



Psychological Services' Newsletter

FULTON COUNTY SCHOOLS

www.FultonPsychologicalServices.com



Inside this issue:

Math: Learning Difficulties & Solutions	1
Wonderful Websites	2
Obsessive Compulsive Disorder	3
Excellence in Action	6

School Psychology News

Volume 12, Issue 2

Winter 2012

Math: Learning Difficulties and Solutions

By Robert Abernathy



In 2008, the National Math Advisory Panel presented the results of their 20-month long study of the most effective research-based strategies to teach math. For students struggling in math, difficulties are primarily seen in the areas of **Math Calculation** (performing math computations with numbers) and **Math Reasoning** (the application of math skills in word problems, measurement and time).

Math Calculation

Students struggling in math in the lower grades usually have problems with automatic recall of basic math facts. Older students tend to have deficits in recall of basic math facts *and* problems with higher-order problem solving. So, when they are given a math problem that requires multiple steps, they spend so much time

and energy on solving the basic math portions of the problem that they are unable to successfully gain more advanced skills such as fractions, regrouping and algebra.

The research-based solution for improving math calculation is to increase a student's automatic recall of basic math facts. By practicing weak basic skills over and over, the student's ability to automatically recall math facts will increase. This will enable them to spend less time counting on their fingers and will free up their brain power so that they can focus on learning higher-order math concepts. Twenty to thirty minutes a day of practicing basic math facts can yield better automaticity. This can be accomplished through using flash cards,

Continued on page 2

From the Executive Director...

A Message from Dr. Christopher Matthews, Executive Director of Counseling, Psychological, and Social Work Services



Welcome to the Winter edition of the School Psychology News! It is hard to believe that it is already January and there is no question that the 38 school psychologists working in Fulton County Schools are operating at full speed ahead. The Office of Psychological Services recently participated in School Psychology Awareness Week (Nov. 14-18, 2011) as proclaimed by the Governor of Georgia. School psychologists conducted special activities and events to promote student achievement and the wide array of services that school psychologists provide to teachers, students and families in Fulton County. They also have been busy providing research based prevention and intervention strategies to teachers and parents, conducting comprehensive evaluations for students with learning and/or behavioral difficulties, conducting classroom observations and providing crisis intervention when needed at our schools. Please feel free to contact the school psychologist at any Fulton County School to learn more about the wide array of services provided.

As always, please enjoy the array of topics and information contained within this newsletter. This issue features articles on intervention for students with math difficulties and Obsessive Compulsive Disorder in Children and Adolescents. The newsletter committee has again done an outstanding job in providing timely and research based information that I hope you will find useful. If anyone has any questions about the Department of Psychological Services, please don't hesitate to call me at 404.763.5600 or e-mail me at matthewsc@fultonschools.org.

Math, Learning Disabilities and Solutions – continued from page 1

drilling of math problems on worksheets and through the use of high-quality computer-assisted instruction such as Math Facts in a Flash and Study Island.

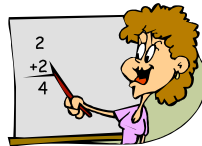
Math Reasoning

The National Mathematics Advisory Panel also indicated that neither “student-centered” nor “teacher-directed” instruction should be exclusively taught. Instead, research indicates that student-centered and teacher-directed instruction should both be utilized within the math classroom. Using cooperative learning and peer-to-peer models can be very successful for tutoring, remediation, as an occasional substitute for independent seatwork, for brainstorming and for enrichment.

Research indicates that students learn math reasoning skills best when they receive explicit and systematic instruction that includes: clear problem-solving models, carefully orchestrated examples, concrete objects used to teach abstract concepts and teacher/peer “think aloud” problem solving. “Think Alouds” are where the teacher verbalizes what they are thinking as they go about solving the math problem. Students can likewise be taught to verbalize what they are thinking as they solve problems. “Think Alouds” can be a great teaching strategy to help increase a student’s Math Reasoning skills.

Here is an example of a Math **Think Aloud**:

1. The problem says _____.
2. I’m trying to figure out _____.
3. The most important information here is _____.
4. What strategy will I use to solve the problem? The strategy I will use is ...
5. I am going to think aloud each step of this strategy. (Helpful starting words: first, second, third, the order of operations is, in order to, next, I know that if I do _____, I must do _____, after this, then, finally)
6. Does this answer make sense? Let me work backwards and see ...; Does this answer make sense if I read the problem over again?



Resources

Riccomini, P. J. & Witzel, B. S. (2010). *Response to Intervention in Math*. Thousand Oaks, CA: Corwin.
www2.ed.gov/about/bdscomm/list/mathpanel/report/final-report.pdf
www2.scholastic.com/browse/article.jsp?id=3584
www.lessonplanspage.com/MathNumReasoningProbSolvingThinkAlouds69.htm

Wonderful Websites

Rob Shultz

Math

mathforum.org/math_help_landing.html - Ask Dr. Math, Internet Math Library and Teacher 2 Teacher. This is from Drexel University’s Goodwin School of Professional Studies.

illuminations.nctm.org/ActivitySearch.aspx - From the National Council of Teachers of Mathematics. Illuminations has 107 online activities available.

Test Anxiety

ub-counseling.buffalo.edu/stresstestanxiety.php - Information about test anxiety from the University of Buffalo.

www.counselingcenter.illinois.edu/?page_id=114 - Similar to University of Buffalo site with some good strategies.

www.ets.org/Media/Tests/PRAXIS/pdf/01361anxiety.pdf - General information about test anxiety with some information *specific* to ETS/Praxis tests.

Obsessive Compulsive Disorder

<http://www.nasponline.org/publications/cq/mocq362ocdho.aspx> - From the National Association of School Psychologists - Learn about OCD and how to work with the child to manage the behaviors and implement the treatment plans.

http://www.nasponline.org/resources/principals/nassp_obsessive.pdf



Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around.

-- Leo Buscaglia



Obsessive Compulsive Disorder in Children and Adolescents

By Robyn Liebman



Obsessive Compulsive Disorder (OCD) is an anxiety disorder that affects approximately one out of 200 children. When a child has OCD, a difference in the way his or her brain processes information results in uncontrollable worries and doubts called “*obsessions*.” The child then performs “*compulsions*” — repetitive rituals or habits — in an effort to decrease the anxiety caused by the obsessions. **OCD is diagnosed when obsessions and compulsions are time consuming, cause significant distress, and interfere with daily functioning in school, social activities, family relationships, or normal routines.**

It's normal for young children to have routines at mealtime, bedtime or when saying goodbye. These routines lessen as children get older. For children with OCD, the routines continue past the appropriate age, or become too frequent, intense or upsetting, and interfere with the child's daily life.

Children may have worries about germs, getting sick, dying, bad things happening, or doing something wrong. Feelings that things have to be “just right” are common. There are many different rituals such as washing and cleaning, repeating actions, starting things over again, doing things evenly, erasing, rewriting, asking the same question over and over again, confessing or apologizing, saying lucky words or numbers, checking, touching, tapping, counting, praying, ordering, arranging and hoarding. Sometimes obsessions and compulsions appear related. For example, a child with an obsessive fear of intruders may check door



locks repeatedly. A child with an obsessive fear of disease may wash excessively. Other obsessions and compulsions are linked only in the child's mind. A child with OCD may fear that harm will come to her family unless she taps in a particular pattern or avoids using certain numbers.

OCD can make daily life very stressful. Rituals usually take a lot of time, and children often are late for school or activities. This often results in tension or arguments in the family. Children are unable to enjoy time with friends or have fun when OCD takes up all their spare time. **At school, obsessions and rituals such as checking, erasing and re-doing assignments affect attention and focus, completion of tasks and school attendance.** Older children and teenagers may worry that they are crazy and work hard to hide their OCD from others. Getting through a day with OCD can be exhausting. Children with OCD often have lengthy bedtime rituals that they feel must be completed. They therefore go to bed late and are tired during the day. All this stress may make them sad, angry or explosive.

Parents may not be aware of the full extent of a child's symptoms because many of them occur in the mind and others are easily hidden or disguised. A mom or dad may notice that the child avoids certain things, seems distracted, inattentive or irritable, repeatedly seeks reassurance or confesses minor transgressions, or cannot tolerate uncertainty. A qualified mental health professional can help determine whether these behaviors are caused by OCD. OCD is not the result of parenting style, nor is it a sign of misbehavior

or lack of self-control.

Stress does not cause OCD, but a stressful event or life change can trigger its onset. A stressful event may worsen symptoms or lower a child's ability to cope. Although the precise cause is not fully understood, scientists believe some children are genetically predisposed to develop OCD. Approximately 20% of all children with OCD have a family member with the disorder. Scientists understand that **OCD is a neurobiological illness, caused by an imbalance in certain brain chemicals.** When a child has OCD, the area of the brain that filters information tends to malfunction, causing the child to focus on thoughts that are normally easily dismissed or ignored.

Abnormalities in a brain chemical called serotonin may be at the root of the disorder. The medications that have proven most effective in treating OCD affect the serotonin systems.

Although there is no cure for OCD, cognitive-behavioral therapy (CBT) and medication are effective in



Continued on page 4

NEWSLETTER COMMITTEE

EDITOR:

EVELYN BACKA

STAFF WRITERS:

ROBERT ABERNATHY,

KATIE ALDRICH,

REBECCA SKOCZYLAS

WEBSITES:

ROB SHULTZ

DISTRIBUTION:

JANALYN PRUITT

BETH BLANCHARD,

CHERYL COLTON-SCHENHOLM,

JANUARY FEW,

CORRI JOYNER,

GAIL SAGNA,

RACHAEL STONE

OCD – continued from page 3

managing the symptoms. Experts agree that **CBT is the treatment of choice for children with OCD.** Recent research shared by the National Institute of Mental Health indicated that 69% of children who received medication management along with CBT showed a positive response to treatment after 12 weeks, as compared to only 30% of youngsters receiving medication alone. Whenever possible, CBT should be tried before medicine. Using a CBT strategy called Exposure and Response Prevention (ERP), children with OCD can learn that they are in charge, not OCD. They can learn to do the *opposite* of what the OCD tells them to do, by facing their fears slowly in small steps (exposure), without giving in to the rituals (response prevention). ERP helps them find out that their fears don't come true, and that they can *habituate* or get used to the scary feeling, just like they might get used to cold water in the swimming pool.

Recognizing OCD at School



Children often have rituals that are normal and playful, which can make it harder to spot OCD rituals. Further, students with OCD often hide their rituals because they are embarrassed and don't want peers or teachers to notice their unusual behaviors. **The behaviors described below may be clues to OCD.** However, none of them suggest a definite diagnosis of OCD by themselves. A student who shows these behaviors for over a month may need to be evaluated by a mental health professional.

- **Over-focus on neatness.** Repeated lining up or arranging items on desks, in backpacks or lockers.
- **Wanting to complete assignments "perfectly,"** checking and re-doing it.

- **Erasing repeatedly** until the paper has holes in it, the ink is smudged and the writing or drawing is illegible.
- **Reading letters, words or sentences repeatedly;** repeating syllables until they sound right.
- **Filling in scantron sheets very carefully;** getting upset if they are not perfectly filled in.
- **Checking homework, backpack, lockers, pockets, or under the desk and chair repeatedly,** ensuring that locks and zippers are fastened.
- **Frustration or anger when things are disorganized,** when interrupted, or when routines change unexpectedly.
- **Refusal to go to school, or being late regularly** due to need to complete rituals at home.
- **Asking the teacher or other students the same questions repeatedly,** even though the child knows the answer.
- **Frequent trips to the bathroom,** either to use the toilet or wash hands.
- **Sore, chapped or bleeding hands.**
- **Refusing to touch others' books, pencils, touch the ball in gym etc.**
- **Getting upset if others touch his or her belongings,** wanting to clean or wipe them off.
- **Sudden avoidance of familiar things** or reluctance to try new things.
- **Odd behaviors such as walking in specific patterns through doorways,** counting tiles or syllables, touching or tapping in symmetry or sitting and standing repeatedly.
- **Very slow and deliberate work,** resulting in incomplete assignments.



- **Opening doors, lockers, desks, or books with elbows or with tissue in hand,** holding hands in the air to avoid physical contact, refusal to shake hands or share pencils or other supplies.

Strategies for Accommodating Students with Obsessive-Compulsive Disorder

If teachers or parents recognize the above-noted symptoms in a child, the school psychologist and/or SST chair should be notified. If symptoms are interfering with a child's education, the SST team should identify and implement appropriate strategies or accommodations. An individual plan under IDEA or Section 504 may be recommended. **Some possible accommodations to consider include:**

- **Allow more time for completing tasks and tests.** Other testing accommodations may include testing in an alternate location, providing breaks during testing, and allowing the student to write directly on the test booklet (see below). In some cases, you may need to allow the student to take tests orally.
- **For students with compulsive writing rituals,** consider limiting handwritten work. Common compulsive writing rituals include having to dot i's in a particular way, retrace letters, count certain letters or words, completely blacken response circles on test forms, and erasing and rewriting work until it looks perfect. Scantron forms may be particularly problematic for a student who feels that s/he has to perfectly darken in each circle -- in such cases, a reasonable test accommodation would be to have the student



Continued on page 5

OCD – continued from page 4

circle or record their answers directly in the test booklet. If writing lecture notes is problematic, the student may need to tape record lectures or the teacher may need to provide a hard copy outline of the lecture notes. Alternatively, have the student use a computer or word processor to record notes.



- **For students with compulsive reading rituals**, consider limiting the amount to be read or breaking it up into chunks. If reading rituals and intrusive thoughts are severe, consider going to books on tape.
- **If the student has perfectionistic traits**, they may stay up all night working and reworking an essay or paper. Talk to the parent to find out if this is happening so that you don't inadvertently reinforce the problem by complimenting the student on 'perfect' work. If the problem is severe, you may need to contract with the student as to how much reworking is allowed or you may need to establish a system whereby they turn their work in at the end of the school day and not take it home as 'homework.'

- **Consult with the student and inquire as to what support he or she needs from you.** Ask whether gentle refocusing and redirection would be welcomed. By working collaboratively with the student, you will find out what techniques help and what triggers emotional responses.
- Conference privately with the student when they are not "stuck" to **figure out some "graceful exit" excuses that s/he can use to help get out of the classroom without attracting peer attention.** Consider giving the student a "permanent pass" that they can use to leave the classroom if they need to go speak with the counselor or take a walk to help get "unstuck."
- **Determine how to handle late assignments.** Some sources recommend always allowing students with OCD to submit assignments late without penalty, but if there is too little structure or limits, the student may not be able to get themselves to turn the work in. This, too, needs to be handled on a case-by-case basis.



Online Resources

www.ocfoundation.org/ocdinkids – International OCD Foundation
www.adaa.org – Anxiety Disorders Association of America

References

- National Institute of Mental Health (2011). *Adding Psychotherapy to Medication Treatment Improves Outcomes in Pediatric OCD*. www.nimh.nih.gov/science-news/2011/adding-psychotherapy-to-medication-treatment-improves-outcomes-in-pediatric-ocd.shtml.
- Obsessive Compulsive Foundation of Metropolitan Chicago (2006). *How to Help Your Child: A Parent's Guide to OCD*.
- Packer, L. & Challenging Kids, Inc. (2004). *Tips for Accommodating Students with Obsessive-Compulsive Disorder*.
- Pinto Wagner, A. (2010). *Recognizing OCD at School*. www.ocfoundation.org.

WHEN YOU THOUGHT I WASN'T LOOKING

By Mary Rita Schilke Korzan

When you thought I wasn't looking, you displayed my first report, and I wanted to do another.

When you thought I wasn't looking, you fed a stray cat, and I thought it was good to be kind to animals.

When you thought I wasn't looking, you gave me a sticker, and I knew that little things were special things.

When you thought I wasn't looking, you put your arm around me, and I felt loved.

When you thought I wasn't looking I saw tears come from your eyes, and I learned that sometimes things hurt--but that it's all right to cry.

When you thought I wasn't looking, you smiled, and it made me want to look that pretty too.

When you thought I wasn't looking, you cared, and I wanted to be everything I could be.

When you thought I wasn't looking--I looked...and wanted to say thanks for all those things you did when you thought I wasn't looking.

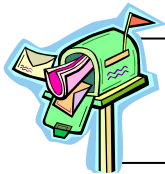




Excellence in Action!

Take a look at what Fulton County school psychologists are doing!

- **Gail Sagna** presented grade-level Response to Intervention (RtI) trainings for staff at Parklane ES on September 14th.
- On October 4th, **Rebecca Skoczylas** presented to the staff at Johns Creek HS on tips for communicating with parents. Also, during November, Ms. Skoczylas and the SST Chair presented to each department on 504 and SST.
- **Melissa Eddy** and Alexcia Massey (Wilson Creek ES guidance counselor) co-facilitated a 5th Grade Girls Night Out after school group for girls and their moms. They showed a movie about standing up against bullying and led a discussion about the movie as well as options if they are being teased. The girls signed SHINE pledges against bullying and made SHINE bracelets.
- **Robert Shultz** hosted a nine-week academic enrichment seminar at Centennial HS on Social Skills for a small group of students. The seminar focused on how we perceive ourselves, how we perceive our environment and different types of verbal and nonverbal communication.



Feedback

Please email Evelyn Backa at backa@fultonschools.org with information about what you liked best about this issue, suggestions for changes, ideas for future topics or general comments.

Psychological Services Department
Jo Wells Building
554 Parkway Drive
Hapeville, GA 30354