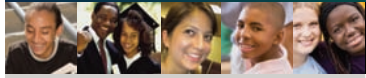


# COMMONWEAL Chronicle

A QUARTERLY PUBLICATION OF THE COMMONWEAL FOUNDATION



ISSUE 6 | SPRING/SUMMER 2010

The Commonweal Foundation supports educational programs and projects assisting disadvantaged youth. The Foundation focuses on secondary and, to a lesser extent, elementary education. The Foundation also considers grants for educational research and, to a limited extent, health care.

## FOUNDATION PROGRAMS

- ▶ **Pathways to Success Program.** Boarding and Day School Scholarships
- ▶ **Partners in Learning Program.** Afterschool Math and Reading Tutoring and Parent Education Programs
- ▶ **Learning Support Program.** Special Education Tutoring
- ▶ **Grants Program.** Community Assistance Program and School Enhancement Program Grants

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## Message From President, CEO & Chair

# Supporting Successful Learners



It means the world to a child to be able to participate in an educational setting where his/her learning differences are embraced. This is true no matter the child's learning style and it is especially important in the case of students with Attention Deficit Hyperactivity Disorder (ADHD). ADHD is a commonly diagnosed condition caused by a neurobiological difference in age appropriate behavior that is characterized by inability to attend to the task at hand, and the inability to manage impulse control (Silverman). As a result, children can appear overly active, or they can appear inattentive. The important thing to know is that children with ADHD can become successful learners in school if they are surrounded by a web of supporters who take the time to understand the condition and strategies that will encourage success in the classroom and at home.

We are pleased to delve into the definition of ADHD in this edition of the *Commonweal Chronicle*, and the many ways that educators, parents and others who work with children can turn this difficult physiological and medical condition into a journey towards success. In this last year alone, reports on ADHD were published in Italy, Norway, Korea, Finland and the United States. It is clearly an international topic of interest. There are a myriad of websites and resources providing in-depth information on ADHD, and we are adding to those resources by including in this edition an interview with Dr. Stephan M. Silverman, PhD, a clinical and school psychologist who has spent his 35 year career providing assessment and treatment to children with ADHD and other learning challenges in the Washington, DC area. We also offer a brief overview of some of the best teaching prac-

tices identified by Dr. Silverman and his colleagues that can be most successful with students who have ADHD, and information about his recent books encouraging school success for students with the condition. We feel sure that his wisdom on the subject will help us all understand the perspective of students who struggle on a daily basis with their class work, home life and peer relations, and will give us the tools necessary to support the success of these children, and all children who can benefit from our interest in them as life-long learners.

Also in this issue we hear from Dr. Debbie Speece, Professor of Special Education at the University of Maryland and doctoral candidate Dawn Jacobs about ways to design innovative and enriching tutoring sessions focused on reading. In their training session for tutors in the Commonweal Foundation's Partners in Learning and Learning Support programs, Dr. Speece and Ms. Jacobs presented many ideas and resources for the tutors.

**Earlier issues of *Commonweal Chronicle* detailed our key strategies of building partnerships, improving program evaluation and enhancing the quality of our programs.**

All of our efforts here at the Commonweal Foundation point us in the direction of continuing to lay the groundwork for implementation of our five year strategic plan. Earlier issues of *Commonweal Chronicle* detailed our key strategies of building partnerships, improving program evaluation and enhancing the quality of our programs. As we move forward, we will rely heavily on education research such as that of Dr. Silverman and Dr. Speece to be better informed as we ensure increased access to quality programs and services for all students, but especially for those with learning differences. It is our philosophy that by doing so, we empower ourselves to prepare them for success in the classroom, which leads to a bright future that can have a positive impact on their lives, and society as a whole. We share this knowledge to assist you in your efforts to create the best educational environments possible so that every child's social, emotional and educational needs can be met in ways that ensure their success in life. ■

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# Overcoming Obstacles in the Academic Setting: *A Conversation About ADHD*

While implementing our numerous programs, we often notice obstacles that prevent students from maximizing their potential. One common cause for academic struggles is ADHD, Attention Deficit Hyperactivity Disorder. Jane Parra, Director of Commonweal's Learning Support Program, recently had the opportunity to speak with Dr. Stephan Silverman who has been a licensed psychologist in private practice and a school psychologist in Montgomery County, MD for over 35 years. His recently-published book, *School Success for Kids with ADHD*, has received accolades from prominent members of the medical community. The interview with Dr. Silverman will help readers understand ADHD by providing an overview of the medical condition, exploring the most common myth that surrounds it and presenting advice for parents and teachers as they support the social, emotional and academic success of children with ADHD.

## A Snapshot of ADHD

**Parra:** Dr. Silverman, thank you for taking time out of your busy schedule to join us today. I'd like to start with the most common question. In your view, what is ADHD?

**Silverman:** That seems like a simple question, but it's actually rather complicated. It's

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*"I love the noble profession of teaching, and I know how pivotal good educators are."*

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important to remember that ADHD is not just one thing; it almost always comes with other co-existing conditions. But it is a very real and serious neurological difference in age appropriate behavior. It is characterized by an inability to attend to the task at hand, an inability to manage impulse control and by motor restlessness. It is a legally disabling condition which has a real impact in the youngster's life, both at home and in school.

**Parra:** When you speak of a neurological difference, can you explain that a little more?

**Silverman:** Yes, it is a different way in which the brain works, and it may even be a structural difference. It means that those structures in the brain that deal with inhibition or restraint or prudence or patience may be smaller or less developed. It's really a developmental difference.

**Parra:** That's a great way to describe it – a structural difference in the brain. Now can you give us an idea of how common ADHD is?

**Silverman:** It's international in scope and is found in every culture. Approximately five percent of the general population has it, but the problem is that it is both under-diagnosed and over-diagnosed. People seem to find it in every active boy of kindergarten age. On the other



hand, there are little girls who spend their entire lives secretly struggling in school because they've never told anyone that it's hard for them to maintain attention. So there are many youngsters who are under-diagnosed because they have the inattentive type, and there are so many boys who are over-diagnosed.

### School Success for Kids with ADHD

**Parra:** Could you tell us why you wrote your latest book and for whom the book is intended?

**Silverman:** My many years in clinical practice led me to accumulate personal impressions that were not adequately represented in medical literature. We never hear from the kids how hard it is to ask someone to repeat things, to miss the teacher's lecture, to have to call friends after school for the homework assignment, to work so hard to behave appropriately, to learn to stop and think. I also wrote the book because over the years I saw parents struggling through the process of trying to help their child.

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*“It’s important to remember that ADHD is not just one thing; it almost always comes with other co-existing conditions. But it is a very real and serious neurobiological difference in age appropriate behavior.”*

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And finally, I have to say, that I have a soft spot for teachers. I love the noble profession of teaching, and I know how pivotal good educators are, so I am happy to be able to give them some practical advice.

**Parra:** And you’ve done a great job at that! Wasn’t your book featured recently at a CHADD (Children and Adults with Attention Deficit/Hyperactivity Disorder) conference?

**Silverman:** Yes, it was featured at CHADD International this year mainly because it was well received by established leaders in the field such as Dr. Peter Jensen.

His recent study at the National Institute for Mental Health recommends that we pursue a wrap around approach using multiple stakeholders in the child’s environment. This resource is unique because it is one of the few approaches that puts in place a multi-modal plan for addressing ADHD. In addition, I must point out that the study did show that, for most children, medication is the most pivotally important intervention, if properly prescribed and properly managed.

**Parra:** Then let’s take a moment to talk about medication in the treatment of ADHD. What is your opinion of the continuum of medications?

**Silverman:** First, let me say that I am not a physician, but frankly, I think it is really important which specialist you get. For a one-stop resource, I want to refer you to our chapter in the book on medication written by Dr. Lance Clawson who is Washington, DC’s leading child psychiatrist. It explores genetics, brain imaging, and various medications. Nowadays there are a number of FDA approved approaches, including the use of stimulants, non-stimulants, experimental drugs, antidepressants and some drugs that may have been used for other purposes but which are effective. Since anxiety is the number one co-existing condition of ADHD, it’s also very important to tease out the anxiety from ADHD because they are very different. Parents need to find an experienced specialist and stay with him or her. Then, once the best specialist is found, the medications that are prescribed must be properly monitored in order to bring success to the situation.

**Parra:** Just out of curiosity, what’s the most prevalent myth about medications?

**Silverman:** Well, unfortunately, the most prevalent myth is, “Your kid needs

*continued on page 4*

- 30%-50% of students with ADHD are retained in their school grade at least once
- 25%-36% of students with ADHD never finish high school
- Silverman, Iseman and Jeweler developed a list of best practices that support students with ADHD in the classroom. The list includes:
  1. **Knowledge is Power!** It is imperative to gather information about the student so that the teacher can plan appropriate strategies to support success.
  2. **Create an environment of mutual respect, acceptance, organization, flexibility and high expectations.** Classrooms that value student uniqueness are ultimately the most supportive classrooms.
  3. **Provide strength-based instruction:** Work with the student’s strengths in order to build on the positive so that the student’s self-confidence grows.
  4. **Differentiate instruction.** Teachers can use a range of strategies and instructional methods to match their instruction to the way that students learn, their abilities and their needs.
  5. **Provide appropriate interventions, adaptations and accommodations.** A collaboratively designed intervention plan has the best chance for success.
  6. **Learn, teach, practice, and model strategies that support and empower students who have difficulties related to ADHD.** It is important to continue learning all the latest information and research so that teaching and other forms of academic support are the most effective research-based strategies.
  7. **Teach students self-advocacy skills.** These skills are what help the student to be successful and resilient over time.
  8. **Communicate openly with parents and others.** Open, inclusive and respectful communication is a key to creating a lasting partnership that benefits everyone, and especially the child with ADHD.

Re-printed with permission of the authors Stephan M. Silverman, PhD, Jacqueline S. Iseman, PhD and Sue Jewler.



**OVERCOMING OBSTACLES** *continued from page 3*

medication.” It’s actually unethical and even illegal in some places for a teacher to tell a parent that. Without a medical assessment, it is very inappropriate to assume that any child needs medication. So one myth is that, “Medication is the answer and do it early.”

ADHD is also often accompanied by oppositional behaviors such as anger, rage, and opposition, and interpreting these negative behaviors is another challenge for parents. You know, I have always believed that parenting is the greatest art. It really is. There are so many fine lines to discern in parenting. You certainly don’t want to break the will of the child when confronted with oppositional behavior because a strong will is very important for resilience.

**Advice for Educators**

**Parra:** That’s very helpful. What advice do you have for professionals, especially teachers, when a child arrives with ADHD and perhaps with anxiety or depression as co-existing conditions?

**Silverman:** We do have to accept that this is the way they are wired, and once we acknowledge that the youngster has a legally disabling condition, we must adopt a forgiving attitude. With ADHD, you have to cover all the bases to treat it successfully.

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*“(W)hen teachers convince their students that they can learn, no matter what their personal obstacles, they provide the foundation for lifelong learning.”*

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Part of covering all the bases includes, in my opinion, identifying early on the strengths that every youngster has. In fact, I wish we had a meeting for every child in school, even if it’s 15 minutes a year, in which we recognize them, and we tell them that we value them, that we know they have strengths and that we know they can learn.

**Parra:** That brings us around to the tutoring that we do here at Commonweal. This is one of the most powerful things that we provide our students – a sense of being capable and valued.

**Silverman:** Oh yes. Even as a tutor, one doesn’t have to be a trained social worker to convey the sense that you value that child. So if they get that from your tutoring service, I’d say they have gotten a lot!

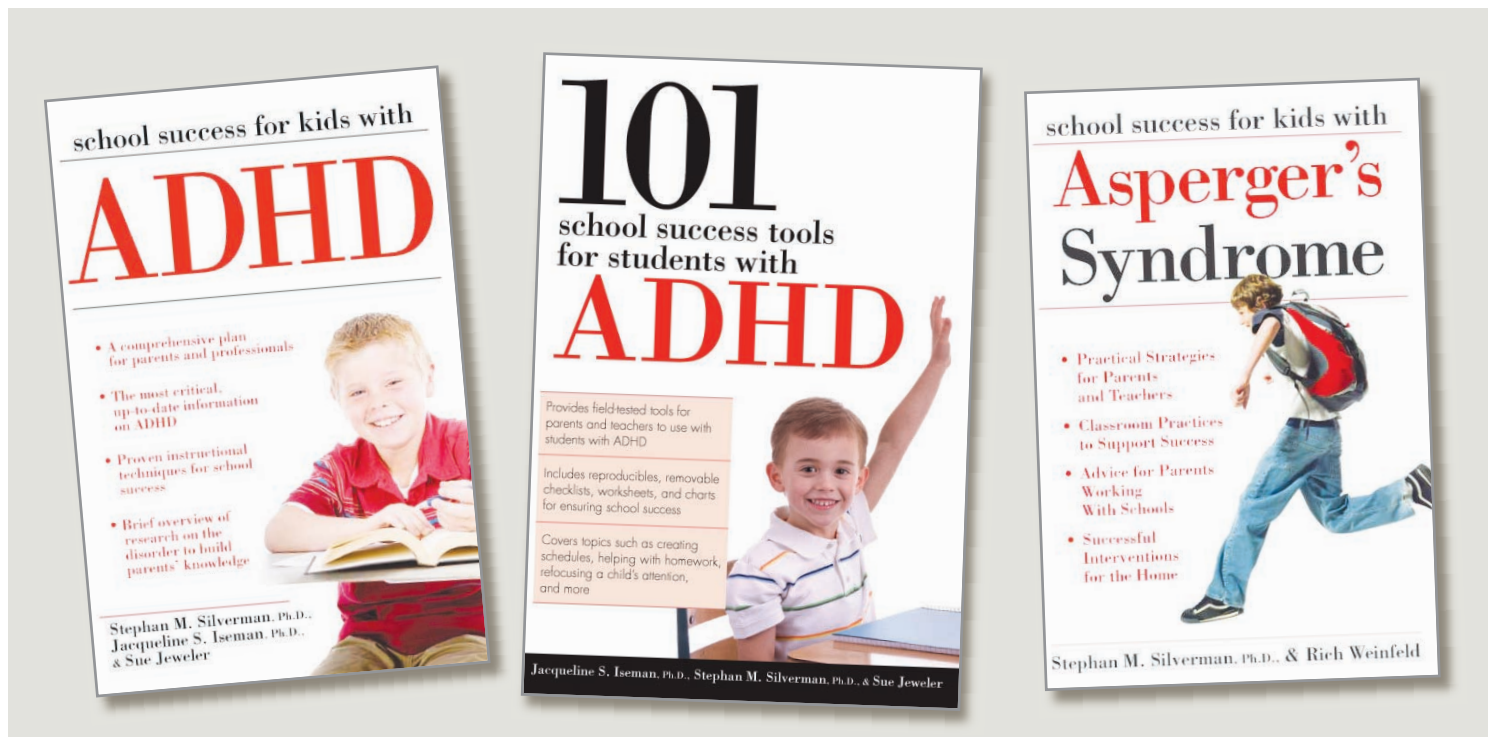
**Overcoming Obstacles**

**Parra:** Absolutely. You spoke earlier

of resiliency. Can you paint us a picture of the kind of person who comes out on top of this?

**Silverman:** As I look at people who have struggled with ADHD, they have been given three gifts that empower them. First, they’ve learned from their parents that they are loved unconditionally. Love is a powerful insulator around the wires of the brain, and it brings with it a sense of trust, a sense of emotional protection, a sense of faith.

Secondly, as parents instill a consistent set of moral expectations, they give their children the gift of moral development that will guide them throughout their lives. They have a map for those little detours in the road of life. Finally, when teachers convince their students that they can learn, no matter what their personal obstacles, they provide the foundation for lifelong learning. ■



# Advice for Stakeholders: A Multimodal Action Plan for ADHD

As Dr. Silverman explains, so many adults see children with ADHD and wonder, “Why doesn’t he just control himself?” Why not? Simply because he can’t. If these children could control themselves, they would. That is why it is important to be informed about this medical condition resulting from neurological differences in the brain, and why it takes a multimodal action plan to support success in children with ADHD. These are the highlights of this philosophy, and parents and teachers are urged to adopt as much as possible of this comprehensive action plan offered as a checklist for success.

1. **Get an accurate assessment of the situation.** It is essential to find an experienced specialist who can determine medically whether or not ADHD is present. A medical consultation is the first step in addressing that possibility.
2. **Assume a strength model.** Identify as soon as possible the skills at which the youngster excels such as playing soccer, caring for pets, or riding a bike. These skills will be an important reference point as the family moves forward with treatment.
3. **Educate yourself.** Parents are encouraged to read recommended books and watch videos, attend workshops by leaders in the field, and join support groups such as CHADD (Children and Adults with Attention Deficit/Hyperactivity Disorder). The more one knows about the condition, the better prepared one is.
4. **Participate in counseling or support when it is needed.** Not all youngsters will need this support, but parental participation is vital when it is needed. It should be seen as a team approach which requires parents, siblings and professionals to succeed.
5. **Create and maintain a non-stressful environment.** Parents should make it a goal to create a harmonious, peaceful refuge for the family even though it may be difficult. Some personality types tend to be more excitable and emotionally charged, so stress management is key.
6. **Ensure medical monitoring.** Not all patients will need medications, but when they are needed, it is critical to administer them as prescribed, monitor the results, and provide feedback to the doctors involved.
7. **Adopt a healthy lifestyle.** A balanced diet provides the body with the energy it needs for all the activities of the day. A healthy lifestyle avoids junk food, excessive electronics and

a chaotic home environment, and it includes activities that release tension and relax the body.

8. **Identify one person to manage the case.** When parents are working with psychologists, educators, administrators, counselors, and others, information sometimes goes astray. To avoid confusion and poor communication, assign a case manager early on who will be the one conduit of information to all those involved.
9. **Provide educational support to teachers.** Oftentimes, practices that work well for students with ADHD work well for all students. Dr. Silverman details these practices in his book *101 School Success Tools for Students with ADHD*. It provides chapters on planning units and lessons, improving study skills, modifying behavior and preparing for meetings among other topics and is designed for educators and parents alike.
10. **Create a home-school contract.** This agreement should cover how to communicate with all the stakeholders and define what the child is expected to do. Allowing the child to choose two or three things he will work on personally usually brings more success.
11. **Schedule counseling support for the child if it is needed.** Without this sort of support, further complications may emerge, such as low self-esteem, problems with peers, sleeping problems, and bedwetting. A good counselor will set up counseling targets to help the youngster develop a sense of achievement.
12. **Learn and use calming techniques.** For some, yoga breathing is effective; others may prefer simple meditation. The use of calming techniques won’t cure ADHD, but it will ameliorate its effect on all those involved. ■

## Resources for Educators and Families Supporting Children with ADHD

<http://www.chadd.org/>  
<http://www.nimh.nih.gov/health/topics/>  
<http://www.ldonline.org/>  
<http://www.ldanatl.org/>  
<http://www.schoolbehavior.com/>  
<http://www.drthomasebrown.com/>  
<http://www.ricklavoie.com/>

# Structuring Fun, Focused and Enriching Reading Tutoring Sessions



## Structuring Fun, Focused and Enriching Reading Tutoring Sessions

In the fall of 2009, Debbie Speece and Dawn Jacobs presented a workshop on reading instruction to tutors who work for the Partners in Learning and the Learning Support programs. Debbie is a Professor of Special Education and Dawn is a doctoral candidate at the University of Maryland. The goal of the workshop was to present ideas that could be easily incorporated into the tutors' instruction. This article summarizes the main points of the presentation.

The presenters reminded the audience of the importance of their work. It is estimated that 15% of young, school-aged children struggle with learning how to

read, 34% of fourth graders read below basic level, and 41% of children with reading disabilities begin to experience problems *after* third grade. This latter group, sometimes referred to as "late emerging readers" is of particular concern because schools often place a large emphasis on beginning reading with less effort devoted to older children. Specifically, these students begin experiencing serious problems when instruction shifts from "learning to read" to "reading to learn."

The presenters explained the problem struggling readers face: the more failure they experience, the less motivated they are to read, the less they read, and as a result they become even poorer readers. In contrast, the opposite happens to children who

experience success: they find reading enjoyable, they read more, they develop additional and better skills, and they become excellent readers. Keith Stanovich, an internationally renowned researcher in the field of reading, referred to this phenomenon as the "Matthew Effect" based on the biblical passage (Matthew 25:29): "For to all who have, more will be given, and they will have an abundance; but for those who have nothing, even what they have will be taken away." Simply put, the rich get richer and the poor get poorer.

From this perspective the presenters made the case that good readers practice reading. Just as in sports, repetition is one key to success. Continuing with the sports and exercise metaphor, Speece and Jacobs impressed upon the group that the brain is a "muscle" that must be exercised.

One method of providing readers the "reps" they need is through a technique called repeated reading. More than just taking turns while plowing through a text, it is a principled and well developed technique that gives children some ownership over their work while they practice reading. Repeated reading is part of a research-based technique (PALS: Peer Assisted Learning Strategies) that demonstrably improves children's reading fluency and comprehension. Researchers at Vanderbilt University (Douglas and Lynn Fuchs) developed and studied variations of PALS and showed that children from all ability and economic levels benefit from the program.




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*“For to all who have, more will be given, and they will have an abundance; but for those who have nothing, even what they have will be taken away.”*

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### The Instructional Steps for Repeated Reading

Because of the strong research base supporting repeated reading, Speece and Jacobs made it the core idea of their workshop for Commonwealth and built in word level and comprehension level activities to do before and after repeated reading practice.

- Select texts that are appropriate to each pair’s reading level.
- Provide the children a rationale for repeated reading.
- Model fluent reading using expression.
- Show students how to use the correction procedure.
- Teach the students that they will take turns reading. The “Coach” (stronger reader) will read for one page, one paragraph, or up to 5 minutes, then the “Reader” will read the same text.

One important factor is that strategies for pairing children are important. In a classroom setting, teachers rank children with respect to their reading skill and divide the list in half. The top reader from the more skilled group is paired with the top reader in the less skilled group. The pairing continues in this manner to minimize reading skill differences in each pair of readers. Tutors can use the same strategy in their small group reading instruction. If the groups have an uneven number of children, the tutor can rotate being a partner. Teachers are encouraged to provide specific feedback by noting a positive feature of the reading (e.g., becoming more fluent, stopping at periods, reading with expression) and identifying a skill to work on next time (e.g., reading more words).

Teaching children the correction procedure is also a key component of repeated reading success. Error types are skipping a word, mispronouncing a word, hesitating on a word for more than four seconds, and adding a word. The purpose is to get

children to focus on each word because we know that good readers do see every word when they are reading. When an error occurs the Coach says, “Stop, you missed that word. Can you figure it out?” If yes, the Coach says “Good job! Read the sentence again.” If no, the Coach says, “The word is \_\_\_\_\_. What word? (Reader repeats the word). Good job. Now read the sentence again.”

An aspect of the routine that children enjoy is that partners alternate the roles of Coach and Reader. They both get to be the “boss,” which many children find empowering. Often, weak readers only have negative experiences because they are the ones being corrected.

Using repeated reading as the central activity, Speece and Jacobs provided word and comprehension activities from their own reading intervention research to incorporate before and after the repeated reading activity. Cracking the code is a major hurdle for struggling readers, so attention to sound-symbol relationships is critical.



### REPEATED READING & ITS BENEFITS

- ▶ This is a research-based technique.
- ▶ Includes a sequence of pre-reading, repeated reading, and post reading activities.
- ▶ Provides readers the practice they need.
- ▶ Gives children ownership over their work while they practice reading.
- ▶ Provides immediate corrective feedback.
- ▶ Gives all students the opportunity to participate and succeed.
- ▶ Provides struggling students the opportunity to feel successful.
- ▶ Encourages positive interactions.

### TIPS TO MAKE REPEATED READING EFFECTIVE

- ▶ Keep pace brisk.
- ▶ Don’t run it into the ground.
- ▶ The goal should be 15 minutes maximum for the entire sequence of pre-reading, repeated reading, and post reading activities.

## SAVE THE DATE

### ► **Commonweal Foundation**

5th Annual Leadership Forum

Washington, DC

October 26–28, 2010

### ► **CHAAD (Children and Adults with Attention Deficit/ Hyperactivity Disorder)**

22nd International Annual Conference

Atlanta, GA

November 10–13, 2010

### ► **National Reading Conference**

Fort Worth, TX

December 1–4, 2010

### ► **Learning Disabilities Association of America**

48th Annual International Conference

Jacksonville, FL

February 23–26, 2011

## STRUCTURING FUN, FOCUSED AND ENRICHING READING TUTORING SESSIONS *continued from page 7*

Word skills included sound-letter drills, skywriting to reinforce spelling and attention to individual sounds within words, sight word practice for words that are not easily sounded out, and blending words using the “thumbs up” procedure to signal when a word is recognized.

### Teaching Comprehension Skills

Comprehension skills are viewed as considerably more difficult to teach. Children with comprehension deficits may have difficulties in any number of areas including activating background knowledge, recognizing the main idea, understanding vocabulary, and drawing inferences. Struggling readers do not often understand the importance of previewing and predicting in assisting their understanding. Before reading a passage, tutors were encouraged to help their children to:

- *preview* the text by examining text features (e.g., table of contents, graphics, and picture captions) and
- *predict* what they may learn using these features by generating questions they think may be answered, or what they are interested in learning about the subject.

Another technique the presenters discussed was Question and Answer Relationships (QAR).

These assist readers in understanding the connection between text and understanding. The four QARs include:

- “right there” (answer is found in text)
- “think and search” (answer is found by extracting information from more than one sentence)
- “author and you” (the answer is not in text; reader has to use own knowledge in combination with author’s information), and
- “on your own” (text does not provide the answer; the answer is based on the reader’s opinions and experiences).

### Following Up to Ensure Understanding

After the repeated reading session, children can retell the big ideas (what did you learn first, next, etc.) then finish reading the text selected for that session. It is critical that tutors come back to the predictions made and the questions generated before reading so that the children begin to understand that reading is supposed to make sense and that the predictions and questions are not empty exercises, but are part of the process. To wrap up the workshop, Speece and Jacobs emphasized the benefits of repeated reading and tips to make repeated reading and associated activities fun and effective. ■

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