Centre for Family, Child and Adolescent Advancement

www.cfcaa.com

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Types of families served

Multi-problem families where

- child has significant school adjustment problems,
  - disruptive behaviour at home and
  - co-morbid disorders (developmental, medical, LD),
- parent(s) ostracized/excluded by school,
  - involved with CAS,
  - domestic violence,
  - poverty,
  - housing crisis.
Special needs of fathers

- Father assuming parenting role for the first time after mother departs
  - Children display significant emotional problems
    - Some with a prior history of abuse
  - Lack of communication & family meetings
  - Executive functions of family not being attended to by Dad
  - Dad has significant emotional issues
Brain impairments

- Many parents had prior diagnoses of brain impairments including LD and FASD
- Several children had developmental anomalies (treated by school as if DH), probable but unconfirmed FASD,
Core Service Delivery Objectives

Competencies, Skills & Developmental

1) **Life Skills**: Safety/security; housing; health; Family schedule/organization/daily routine; Meals (nutrition, shopping, planning, organization, implementation); transportation; finances; laundry; cleaning/organization
Objectives (cont)

2) Parental relationship/skills: Attachment/bonding; communication skills; activities; appropriate discipline; conflict resolution

3) Social/community linkage support

4) Children: Academic readiness & support; problem identification/referral
Objectives (cont)

5) **Adolescents**: Problem identification/referral; academic support; vocational guidance

6) **Adults**: Problem identification/referral; Vocational guidance
Session #2 – agenda and goals

1. Background on the science of brain impairment and rehabilitation
2. Critical interventions, coaching and curricula
3. Assessment and Outcome Evaluation – tools
4. Theoretical basis of change
Cognitive Impairment/Disability - Definition

- A brain disorder that interferes with perceiving, remembering, integrating and/or expressing of language or other information.

- The basic senses of vision and hearing are fine.
Learning Disability (LD) - Definition

- A brain disorder that interferes with perceiving, remembering, integrating and/or expressing of language or other information.

- Persons with LD have Average or Above Average IQ/general cognitive ability but at least one poor academic skill (reading, writing, math, etc)
diagnosed when information processing difficulties cannot be explained by:

- environmental or cultural deprivation;
- English as a second language
- emotional difficulties
- medical problems
- hearing, visual or motor problems
General Information About LDs

- LDs are prevalent
  - 10% of Canadian Population have LDs
  - Representing 3,000,000 Canadians and over 360,000 Torontonians

- Male to Female Ratios
  - Commonly believed to be 2:1 ratio
  - Others say equal, but boys more frequently diagnosed

- Comorbidity Between LDs and ADDs
  - In Ontario, estimated that:
    - 80% of ADHD have LD; 30% of LD have ADHD
  - *Canadian Stats somewhat different (15%-20% of ADD have LD: much depends on procedures for identification and assessment)
Population at Risk in Employment

- Higher Rates of Underemployment & Unemployment

- More Difficulty Making It Through Work Probationary Period
  - Nichols (1997)

- Less Job Satisfaction
Population at Risk in Employment

- Less career maturity (elementary to college years)
  - Bingham (1978); (Biller, 1980a; Biller (1982). Mercado, 1983). grades 6, grade 9/10

- Problems - self-esteem, motivation, social adjustment
  - Meyen, Schiefelbusch, Deshler, Alley, Moran, and Clark (1980)

- Weaker work related social skills such as:
  - job interviewing skills
  - accepting criticism from an employer,
  - providing constructive criticism to a coworker
  - explaining a problem to a supervisor.
Sources of Cognitive/Learning Difficulties in the Aboriginal Community

- Environmental/industrial toxins (water, land, air)
- Occupational exposure (e.g. mining, mills)
- Genetic predisposition (strengths/weaknesses)
- Traumatic brain injury
- Fetal substance exposure
A Brief Lesson in Neuroanatomy

- Which do you think is the more challenged brain hemisphere in traditional culture/lifestyle?

- Which do you think is the more challenged in Western culture/lifestyle?

- What likely happens as the brain evolves over generations within a culture?
The Brain Slide

- Many studies have confirmed Aboriginal (and even “Bicultural”) have:
  - strong visual perceptual skills
  - Relatively weak English-based language skills
  - Describe traditional communication? (oral, non-written)
  - Language based LDs are diagnosed in the context of mainstream language (English/French)
  - How does Aboriginal language development occur in the brain?
Types of Cognitive/Learning Disabilities

- Nearly infinite: over 70 types and sub-types of LD alone
- Some people may have more than one LD concurrently
- Range from mild to severe
- Each person is affected differently
Common Types of LD

- Verbal Learning Disability (Language based)
- Visual-Perceptual Learning Disability (“Non-verbal”)
- Phonological (Speech-Sounds) Processing Deficits
- Math based
Challenges for People with CD/LD

- Testing/Challenges May Include:
  - Auditory & Visual Perception
  - Attention/Memory
  - Organization/Planning/Executing
  - Problem Solving
  - Motor Skills
  - Academic Skills
  - Social Skills
Summary of Common Aboriginal Learning Strengths

Aboriginal tradition and related brain evolution suggest preference for:

- Learning through observation
- Learning through demonstration
- “Hands on” learning
- Learning through doing
- Learning through practice
Temporal, Organizational, Problem Solving

Solutions:

- Use timers or verbal response as reminders
- Use family daily routine chart & central calendars
- Map information
- Allow extra time for travel
- Use alarms, timers, etc. as memory prompts
- Allow client to work at his/her own pace
- Allow extra time for processing
- Break task into component parts
- Provide structure and “sub goals”
Academic Problems

- General Example Solutions:
  - Provide information on tape
  - Provide a spell checker or a proof reader
  - Allow extra time for writing
  - Provide verbal instructions that are clear and simple
  - Demonstrate what needs to be done
  - Adaptive Technology Software may help
Social Skills Problems

- Difficulty assessing one’s impact on others
- Difficulty judging non-verbal body language
- Difficulty interpreting facial expressions
- Difficulty picking up social cues and acting accordingly
- Behaviours may appear impulsive
- When severe, due to personality/psychiatric/alternate disorder
Social Skills Problems

Examples:

- Standing too close
- Talking too loudly or too softly
- Inability to read facial expressions, gestures and/or tone
- When severe, often emotionally flat, inability to connect, disheveled
Social Skills Problems

Solutions:

- Avoid using sarcasm, say what you mean
- Don’t expect hints, body gestures to convey information
- Maintain eye contact, assure you’re understood
- Paraphrase information to convey the information
- Always model appropriate behaviour for the client, role-playing may be helpful (milder cases)
Non-Neurological Sources of Cognitive & Learning Difficulties

- Psychological trauma/abuse
- Family stress, conflict, instability, chaotic home
- Family break up
- Mental health condition (parent/child)
- Malnutrition/hunger
- Alcohol/substance abuse/dependence
The Major Types of Psychological Assessment

To assess/diagnose and recommendations for:

- Psychodiagnostic – mental health (MH) conditions
- Neuropsychological – cognitive/brain & MH issues
- Psychoeducational – learning disabilities
- Psychovocational – job/career considerations
- Neurovocational – job/career considerations for cognitively/brain impaired
Enhancing A Challenged Child’s Inner Being

- Be patient and understanding of their concerns
- Don’t think of them as lazy
- Remember that their difficulties will likely be reflected in low self-worth and distress, so work together
- Identify/help them identify & promote their strengths and interests
- Promote a balanced life in accordance with the Medicine Wheel
- Promote and foster all aspects of Aboriginal heritage, to the extent that you/they are comfortable, while showing acceptance of healthy neutral/non-traditional interests
Summary of Common Aboriginal Learning Strengths

Aboriginal tradition and related brain evolution suggest preference for:

- Learning through observation
- Learning through demonstration
- “Hands on” learning
- Learning through doing
- Learning through practice
- Likely, learning through nature/interactions
- Likely, learning personal challenge/ responsibility/ quest/self-discovery actualizing
Interventions

Mabinti Dennis
Advocacy: with social agencies and school

1. Attending IPRCs and meeting with school principal to identify bullying and special educational needs
2. Phoning Welfare and public health and obtaining services such as dental care, supplementary money for diets for medical reasons, fumigating the apartment, etc.
3. Case planning meeting with CAS and community agencies
4. Coordinating and supporting (by driving and providing emotional support) parents and children to medical specialists, such as those at HSC
Psychological Assessments

1. Assessing mothers who had lifelong disabilities such as LD and FAS, and helping the mothers to get into school again or obtain other supports

2. Providing adult psychotherapy by one of CFCAA psychologists

3. Assessing children who had severe difficulties in school and providing the reports necessary to access special education
Parent education (A)

1. Facilitation in home environment safety and stabilization (housing, food/nutrition/organizational management, etc.), using such techniques as:

2. Provide parents with personal diaries and assist them to schedule events for each child, including when to get them up, prepare breakfast, buy food, clean house.

3. Teach parents about their rights and show them how to obtain - free of charge - services such as fumigation, pest control, special dietary supplement, dental care, repairs and housing security.

4. Teach parents about how to recognize the health and dental needs for both themselves and their children.
Parent education (B)

5. provide referral, case management and advocacy to meet the urgent physical and dental needs of the children and the parents, themselves

6. Teaching family members how to talk to one another using the talking circle, a technique for meal time discussions and picture symbols in the case of a developmentally handicapped youngster

7. Teaching children how to recognize their own emotions, using an evidence based treatment (SNAP)

8. Modelling and direct instruction in discipline techniques, such as using a behavioural chart with rewards and appropriate consequences
Parent education (C)

9. Helping parent to use anger management techniques with children, such as
   a) stopping all interaction when they feel emotional flooded,
   b) exercising,
   c) deep breathing,
   d) making a deliberate decision about what they should do and calmly announcing it.
Parent education (D)

10. Modelling and direct instruction on how to clean the house – organizing duties for the children

11. Providing daily schedules for parents and children, in which every minute of the day is laid out.

12. Helping parents to prepare nutritious meals from groceries that they could afford or secure from food banks

13. Setting up parent-child interactions that provide opportunities for parents and children to bond (e.g. getting a parent to take her child on the bus to a summer day camp and read her a children’s story on the way)
Outcome Evaluation

- CFCAA has developed an outcome evaluation system based on the most widely used predictive instruments available from test suppliers.
- Instruments directly measure the service objectives.
Instruments

- **Life Skills**: measured by the RAD-L
- **Parental relationship** – Parenting Stress Index (PSI)
- **Children** – Conners’ Global Index (CGI)
RAD-L

Hands-on
Conner’s Global Index (CGI)

- A ten item checklist
- Screens for hyperactivity, inattentiveness and emotional lability
- Available from Multi-Health (40 cents per test – 1-800-268-6011 or www.mhs.com)
- Behaviour observation by teacher or parent
If very much true, or it occurs very often or frequently, you would circle 3. You would circle 1 or 2 for ratings in between. Please respond to all the items.

<table>
<thead>
<tr>
<th></th>
<th>NOT TRUE AT ALL (Never, Seldom)</th>
<th>JUST A LITTLE TRUE (Occasionally)</th>
<th>PRETTY MUCH TRUE (Often, Quite a Bit)</th>
<th>VERY MUCH TRUE (Very Often, Very Frequently)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Restless or overactive</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Excitable, impulsive</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>3. Fails to finish things he/she starts</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>4. Inattentive, easily distracted</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>5. Temper outbursts</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>6. Fidgeting</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>7. Disturbs other children</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>8. Demands must be met immediately—easily frustrated</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>9. Cries often and easily</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>10. Mood changes quickly and drastically</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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Parenting Stress Index

- The Parenting Stress Index is a 36 item parent self report which measures parental distress (including depression), parent-child interaction and concern about the child.

- The PSI costs about $4.00 per test and is available from MultiHealth
Importance of Parental Stress

- Parenting stress has been found in numerous studies to be highly correlated with aversive parent-child interaction (screaming, abuse, etc.), parental depression and seriously dysfunctional parenting in general.
- Responsive to changes after rx
<table>
<thead>
<tr>
<th></th>
<th>SA = Strongly Agree</th>
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<th>NS = Not Sure</th>
<th>D = Disagree</th>
<th>SD = Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>I often have the feeling that I cannot handle things very well.</td>
<td>SA A NS D SD</td>
<td></td>
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<tr>
<td>2.</td>
<td>I find myself giving up more of my life to meet my children's needs than I ever expected.</td>
<td>SA A NS D SD</td>
<td></td>
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<tr>
<td>3.</td>
<td>I feel trapped by my responsibilities as a parent.</td>
<td>SA A NS D SD</td>
<td></td>
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<tr>
<td>4.</td>
<td>Since having this child, I have been unable to do new and different things.</td>
<td>SA A NS D SD</td>
<td></td>
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<tr>
<td>5.</td>
<td>Since having a child, I feel that I am almost never able to do things that I like to do.</td>
<td>SA A NS D SD</td>
<td></td>
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<tr>
<td>6.</td>
<td>I am unhappy with the last purchase of clothing I made for myself.</td>
<td>SA A NS D SD</td>
<td></td>
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<td>7.</td>
<td>There are quite a few things that bother me about my life.</td>
<td>SA A NS D SD</td>
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<td>8.</td>
<td>Having a child has caused more problems than I expected in my relationship with my spouse (male/female friend).</td>
<td>SA A NS D SD</td>
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<td>9.</td>
<td>I feel alone and without friends.</td>
<td>SA A NS D SD</td>
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<td>10.</td>
<td>When I go to a party, I usually expect not to enjoy myself.</td>
<td>SA A NS D SD</td>
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<td>11.</td>
<td>I am not as interested in people as I used to be.</td>
<td>SA A NS D SD</td>
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<td>12.</td>
<td>I don't enjoy things as I used to.</td>
<td>SA A NS D SD</td>
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<tr>
<td>13.</td>
<td>My child rarely does things for me that make me feel good.</td>
<td>SA A NS D SD</td>
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<td>14.</td>
<td>Most times I feel that my child does not like me and does not want to be close to me.</td>
<td>SA A NS D SD</td>
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<td>15.</td>
<td>My child smiles at me much less than I expected.</td>
<td>SA A NS D SD</td>
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<tr>
<td>16.</td>
<td>When I do things for my child, I get the feeling that my efforts are not appreciated very much.</td>
<td>SA A NS D SD</td>
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<td></td>
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<tr>
<td>17.</td>
<td>When playing, my child doesn't often giggle or laugh.</td>
<td>SA A NS D SD</td>
<td></td>
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<tr>
<td>18.</td>
<td>My child doesn't seem to learn as quickly as most children.</td>
<td>SA A NS D SD</td>
<td></td>
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<tr>
<td>19.</td>
<td>My child doesn't seem to smile as much as most children.</td>
<td>SA A NS D SD</td>
<td></td>
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<tr>
<td>20.</td>
<td>My child is not able to do as much as I expected.</td>
<td>SA A NS D SD</td>
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<td>21.</td>
<td>It takes a long time and it is very hard for my child to get used to new things.</td>
<td>SA A NS D SD</td>
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For the next statement, choose your response from the choices “1” to “5” below.

22. I feel that I am:
   1. not very good at being a parent
   2. a person who has some trouble being a parent
   3. an average parent
   4. a better than average parent
   5. a very good parent

23. I expected to have closer and warmer feelings for my child than I do and this bothers me. 

24. Sometimes my child does things that bother me just to be mean. 

25. My child seems to cry or fuss more often than most children. 

26. My child generally wakes up in a bad mood.

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<td>SA A NS D SD</td>
<td></td>
<td></td>
<td></td>
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<td>24.</td>
<td>Sometimes my child does things that bother me just to be mean.</td>
<td>SA A NS D SD</td>
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<td>25.</td>
<td>My child seems to cry or fuss more often than most children.</td>
<td>SA A NS D SD</td>
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<td>26.</td>
<td>My child generally wakes up in a bad mood.</td>
<td>SA A NS D SD</td>
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Theory of Change

Why should this model work
Accommodating Cognitive Challenges from Varied Sources

1. assess the impact of the injury on the functioning of the person (i.e. what are the things he/she can and cannot do independently);

2. identify what functional impairments that can be changed and should be targeted first (based on the impact on the family’s quality of life); and,

3. devise and deliver a program that will effectively teach the skills and behaviours which underlie the functional ability that is the priority for change.
Social Learning Theory

1. *task analysis* - break down complex abilities into a step by step process and teach the steps,

2. *model effective behaviour* – people learn best by seeing it done and trying it themselves under supervision,

3. *shaping and reinforcement* – reward people with praise, encouragement, practical assistance and availability when they make small steps towards being fully functional and

4. ensure proper and thorough *generalization of the skills* as they are acquired.
Rehabilitation Science

1. *direct instruction* (what, when and how to do some task)
2. *learning or memory aides*. Parents are given an agenda and helped to plan their day.
3. Build a support system in their community and an understanding that their difficulties coping are common and can be overcome.
4. provide parents with a tool to let them see their progress toward full functional ability. When people see the progress towards the goal, they show more endurance and compliance with the treatment plan.
Capacity can be effectively taught

1. *Life skills*: Safety/security; housing; health; Family schedule/organization/daily routine; Meals (nutrition, shopping, planning, organization, implementation); transportation; finances; laundry; cleaning/organization.

2. *Parental relationship skills*: appropriate discipline, conflict resolution, problems solving, communication skills and building or recovering a secure attachment with children.

3. *Social and community linkage and support*: having a sense of belonging, having people to do things and informal resources or networks that can help or provide feedback and advice.

4. *Children*: academic enablers or companion skills that are necessary for academic skills to be learned. Enablers include good study habits, participation in class, motivation to learn and social skills.
Thank you

You are great