CHADDS FORD

MAY 2021

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CHASING THE *why*

Perk Musacchio and Maude LeRoux explain how to get to the root of of learning disabilities

Perk Musacchio

Maude LeRoux

raising great kids

By education specialist **Perk Musacchio** and occupational therapist **Maude LeRoux**

Within the last several years, educators have seen an increase in the number of students who have strong cognitive ability, and yet are struggling and working harder than ever to be successful. These observations are actually validated by the rising rates of brain-based disabilities like specific learning disability, autism, ADHD, anxiety, and depression. When these struggles appear, parents or teachers will often request an evaluation through the school district to determine if there's a learning disability or other diagnosis that qualifies the student for special education services. School districts are legally obligated to provide this testing service and, if warranted, any subsequent specialized instruction and accommodations. However, sometimes the student doesn't qualify and continues to struggle. Other times, the student does qualify, receives services and still doesn't make adequate progress. Both situations are equally frustrating for everyone.

"It takes a village" was never more true. A strong foundation is critical to raising children, and the building blocks that lay the foundation for healthy child development are the same ones your parents, grandparents, and their parents knew were important, such as unconditional love, a secure environment, good nutrition, adequate sleep, and rich experiences that nurture language and motor development. As all children grow, more people step in and help strengthen important skills or sometimes help you and your child overcome physical or mental health concerns or learning challenges. These people might include family members, friends, educators, coaches, scout leaders, spiritual/religious leaders, doctors, therapists, or anyone else who takes an interest in your child's well-being and development. When children struggle despite being evaluated and receiving special education services, it usually means that there are more subtle underlying causes for the struggles that require this "village approach."

Maybe you're familiar with some of these children. Johnny, who cannot sit still, walks around the classroom and is never where he should be. He gets lost on every field trip or jumps up from the table at mealtime, constantly fidgets, and falls off the chair while doing homework. Or Sally: she slumps over on the table with her head lying on one arm while trying to write with her other hand. Sometimes she sits up and turns her whole body to look out of the window while listening to the teacher. Then there's Katie: her struggle is centered around reading. In fact, she has an IEP and receives special reading instruction, and yet, her fluency remains labored and slow. She usually looks lethargic and floppy and when reading will say, "the letters keep moving", "the letters are blurry", or "I have a headache when I read." However, ask her to read individual words that are larger or written in a colored font or with a colored overlay over the text and her accuracy and fluency improves dramatically. Katie also frequently gets carsick.

For Katie and many other students, there is a weakness in visual processing that's making reading challenging and frustrating, and this weakness is not addressed in most public-school settings. Instead, a special evaluation and possible medical intervention or therapy are required. And then there's Tommy and many other children who struggle to manage their materials, time, behaviors, and moods. Perhaps his struggle is due to a food allergy, trauma, or genetic predisposition, but it can also require medical or therapeutic intervention.

Maude LeRoux, director of A Total Approach in Glen Mills and an expert in the field of learning disabilities, explains the root causes of these struggles and how they can be treated:

Our nervous system consists of an autonomic part and central parts with different extensions and pathways. The autonomic part is responsible for having enough arousal to sustain our attention as long as we need it in a balanced way. The central part is involved in sending messages from our senses (vision, listening, etc.) to the brain to be analyzed. When babies are born, they have developed certain primary movement patterns, called reflexes, that set up the different pathways as a foundation from which to develop efficiently. When we evaluate the root causes of the struggles mentioned before, we frequently find foundational building blocks are not in place, causing kids to struggle, over-cope with their cognitive skill and fatigue in school far earlier than their peers.

Johnny may not be able to sit still, because his Tonic Labyrinthine Reflex (TLR) is not providing him sufficient body awareness to know where he is seated. If he keeps moving, his movement system is activated, and he is better able to listen. Sarah may be struggling with an Asymmetric Tonic Neck Reflex (ATNR), which impacts her ability to stay centered in her body, and not have a good sense of how both sides of her body works together. This reflex is also involved in setting up how both eyes and ears work together. Katie may be struggling with more than one reflex, though likely it would include the Symmetrical Tonic Neck Reflex (STNR), as well as the Spinal Galant Reflex (SG). The STNR is involved in copying from the board and setting up the saccadic eye movement needed for reading and writing. The SG sets up the development of our auditory system, which we need for phonics in the reading process. Tommy's disorganization in his executive skills can be due to a mixture of all of the above, including others in a list of 60+ reflexes.

In the educational system, there is little to no consideration for the development that needs to be in place before a child can read, do math, or write an essay. It's not considered "educationally relevant," which perhaps is true in a sense, because hopefully, children will have developed all they need to develop before they enter kindergarten. However, some students experience a "developmental delay" that cannot be addressed by the educational system alone. School-based physical therapists focus on gross motor skills that include large movements of the body like running, jumping, skipping, and climbing. School-based occupational therapists address fine motor skills that involve the use of the little muscles in our body that are critical for doing things like eating, cutting with scissors, zipping jackets, tying shoelaces, buttoning, and writing. Both address lacking skills students need to access the curriculum. Sometimes, school-based OTs can serve as resources for students who are sensory defensive or sensory seeking and help those who lack executive function skills. Clinical occupational therapists focus on reestablishing the neural network that was impacted during development and is inhibiting children from showing the best possible version of themselves.

Without these foundational building blocks solidly in place, further development could become problematic. For example, when children's gross motor skills are weak, playing with other children at recess can be a problem; thus, affecting a child's self-confidence and self-esteem. Children who don't have a strong core (abdominal strength) may have difficulty maintaining the necessary posture for active listening during class discussions. They may also appear "floppy" and need to continually reposition while sitting on the floor or at a desk, which can interfere with attention and listening to the lesson. Their balance may also be off kilter, and they may have trouble navigating the classroom. When fine motor skills are weak, holding a pencil, using utensils to eat, tying shoelaces, zipping and buttoning, and cutting with scissors become very challenging tasks. In the course of a school day, many tasks require strong gross and fine motor skills, as well as good visual and auditory processing skills/abilities. Without them, children often feel less competent and may become easily frustrated and develop a negative attitude about parts of their school day.

However, good news abounds! Due to the advancement of neuroplasticity in scientific studies, we now know it's possible to change the brain, no matter the age or stage of the student. At A Total Approach, our oldest student so far was 73! We have too many adults in therapy who share how they chose their vocation based on their profile and not on their ability. Parents do not have to accept that this will be a struggle through their child's life span. At the same token, students do not "grow out of it" either. There is hope, and there are answers.

Next month's column highlights simple and fun activities that encourage kids to move, enhances their early development, and helps support problematic retained reflexes, and can be done at home or in school.

Perk Musacchio is the co-author of No Manual, No Problem: Strategies and Interventions to Help Your Child Thrive in Today's World where many of these strategies and more can be found. She is also co-author of A Student's Guide to Communication and Self-Presentation and the originator of the Peace Walk®. For more information, visit her website at ***www.skillstosoar.com****.*

Maude Le Roux is an experienced occupational therapist, and international trainer in multiple assessment and intervention protocols. She is the co-author of Our Greatest Allies. You can read her blogs and programs at ***www.atotalapproach.com*** *and view her workshops at* ***www.maudeleroux.com****.*