

Behavioral Resources And Institute for Neuropsychological Services

the BRAINS Express

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Addressing the learning needs found in the neuropsychological evaluation

Mary S. Rozendal, PhD,
Associate Educational Therapist

Tony was, in many ways, a typical 9 year-old boy. He loved playing outdoors and was always moving. However, school was a different story. No matter how hard he tried, Tony just was not learning to read. At home, he complained every time his parents tried to read to him. At school he worked with a special reading teacher, but the more he worked the more anxious he became. The teachers said he couldn't sit still to work on his worksheets or reading book more than 5 minutes before he would start fidgeting and wanting to get up to sharpen his pencil or go to the bathroom. Tony's parents were seeing their boy who loved learning about the outdoors, becoming more and more frustrated and anxious at school. They took him for a neuropsychological evaluation, which found that Tony was struggling with a visual processing disorder and anxiety, particularly about school. It was recommended that the family immediately start educational therapy.

Educational Therapy may be a new intervention approach for many families, but is a clinical teaching model that was brought to the United States from Europe in the 1940s. The field was inspired by the work, called heilpedagogie, of August Aichorn in Vienna. Special Education teachers who work in the field of Educational Therapy blend clinical and educational models of intervention. In 1979 a national professional organization, The Association of Educational Therapists (AET) was formed to oversee this growing area.

The AET defines an Educational Therapist as a "professional who combines both educational and therapeutic approaches for evaluation, remediation, case management, and communication/ advocacy on behalf of individuals with learning problems" (<http://aetonline.org>). What does this mean for families and for struggling learners?

Many families are turning to BRAINS for a full neuropsychological evaluation to understand the underlying causes for their student's learning struggles. This provides families and schools with detailed information about the student, but schools may not be able to provide the services to address the needs. Educational therapy, on

BRAINS is now offering services in Grand Haven through association with Generation Care:
www.generationcare.org

Dianne Bruursema, LMSW, ACSW

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Individuals Served at BRAINS: Adults, Adolescents, Couples, Family, Pediatrics—Early Childhood

Therapy Services: Neuropsychology, assessment, counseling, social work, couples, groups, Occupational, Physical, Speech Therapies, Neurofeedback, Psychiatry, CITY Program, MAPSS Program: onsite educational therapy and tutoring, auditory processing interventions

Edited by: Adrian Lopez



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the other hand, with its clinical and educational approach to individualized intervention, is able to help. Educational therapy interventions are designed based on the following processes:

- 1) Formal and informal educational assessments
- 2) Synthesis of information from other specialists
- 3) An understanding of the student's family/school/community/cultural context
- 4) Development and implementation of appropriate intervention programs for school-related learning and behavior problems
- 5) Strategy instruction to address social, emotional, and academic aspects of learning problems
- 6) Formation of supportive relationships with the student and all others involved in his/her educational development
- 7) Communication between the student, family, school and other professionals involved with the student (Ungerleider, D. & Maslow, P., 2001).

The current trend in school-based special education services for students is to only provide assistance with students' academic (reading, writing, math) skills. All special education categories include a provision that states students must demonstrate an academic need to receive any support services. In addition, in the Kent county school districts (and many other districts in West Michigan), students now have to show a pattern of academic strengths and academic weaknesses to be eligible for services under a learning disability category. So students who are gifted intellectually, but due to a learning or processing difficulty are managing to only achieve

average grades would not qualify for any intervention services to help them work up to their potential. They would not be demonstrating an "academic need" based on their grades and test scores. Alternatively, students who are struggling to learn in all areas and not meeting any "strength" criteria may also not be eligible for special education services.

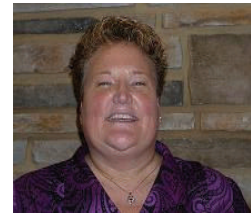
Educational therapy does not simply work on students' reading, writing, and math skills. It is an intervention approach that works to build students' processing skills, address the emotional and behavioral difficulties that come with struggling in school, and strategically teach the skills and strategies needed to become a successful learner.

To learn more about the Association of Educational Therapists, visit their website at <http://aetonline.org>.

For more information, contact Dr. Mary Rozendal with EnCourage Institute for Teaching and Learning (616-530-2224 or by email:

mary@encourageinstitute.com) or visit our website at <http://encourageinstitute.com>

Reference: Ungerleider, D. & Maslow, P. (2001). Association of Educational Therapists: Position Paper on the SAT. *Journal of Learning Disabilities*, 34, 311-314.




How Can You Tell if a Child is Being (Or Has Been) Sexually Abused?

Diane Bruursema, LMSW, ACSW, CAAC

Children who have been sexually abused may display a range of emotional and behavioral reactions, many of which are characteristic of children who have experienced other types of trauma. These reactions include:

- An increase in nightmares and/or sleep difficulties
- Withdrawn behavior
- Angry outbursts
- Anxiety
- Depression
- Not wanting to be left alone with a particular individual(s)
- Sexual knowledge, language, and/or behaviors that are inappropriate for the child's age

Many children who have experienced



2845 Wilson Ave. SW, Ste. D,
Grandville, MI 49418
616-530-2224

The logo for Encourage Institute for Teaching and Learning features a stylized blue book icon with three white stars above it. Below the icon, the word "ENCOURAGE" is written in a large, green, sans-serif font. Underneath that, "Institute for Teaching and Learning" is written in a smaller, blue, sans-serif font. The contact information is listed below the logo in a black, sans-serif font.

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sexual abuse show behavioral and emotional changes, many others do not. It is therefore critical to focus not only on detection, but on prevention and communication-by teaching children about body safety and healthy body boundaries, and by encouraging open communication about sexual matters.

Why don't children tell about sexual abuse?

There are many reasons children do not disclose about being sexually abused, including:

- Threats of bodily harm (to the child and/or the child's family)
- Fear of being removed from the home
- Fear of not being believed
- Shame or guilt

If the abuser is someone the child or the family cares about, the child may worry about getting that person in trouble. Also, children often believe that the sexual abuse was their own fault and may not disclose for fear of getting in trouble themselves. Very young children may not have the language skills to communicate about the abuse or may not understand that the actions of the perpetrator are abusive, particularly if the sexual abuse is made into a game.

Tips to help protect children from sexual abuse

- 1) Teach children accurate names of private body parts.
- 2) Avoid focusing exclusively on "stranger danger". Keep in mind that most children are abused by someone they know and trust.
- 3) Teach children about body safety and the difference between "okay" and "not okay" touches.
- 4) Let children know that they have the

right to make decisions about their bodies. Empower them to say no when they do not want to be touched, even in non-sexual ways (e.g., politely refusing hugs)

and to say no to touching others.

5) Make sure children know that adults and older children never need help with their private body parts (e.g., bathing or going to the bathroom).

6) Teach children to take care of their own private parts (i.e., bathing, wiping after bathroom use) so they don't have

to rely on adults or older children for help.

7) Educate children about the difference

between good secrets (like surprise parties-which are okay because they are not

kept secret for long) and bad secrets (those that the child is supposed to keep secret forever, which are not okay).

8) Trust your instincts! If you feel uneasy about leaving a child with someone, don't do it. If you're concerned about possible sexual abuse, ask questions.

What should I do if my child has been sexually abused?

Your reaction to the disclosure will have a big effect on how your child deals with the trauma of sexual abuse. Children whose parents/caregivers are supportive heal more quickly from the abuse.

To be supportive, it is important to:

Stay calm. Hearing that your child has been abused can bring up powerful emotions, but if you become upset, angry, or out of control, this will only make it more difficult for your child to

talk and disclose.

Believe your child. Let your child know that he or she is not to blame for what happened. Praise your child for being brave and for telling about the sexual abuse.

Protect your child by getting him or her away from the abuser and immediately report the abuse to local authorities (Police, 911, Child Protective Services).

Get help. In addition to getting medical care to address any physical damage your child may have suffered, it is important that your child have an opportunity to talk with a mental health professional that specializes in child sexual abuse. Therapy has been shown to successfully reduce distress in families and the effects of sexual abuse on children, many communities have local Children's Advocacy Centers that offer coordinated support and services to victims of child abuse.

Reassure your child that he or she is loved, accepted and an important family member. Don't make promises you can't keep (such as

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you won't tell anyone about the abuse). Let your child know that you will do everything in your power to protect him or her from harm.

Keep your child informed about what will happen next, particularly with regard to legal actions.

RESOURCES:

The National Child Traumatic Stress Network: www.NCTSN.org

The National Child Abuse Hotline:
1-800-4-A-CHILD (1-800-422-4453)

Listing of local Children's Advocacy Centers state-by-state-:

www.nca-online.org

www.Hope4families.com

(Educational programs)

U.S. department of Justice Statistics:
www.ojp.usdoj.gov

"It's my body: A book to teach young children how to resist uncomfortable touch".

Freeman, L. (1987) Seattle, WA.:
Parenting Press (Ages 3-8)

Part three of this series will focus on health sexual development in children and educating our children about sexual issues. It is important to know what to teach and when regarding basic information and safety information.



A New Park Celebration!

Jodi Burck, The Coopersville Observer

It began with a swing and a parent's desire to take all three of her children to the playground. Over the past two years, Kara Tiethof's wish has grown into what organizers hope will become



a major attraction for area families, especially those who have children with special needs.

On July 4th, officials from the Great Start Parent Coalition, Ottawa County Health Department and Allendale Township celebrated the installation of nearly \$17,000 of new, handicap-accessible equipment at the playground in Allendale's Community Park.

Between noon and 2 p.m., children and their families were invited to the park to try out the equipment, play with sign language stamps and learn to say their names in sign language. Assorted giveaways and educational materials were also available.

Made possible with grants from the Michigan Department of Community Health, GameTime, several Allendale Community Foundation funds and other donations, the playground now includes a special needs swing, a raised sandbox so children in walkers and wheelchairs can play alongside other children, elevated play structures that are handicap-accessible, and sensory drums.

While the new equipment is specifically designed to accommodate children with a variety of disabilities, all children can use it.

"This allows families, whatever their situation, to come out and play together," Great Start parent liaison Chista Thelen said.

Nearly two years ago, when Tiethof first shared her wish with Allendale Township officials, as well as with her fellow members of the Great Start Parent Coalition, it quickly became clear that she was not alone in her struggle to find a place where her oldest son, who uses a wheelchair, could play with his little brothers.

Most parks include some accessible features, such as sidewalk curb cuts, wheelchair accessible restrooms and a piece or two of play equipment, but children who have disabilities often struggle to join in with the fun with other kids because their play sites may be isolated or the other areas may be inaccessible because the bark or gravel surfaces are impassable if they use wheelchairs and strollers.

Once the need was brought to her attention, Allendale Clerk Candy Kraker

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self-harm, depression, and eating disorders. The positive and encouraging advice gives those with AS the guidance to safeguard themselves from emotional and physical harm, and live happy and independent lives.



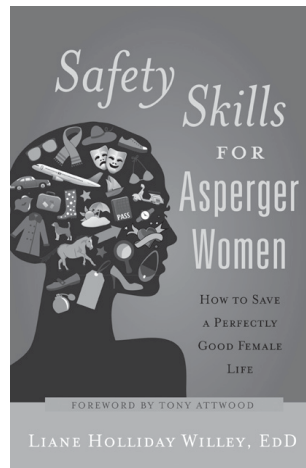
Safety Skills for Asperger Women

How to Save a Perfectly Good Female Life

Liane Holliday Willey, EdD

Life with Asperger Syndrome can be a challenge at the best of times, and trials and tribulations that neurotypicals take in stride can leave Aspies perplexed and unsure of how to solve problems and keep themselves safe, both physically and emotionally.

Liane Holliday Willey explores the daily pitfalls that females with AS may face, and suggests practical and helpful ways of overcoming them. The focus throughout is on keeping safe, and this extends to travel, social awareness, and general life management. With deeply personal accounts from the author's own experiences, this book doesn't shy away from difficult issues such as coping with bullying,



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Introduction—A Message from the Executive Director

Adrian Lopez

Most people that have experience with BRAINS would tell you that we strive to do the best for our patients. That we are always looking for ways to solve the most challenging situations, and then finding the solutions. The stories that inspire and give hope, that is what makes this organization so great! Those are the key values that we hold dear and will continue to build on as our organization progresses.

I would like to introduce myself, I am the newly appointed Executive Director at BRAINS. I am honored to be leading this organization and the great people that make this all work. I also want to thank everyone that has been involved with supporting BRAINS and the BRAINS Foundation.

I look forward to a bright future and am happy to make an official introduction to the community. Please let your friends and family know we are hear to help and I wish all the best.

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Fall Fundraising Kick Off The Giving Tree

Brenda Sipe of Kendall College of Arts and Design of Ferris State University and the BRAINS Foundation, have teamed together to create a magnificent giving tree. The tree is ready to start receiving leaves of giving for our fall fundraising kick-off.

The tree leaves and base plate plaque offer opportunities for various levels of giving.

Giving Levels:

Bronze leaf - \$100-\$249
Silver leaf - \$250-\$499
Gold leaf - \$500-\$999
Tree plaque - above \$1,000

For each giving level, a leaf with your name or organization will be created and placed on the tree, filling the tree with leaves to acknowledge your generous support. You will also receive a tax deductible receipt for your contribution.

The BRAINS Foundation is an IRS Tax Exempt Organization.

Non-Profit Tax Identification Number: 37-1545165



BRAINS Foundation



We appreciate you joining us to support ongoing services!

Services Currently Offered through the BRAINS Foundation:

- Neuropsychological Evaluation
- Psychological Assessment
- Learning Disability Evaluations
- Counseling
- Behavioral Consultation

Additional services are anticipated as funding makes the opportunities possible.

Year in Review

The BRAINS Foundation is reaching families with medical or mental health concerns influencing neurocognitive, emotional and/or behavioral abilities who would otherwise not be able to receive the help they need. The families receiving services have had to eliminate anything beyond their primary needs such as meals and housing. Yet by not receiving the current services available, they are at very high risk for discipline problems, learning disorders, dropping out of school, illegal activity, severe mood disorders, or becoming disabled. We are fortunate to be able to help West Michigan.

Statistics about Qualifying Individuals:

- Average Annual Income for families served: \$13,923.79
- Average # of members in family = 3.39
- Total Collections Resulting from Family Payments: \$2,930.00

Value of Services:

- Total Value of BRAINS Foundation Services to the Community and Those Served as a Result of Sliding Fee Scale: \$130,528.00
- Percent of Individuals Receiving No Cost Care: 84.75%

Donations can be mailed or brought to:

The BRAINS Foundation
3351 Eagle Run Drive NE, Ste B
Grand Rapids, MI 49525
Or visit