



**Dyslexia, Dyspraxia, Dysgraphia,  
ADHD, ASD, APD, Anxiety:**

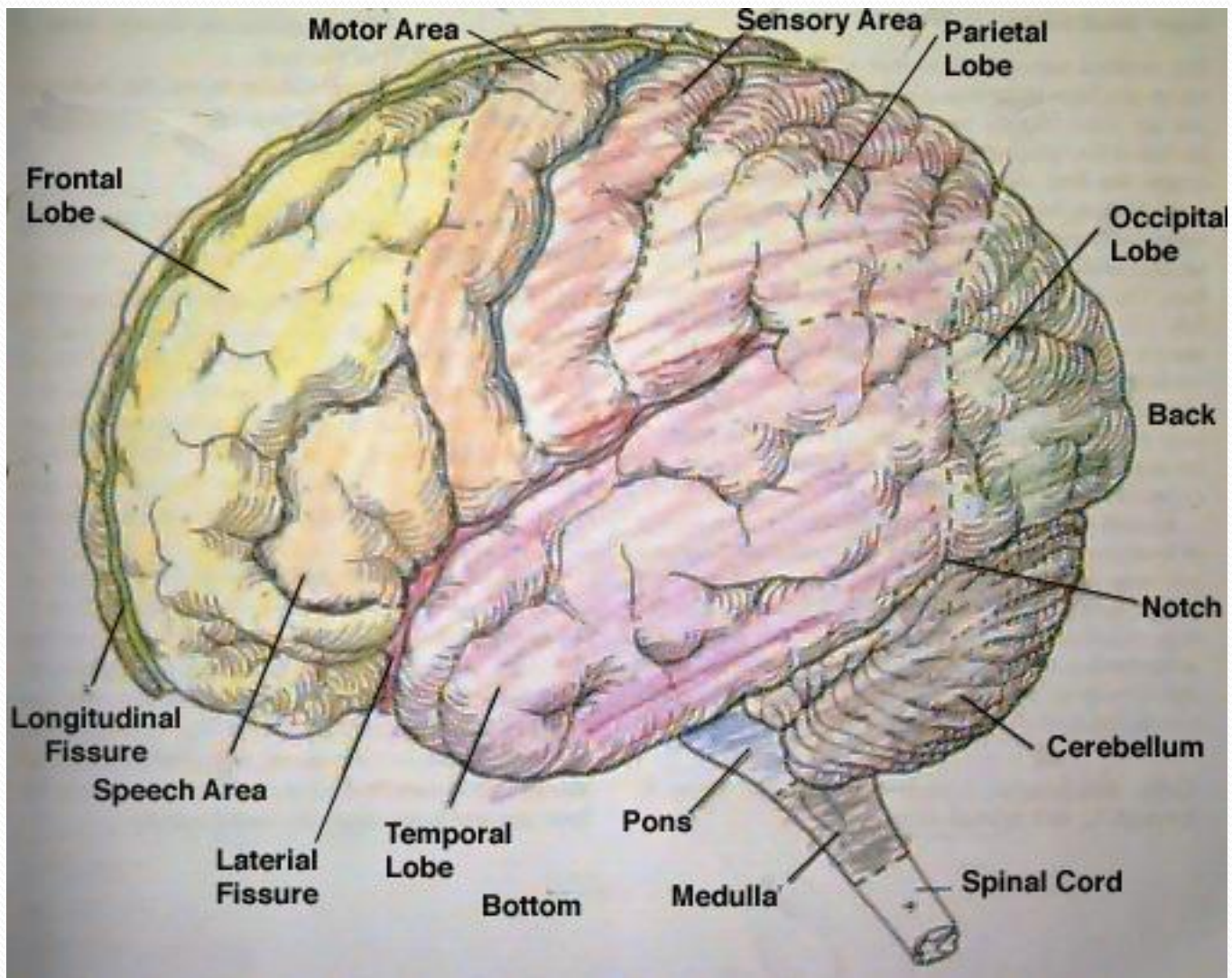
**Why your child may have literacy difficulties**

**Prepared and presented by  
Dr Pauline M Cogan**



## *Structure of the presentation*

- 1. Conditions which cause children to learn differently**
- 2. The effects of these conditions on literacy acquisition and mastery**
- 3. Adjustments which parents can make to accommodate and scaffold these learning differences**



## *Dyslexia: Types of Dyslexia*

1. **Phonological Dyslexia**
2. **Rapid Automatised Naming Difficulty**

**Types 1 & 2 can co-occur to produce a Double Deficit**

3. **Working Memory**
4. **Magnocellular Dyslexia**
5. **Cerebellar Dyslexia**

## *Dyslexia Types: Phonological*

Individuals with phonological dyslexia are born with natural insensitivity to mother tongue. They have difficulty with the structure and sounds of e.g. English. Typically they have difficulty with:

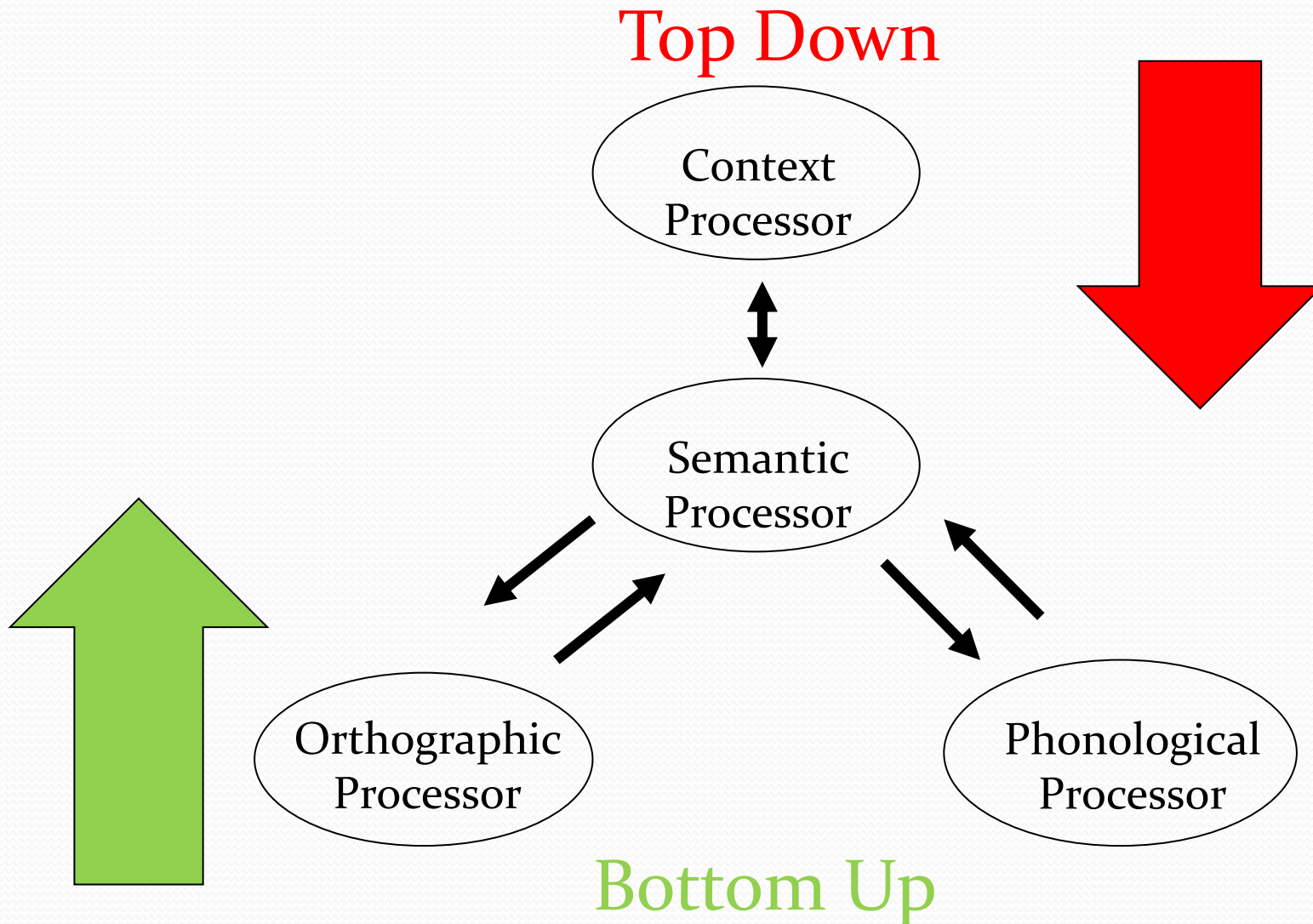
- Names of letters
- Sounds of letters
- Learning phonics
- Distinguishing between *a, e, i, o, u*
- Distinguishing difference between *ch, sh* etc
- Blending sounds → words
- Segmentation words into individual sounds

## ***Dyslexia Types: Phonological (cont'd)***

**This leads to difficulties at a further 3 levels**

- **Decoding – root problem in dyslexia**
- **Reading Comprehension in presence/absence of decoding difficulties**
- **Retention of Information**
  - **Difficulty amassing and retaining information**
  - **Trouble recalling or summarising what has just been read and connecting it to previous knowledge**

# *All is not lost – Plaut's Triangular Model of Reading*



## *Dyslexia Types: Phonological (cont'd)*

### **Reading from Visual Memory: Orthographic Processing**

- **Children can learn to read from visual memory.**
- **Potential area of difficulty**
  - **They may not remember the visual experience of the word from one page to the next**
  - **The memory for the sight word may not “stick”**

**The SOLUTION**

**Over-teaching and over-learning**



## ***Dyslexia Types: Phonological (cont'd)***

- In the past almost all children learned to read by the Look & Say Method.
- The teacher taught individual words to children from their page of reading and then practised these words and the written/printed sentences over and over again until the words are known to automatic levels.
- Children had a Word Box and at home parents helped children with their words.

## ***Dyslexia Types: Rapid Automatisised Naming (RAN) in Long Term Memory (LTM)***

- **RAN deficits – difficulty accessing the names of items in LTM**
- **They are slower to access the**
  - **Name of the object**
  - **Action**
  - **Image that is incomplete/degraded in LTM**
- **This causes them to have a**
  - **Slow/poor speed of item retrieval**

## ***Dyslexia Types: Double Deficit***

- **Some individuals with dyslexia have a double deficit.**

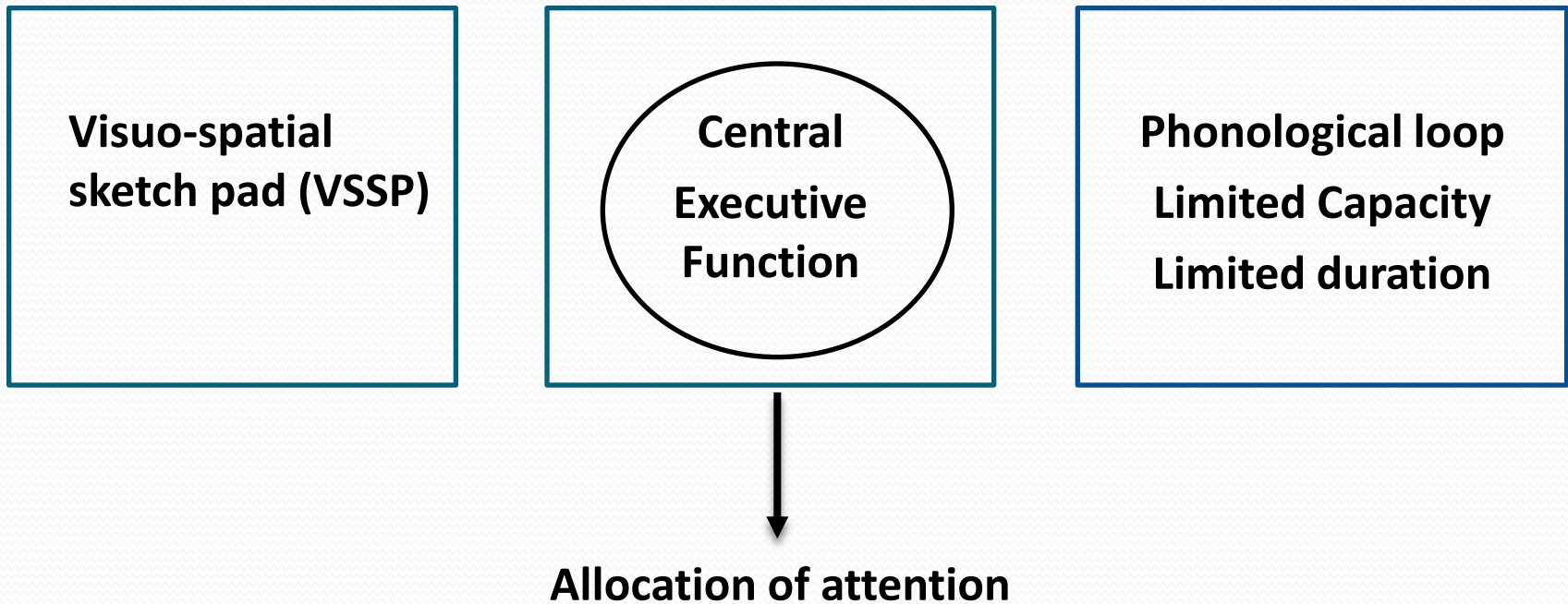
- **Poor phonological awareness**

**PLUS**

- **RAN problems making a double whammy**

# *Dyslexia Types: Working Memory (WM)*

## Structure of WM



## ***Dyslexia Types: Working Memory (WM) (cont'd)***

- **Problems with their Working Memory for phonological information**
- **The phonological loop is of:**
  - **More limited capacity**
  - **Shorter duration than normal**
- **The Central Executive which allocates attention is poorer at paying attention**
- **VSSP Spatial Memory is Poor**

## *Dyslexia Types: Magnocellular*

- **Some individuals have a different ratio of large to small cells in the thalamus of the brain. The large cells are for fast processing, such as in the production and processing of sounds in a word.**
  - **Hearing sound transitions (auditory processing)**
  - **Visual processing**
  - **Somatosensory system**
  - **Balance system**

## ***Dyslexia Types: Magnocellular (Cont'd)***

- **Can cause perceptual difficulties**
  - **Ocular wobble due to uneven muscle tension**
  - **Letters seem to move lines**
  - **Lines of print seem to blur and drift over one another**
  - **Print goes into columns**
  - **Pattern glare – a condition which as the Code 57.1 on the International Code of Diseases & Related Conditions (ICD-10)**
  
- **A good behavioural optometrist will determine if the child has such a condition**

## ***Dyslexia Types: Cerebellar***

- **Difficulty with**
  - **Making any process automatic (this includes reading and spelling)**
  - **Integrating new learning with older knowledge**
  - **Reaching automaticity**



## *The Square Rule*

- **Dyslexia has been described as like**
  - **Swimming through tar**
  - **Travelling permanently in a foreign country**
  - **Teaching and over-teaching to the square rule is necessary**

$$4^2 = 16$$

$$10^2 = 100$$

**= number of teaching sessions to bring automaticity to the dyslexic individual**

## *How to help children with Dyslexia – Know that they:*

- **Are always tired – dyslexia is effortful**
- **May process slowly**
- **Need over-teaching/over-learning**

### **May be**

- **good readers (decoders)**
- **Poor spellers (encoders)**
- **Not “get” phonics**
- **Wonderful orally**
- **Thrive using a computer**

### **May need**

- **Scaffolding for written word**
- **‘Sanctuary’**
- **One good adult (go-to person)**

# *How to help children with Dyslexia*

## *May be eligible for:*

- **Learning Support/Resource Hours**
- **Reasonable Accommodation in Certificate Examinations (RACE)**
- **Disability Access Route to Education (DARE) in Leaving Certificate**
  - **Scribe**
  - **Reader**
  - **Spelling & Grammar Waiver**
  - **Use of a Separate Centre/Assistive Technology**

## *What can be done to address dyslexia*

- Recognise early red flags
- Intervention early with multiple approaches (83% normal schooling if early intervention)
- Vocabulary – building for sophisticated oral language
- Teach sight words (priority)
- Teach phonics
- Choose reading material attractive commercial and level readers
- Read to/with the child
- Use kindle/audible.com

**PRAISE**

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**PRAISE**

## *How to read to the young child*

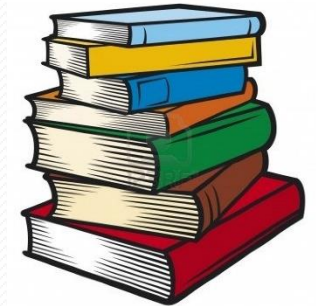


- Sit on the sofa, arm around the child
- Discuss cover and title
- Discuss what the reading is going to be about
- Lay book across both laps
- Use finger to ‘track’ the reading (left to right move)
- Use the turn of the page to ask “what do you think will happen next?”
  - Wait for a reply
- Say “Let’s see if you are right
- Discuss what book is about after finished –
- Create Art work about the story you have both read

## *What can the local library do*

**Have a range of attractive children's books in**

- **Level readers - Biff, chip, etc**
- **Barrington Stoke for more advanced readers (Dyslexia Friendly)**
- **Have writers in to meet children**
- **Audio books to accompany printed versions of books/[audible.com](https://www.audible.com)**



## ***Dyspraxia - What is it?***

**The acquisition/execution of coordinated motor skills is substantially below that expected given the individuals chronological age and opportunity for skill learning and use.**

**Difficulties are manifested as significant and persistent clumsiness (e.g. dropping/bumping into objects) slowness and awkwardness/inaccuracy in performance of motor skills such as:**

- **Catching**
- **Cutting (cutlery/scissors)**
- **Handwriting**
- **Riding a bike / Negotiating stairs**
- **Sports participation**
- **Typing**
- **Self-care skills and daily living**
- **Way of sitting**
- **Zip, button, laces**

# *Dyspraxia*

## **Notice**

- **Poor pen/pencil grip (overtight)**
- **Poor handwriting/poor fine motor control**
- **Sensory need for deep proprioception – effort to self-regulate**
- **Need for sensory feedback**
- **Poor organisational skills**
- **Need for fidgeting and small movements to self regulate**
- **Mirror movement**
- **Poor midline crossing**



# *Dyspraxia: Academic Difficulties*

## **Difficulty with**

- **Presenting narratives**
- **Ideation (blank page syndrome)**
- **Flow of ideas**
- **Task analysis**
- **Skill mastery of sentence structures**

## *Dyspraxia: Interferes with*



**Classroom activities such as:**

- **Using a ruler**
- **Set square , scissors, measuring etc**

**Marked slowness of motor movement affects many domains**

- **Handwriting competence**
- **Legibility and/or speed of written output**
- **Academic achievement**

**Any motor process requiring speed and accuracy is compromised**

## ***Dyspraxia: can impact***

- **Academic/school productivity**
- **Pre-vocational/vocational activities**
- **Leisure**
- **Play**

## *Dyspraxia: How to Help*

- Use assistive technology (AT) – normal size laptop
- Learn touch typing
- Address blank page syndrome with
  - ✓ Mind Maps (to keep on top of sequence information)
  - ✓ W Words (who, which, when, where, why, how)
- Scaffold sentence formation/structure
- Do all tasks orally first and record on mobile phone
- Transfer to written form (Mum, Dad / Secretary)
- Provide Resource Hours (school)
- Scheduled body/rest breaks
- DARE/RACE (IT & Separate Centre, extra time, rest breaks)
- Chair cushion, weighted lap blanket
- Neoprene vest
- Fidget kit

## *Dyspraxia: Leisure Activities*



- **Swimming (improves midline crossing) breast and overarm strokes**
- **Horse riding**
- **Trampolining**
- **Walking on uneven ground – vestibular exercise**



# *Dysgraphia - What is it?*

**Dysgraphia is due to:**

- **Deficient fine-motor skills**
- **Poor dexterity**
- **Fluctuating muscle tone**
- **Slow speed**
- **Unsustainable speed**

**Difficulties with:**

- **Motor skill in handwriting transcription - movement of muscle groups required to write (DCD)**
- **Decoding and digit sequence**
- **Concentration on cognitively demanding composition of sentences to answer questions**

## ***Dysgraphia - What is it? (Cont'd)***

### **Difficulties with:**

- **Decrease in productivity in written tasks**
- **Critical thinking**
- **Ideation**
- **Word finding**
- **Sensory overload**

## *Dysgraphia – How to help*

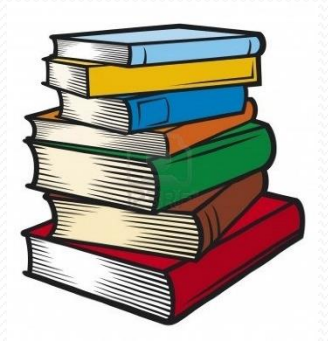
- IT / tape recorder/Critical thinking
- Scribe for exams
- Extra time and body breaks
- Mind Mapping books (Tony Buzan)
- [www.inspiration.com/kidspiration](http://www.inspiration.com/kidspiration) helps children
  - ✓ Develop strong thinking skills
  - ✓ Strengthen reading/writing skills
  - ✓ Build conceptual understanding in Math



## *Dysgraphia - What can the local library do*

### **Make available**

- **IT available to public**
- **Use of recording devices**
- **Audio books to accompany printed versions of books**



# *Speech and Language and Communication Disorders*

- **Early onset**
- **Persistent difficulty in acquisition/use of language – spoken, written and sign/other language due to**
  - **Comprehension/production including**

## **Reduced**

**Vocabular**

**Word finding**

**Sentence structure**

**Vocabulary use and sentence connection**

**Explain/describe topic, sentences, events**

**Have a conversation**

# *Speech and Language and Communication Disorders*

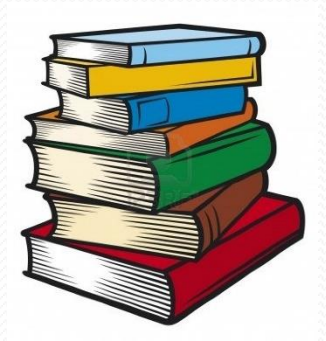
## **Negatively Impacts**

- **Following instructions**
- **Rehearsing strings of verbal information (phone numbers, lists)**
- **Ability to remember novel sound sequences**
- **Academic achievement**
- **Occupational performance**
- **Effective communication/socialisation**
- **Resistant to treatment if complex and not resolved by 5½ years**
- **Leading to Dyslexia – especially comprehension difficulties**

# *Speech and Language and Communication Disorders: How to help*

- **Early, frequent, intensive therapy by a skilled Speech & Language therapist**
- **Providing home and school programme**
- **Very frequent checks following resolution**
- **Vigilance for academic performance**

# *Speech and Language and Communication Disorders: How Libraries can help*



## **Make available**

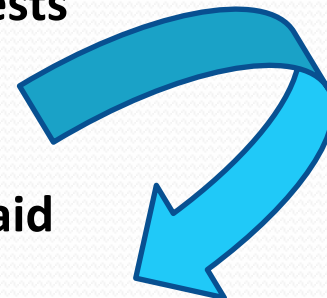
- **Colourful, commercially produced, age-appropriate range of books**
- **Reading to children by skilled readers using gesture, elaboration, discussion, welcoming child comments**

# ***Auditory Processing Disorder (APD)***

- **A hearing problem affecting 5% of school age children**
- **Affected individuals cannot process what they hear like their peers because ears and brain do not coordinate**
- **Something interferes with how the brain recognises and interprets language**
- **Cause is unknown**
- **Background noise makes it worse**
- **Continuum**
- **Trained audiologist and electrophysiological tests**

## **APD Impairments**

- **Difficulty paying attention to what has been said**
- **Difficulty remembering what has been said**



## ***Auditory Processing Disorder – how to help***

- **Create a quiet homework station**
- **Student to look at you when you are speaking to the student**
- **Apps to help those who struggle with listening comprehension**
- **Parenting coach site can help**
- **Parent training and Information Centre to learn of APD services**
- **Use a frequency modulator (reduces background noise and makes speakers voice louder so child can understand)**
- **Speaker wears a microphone and transmitter to sent signal to a wireless receiver worn by the child**
- **Speech and language therapy to develop good listening/speaking skills**

# ***Auditory Processing Disorder – how to help***

***Particularly challenging for the Class and Resource  
Teachers as well as for the student.***

- **Speak slowly and clearly when giving verbal instructions**
- **Speak slowly and pause between sentences**
- **Provide verbal and visual input simultaneously when teaching and providing directions**
- **Avoid overloading the student with information, data and instructions**
- **Provide the student with several seconds in order to supply a response to verbal questions**
- **Know that it takes the student a long time to process and comprehend the questions**



# ***Attention Deficit Hyperactivity Disorder (ADHD)***

**A persistent pattern of inattention and/or hyperactivity – impulsivity that interferes with social, academic, occupation, functioning or development**

**Before age 12 in 2 or more settings  
6 of the following for at least 6 months  
Inattention**

- **Poor attention to detail**
- **Poor sustained attention conversation (lecture, lengthy reading)**
- **Failure to follow instructions**
- **Avoids tasks requiring sustained mental effort**
- **Loses necessary items**
- **Forgetful of daily activities**
- **Careless mistakes**
- **Failure to listen when addressed**
- **Failure to follow instructions**
- **Poor organisation/sequencing difficulties, meeting deadlines, belongings**
- **Easily distracted**

# ***Attention Deficit Hyperactivity Disorder (ADHD) (Cont'd)***

**A persistent pattern of inattention and/or hyperactivity – impulsivity that interferes with social, academic, occupation functioning or development**

**Before age 12 in 2 or more settings  
6 of the following for at least 6 months  
Hyperactivity-Impulsivity**

- **Squirming, fidgeting, tapping hands/feet**
- **Runs/climbs inappropriately**
- **On the go (motor)**
- **Blurts out Answer before Question finished**
- **Interrupts others**
- **Leaves seat inappropriately**
- **Noisy play**
- **Talks excessively**
- **Can't wait turn**
- **Poor modulation**

## ***Attention Deficit Hyperactivity Disorder (ADHD) (Cont'd)***

**A persistent pattern of inattention and/or hyperactivity – impulsivity that interferes with social, academic, occupation functioning or development**

**Symptoms may be absent/minimal if individual gets**

- **Frequent rewards for appropriate behaviour**
- **Is under class supervision**
- **In a novel setting**
- **Engaged in very interesting activities**
- **Has consistent external stimulation**
- **Is in a one-to-one setting (e.g. psychologists office)**

# *Attention Deficit Hyperactivity Disorder (ADHD) (Cont'd)*

## **Impairment in inhibition**

- **Distractible poor attention – hard to learn**
- **Academic or work performance impairment**
- **Problems with organisation, foresight**
- **Late for class, sustaining effort**
- **Easily loses things, forgetful**
- **Trouble with transitions**
- **Poor frustration/tolerance**
- **Quick to anger**
- **Rejects loving help**
- **Excessive emotions**
- **Thrill seeking behaviour**
- **Feels calm when in motion**
- **Following directions/sequencing**
- **Poor handwriting**

# *Attention Deficit Hyperactivity Disorder (ADHD) (Cont'd)*

## ADHD Treatment

- **Structured one-to-one setting with frequent novel stimuli**

# *Attention Deficit Hyperactivity Disorder (ADHD) (Cont'd)*

## Presenting Material to child with ADHD

- **Clear all distractions**
- **Present material in a vibrant, animated and attention grabbing way**
- **Establish good eye contact**
- **Tap on desk (or other code) to return child to focus**
- **Alter child's attention "This is Important"**
- **Break down longer direction into chunks**
- **Check for comprehension**
- **Child underlines key words of directions**
- **Encourage student to mark incorrect multiple-choice answers with an X first. This allows a quick start while forcing reading of all choices before final selection**
- **Allow hyperactive child out of seat to distribute/collect papers etc**
- **Allow preferential seating in discussion with the student**

# *Attention Deficit Hyperactivity Disorder (ADHD) (Cont'd)*

## **Help with Organisation: Write it down**

- **Have 1 notebook and a 3 ring binder for all SS**
- **Date each sheet of paper as soon as it is touched**
- **One bi-fold homework folder for all SS. One side for all paper coming home. Other side for all paperwork to be handed in**
- **Have central location only for homework to be filed**
- **Have an assignment book and use it. Write assignments in it and teacher checks it to train him**
- **Allow time to write in assignment book for homework**
- **Tape/stick assignment into assignment book**
- **Have a monthly calendar downloadable from school website. Train in its use for long-range projects including draft dates, 2<sup>nd</sup> draft dates etc.**

# ***Attention Deficit Hyperactivity Disorder (ADHD) (Cont'd)***

**Look over daily assignment pad as well as monthly calendar of upcoming commitments/assignments**

- **Add notes to list**
- **Correct daily and monthly assignments into a time schedule**
- **Look over planner including upcoming weeks and write out times you are planning to accomplish tasks today**
- **Include time for eating, bathing, messaging, TV**
- **Factor in time for unexpected delays**
- **Adhere to time schedule**
- **Child and care giver should go over this schedule as soon as child makes it (ADHD children have poor grasp on time events will take)**
- **Check/monitor if estimates are good**



## ***Attention Deficit Hyperactivity Disorder (ADHD) (Cont'd)***

**Encourage the ADHD individual to seek help into future from spouses, secretaries etc.**

- **Continue to have teaching and supervising of the time schedule**
- **Know the assignments to be done**
- **Inform about typical routines**
- **Hand out written assignments for the week**
- **Put homework on the school website**
- **Initial students homework assignment pads after each period**
- **Notify family of any late assignment**
- **Don't wait until the mid-term report**

# ***Attention Deficit Hyperactivity Disorder (ADHD) (Cont'd)***

## **Communication between parent/teacher**

- **Email is best**
- **Parent calls teacher once a week for update**
- **Mail a card weekly to teacher with spaces for missed work and comments and then dropped back in the mail**
- **Comment box**
- **Allow for expedient make up of late homework through**
  - **Acceptance of late work 1 day from parental notification**
  - **Non punitive detention to complete the work**

# *Attention Deficit Hyperactivity Disorder (ADHD) (Cont'd)*

## Communication between parent/teacher

- **Have 2 sets of books – 1 at home and 1 at school**
- **Keep students appraised of grades**
- **Administer a pre-test before a big test before doing poorly on a test**
- **Use legible methods to externalise problems**
  - **State aloud the problems and consequences at the time of the event**
  - **Use timers/planners to break down tasks into manageable chunks**
  - **Timers give a tangible face to the nebulous concept of time – prevents nagging**

# *Attention Deficit Hyperactivity Disorder (ADHD) (Cont'd)*

**Brainstorming ideas – physically sort through them and put them in order**

- **Provide help at the moment it is needed**
- **Use resource time to give aid to child with SEN by**
  - **Check assignment sheets**
  - **Review books needed**
  - **Review due dates**
  - **Review plan for breaking down larger projects into steps**
  - **Review month calendar**

## ***Attention Deficit Hyperactivity Disorder (ADHD) (Cont'd)***

**Skills teacher checks for class notes for each SS in the binder daily**

- **Printer to print out computer notes daily**
- **Keep it up to the end as the problem will recur if the checking does not happen**

# *Autistic Spectrum Disorders (ASD)*

**Characterised by deficits in early childhood in**

- **Social communication**
- **Social interaction/reciprocity/relationships**
- **Repetitive behaviour patterns and interests**
- **Hypo-hyper reactivity to sensory input**
- **Cause segmented impairment in social, occupational and other important areas**
- **Uneven profile of abilities**

# *Autistic Spectrum Disorders (ASD) (Cont'd)*

## Early signs of ASD

### Year 1

- **delayed language**
- **Lack of social interest**
- **Unusual play pattern**

### Year 2

- **Repetitive behaviours**
- **Absence of symbolic play, solitariness**
- **Strong preference, sameness (food, leisure, objects)**

## *Autistic Spectrum Disorders (ASD) (Cont'd)*

### ASD and learning

- **Hampered through social settings/interaction levels**
- **Routines/aversion interfere with eating/sleeping/care**
- **Difficulties in planning organisation and change**
- **Continued rigidity in adulthood which curtails independence**



# *Autistic Spectrum Disorders (ASD) (Cont'd)*

## **Educational management of ASD**

- **Have regular, organised routine**
- **Combination of psychotherapy, Special Education, Behaviour modification and support for family**
- **Full spectrum of IQ and mix of abilities**
- **Help with Executive Functioning (CEO)**
  - **Organisation**
  - **Planning**
  - **Working memory**
  - **Inhibition/impulse control**

# *Autistic Spectrum Disorders (ASD) (Cont'd)*

## **Educational management of ASD**

- **Help with Executive Functioning (CEO) cont'd**
  - **Self regulation**
  - **Time management**
  - **Prioritising**
  - **Understanding complex/abstract concepts**
  - **Using new strategies**
  - **Complex**
  
- **Encourage flexible thinking**

## *Autistic Spectrum Disorders (ASD) (Cont'd)*

### Communication skills that are weak in an ASD child

- **The urge to initiate shared social interaction and 2 way communication:  
theory of mind**
- **Pragmatic language (language in a social context)**
- **Knowledge of unwritten rules (personal space)**
- **Knowing what is/is not impossible (see big picture)**
- **Symbolic play skills (objects as cup = phone)**
- **The ability to achieve “joint attention” (pointing)**
- **Non-verbal (non-spoken) transmission of language – facial expressions,  
body language, tone/prosody of speech**

# *Autistic Spectrum Disorders (ASD) (Cont'd)*

## Helping Social Communication

- **Social Stories**
- **Talk About**

## Anxiety

“Susan worries so much! All of us used to worry about a test the next day, but she worries about it for days in advance. In fact, she seems to worry about lots of things. She is even worried about *NEXT* year. She tells me that it doesn’t make sense, but she just can’t help thinking about this stuff. I used to think that she avoided school because she just doesn’t like it. Now, I am beginning to think that it is just too painful for her. In order to leave the house now for school, she goes through this little ritual of touching the door three times. It’s just so sad to watch”.

(p 127 – Kinds in the Syndrome Mix – Martin L Kutscher MD).

## Anxiety

“In many nations, there has been a strong trend towards an increasingly educationally based and technologically drive culture. Contemporary society often places an extremely high premium on the value of education, more so than ever before. Now, many parents are preoccupied not just by trying to have their children attend college, but it must be a “good college”. Parents worry if their children will be able to support themselves. Unfortunately, this has all created a generation of young people who feel overwhelmed and pushed much of the time. These overscheduled and overly competitive children do not get enough ‘down-time’, the value of which is often overlooked. Children near to learn to regulate themselves, and appreciate their own needs. A balanced lifestyle is harder to learn than might be imagined”.

# *Anxiety Disorders*

**Have features of excessive fear and anxiety and related behavioural disturbances**

➤ **Fear**

**Emotional Response to real or perceived imminent threat (escape behaviours and thoughts)**

➤ **Anxiety**

**Anticipation of future threat (muscle tension, vigilance in preparation for future danger – cautious/avoidance behaviours)**

## *Anxiety Disorders (Cont'd)*

**Difference in types of objects/situations that induce:**

- **Fear**
- **Anxiety**
- **Avoidance behaviour and associated cognitive ideation**

**They are excessive and persist (6 months +) beyond developmentally appropriate periods.**



## ***Anxiety Disorders (Cont'd)***

- **Over-estimate dangers**
- **Many anxiety disorders develop in childhood and persist if not treated**
- **More common in females**
- **General Anxiety Disorder**
- **Separation Anxiety Disorder**
- **Selective Mutism**
- **Phobias and (Specific Phobias)**
- **Panic Disorders**

## General Anxiety Disorder (GAD)

**Thought to be due to imbalance in the loop between Cortex and primitive centres for sensory input and emotion.**

### **Sufferers**

- ❖ **Worry re lots of things (6+) at a time**
- ❖ **Worries are regarded as useless/unwelcome/alien**
- ❖ **Recognise they worry more than peers**
- ❖ **Anticipate future events and worry about them well in advance**
- ❖ **Have strong/more painful, disruptive worries**
- ❖ **Worry about situation, objects others find trivial**
- ❖ **Have insomnia, poor concentration, irritable/on edge**
- ❖ **Have head/stomach aches**
- ❖ **Can be perfectionists (a type of anxiety)**

## General Anxiety Disorder (GAD)

### Perfectionist v Striving for Excellence

<b>Perfectionist</b>	<b>Striving for Excellence</b>
<b>Avoid challenges</b>	<b>Reach for challenge</b>
<b>Focus on end produce</b>	<b>Derive pleasure from it</b>
<b>Attribute success to luck</b>	<b>Attribute success to hard work</b>
<b>Failure equals weakness as a person</b>	<b>Failure equals weakness in one area</b>
<b>Celebrate avoidance of failure</b>	<b>Celebrate accomplishment</b>

### Separation Anxiety Disorder

A developmentally inappropriate and excessive fear/anxiety re separation from attachment figures as evidenced by 3 of the following features:

#### **Distress/worry**

- ❖ **When anticipating/experiencing separation from home or from attachment figures**
- ❖ **Loss or harm to major attachment figures (e.g. illness, injury, disasters, death)**
- ❖ **Untoward events (getting lost, kidnapped, accident) that causes separation from major attachment figures**
- ❖ **Being alone/with major attachment figures at home/in other settings**

## Separation Anxiety Disorder

A developmentally inappropriate and excessive fear/anxiety re separation from attachment figures as evidenced by 3 of the following features:

**Persistent reluctance to:**

- ❖ **Going out/away from home, school/work/elsewhere due to fear of separation**
- ❖ **Sleep away from home/or go to sleep without proximity to major attachment figures**

**Child/person has repeated:**

- ❖ **Nightmares re theme of separation**
- ❖ **Complains of physical symptoms (head/stomach aches, nausea, vomiting) when separation from major attachment figures is anticipated.**

### **Separation Anxiety Disorder**

**A developmentally inappropriate and excessive fear/anxiety re separation from attachment figures as evidenced by 3 of the following features:**

- ❖ **Fear/anxiety avoidance is persistent lasting at least 4 weeks in children/adolescents and 6 months in adults.**
- ❖ **Fear/anxiety causes clinically significant distress/impairment in social/academic/other areas**
- ❖ **Disturbance not explained by other conditions (e.g. ASD, psychosis)**

### Separation Anxiety Disorder

A developmentally inappropriate and excessive fear/anxiety re separation from attachment figures as evidenced by 3 of the following features:

<b>Compromises</b>	
<i>Child's</i>	<i>Adults</i>
<b>School attendance</b>	<b>Not leaving parental home</b>
<b>Sleeping/nightmares</b>	<b>Not travelling</b>
<b>Not going to camp/sleep-overs</b>	<b>Not working outside the home</b>
<b>Not going away to college</b>	

### **Selective Mutism (SM)**

- ❖ **Consistent failure to speak out in social situations(e.g. At school) despite person speaks in other situation.**
- ❖ **Has significant consequences on academic/occupational achievements and interferes with normal social communication.**
- ❖ **Duration at least 1 months (not just first month at school).**
- ❖ **Not attributable to lack of knowledge of spoken language.**
- ❖ **Not explained by other communication disorders.**



## **Selective Mutism (SM)**

- ❖ **SM children speak at home but silent before close friends/second degree relatives.**
  
- ❖ **SM leads to:**
  - **Academic impairment (teachers can't assess e.g. literacy skills)**
  - **Social communication failure**
  
- ❖ **SM child may:**
  - **Use non verbal means of communication (grunting/pointing/writing)**
  - **Take part in plays/social encounters where language is unnecessary**

**Selective Mutism is often associated/accompanied by Anxiety especially  
Social Anxiety Disorder  
and**

- ❖ **Excessive shyness**
- ❖ **Fear of social embarrassment**
- ❖ **Social isolation/withdrawn**
- ❖ **Clinging**
- ❖ **Compulsive traits**
- ❖ **Negativism**
- ❖ **Temper tantrums**
- ❖ **Mild oppositional behaviour**

## Phobias

Specific phobias are fearful/anxious avoidant behaviours re objects/situations.

The fear/anxiety/avoidant behaviour is:

- ❖ **Immediately induced**
- ❖ **Persistent and out of proportion to the risk posed (animal, natural environment, blood, injection, injury)**

## Social Phobia

**Social Anxiety Disorder induced in the individual who is:**

- ❖ **Fearful/anxious/avoidant of social situations involving possibility of being:**
  - **scrutinised/observed (e.g. Meeting unfamiliar people eating/drinking/performing)**
  
- ❖ **Idea in head they are being**
  - **Negatively evaluated**
  - **Embarrassed**
  - **Humiliated**
  - **Rejected**
  - **Offending others**

### **In Specific Phobias there is**

- ❖ **Marked fear/anxiety re specific objects/situations (e.g. Flying, heights, animals, injections, blood).**
- ❖ **Expressed in children by crying, tantrums, freezing, children.**
- ❖ **Immediate fear/anxiety which is out of proportion to actual danger associated with object/situation.**
- ❖ **Active avoidance of situation or endured with intense fear & anxiety.**
- ❖ **Persistent fear/anxiety (6 months +).**
- ❖ **Significant distress/impairment in social/occupational & other areas.**
- ❖ **Not better explained by another mental disorder.**

## Panic Disorder

### Recurrent expected and unexpected panic attacks

- ❖ Abrupt surge of intense fear/discomfort arising from calm state or anxious state
- ❖ Reaches peak within minutes during which 4 or more of the following occur:

Palpitations	Sweating
Trembling/shaking	Shortness of breath/smothering
Choking feeling	Nausea/abdominal distress
Chest pain/discomfort	Dizziness/faint
Chill/heat sensation	Numbness/tingling
Feeling of unreality	Detached
Fear of losing control of oneself	Fear of dying

### **Panic Disorder**

- ❖ **At least one of the attacks has been followed by one month or more of:**

**Persistent concern/worry re additional panic attacks or their consequences above.**

**Significant maladaptive change relative to the panic attacks (e.g. Avoidance of exercise, unfamiliar situations)**



*Questions & Answers*

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