Regular classroom teachers should also have the foundation knowledge of language, literacy development and individual differences because they share responsibility for identifying and treating reading problems.

At this point, only one university in Pennsylvania (St. Joseph’s University), and only 11 nationwide, have been identified as meeting the Standards and Practice guidelines for teacher preparation. It is imperative that our institutions of higher education include programming that will provide all teachers with the foundation and training necessary to instruct and support struggling readers. We cannot hope to make significant changes in how our children are taught to read until all teachers have the skills necessary to provide identification and intervention for struggling readers.

I urge you to go to the IDA website (www.interdys.org) and read the Standards of Knowledge and Practice for yourself. You will then know how thorough the research has been in developing these Standards, and how important they are for preparing the teachers who will be responsible for instructing our children.

Julia Sadtler
President, Pennsylvania Branch of the International Dyslexia Association
In line with the mission of the International Dyslexia Association (IDA), the Pennsylvania Branch of IDA (PBIDA) is committed to providing “information, a network of support with experts and educators as well as access to a community of other parents and family members who face similar challenges on a daily basis.” PBIDA has always supported parents and individuals with dyslexia through our online resources and support from our office staff who answer questions about dyslexia and offer information for resources within the community. Our staff has a wealth of information to keep parents informed and to answer questions about tutors, psychologists for evaluations, the evaluation process, identification and interventions for dyslexia, evidence based programs, literature on dyslexia, and school educational services and procedures. In addition we have professionals who help parents, educators and the community gain a deeper understanding of what dyslexia is through simulations and presentations.

In our ever growing efforts to support parents and to disseminate information, over the past year PBIDA has taken a number of new steps to expand our outreach to parents. For the first time, at our annual conference in October 2013, we will have a strand of workshops and sessions designed just for parents. We hope that parents will find these sessions very informative and will have the opportunity to network with other parents and professionals.

We also would like to direct readers of Focus to two new columns which we think parents will find especially useful. First, in our last issue we introduced Parents’ Corner where professionals respond to some of the most frequently asked questions that come into our office. In this issue, Allison Einslein, Director of the Center School in Abington, PA, provides specific suggestions for activities which parents can do at home to foster their dyslexic child’s reading skills. Second, in this issue we introduce a new column, Coaches’ Corner, in which two coaches from our community, Nancy West and Rebecca (Becky) Scott, will be sharing “Tips, Tricks and Thoughts Surrounding Family Life with Learning Disabilities.” Nancy, a parent coach, and Becky, a family coach, both provide guidance, through coaching, to families with children with learning differences. Through coaching they help families develop in their children skills that will help them lead successful and productive lives. Over the course of the next year, Becky and Nancy will be sharing some of these parenting strategies in this new column.

This month our feature institution is the Benchmark School. Our featured institutions share information about their schools and programs, and demonstrate how evidence based instructional strategies are utilized to instruct children with learning differences.

We hope you enjoy and read this issue carefully as you will find information and resources that expand your knowledge and keep you up to date on current educational issues, from the latest in educational technology to overviews of current research related to dyslexia.

As co-editors of Focus, we welcome your comments and questions for topics that you would like addressed in future issues.

Marlyn Vogel
Co-Editor

Nanie Flaherty
Co-Editor

**Advertising in Focus**

Focus is published three times a year by the Pennsylvania Branch of the International Dyslexia Association. We welcome submissions of articles, Calendar of Events, The Heroes of Dyslexia, and advertising. Please submit to Tracy Bowes at dyslexia@pbida.org or (610)527-1548 or our toll free # 855-220-8885.

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**IDA Disclaimer**

The International Dyslexia Association supports efforts to provide individuals with dyslexia appropriate instruction and to identify these individuals at an early age. The Association and the Pennsylvania Branch, however, do not endorse any specific program, speaker, product, or instructional material, noting that there are a number of such which present the critical components of instruction as defined by IDA.
On April 11, 2013, the Pittsburgh Region of PBIDA in conjunction with The Provident Charter School for Children with Dyslexia had a showing of the movie *The Big Picture: Rethinking Dyslexia*. The movie was followed by a panel discussion to answer questions raised by the film. Panelists included Dr. Debra Bogen, pediatrician and parent of a dyslexic student; Dr. Laura Crothers, Professor of School Psychology in the Department of Counseling, Psychology, and Special Education at Duquesne University; Maria Paluselli, Orton-Gillingham Trainer and Consultant; Jeffrey J. Ruder, attorney; and Mallory Thomas, University of Pittsburgh student with dyslexia. Dr. Jean Ferketish, Assistant Chancellor at the University of Pittsburgh, moderated the panel.

This inspiring documentary provides personal accounts of the dyslexic experience from children, experts, and leaders in the field of dyslexic research. Drs. Sally and Bennett Shaywitz provide information on the latest scientific and psychological research. The film illustrates that while dyslexia sets up obstacles in the way of students, it also carries some unique advantages, and ultimately the obstacles can be overcome.

James Redford, whose son Dylan was diagnosed with dyslexia in elementary school, directed the film. Dylan, a high school senior at the time of filming, is one of the students featured in the film. Redford made the film that he wished he had seen when Dylan was first diagnosed. According to Redford, “I really felt like people understand that dyslexia is a struggle, but they don’t understand the strengths, and that it isn’t an academic death sentence.”

Seeing this film can help students with dyslexia and their parents to have greater hope for their futures. It can also help teachers to realize the potential of students they have who are struggling with reading and writing but who are intelligent and creative individuals.

We want to thank Phoenix Big Cinemas for donating the Screen and for on-screen advertising, and our co-sponsors, Provident Charter School for Children with Dyslexia, who made it possible for us to put on this event. We also appreciate the wide community support we received from local organizations that joined us as supporting sponsors to get the word out to more people about this event: Achieva, Agency for Jewish Learning, Eye to Eye -University of Pittsburgh Chapter, The Local Task Force on the Right to Education (LTF), and Total Learning Centers. We would also like to thank Jean Ferketish who chaired this event and handled all the arrangements.

If you are interested in arranging for a showing of *The Big Picture: Rethinking Dyslexia* in your area, please contact the PBIDA office: dyslexia@pbida.org or 855-220-8885. For more information about the film, see the website:  [http://thebigpicturemovie.com](http://thebigpicturemovie.com)

### PBIDA Member News

The purpose of the Member News!!! column is to present information on PBIDA member activities which will expand the knowledge of the Pennsylvania and Delaware community. Examples include publications (books, articles, newspaper pieces), media and other material of interest and utility to this community. Please email us proposed materials and any questions you may have (dyslexia@pbida.org).

George Vosburgh, PBIDA Board Member and long-time PBIDA supporter and volunteer, was honored in January as Volunteer of the Week by the Main Line News in its Suburban Life edition. George’s work in establishing the Interfaith Hospitality Network (IHN) and its program of housing homeless families in houses of worship at his church, St. David’s Episcopal in Radnor, was featured in the article. Due to his efforts, St. David’s is now one of 11 houses of worship on the Main Line that house homeless families, each for a week at a time, four or five times a year. Families are provided with housing, family meals, companionship, child care and play, classes in such areas as budgeting, parenting and job hunting, and even a fitness class conducted by a professional trainer. Forty or so volunteers participate each week, all coordinated in their efforts by George.

George Vosburgh has contributed to his community in many other ways as well. He is a Trustee of the Delaware Valley Friends School and is a Board Member of PBIDA. He has contributed his time to PBIDA in countless activities, most recently as a volunteer for the dyslexia simulations and as Co-coordinator of Chairs for the PBIDA annual conference. He also enjoys singing baritone in the church’s adult choir and the chamber choir.

Thank you George, for all your contributions to your community!
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Is Vision Training an Effective Intervention for Dyslexia?

Research Notes: Summaries of Recent Research with Practical Implications

The last Research Notes column (in Focus, Winter 2012/2013) presented results from a definitive review of studies of “brain training” or “brain booster” programs that claim to improve the reading ability of those with dyslexia. That review, a statistical meta-analysis of 23 brain training studies, found that working memory training (brain training) does not lead to lasting improvement in symptoms related to ADHD or dyslexia, contrary to claims made by proponents of brain training programs such as Memory Booster, CogMed, Jungle Memory, Cognifit, and LearningRX. The authors of this review, Monica Melby-Lervag and Charles Hulme of the University of Oslo and University College London, concluded in their article in the journal Developmental Psychology that, overall, these programs have no effect on children’s verbal ability, reading, math, or attention. While it is now fairly clear that working memory training, as taught with many popular programs, is not effective, what about similar claims made about vision training?

Vision training actually has a longer history than working memory training. The American Academy of Pediatrics (www.aap.org) has, over at least the last 30 years, periodically published research reviews that address the relationship between various vision therapies and dyslexia. These were published jointly as policy statements by the American Academy of Pediatrics (AAP), section on Ophthalmology, Council on Children with Disabilities, and other organizations, including the American Academy of Ophthalmology, American Association for Pediatric Ophthalmology and Strabismus, and American Association of Certified Orthoptists. These reviews have all concluded that vision training methods are not effective for treating dyslexia or a learning disability in reading. The reason is fairly simple: vision problems do not cause dyslexia and, therefore, vision therapy cannot address (or cure) the primary causes of dyslexia or the symptoms associated with a learning disability in reading.

In 1998, for example, the AAP-led group concluded in a policy statement in the journal Pediatrics (http://pediatrics.aappublications.org/content/102/5/1217.full.html) that the following vision therapies were ineffective for treating a learning disability in reading:

- eye exercises or “vision therapy”
- special tinted lenses.

In 2009, the policy statement was a little more precise in its description of ineffective programs (http://pediatrics.aappublications.org/content/124/2/837.full.html):

- eye exercises
- behavioral vision therapy
- special tinted filters or lenses.

The most recent statement, in 2011 (http://pediatrics.aappublications.org/content/127/3/e818.full.html), continues this trend with an even longer and more detailed list of ineffective treatments, indicating that vision training, although discredited for decades, is very compelling and resilient:

- visual training
- behavioral/perceptual vision therapy
- colored lenses and filters
- muscle exercises
- ocular pursuit-and-tracking exercises
- “training” glasses
- prisms.

These AAP reviews have been necessary because proponents of vision training have continued to claim over the years that dyslexia is caused by vision problems and that vision training can improve the reading ability of those with dyslexia. While this hypothesis was once considered plausible, it has since been disproven and abandoned by scientists. As the latest AAP policy review clearly states, dyslexia is not caused by any subtle problems with vision. It is, instead, a sound-based problem, caused because of an impairment in the ability to represent, store, and retrieve the basic sounds in our language that are used to build words. Vision training will not lead to improved reading ability among children with dyslexia any more that it will among children without dyslexia. Reading is taught by focusing on sound-symbol relationships (decoding), fluency in decoding, knowledge of word meanings (vocabulary), and reading comprehension.

(Continued on page 21)
THE FIRST YEARS of a child’s academic life are crucial in establishing basic reading skills, the fundamental building blocks of all learning. However, not all readers acquire basic reading skills naturally. Fortunately, parents and teachers can identify children who may have difficulty learning to read while they are still in pre-school and kindergarten. These children will begin to display difficulties with basic reading skills that include:

- Trouble learning common nursery rhymes such as “Jack and Jill.”
- Difficulty in learning and remembering the names of letters.
- The inability to associate letters with sounds.
- Mispronouncing words.
- The inability to read common one-syllable words or to sound out even the simplest of words, such as mat, cat, hop, nap.
- Trouble remembering isolated pieces of verbal information such as dates, names, and telephone numbers.
- Very slow progress in acquiring reading skills.

Identifying these children early and providing them with scientifically based, direct reading instruction is what works to close the achievement gap between struggling readers and those who learn to read easily.

CENTER SCHOOL has been teaching children to read for 25 years. We understand the complexity of learning to read for those children for whom it does not come naturally.

WE INVITE YOU to see for yourself how children who struggled to acquire basic reading skills in kindergarten become successful, confident readers. Please call Carol Wolf, Director of Admissions, at 215-647-2200 or contact her by email at cwolf@centerschoolpa.org. She will be happy to provide you with additional information or to schedule a visit.
You know your child is smart, but now everyone around him seems to be reading well and meeting with success in school while he is struggling. He works hard to conceal his struggles and downplay his difficulties, but inside you can see that his confidence is falling, his anxiety is rising, and he is beginning to doubt his own abilities.

Our Mission and Students
This heartbreaking scenario is experienced by families across the Delaware Valley, and it is the reason Benchmark School was founded 43 years ago. Benchmark’s mission is to help bright children with language-based learning differences develop into confident and strategic thinkers, learners, and problem-solvers who meet with success in high school, college, and beyond. In fulfilling this mission, we change the trajectory of students’ lives.

Students who attend Benchmark regularly arrive with labels such as dyslexia, auditory processing difficulties, and Attention Deficit Hyperactivity Disorder (ADHD). These labels provide a starting point for understanding the issues that are correlated with the students’ difficulties in school. However, experience has taught us that there is great variability within each label. Consequently we develop a detailed understanding of each student’s particular strengths and challenges and use this profile as a basis for individualized instruction. Our goal is to meet students where they are so that they experience success and develop the confidence that will enable them to take full advantage of the instruction that will help them become successful learners and citizens of the world.

Overview of the School
Benchmark’s students come from all over the five-county Philadelphia region, New Jersey, and Delaware. We offer a full academic curriculum for grades 1-8 that includes dynamic arts, physical education, and music programs, as well as a variety of team sports and extracurricular activities. Classes consist of 9-13 students with two or three teachers in each classroom.

Since we recognize that students do not necessarily function at the same level across the curriculum, students are regrouped for math based on their instructional level. To maximize the students’ mathematical development, our conceptually-based math program is taught by a team of math specialists.

Recognizing that academic considerations are inextricably intertwined with social and emotional components, each instructional team includes a member of our Child and Family Support Services Department. These five psychologists, counselors, and clinical social workers consult with the teachers about each student in their classes, and hold weekly class meetings in which they provide an affective curriculum that builds students’ social and emotional knowledge as well as their communication, collaboration, and problem-solving skills. Further, they meet with students on a one-on-one basis as needed.

Why Benchmark is a Grade 1-8 School
The decision to conclude our program at eighth grade rather than continue through high school is intentional and important. The reason we do this is because we are preparing our students to return to the independent, parochial, and public schools from which they have collectively come and to which experience demonstrates our graduates will return and thrive. We consistently receive feedback from receiving schools that our students not only perform admirably but stand out. They stand out because, after being at Benchmark, they know who they are as learners, they advocate for themselves, they know how to approach tasks strategically, they think flexibly, and they are persistent and resilient.

A Closer Look at Our Instructional Program
The core of Benchmark’s instructional program is our exceptional teachers who are committed to excellence and innovation. Their experience and expertise enables them to freely draw from the breadth and depth of their pedagogical and

Benchmark School is located at 2107 North Providence Road, Media, PA 19063
“What sets Benchmark graduates apart from students from other schools is their acceptance of who they are as learners and their ability to be advocates for themselves,” explains Linda Six, Middle School Supervisor. “They are not afraid to ask for help because they know who they are and they are comfortable with themselves. I think a large part of that is due to our Mentor Program.”

The Mentor Program was developed many years ago by Linda Six and Middle School faculty members when they found that some students benefited from having a more extensive relationship with a teacher beyond specific instructional objectives. “In the beginning we met with students individually, but there was no set time in the schedule,” notes Eleanor Gensemer, Head of the Middle School. “We met when we could and when we saw positive results from building these relationships, we made time in the schedule.”

“When we researched this, we learned that adolescents need to be an important part of an important group. We looked at advisories at other schools and developed our own program based on the needs of our students,” Linda explains. “It is one of the best things we have ever done.”

Mentor groups typically consist of seven to nine students and two to three adults and meet every day for half an hour. Linda notes, “First-year mentor groups are all about building relationships. For example, the mentor may empathize with a student about a particular issue and then brainstorm with the student to resolve the issue. Students do homework at that time and mentors guide them through the process to show them that they can complete the amount of work that has been assigned. We are their advocates. We are not grading them. We are there to support them.”

Third-year middle school students Anna Lodge and Trevor Green agree that it is an important part of their day. “It is very helpful,” Anna says. “Mentor group gives me the opportunity to get work done and ask questions.” Trevor notes that the time helps him prepare for science and social studies. “I rely on mentor group to get situated and get organized,” he adds.

Second-year students have more leeway when deciding how they will spend their time. Still, papers are reviewed and signed during that period, and homework notes are discussed. Mentors ask, “Why are you having trouble getting homework done?,” “What did you do that got in your way?”, and “What will you do differently next time?”

“The difference with third year is that you are more independent,” Anna Lodge says. “Mentors rely on you coming to them rather than having them come to you.” Trevor Green agrees before continuing with a smile, “It’s like taking off the training wheels. I want to do it by myself, but it’s good to know that they are here if I need them.”

“By third year we are consultants,” Linda adds. “We want the responsibility to shift from the mentor to the student.” This year, some of the groups are looking at executive control issues in a new way. Eleanor Gensemer explains: “We know that the brain doesn’t fully develop these skills until a person is in his or her 20s and we tell our students this. We are looking at executive functioning - time management skills, organization, managing emotions, attention, and focus - and what they can do about it in the meantime. For example, we talk about what it means to be organized and students identify where organization is difficult for them. For some, it’s helping them with their assignment book while others need a checklist in their lockers so they take home the materials they will need. We try to individualize their approach to the executive functioning skills that are challenging to them.”

After three years, students move on and it’s a bittersweet time for the mentors. “When I think of what my group was like in first year and they graduated last year. Amazing! They progressed so much,” comments Linda Six. “I had one student who had a great deal of difficulty completing homework first year. Now he is enrolled in an independent school on the Main Line known for rigorous academics, and he is on task and doing very, very well. It is so rewarding. Our students start on their own path and end on their own path. Our goal is to take them as fast and as far as we can. When graduates come back, invariably the first person they visit is their mentor. That means a lot.”

Deborah Murray, Development Associate
Benchmark has long been known for the excellence of its research-based language arts program. Given the attention garnered by this program, math has often been misperceived as a secondary emphasis at Benchmark. However, that is not the case at all. Just as the language arts program is comprised of reading specialists who integrate the latest ideas from literacy research with established principles of learning, the math department is comprised of math specialists who integrate the latest ideas from math research with the same general principles of learning as the language arts teachers.

Dr. Betsy Cunicelli, Head of the Math Department, explains the close connection between language arts and math instruction at Benchmark. “Years ago, we realized that the learning challenges that contributed to students struggling in reading and writing also frequently appeared in math class.” Consequently, both departments draw on many of the same insights as to how to facilitate the learning of students who are struggling to learn, and both departments are recognized as being essential to students’ academic development.

“Math is not an afterthought at Benchmark,” Cindy Whittle notes. “The program is designed to meet the needs of each individual student. In a typical elementary school, the same teacher usually teaches math, social studies, and language arts. There might be 25-30 students in a classroom and a set number of chapters in a textbook that must be covered in the course of a year, no matter how well the students understand the concepts. In that situation, students who are struggling can easily get left behind. At Benchmark, there is a team of math specialists who only teach math and they design instruction that is tailored to the student. It really is quite amazing.”

Many people may be unaware that in the late 1980s Benchmark School was the only elementary school in the nation to receive a grant from McDonnell Foundation to study original and innovative math and science programs. Participation in this study was instrumental in firmly establishing the conceptually-based focus of Benchmark’s content area instruction. Related to math at Benchmark, a conceptually-based focus means that while the school values helping students develop computational skills, the central focus is on helping students develop a deep understanding of the concepts and principles that underlie computation as well as the strategies that facilitate the flexible and creative application of those concepts and principles to problems and tasks involving math.

As a result of its conceptual focus, Benchmark math instruction does look different than typical elementary and middle school math instruction. For example, as part of this emphasis, flexible thinking, open-mindedness, and the appreciation of multiple perspectives are extremely important. “One of my overarching goals is to get students to recognize that there are multiple ways to present the same information,” notes Math Specialist Amy Cuthbertson. “We work to not only help our students build their knowledge, but to deconstruct knowledge. If they are given a problem that can’t be solved right away, they can break it apart, analyze it, and use what they already know to figure it out. In other words, there is a much greater goal than simply helping students arrive at the right answers.”

“It’s not that we don’t do anything typical in math class,” Amy adds. “We do. It’s just that our main emphasis is on creating strong students and thinkers. If you can think and reason and you understand the principles behind the numbers and formulas, you are in an excellent position to solve any problem.”

She points to her fifth grade level class and their unit on fractions as an example of a conceptually-based approach in action. “They had completed a unit on decimals and they had a general intuitive understanding of percentages. I began making the connections between fractions, decimals, and percents. It was important to me that they realized that fractions, decimals, and percents were essentially the same things, just presented in different ways. I provided the students with a combination of fractions, decimals, and percents and they had to put them in order. We worked really hard to build the concept of what these numbers were before we even applied them to a computation, because if students understand what the numbers really are, then they can reason through a problem involving any of these concepts.”

Benchmark’s conceptually-based approach is consistent with the recommenda-
“When people ask me what is the best school I have seen in action, my go-to school is Benchmark. It is incredible and without peer.”

Steve Graham, Currey Ingram Professor of Special Education and Literacy, Vanderbilt University

Students who attend Benchmark arrive with labels such as dyslexia, auditory processing difficulties, ADD, ADHD, executive functioning difficulties, or language-based learning differences. From this starting point, Benchmark develops a profile of each student’s strengths and challenges and uses this understanding as a basis for individualized instruction. Benchmark graduates are self-advocates who take charge of their own learning and meet with success in public and independent high schools, college, and beyond.

Learn to Soar at Benchmark Summer Camp!
July 1 to August 2        Ages 6-12
Develop reading and writing skills and gain confidence and self esteem.
Half-day and Full-day Programs include team sports, arts, science discovery, swimming.
Math tutoring available
The contradictory images of stimulant medication conferring either no benefit or major benefit must be truly dizzying for the reader not familiar with the proper diagnosis and treatment of A.D.H.D.

But those of us who work in the pediatric mental health field see every day that stimulant medication properly used can help improve achievement and behavior in children and adolescents with bona fide A.D.H.D. Stimulant medication helps them curb impulsivity and sustain attention so they can function better in both social and academic contexts.

Medication is but one part of a program that should include education about the condition, psychotherapy, tutoring and, most important, coordination among all significant players in the child’s life (family, school, doctors, academic tutors).

With all the challenges impinging on effective treatment of A.D.H.D., the task may seem next to impossible to accomplish, but despite these obstacles, we should not be dissuaded from finding creative ways to meet the needs of these children.

FRANCES C. SUTHERLAND  Bryn Mawr, Pa., Dec. 3, 2012

The writer is a psychologist who works with children and their families on attention deficit disorder and learning disabilities.

READERS REACT:

In my 17 years as a school social worker in the South Bronx, I saw many children medicated for A.D.H.D. It made them more docile and compliant. Often it made them into “zombies.”

Medication is one way to make rambunctious children fit in with the system, but it is not meeting the needs of these children. It is meeting the needs of the classroom. For that reason parents are often advised to give the medication only during the school year and not during the summer months.

The history of medicine is replete with medications that cause serious problems in the distant future. In other words, we may be harming the children both now and in the future.

Many good teachers have found creative ways to help children without medication. And if the schools would include more periods of gym every week, that might reduce the “need” for medication.

There are no blood tests, biopsies or X-rays to make a definitive diagnosis of A.D.H.D. What one doctor sees as A.D.H.D. another doctor may see as something else. The diagnosis itself has an element of subjectivity.

HELEN STEINMAN  Scarsdale, N.Y., Dec. 6, 2012

I received a diagnosis of A.D.H.D. in second grade and was never medicated. As I reached middle school, the symptoms became more and more apparent. I was impulsive, rarely taking the time to consider the consequences of my actions. My grades slipped, and I began to get into serious trouble at school. By the time I was in ninth grade, I was using drugs and alcohol, and a year later I was kicked out of private school.

Despite all of this, our family therapist refused to consider stimulant medication as an option. She opted instead for antidepressants and antipsychotics.

A stimulant called Adderall turned my life around. At 18, I suddenly found myself able to focus and excel in all my classes. I graduated college cum laude and am now applying to medical school.

Stimulants are misused and abused like dozens of other prescription drugs. That fact does not negate their value in treating children with A.D.H.D.

Studies have found the incidence of A.D.H.D. in prison populations to be as high as 40 percent. When one looks at the symptoms of untreated A.D.H.D., those numbers shouldn’t be surprising.

ALEXANDER M. BUSKO  Miami, Dec. 5, 2012

I applaud Dr. Sutherland for addressing the inconsistencies, stereotypes and distortions that the media have too often brought to bear on the subject of A.D.H.D. I am a child psychiatrist and psychotherapist who uses medication in what I

(Continued on page 13)
believe is a thoughtful and judicious manner. When medication does appear to be a potential tool for treatment, I work closely with children and parents to examine the pharmacological options, potential risks and side effects. Like most of my colleagues, I use as little medication as possible and constantly re-evaluate my patients for the possibility of reducing or discontinuing medication. I work collaboratively with schools and other providers to look at additional treatment options and to offer a coordinated “net.”

There is much excellent neurological data to support a biological foundation for the true diagnosis of A.D.H.D. Like other diagnoses in the field of child (and adult) psychiatry, A.D.H.D. has passed in and out of fashion and been over applied. This does not, however, negate the true and disabling nature of the disorder.

The judicious and supervised use of stimulant medication (along with proper and coordinated supports in other areas of the child’s life) can be truly lifesaving, as many of my patients — and their parents — would affirm.


Some of the conflicting opinions about A.D.H.D. are due to widespread lack of awareness about how research has changed our paradigm for understanding it. For decades this disorder has been seen as essentially a behavior problem of children who were hyperactive and had difficulty in listening. Over the past decade scientific research has demonstrated that A.D.H.D. is essentially a developmental impairment of the brain’s cognitive management system, its executive functions.

Many children and adults who suffer from A.D.H.D. are very bright and have never had any behavioral problems. They have chronic difficulty in focusing on many important tasks of daily life, yet they can focus very well on a few tasks that hold strong personal interest for them. This makes it appear that A.D.H.D. is simply a lack of willpower when, in fact, it has now been shown to be a complex inherited problem with the dynamics of the chemistry of the brain.

THOMAS E. BROWN  Associate Director, Yale Clinic for Attention and Related Disorders  Hamden, Conn., Dec. 6, 2012

I am sure that there are many children for whom drugs are the only solution to facilitating a better life. But I am equally sure that there are millions of others, particularly young boys, for whom our current system is not working — and medicating them to make them fit in could have serious consequences for their future. After all, the truth is that doctors don’t know why Ritalin works.

I raised a stepson who received a diagnosis of a learning disability and A.D.H.D. in second grade. Medication was recommended before other therapies were even tried. We never got help with how to teach him to cope with his differences — what to do when he got frustrated or needed to take a break to clear his head. I also found it frustrating that school did not provide more outlets for an active mind. Our public schools put too much emphasis on making kids conform.

Drugs can be helpful but are not the answer. Kids come in all shapes, sizes and abilities. We need a more flexible system to help them.

KIRSTEN BARR  Cameron, Ontario, Dec. 5, 2012

It is important to remember that A.D.H.D. is not a “real” disease in the way that diabetes and asthma are. A.D.H.D. is a constellation of symptoms of dysregulation of attention, emotion and behavior.

Stimulant medication may, at least in the short term, relieve these symptoms. But we need to be asking: What is the cause of these symptoms? In other words, what is the experience of this particular child and family?

In the fast-paced world of pediatric primary care, where these medications are commonly prescribed, this question receives minimal attention. There may be immediate symptom relief. The motivation to address the more complex issues is often lost. But if the underlying cause is not addressed, within a few months symptoms often recur. The exclusive focus becomes adjustment of medication dose.

Borrowing a phrase of the pediatrician and psychoanalyst D. W. Winnicott, the child’s “true self” may be lost.

(Continued on page 28)
psychological knowledge in order to tailor their instructional decisions to their students’ needs and thereby maximize their students’ growth toward independence. When you see them in action, it is clear why the research literature consistently demonstrates that it is teachers rather than programs that ultimately make the difference in students’ performance. In addition, it is clear why educational leaders such as Dr. Linnea Ehri, Distinguished Professor of Educational Psychology at the City University of New York and one of the world’s leading experts on how children learn to read and spell, says, “Benchmark School offers education at its best…Students who are lucky enough to attend this school will have a decided edge in their academic background, capabilities, and motivation to learn and achieve.”

While the teachers are at the core of the success of our program, the instructional framework is important, too, as it is what structures our academic decisions. Given that our instruction is grounded in research and the research literature is constantly expanding, our instruction is constantly evolving as well. Teachers are consistently adding new ideas to their instructional toolkits to be integrated and applied as appropriate. At the same time, all innovations fit within the four pillars that frame our instructional program. These four pillars related to what the research literature has demonstrated over time are critical to the development of successful students. To be successful students need: (1) the confidence and motivation to move thoughts into actions, (2) the cognitive strategies to facilitate thoughtful actions, (3) the conceptual knowledge to provide a foundation for learning and thinking, and (4) the self-regulatory knowledge to flexibly and creatively apply all of these components to meet the demands of the current situation.

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*Robb Gaskins, Ph.D., Head of School*
Uncovering the Mysteries of Dyslexia: Closing the Gap Between What We Know About Dyslexia and What We Do in Our Schools and Classrooms

Dr. Lyon recently completed his academic career at Southern Methodist University where he served as a distinguished professor of Education Policy and Leadership and as the Associate Dean of the Annette Caldwell Simmons School of Education and Human Development. He continues his role as a distinguished scholar in Neuroscience and Cognition at the University of Texas, Dallas where his research is focused on brain-behavior studies of PTSD and Traumatic Brain Injury among combat veterans and reasoning and problem solving behavior.

Uncovering the Mysteries of Dyslexia: Closing the Gap Between What We Know About Dyslexia and What We Do in Our Schools and Classrooms. How do we learn to read and why do some of us have difficulty doing so? How do we close the gap between what we know scientifically about dyslexia and the practical implementation of that knowledge to prevent and remediate unexpected reading disabilities? This presentation will address these questions with a focus on integrating and translating current findings from the bio-behavioral and implementation sciences and their application to the preparation of teachers, leaders, and instructional practices.

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Program applications, or “apps,” for the iPad, continue to be a hot area of assistive technology for students with dyslexia and other learning differences. In previous articles, I have looked at some apps that are primarily designed for use by students as accommodations for reading and writing (text-to-speech, speech-to-text, graphic organizers), or as study aids (note-taking, flash card creation). Apps for use in direct instruction are also numerous, and recently, the IDA website has added a resource page specifically devoted to “iPad Apps for Literacy Instruction.” http://www.interdys.org/iPadAppsforLiteracyInstruction.htm

Advantages of the iPad are presented by Elaine Cheesman, Ph.D., University of Colorado, as well as guidelines for selecting among the daunting, and ever growing, number of choices. Helpfully, the site also describes 18 apps that were tried out and found useful. A few of these are designed for independent student use in the classroom, but most are designed for interactive, instructional use between a teacher/tutor and an individual or small group of students. Costs are reasonable and range from free to about $25; most of these apps are also compatible with the iPhone or iPod Touch.

I asked one of our more tech-savvy instructors at The Reading Connection to select several of the apps that might be applicable for use in our clinic. Here are four that she chose, with a summary of their pertinent features:


Target: emerging readers; handwriting, beneficial for preschool-early elementary

Highlights:
- practices handwriting, phonemic awareness, word association, numbers, counting
- upper and lower case letters
- animation (train, grass growing) shows how to write the letters/numbers
- tracks student progress
- 2 levels- higher level has more games and free-form writing

Three steps:
1. Tap the letter- traces for you
2. Trace yourself over the visible letter
3. Letter disappears, write on own


Target age/range: emerging reader, preschool, Kindergarten

Highlights:
- audible sounds/words/sentences
- a song to go with each phoneme
- 15 mini books practicing a specific phoneme (vowels, syllable types)
- after reading the book - activities related to the phoneme (fill in the blank, matching, videos)
- goes at the pace of the reader- need to tap each word to be read aloud
- neat graphics/pictures

**Word Wizard - Talking Movable Alphabet & Spelling Tests for Kids - $2.99**

Target: younger reading/spelling students

Highlights:
- audible, movable alphabet has many uses for teaching
- can pronounce and spell-check unlimited words
- upper and lower case letters
- voice transformer for fun – can change speed and tone
- can change voice type (two US voices & two British voices)
- spelling assessments- 184 pre-made lists or customize your own

(Continued on page 21)
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Pennsylvania Families Statewide
Join Together to Help
Students Struggling With Dyslexia

*Decoding Dyslexia PA: United We Stand*

Parents from across Pennsylvania whose children struggle with dyslexia and other language-based learning disabilities have come together to form *Decoding Dyslexia PA* (DDPA). We are a grassroots movement dedicated to building awareness about dyslexia, empowering and supporting families, and promoting public policy changes to ensure proper identification, educational interventions and support are made available to affected students in Pennsylvania schools.

Originally started by families in New Jersey, Decoding Dyslexia now has chapters in 21 states. *Decoding Dyslexia PA* is a part of this remarkable wave of parent-driven advocacy. The group’s efforts are sparking awareness nationwide for the need to identify dyslexia as early as possible, pre-service and in-service teacher training, and implementation of evidence-based remediation programs for students with dyslexia in our public schools.

For more information about *Decoding Dyslexia PA* or to join this movement, contact us on any of the links at the top of this article. Join us and help improve our children’s education!

E-Mail: tinamarie@decodingdyslexiap.org
Facebook: Decoding Dyslexia PA
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- Has your child been diagnosed with a language-based learning disability, like dyslexia?

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- Assistive Technology / Computers
- Reading Comprehension
- Organizational Skills
- Time Management
- Reading / Writing
- Listening Skills
- Social Interaction

Call us to find out more about summer learning. Registration forms available at www.hillsideschool.org.
Q: What can parents do for their dyslexic children at home?

A: If your child is diagnosed with dyslexia, a specific learning disability, the most important thing a parent can do is “take the lead and actively create change,” according to Dr. Sally Shaywitz, one of the world’s leading experts on reading and dyslexia. In her book *Overcoming Dyslexia*, Dr. Shaywitz goes on to say, “the struggling reader needs someone who will not only believe in him but will translate that belief into positive action by understanding the nature of his reading problem and then actively and relentlessly working to ensure that he receives the reading help and other support he needs.”

One of the first things the parent of a dyslexic child can do is to find out as much as they can about dyslexia; what causes it, how to identify it, and how to overcome a reading difficulty that affects one in every five children in America. *The Everything Parent’s Guide to Children with Dyslexia* and *When Your Child Has Dyslexia* by Abigail Marshall, *Straight Talk About Reading* by Susan Hall and Louisa Moats, and *Overcoming Dyslexia* provide parents with the information they need to advocate for their child and to help their child become a good reader.

Although teaching a dyslexic child to read is a complicated, multifaceted task that requires the skill and knowledge of a highly qualified professional, there are things you can do at home to practice and reinforce what your child is learning at school. Dr. Shaywitz suggests spending fifteen or twenty minutes, two to three times a week, “reinforcing selected basic skills that will make reading more understandable and ultimately more enjoyable for your child.” In chapter fifteen of her book, Dr. Shaywitz identifies several simple and useful activities that you can do at home with your child. The activities are organized into the following phases:

**Phase One:** Help your child develop an awareness of rhyme
- Read rhyming stories and poems aloud to your child

**Phase Two:** Help your child to understand that spoken words can be broken apart into sounds
- Separate words into syllables - Clap the number of syllables in your child’s name, the days of the week and months of the year, Disney characters, etc.
- Separate syllables into phonemes (sounds)
  - Cut pictures out of magazines and paste them on index cards. Ask your child to identify the first sound in the name of the item in the picture. “Can you show me which one of these pictures begins with the ‘d’ sound?” “Can you show me which pictures begin with the ‘ssss’ sound like in *snake*?”
  - Following these activities, you can have your child group the pictures that have the same beginning sound or end sound. For example, say, “Show me all of the pictures of things that start with *mmmm*.”
- Play with words: Pull the sounds apart and push them back together, move the parts around within words. For example:
  - Say a word that contains two sounds as in *at, bee, egg, in, toe, hay, zoo*.
  - As your child to clap the number of sounds he hears.

**Phase Three:** Help your child practice linking letters- and letter groups- to sounds.
- Practice linking printed letters to sounds.
  - Using a set of plastic magnetic letters, practice saying the alphabet while pointing to the corresponding letters.
  - Practice learning the sounds of each letter.
- Practice blending letter sounds into words
  - Arrange two or three letters into simple words such as *at, cat, bat, in, pin, tin*. Say the sound of each letter as you point to the letter. Practice saying the sounds of each letter and blending them together into a word.

**Phase Four:** Once your child has been taught sight words at school, help him to memorize them at home.
- Say the word. Print each word on a colored index card. Ask your child to say it. Have her write it on the other side of the card as she says it out loud.
- Practice reading a few words at a time until committed to memory.

**Phase Five:** Help your child practice reading words in isolation and in simple sentences and books.
- Make lists of simple words that contain letters and sounds that he knows. Ask your child to read the words to you.
- Together with your child, make simple books containing words that he can read. Your child can draw a picture above

(Continued on page 22)
can customize word lists by uploading from other sources
tracks student progress

**Vocab Rootology HD – Greek and Latin Roots and Etymology** - $2.99


Target: standardized prep student, any student who would benefit from vocabulary practice

Highlights:
+ uses roots, prefixes, suffixes to learn meanings of words
+ uses flashcards
+ timed quiz drills (multiple choice)
+ game play atmosphere - fun for students
+ provides feedback in A-F/GPA graded calculations, “appropriate for more mature audiences”
+ neat graphics

According to the website, a future article in the quarterly *Perspectives* will expand on the advantages of using iPads in the classroom and provide additional information on iPad Assistive Technology.

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**Briefly Noted –**

In a previous issue (*Focus*, Fall 2012), I described the **Notebook Layout View** (part of Office for Mac) and compared it to the **Livescribe SmartPen** for classroom note-taking. Here is a similar program that works on the iPad and has received positive reviews:

**Circus Ponies NoteBook** - [http://www.circusponies.com/](http://www.circusponies.com/)
+ similar to Word Notebook, for note-taking synched with audio
+ works with Mac and iPad, and can be synched with each other
+ Academic version, $39.95

**Bookshare**, also previously reviewed, a resource for free online access to books and text-to-speech reading for qualified students, has announced that it now offers a **Web Reader** on its website. This improvement enables the reader to read/listen to a selected text directly from the website, eliminating the need to first download the book to the user’s computer, and then employ a text-to-speech program.

Thanks to Lauren Biase, reading instructor, for her help in researching this article. As always, comments and suggestions for future articles are welcome at thomasj343@aol.com.

*Tom Jennings, Psychologist, The Reading Connection*

(Vision Training, continued from page 6)

Despite the fact that the premise underlying vision training therapies is not valid and that scientific studies have not shown them to be effective, the list of vision training therapies continues to increase. While some studies seem to support the use of these therapies, this research is inadequate or flawed according to the AAP reviews. Perhaps for this reason, the AAP recommends that ophthalmologists not diagnose or treat dyslexia. Children with a learning disability in reading may need to be treated for vision problems, just as any child might, but the AAP suggests that ophthalmologists warn parents against the use of vision training or “ineffective, controversial methods of treatment” that “may give parents and teachers a false sense of security that a child’s reading difficulties are being addressed, may waste family and/or school time and resources, and may delay proper instruction.”

*John Kruidenier, Literacy and Technology Consultant, Kruidenier Education Consulting*
the words or sentence on each page. For example, “The cat. The fat cat. The fat cat in a hat.”

- Read a book to your child and sit with her as she practices reading it back to you. Choose simple books that are easy and fun to read.
- Practice reading with your child fifteen minutes each evening using a method called paired reading.

  + First, read a brief story or passage to your child.
  + Next, read the same story together with your child, two to three times.
  + Last, have your child read the story back to you.

In their book, Straight Talk About Reading, Susan Hall and Louisa Moats believe that “teaching a child to read is a shared responsibility between school and parents.” They believe the role of the parent goes beyond reading aloud to their children and teaching them the alphabet. In addition, they suggest that parents nurture their child’s interest in reading by providing positive introductions to reading, choosing appropriate books and encouraging the development of reading skills. They go on to recommend that parents take an active role in monitoring their child’s reading development by comparing their scores on reading assessments to grade level benchmarks.

Lastly, if your child’s reading skills aren’t developing on track with benchmarks, get involved! Advocate for your child by insisting that the school provide the specialized instruction she needs to become a good reader. In order to know what type of instruction your child requires, you will need to educate yourself on appropriate interventions, methods and programs. The books mentioned above will provide you with much of the information you’ll need to influence the school’s decision. Other important sources of information and support are the International Dyslexia Association (www.interdys.org), the Children’s Dyslexia Centers (www.childrenslearningcenter.org), and the National Center for Learning Disabilities (www.ncld.org).

Allison Enslein, Director, Center School, Abington, PA

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Coaches’ Corner:
Tips, Tricks and Thoughts surrounding Family Life with Learning Disabilities

Defining Values Helps Children
with Learning Disabilities and Their Families

Values help parents to be clear and consistent about expectations. When raising children with learning disabilities it is critically important for parents to be clear and consistent. Clear boundaries allow children to grow intellectually and emotionally. Boundaries help children feel safe. Safe and secure children are usually well-behaved children. Inconsistency erodes this safety. Understanding and living your family values puts everyone in your family in a clear place of understanding expectations.

A family with common values and common goals has a much better chance of feeling fulfilled and staying the course when the inevitable challenges show up. When you have a child that has learning issues, challenges show up regularly. Shouldn’t your family be prepared to weather the inevitable storms? Read on to learn about values and how they can provide both the glue to hold a family together and a strong, easily understandable parenting tool for kids with (and without) learning issues.

With the often lamented pressures of today - school, jobs, tutoring, activities, household chores, endless lists of things to be done, let alone your child’s learning issue that is ever present - we hardly have time to care for ourselves or the family unit. The “To Do” list can seem ever expanding. If we aren’t careful, our families can feel more like a group of people living together – always on the go - instead of a cohesive unit bound together by common qualities.

To counterbalance that reality, coaches often counsel parents, especially parents who have kids with learning issues, to discover or rediscover their values. Values are important because they provide the basis of setting goals for your child and your family as a whole.

A clear set of values sets your child up for success. A child with learning issues who is clear on his or her family’s values understands why his or her family makes the choices they do. Values bring clarity to everyday actions. In addition, you probably don't want anyone else to instill values in your children and you certainly don't want them picking up values by default!

Knowing family values can also de-emphasize our current pop culture portrayal of success being the straight A student. For many children with learning issues, this can mitigate the unrelenting pressure to “Get A’s” and add a broader mindset to the notion of success.

What is a Value?

Values are not morals. Values are not ethics. Values are those principles and qualities that matter to us, are intrinsic to us as individuals and are important to our sense of well being. Life is most fulfilling when we are consistently honoring our most important values.

Values act as signposts on our journey through life. Important life decisions are easier to make and outcomes are more fulfilling when the decisions are made through a matrix of well-understood personal values. Wouldn’t it be important for your child with LD to understand your family’s values in order to feel he/she is leading a successful life?

Family values represent your unique family make up, who you are as a family unit and your ultimate and most fulfilling way of being in the world. Our values help us know what it is to be true to who we are as a family. Often values are qualities to carry throughout our lives. Some examples of values are:

Honesty
Truth
Humor
Partnership
Productivity
Service
Contribution
Excellence
Free Spirit
Focus
Harmony
Accomplishment
Orderliness Success
Adventure
Zest
Tradition
Growth
Aesthetics
Participation
Collaboration
Community
Personal Power
Connectedness
Acknowledgment
Lightness
Spirituality Empowerment
Full Self-Expression
Integrity
Creativity
Independence
Nurturing
Joy
Beauty
Authenticity
Risk Taking
Peace
Vitality
Trust

(Continued on page 24)
For children who experience learning issues, having a strong family foundation with strong beliefs provides critical support. For them to know your family values helps them define who they are and how they can choose to act on a day-to-day basis. This is a key concept for children with learning issues as they are often challenged in one or more areas. Living in alignment with their family values will help them find success.

**Implementing Family Values**

The following steps to implementing family values are easy and enjoyable to follow with the added benefit of drawing your family closer through mutual understanding.

**Step 1**

The leaders of the family unit, the parent or parents (including those in a blended family), first decide on their family’s top values through discussion around what is important to the individual members.

To identify your values discuss:

- Peak experiences in your life and what made them that way.
- What frustrates you? This can be an expression of a suppressed value.
- What must you have in your life in order to be fulfilled?
- What do you obsessively express? This could be a hint to a value that is being expressed in the extreme.
- Invisible values are invisible to you but are honored so naturally that everyone else easily sees them. For example, are you neat and orderly? Do you need to get outside everyday? Those could be values you hold.

If you are challenged with this piece, any certified coach would be happy to help you clearly understand your values through interactive and reflective exercises.

Once parents are confident with their top four to six values (or more if you like), it is time to express those values through how you live them. Step into your life and consciously live these values out loud! For example, do you value honesty? Let your children see you correcting a price rung up incorrectly at the grocery store or correct yourself in front of them if you have made a mistake. It is this expression of your values that gives a family the solid quality necessary to weather any storm that may come along. Talking about your values is easy…living them makes them real. Do not introduce values to the children until you have them solidly in mind and have been living them for several weeks.

**Step 2**

Gather your family and hold a discussion around what a value is. Read to your children the information above describing values. Ask your children for input and examples of values they notice. Once you feel they are comfortable with the concept of a value, ask them which values they already hold. You will be surprised at their ability to grasp this concept. Most children are aware of values but don’t understand that they are one of the backbones of family structure. This knowledge will give them great comfort and direction.

As leaders of your family, share the values, which you have chosen to highlight. Ask for their opinion. Parenting isn’t a dictatorship; yet, you are the leader and should feel comfortable giving direction to this conversation. How do they feel about this set of values? Ask them if they think you missed any value that is really important.

Once the values have been agreed and settled on, ask how they can express these values on a daily basis. Share examples of how you regularly express these values.

Next, step a bit deeper into the conversation, sharing how you expect that these values will help them to make decisions in their life. As an example: if they want to play after school, but their homework isn’t done, are they expressing your family’s value of “work before play”? Think of other examples to share.

Values can be a springboard to managing behavior and expectations. Values create the big picture of what is expected from your children. The rules a family develops to support their values provide the specifics of how you expect everyone to act on a day-to-day basis.

Your child with learning issues has a new way to be measured as the attention is now placed on how he/she is acting versus what he/she is producing. Most parents who have children with learning challenges welcome this type of (Continued on page 25)
measurement.

The most common reason for negative behavior in children is inconsistent messages from parents. Expected behavior is much more predictable when you have adopted family values. By agreeing to the family values, a child self-selects to a certain set of behaviors to fulfill those values. The parent is no longer regulating punishment. Instead, the parent is clearly checking behavior as something all had previously agreed to. Children with learning issues often need this consistency and clarity. Family values deliver both.

Here are some experiential exercises to do with your family to enhance the family values you decide on:

- Explore everyone’s values individually in a family meeting. You have zoomed to the future on a rocket ship and are now 100 years old… You are sitting in a rocking chair on a porch with a huge crowd out in front of the porch. It is your birthday! They all are talking about you and what a wonderful person you are. What are they saying?

Having everyone share what he or she is thinking about this visioning exercise shows what is important to that individual. Share each person’s answers with the family and talk about it. Could any of these thoughts be incorporated into the family values?

- Post the family values somewhere prominent, like on the refrigerator. Read them often.

- Plan one night a week where everyone shares an example or two of how they honored the family values that week. Sunday night is a great night for this. It starts the week out on a good note.

**Bonus Idea:** The family meeting that has been created through this values discussion is very transferable to many everyday situations. How could you use this in your family today?

Values can be an important tool in raising your family. Experiment with them and see how they fit into your parenting toolkit!

*Becky Scott, CPCC, ACC, Family Coach*

*Nancy West, CTACC, Parent Coach and Member, International Coach Federation*

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**Benchmark Math, continued from page 10**

The school’s conceptual focus also has been an important part of the math teachers’ work with Dr. Kristie Jones Newton, Assistant Professor of Mathematics Education at Temple University. Dr. Newton’s involvement with Benchmark has been made possible by a gift to the school from The Peter B. Deakins Memorial Fund. As part of this collaboration, she has presented a series of workshops to the math department about a variety of topics and worked with the math teachers to design a cutting-edge curriculum related to the teaching of fractions, a particularly challenging area for most students. In fact, an article written by Dr. Newton and Benchmark Math Specialist Janice Sands about the newly designed fractions instruction appeared in an issue of *Mathematics Teaching in the Middle School* last year. Based on her work with the math teachers at Benchmark School, Dr. Newton concludes, “In fifteen years of working with mathematics teachers, I have never seen a group as skilled and dedicated to each student’s success as those at Benchmark. These teachers excel at all the best practices in mathematics education, and then they strive for more. Their professionalism serves as a model for all who are inspired to teach.”

Hopefully, it will not be long before Benchmark’s math program is as widely recognized for excellence as the school’s reading and writing programs are today.

*Robb Gaskins, Ph.D., Head of School, and Deborah Murray, Development Associate*
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Calendar of Events

May

Delaware Valley Friends School Admissions Open House, May 29, 9:00am—11:00am. Register at www.dvfs.org or Kathy Barry, 610-640-4150.

The Quaker School at Horsham Open House, May 21, 9:30am-11:00am, Contact info@quakerschool.org.

June

Delaware Valley Friends School Summer Program, June 24-July 26, 8:30 am to 12:15 pm. A 5 week intensive program for students entering 6th-12th featuring one-on-one instruction to help students advance their reading, writing and math skills. For application information, contact Kathy Barry, 610-640-4150 X 2160, Kathy.barry@dvfs.org.

Delaware Valley Friends School Admissions Open House, June 26, 9:00am—11:00am. Register at www.dvfs.org or Kathy Barry, 610-640-4150.

The Quaker School at Horsham Summer Enrichment Program, June 24-July 26, 8:30am –3:30pm. Five week program designed for children with learning differences who need help retaining and reinforcing skills in Language Arts, Mathematics and Social Skills. Academic enrichment in the morning and recreational program in the afternoon. Contact jgallagher@quakerschool.org.

Woodlynde School Open House, June 25, 8:45am, Register at www.woodlynde.org/openhouse.

Woodlynde School Informational Lunch for Professionals, June 27. Contact Ratka@woodlynde.org for more information or to R.S.V.P.

July

Benchmark Summer Camp, July 1-August 2, A five-week Summer Camp for students ages 6 to 12 who can benefit from reading and writing instruction beyond the regular school year, as well as enjoy the fun of a recreational day-camp experience. For more information call 610-565-3741, www.BenchmarkSchool.org.

Benchmark School Admissions Fall Open House, July 18, 9:00am-11:00am.

Wilson Fundations Level 1, July 2, 8:30am-3:00pm, AIM Academy. Register at kkeesey@aimpa.org.

Wilson Fundations Level 2, July 8, 8:30am-3:00pm, AIM Academy. Register at kkeesey@aimpa.org.

LETRS Workshop, July 15-17, 8:30am-5:00pm, AIM Academy. Register at kkeesey@aimpa.org.

Wilson 3-day Overview, July 16-July 18, 8:30am–3:00pm, AIM Academy. Register at kkeesey@aimpa.org.

Wilson Just Words Introduction, July 23–24, 8:30am-3:00pm, AIM Academy. Register at kkeesey@aimpa.org.

Delaware Valley Friends School Admissions Open House, July 17, 9:00am—11:00am. Register at www.dvfs.org or Kathy Barry, 610-640-4150.

Woodlynde School Open House, July 9, 8:45am, Register at www.woodlynde.org/openhouse.

Woodlynde School Informational Lunch for Professionals, July 11. Contact Ratka@woodlynde.org for more information or to R.S.V.P.

August

Delaware Valley Friends School Admissions Open House, August 14, 9am-11am. Register at www.dvfs.org or Kathy Barry, 610-640-4150.

(Continued on page 29)

Growing up, I had nothing but problems focusing in school. I simply could not sit in a chair for an hour and focus on a given task. With all the problems, all the trips to the principal’s office and to therapists, psychiatrists and child behavior experts, I never received an A.D.H.D. diagnosis.

That may be a good thing. I’m a working artist now and always wonder where my creativity would be if I had taken Ritalin every day as many of my friends were back in grade school and junior high.

I still have a hard time focusing, and I have always wondered what amphetamines really do to help. So I took 5 milligrams of Adderall from a friend and noticed the effects quickly. For once in my life, I could focus on a task and not look around the room and find other distractions. It was amazing. But I still worry that taking these types of stimulants on a regular basis is harmful to the brain.

LEIF MAGINNIS  Los Angeles, Dec. 5, 2012

I had the pleasure and challenge of raising two A.D.H.D. children, who are now wonderful adults. It was a total left turn in my life, and I would happily do it all over again.

I learned to see that the problem is not lack of attention, but rather not being able to choose to attend to one thing, to the exclusion of the smorgasbord of everything else that is competing for one’s attention. What medication does is to reduce the noise of competing distractions so that the child can focus on the task at hand. Once focused, it is possible to learn.

Hardest for me, as a parent, was knowing that there would be no quick fix. This wasn’t a scraped knee; as soon as relief sank in that my child’s worrisome behaviors had a name, I quickly discovered that I would be partnering with my child to overcome A.D.H.D. for years.

A.D.H.D. children, by the very nature of what makes them fit poorly into our industrial education system, can be incredibly creative, courageous, generous people. These children must always be considered as assets to our society.

A parent’s task is to keep them out of jail (a very real risk for impulsive young people) and to give them tools to be able to live a good life. The commitment may be tiring, but the reward is sweet: a child who becomes an adult who can walk tall and follow through on dreams, making choices without fear.

ANNETTE BLUM  Bel Air, Md., Dec. 5, 2012

THE WRITER RESPONDS:

Readers brought varied and strong views to the task of thinking about effective treatment of A.D.H.D. and the place of stimulant medication in that effort. Not surprisingly, the roles they assume with respect to the condition exert a powerful influence in shaping their perspectives.

As a mother of two children with A.D.H.D., Ms. Blum learned that “what medication does is to reduce the noise of competing distractions so that the child can focus on the task at hand.” As a stepmother of a child with A.D.H.D., Ms. Barr lamented, “We never got help with how to teach him to cope with his differences — what to do when he got frustrated or needed to take a break to clear his head.”

Two mental health professionals (Ms. Steinman, Dr. Cohen) provided contrasting pictures of stimulant medication in the treatment of A.D.H.D. As a pediatrician, Dr. Gold urged us to consider what the experiential causes of A.D.H.D. might be. And as a college student, Mr. Busko experienced dramatic improvements in academic achievement following treatment with stimulant medication.

By drawing on current neuroscience, which emphasizes that A.D.H.D. is a developmental impairment in the brain’s cognitive management system, Dr. Brown clarifies how common explanations for the condition (such as “lack of willpower”) contribute to the continuing misunderstanding and mismanagement of A.D.H.D.

Implicit in each of these perspectives is the discovery that going beyond simplistic, cursory approaches to understanding
and treating A.D.H.D. is essential if true lasting improvements are to be had. In Mr. Busko’s case, stimulant medication made a world of difference, but I suspect that the difficulties he experienced over the course of his life were instructive and galvanized him to excel once he was able to sustain focus.

And finally, Dr. Gold challenges us to look beyond the immediate, observable symptoms a child shows in order to make sure that any treatment protocol is inclusive: of the child, the family and the dynamics affecting both.

The range of viewpoints and experiences expressed make it abundantly clear just how daunting yet worthwhile it is to grapple with the complexities of treating A.D.H.D. effectively.

As mothers, Ms. Blum and Ms. Barr had to hash out how best to define the condition and how to provide supports for their children even as they were recognizing the benefits and limitations of what medication provided. In their attitudes toward stimulants as mental health professionals, Ms. Steinman’s misgivings and Dr. Cohen’s vigilance underscore the need to scrutinize their efficacy, while Dr. Brown invokes insights from neuroscience to refine our understanding of A.D.H.D.

And finally, Dr. Gold challenges us to look beyond the immediate, observable symptoms a child shows in order to make sure that any treatment protocol is inclusive: of the child, the family and the dynamics affecting both.

The range of viewpoints and experiences expressed make it abundantly clear just how daunting yet worthwhile it is to grapple with the complexities of treating A.D.H.D. effectively.

FRANCES C. SUTHERLAND  Bryn Mawr, Pa., Dec. 7,
Collaboration with Hillside School:
March 12th PBIDA and the Hillside School, in Macungie Pennsylvania, presented the first *Experience Dyslexia* simulation in the Allentown area. Parents and educators listened to an informative presentation on dyslexia, participated in six stations mimicking the experience of learning as a dyslexic, and had the opportunity to ask questions of a panel of a psychiatrist, the head of a school for students with learning disabilities, educators, and college students with dyslexia. Other simulations were held on April 17, at AIM Academy, and May 6 at Wilmington Montessori School.

Collaboration with the Public Interest Law Center of Philadelphia:
On March 19th, The Public Interest Law Center of Philadelphia held a presentation on *Children with Specific Learning Disabilities, Dyslexia, and Calls for Reforming Special Education*. Nanie Flaherty, PBIDA Board member and volunteer, joined Sonja Kerr, Senior Attorney and Director of Disabilities Rights at the Law Center, for this event. The presentation for attorneys, education professionals and parents addressed the research and demographics of dyslexia, the interventions that make a positive difference, and the legal aspects surrounding the needs of children with dyslexia and other learning disabilities (Attention Deficit Hyperactivity Disorder (ADHD) and non-verbal learning disabilities). This was one of a series of monthly Special Education Seminars held by the Law Center. For upcoming events and to find out more about the excellent and high impact work done by the Law Center, go to their website, [pilcop.org](http://pilcop.org).

Delaware Valley Association for the Education of Young Children (dvaeyc):
April 12 and 13th, dvaeyc held its annual conference, this year titled *The Joy of Teaching: Rekindling Our Passion for Early Childhood Education*, at the Pennsylvania Convention Center in Philadelphia. Cindy Solot (PBIDA Board Member, Co-Director of the Velopharyngeal Dysfunction Clinic of Children’s Hospital of Philadelphia and a speech-language pathologist), Susan Chaplick (PBIDA member and conference presenter, speech-language pathologist at the Bryn Mawr College Child Study Institute), and Nanie Flaherty (PBIDA Board member and clinical psychologist), presented a workshop on *Risk Factors for Dyslexia and Reading Difficulties in Preschool Children* to more than 70 interested attendants.
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