

March 2019

WOODALL GNETS NEWSLETTER

The Woodall GNETS Program * 1822 Shepherd Drive, Columbus, Georgia 31906 * 706-748-3166 Office
A community of lifelong learners, responsible citizens, and champions of success!

Message from Mrs. L. Thornton – Director

If you have any questions or concerns in regards to the Woodall Program please do not hesitate to contact via phone or email - (706) 748-3166 Office and Thornton.Lachrista.S@muscogee.k12.ga.us - Email.



Woodall GNETS PBIS

Mission Statement

To create a climate of co-operation and socio-emotional competence through explicit modeling of behaviors and expectations for students and staff.

Important District Wide Dates

- March 10 Daylight Saving Time
- March 20 Spring Begins
- March 21—Report Cards
- March 25—29 Spring Break

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**From The Desk of : Dr. Leon Rodgers, LCSW,
DCSW
Schizophrenia: Childhood Onset**

A child's stage of development must be taken into account when considering a diagnosis of mental illness. Behaviors that are normal at one age may not be at another. Rarely, a healthy young child may report strange experiences—such as hearing voices—that would be considered abnormal at a later age. Clinicians look for a more persistent pattern of such behaviors. Parents may have reason for concern if a child of 8 years or older often hears voices saying derogatory things about him or her, talks to himself or herself, or stares at scary things—snakes, spiders, shadows—that are not there. Such behaviors could be signs of schizophrenia, a chronic/disabling form of mental illness. Since the average age of onset is 18 in men and 25 in women, schizophrenia is rare in children, affecting only about 1 in 40,000.

While schizophrenia sometimes begins as an acute psychotic episode, it emerges gradually in children, often preceded by developmental disturbances, such as lags in motor and speech/language development. The diagnostic criteria are the same as for adults, except that symptoms appear prior to age 12, instead of in the late teens or early 20s. Children with schizophrenia often see or hear things that do not exist and harbor paranoid and bizarre beliefs. For example, they may think people are plotting against them or can read their minds. Other symptoms of the disorder include problems paying attention, impaired memory/reasoning, and speech impairment, inappropriate/flattened expression of emotion, poor social skills, and depressed mood. Misdiagnosis of schizophrenia in children is all too common. It is distinguished from autism by the persistence of

hallucinations and delusions for at least six months, and a later age of onset—7 years or older. Autism is usually diagnosed by age 3. Schizophrenia is also distinguished from a type of brief psychosis sometimes seen in affective, personality, and dissociative disorders in children. Adolescents with bipolar disorder sometimes have acute onset of manic episodes that may be mistaken for schizophrenia. Children who have been victims of abuse may sometimes claim to hear voices of—or see visions of—the abuser. Symptoms of schizophrenia characteristically pervade the child's life and are not limited to just certain situations, such as at school.

There are different sub-categories of schizophrenia. All of the sub-categories of schizophrenia are defined by their main symptoms. Paranoid Schizophrenia: The main symptoms are feeling of persecution or conspiracy and auditory hallucinations; Disorganized Subtype: This sub-category is characterized with severe inability to organize and arrange daily living activities such as bathing, dressing, and eating. Hallucinations and delusions are usually less seen in this sub-category; Catatonic Subtype: This sub-category is one of the most severe degrees of schizophrenia. An example might be a person lying in a fetal position and able to respond to any stimulus. This state of schizophrenia can also include repetitive and meaningless sounds and movements. The person can be void of any real communication but still make mimicking sounds or movements mocking people; Undifferentiated subtype: This sub-category is used for individuals with a diagnosis of schizophrenia, but that do not fit clearly into one of the other sub-categories; Residual subtype: This sub-category refers to individuals with a schizophrenic diagnosis, but that are not currently exhibiting any symptoms associated with the illness.

As with most mental disorders, schizophrenics benefit from a variety of treatments and medications. There appears to be two main issues to first address when caring for someone with schizophrenia and those are: make sure the person is taking their medication regularly and try to provide a safe and secure home environment. Those are just the beginning steps, and there are more specific treatments that are available.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.

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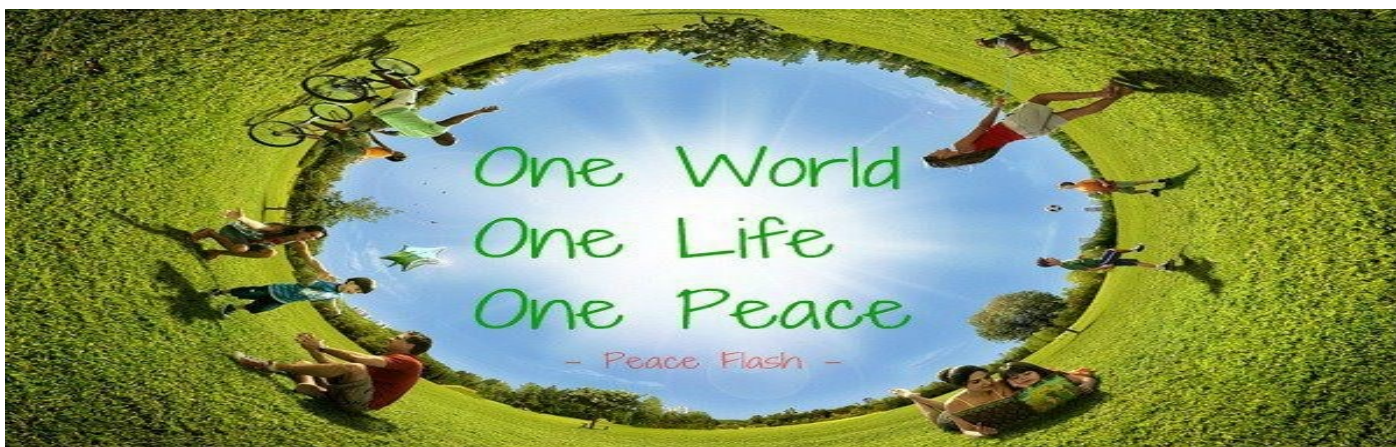
How Long Does Play Therapy Take?

Each play therapy session varies in length but usually last about 30 to 50 minutes. Sessions are usually held weekly. Research suggests that it takes an average of 20 play therapy sessions to resolve the problems of the typical child referred for treatment. Of course, some children may improve much faster while more serious or ongoing problems may take longer to resolve (Carmichael, 2006; Landreth, 2002).

How May My family Be Involved in Play Therapy?

Families play an important role in children's healing processes. The interaction between children's problems and their families is always complex. Sometimes children develop problems as a way of signaling that there is something wrong in the family. Other times the entire family becomes distressed because of the child's problems are so disruptive. In all cases, children and families heal faster when they work together.

The play therapist will make some decisions about how and when to involve some or all members of the family in the play therapy. At a minimum, the therapist will want to communicate regularly with the child's caretakers to develop a plan for resolving problems as they was identified and to monitor the progress of the treatment. Other options might include involving a) the parents or caretakers directly in the treatment by modifying how they interact with the child at home and b) the whole family in family play therapy (Guerney, 2000). Whatever the level of involvement of the family members, they typically play an important role in the child's healing (Carey & Schaefer, 1994; Gil & Drewes, 2004).





Notes from the Desk of —

Mrs. Chauntell Beal—Behavioral Specialist

Greetings,

It is important for our students to develop empathy for other people's feelings and for teachers and parents to model empathy within the classroom and home. Ongoing emphasis on developing empathy will lead to a more positive school and home climate. Parents I encourage you to question your child about their daily social skills lessons as well as their point sheets.

Also, please be on the lookout for Strengths and Difficulties Questionnaire (SDQ) for you to fill out. What is the SDQ? The SDQ is a brief behavioral screening questionnaire for children 2-17 year olds. There are three versions of it: one for parents to complete, one for teachers and, for older children, a self-complete version. Once you receive your copy please complete it and send it back to school. Thank you for your support!



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Notes from the Desk of -

Dr. Vytoris Sanford

Instructional Specialist

What is School-wide PBIS?

School-wide positive behavior intervention and supports (SW-PBIS) is a system of tools and strategies for defining, teaching, acknowledging appropriate behavior, and correcting inappropriate behavior. It is a framework for creating customized school systems that support student outcomes and academic success. SW-PBIS is for the whole school, it is preventative, and it changes the paradigm of focus from negative behaviors and exchanges to positive expectations and interactions.

There are four main elements in SW-PBIS:

1. Customized practices to support student behavior, such as defining and teaching appropriate behavior
2. Systems of support for educators in the school; such as school-wide behavioral expectations, indicators, and coaching
3. Data-based decision making, which is the corner stone of the behavior problem-solving process
4. And, the combination of these to enable school-wide outcomes, which promote social proficiency and academic success

Notes from the Desk of

Dr. Vytoris Sanford—Instructional Specialist

The Georgia Milestones Assessment System (Georgia Milestones) is a comprehensive summative assessment program spanning grades 3 through high school. Georgia Milestones measures how well students have learned the knowledge and skills outlined in the state-adopted content standards in English Language Arts, mathematics, science, and social studies. Students in grades 3 through 8 take an end-of-grade assessment in English Language Arts and mathematics while students in grades 5 and 8 are also assessed in science and social studies. The Georgia Milestones Assessment System Assessment will begin April 8, 2019 through April 22, 2019. Please make sure students get plenty of rest and arrive on time. If you need further information about the GMAS please contact Dr. Sanford at 706-392-1053.





Notes from the Desk of

Dr. Chiko Saiwa

BCBA Corner

Tools for Positive Behavior Change

Positive interactions is when you:

Show the student which behavior you like by giving positive consequences (i.e. attention)

Recognize inappropriate behavior as a need to teach the person appropriate behavior

Established yourself as a safe person to be around

Maintain self-control

Have a plan

Practice these tools for positive behavior change

“Research has shown that the most effective way to reduce problem behavior.... Is to strengthen desirable behavior through positive reinforcement rather than trying to weaken undesirable behavior using aversive or negative processes.”