PART 2: Brain Injury Treatment & Executive Functioning

TIME ORDERED AGENDA:

Part II:
- 1:30 - 1:45 Brain Injury: An ASHA Update
- 1:45 - 2:15 Treatment Stages, Principles, & Dilemmas
- 2:15 - 3:00 Cognitive-Communication Treatment: An EBP Update
  3:00 - 3:15 BREAK
- 3:15 - 3:45 School Re-entry
- 3:45 - 4:15 Addressing Executive functioning in schools
- 4:15 - 4:40 Addressing Executive functioning across the lifespan
- 4:40 - 5:00 Questions and discussion

LEARNING OUTCOMES:
At the end of this presentation, the participants will be able to:
1. define terms that are often confused or misused, as well as newly coined terms
2. identify risk factors for sustaining a brain injury, and identify high-risk groups
3. explain the outcomes of concussions and the best practices surrounding concussion
4. identify important brain injury treatment considerations across the lifespan
5. describe the SLP’s role regarding brain injury treatment and prevention
6. describe evidence-based practices for SLPs when treating brain injury survivors
WHAT ASHA SAYS:

• Prevention and Wellness
  – SLPs are involved in prevention and wellness activities that are geared toward reducing the incidence of a new disorder or disease, and decreasing the severity or impact of a disability associated with an existing disorder or disease. Involvement is directed toward individuals who are vulnerable or at risk for limited participation in communication. Activities are directed toward enhancing or improving general well-being and quality of life. Education efforts focus on identifying and increasing awareness of risk behaviors that lead to communication disorders. SLPs promote programs to increase public awareness, which are aimed at positively changing behaviors or attitudes.
  
• Concussion / traumatic brain injury awareness:
  – Educate parents of children involved in contact sports about the risk of concussion.

New scope of practice statement as of March 8, 2016
http://www.asha.org/policy/SP2016-00343/

ASHA SCOPE OF PRACTICE (CONT.)

Treatment
• Speech-language services are designed to optimize individuals’ ability to communicate and swallow, thereby improving quality of life. SLPs develop and implement treatment to address the presenting symptoms or concerns of a communication or swallowing problem or related functional issues. Treatment establishes a new skill or ability or remediate or restore an impaired skill or ability. The ultimate goal of therapy is to improve an individual’s functional outcomes. To this end, SLPs
  • design, implement, and document delivery of service in accordance with best available practice appropriate to the practice setting;
  • provide culturally and linguistically appropriate services;
  • integrate the highest quality available research evidence with practitioner expertise and individual values in establishing treatment goals;
  • utilize treatment data to guide decisions and determine effectiveness of services;
  • integrate academic materials and goals into treatment;
  • deliver the appropriate frequency and intensity of treatment utilizing best available practice;
  • engage in treatment activities that are within the scope of the professional’s competence;
  • utilize AAC performance data to guide clinical decisions and determine the effectiveness of treatment; and
  • collaborate with other professionals in the delivery of services.

SOME CONTEMPORARY (MEDICAL) PROTOCOLS

Hypothermia
• Therapeutic hypothermia involves the lowering of core body temperature. This is done in order to decrease some metabolic and physiologic processes that result in neural damage after TBI, including increased ICP.

• Decisions for or against its use must be made on a case-by-case basis according to factors of severity of injury, time since injury, level of ICP, the presence of other injuries, and other circumstances. Side effects include immunosuppression, cold diuresis with hypovolemia, electrolyte disturbances, impaired drug clearance, and mild coagulopathy.
SOME CONTEMPORARY (MEDICAL) PROTOCOLS

Hyperbaric Oxygen
- Despite evidence of limited physiological changes with hyperbaric oxygen, there is insufficient evidence to suggest that hyperbaric oxygen would functionally benefit stroke or TBI patients.
- Complications can occur including possible long-term pulmonary damage
- Hyperbaric oxygen is not recommended acutely or chronically.
- It is considered investigational at this time and not recommended.

Deep Thalamic Stimulation (DTS)
- Has been used in some cases of stroke with motor and cognition problems
- There are no studies reported on patients with TBI...considered investigational and generally not recommended. It may be used for patients with severe spasticity or motor problems who have failed other treatments

Transcranial Magnetic Stimulation (TMS)
- Noninvasive treatment and exploratory diagnostic tool that is FDA approved for major depression resistant to other therapy
- Seizures are a possible side effect. No evidence for its use in TBI, and not recommended.
- It is considered experimental for coma/vegetative conditions

LET'S TALK ABOUT WHAT WE CAN (SHOULD) DO

- Popular literature is full of proposals and promises that memory skills may be enhanced through specific exercises. People commonly believe that better memory is just a matter of training. A consequence of this is the idea that impaired memory may be restored simply by practicing learning of word lists, pictures or other material. The implicit assumption underlying this reasoning is that memory is a unitary function which is responsible for success in all tasks having a memory component, and that this function responds like a “mental muscle” that can be strengthened with practice.

(Citation on the next slide)
However, repetitive practice of ________ ________ (e.g., the repeated drill of word lists or other material) has very little or no generalization to everyday life or to ________ material (Glisky, 1997; Tate, 1997). This is not astonishing given that many different processes are involved in such diverse tasks as the learning of face-name associations, route-finding, remembering to go to the dinner party next Thursday, or what one was looking for in the living-room.

TREATMENT STAGES, PRINCIPLES, & DILEMMAS

EARLY STAGES OF REHAB
- Focus is on recovery of ________ ________
  - Physical recovery
  - Dressing
  - Feeding
  - Grooming
  - Ambulation
  - ________ recovery
  - Communication
  - Attention to task
  - Memory for daily events
  - Orientation
MIDDLE STAGES OF REHABILITATION

• Reacquisition of _________________________________
• Reacquisition of ___________ ______________ – Memory
  – Attention
  – Visual-perceptual skills
  – Speed of processing
  – Initiation
• Determination of persistent deficits and introduction of ______________ ______________

LATE STAGES OF REHAB

Return to School/Work/Community

• Cognitive Skills
  – Problem solving
  – Abstract reasoning
  – Divergent thinking
  – Flexibility of thought
  – Executive functioning
• Interpersonal Skills
  – Pragmatics
  – Controlling _______________ and _________________
  – Decreasing social isolation

LATE STAGES OF REHAB

Emotional and Behavioral Issues

  – Self-Esteem issues
    • Changed self-concept
    • Depression/Anxiety
    • Altered life goals
    • Feelings of dependency
  – Adjustment to compensatory strategies
  – Control issues
    • ____________ behavior
    • ____________ behavior
  – Hypervigilance
TREATMENT CHALLENGES

- Inter-relation among Challenges
- Behavior: 35 – 70% of survivors of severe TBI have new or persisting behavior disorders
  - Pre-injury behavior adjustment difficulties are a predictor of TBI
  - Behavior problems include disinhibition, ___________, immature behavior, rigidity, awkward social interaction, depression, social withdrawal

THE DISSOCIATION PROBLEM

- The cognitive, executive, and behavior problems associated with Cognitive Communication Disorders (and frontal lobe damage in particular) result in a situation in which survivors are not successful in real-life situations
  - Survivors have a dissociation between ______________ AND ______________

WHY?

- Successful, self-directed behavior stems from making good decisions, implementing effective habits, or using a combination of the two
- Two potential ways to make good decisions about how to act
  - Use __________
  - Learn from __________
THE DILEMMA

USING TO MAKE LIFE DECISIONS

- A dissociation between thinking and acting
- Concrete thinking and impaired reasoning
- Weak organization and planning
- Difficulty generalizing information from one situation to another
- Impaired ________

TRYING TO LEARN FROM

- Memory deficits that affect recall of prior events or the resulting emotional/somatic states associated with them
- Impaired ability to establish new associations between events and emotional/somatic states
- Difficulty generalizing information from one situation to another
- Negative emotion becomes associated with the ________ delivering the punishment

WHAT’S A CLINICIAN TO DO?

• Two possible escapes from the dilemma:
  – Remove the TBI survivor from the decision-making role – Exert ________ control over the survivor
  – Prompt success through the implementation of Positive Everyday Routines using antecedent-focused procedures

EXERTING EXTERNAL CONTROL

• Take decision-making and internal control away from the survivor
• A family member or professional becomes the survivor’s “prosthetic” executive system

• Problems:
  – Contributes to “learned helplessness”
  – Contributes to oppositionality and ________
  – Family member’s whole existence centers on keeping the survivor happy and meeting his/her needs
IMPLEMENT POSITIVE EVERYDAY ROUTINES

- Teach through __________ procedures in real-world contexts
- Create positive routines using ample ________ supports
- Have everyday people provide supports
- Teach through __________ memory/procedural memory systems
- Teach through involuntary rather than deliberate memory tasks

POSITIVE EVERYDAY ROUTINES

• “Within the context of __________ everyday activities, relevant everyday people in the person’s life (e.g., family members, care staff, teaching staff, peers, etc.) facilitate the individual’s acquisition and __________ of skills, strategies, and other behaviors that are patiently practiced to the point of __________.” (Ylvisaker & Feeney, 1998)

POSITIVE EVERYDAY ROUTINES

• Rely on
  - __________ supports
  - Incremental improvement
  - Procedural and __________ memory systems
  - Errorless learning
<table>
<thead>
<tr>
<th>Traditional Training</th>
<th>Apprenticeship</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Context</strong></td>
<td><strong>Context</strong></td>
</tr>
<tr>
<td>• Therapy room</td>
<td>• Natural setting</td>
</tr>
<tr>
<td>• Performance is demanded by teacher</td>
<td>• Task is completed collaboratively</td>
</tr>
<tr>
<td>• Performance is solo, not social</td>
<td>• Task completion is social</td>
</tr>
<tr>
<td>• Tasks are organized hierarchically</td>
<td>• Collaborator contributes whenever necessary to ensure success</td>
</tr>
<tr>
<td><strong>Task Structure</strong></td>
<td><strong>Task Structure</strong></td>
</tr>
<tr>
<td>• Teacher requests performance of specific tasks</td>
<td>• Teacher engages learner in guided observation</td>
</tr>
<tr>
<td>• Learner performs</td>
<td>• Goal-oriented, collaborative, functional, project-oriented work</td>
</tr>
<tr>
<td>• Adequate performance results in reinforcement</td>
<td>• Teacher coaches and, as learner improves, systematically decreases supports or increases task difficulty</td>
</tr>
<tr>
<td>• Inadequate performance results in subsequent performance of easier task or provision of cues, prompts, or shaping procedures</td>
<td>• Transfer/Generalization occurs naturally</td>
</tr>
<tr>
<td>• Learner engages in repeated practice to habituate behavior</td>
<td>• Teacher must apply systematic transfer/generalization procedures</td>
</tr>
<tr>
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## Cognitive Communication Treatment: An EBP Update

### SENSORY STIMULATION

- **Anyone do this?**
- **Want to know the evidence?**

**REVIEW STUDY (2016):** Included studies provide strong evidence that multimodal sensory stimulation improves arousal and enhances clinical outcomes for people in a coma or persistent vegetative state after TBI. Moderate evidence was also provided for auditory stimulation, limited evidence was provided for complex stimuli.
**SENSORY STIMULATION**

- **CONCLUSION:** Interventions should be tailored to client tolerance and premorbid preferences. Bimodal or multimodal stimulation should begin early, be frequent, and be sustained until more complex activity is possible.


**Development and Preliminary Validation of the Coma Arousal Communication Scale**

- Garin, Julie ST; Reins, Margot ST; DeiCas, Paula PhD; Roussaux, Marc MD, PhD. Journal of Head Trauma Rehabilitation: November/December 2016 - Volume 31 - Issue 6 - p E53–E61. doi: 10.1097/HTR.0000000000000204

**THE COGNITIVE REHABILITATION Task Force of the American Congress of Rehabilitation Medicine Brain Injury Interdisciplinary Special Interest Group**

- conducted 2 systematic reviews of cognitive rehabilitation after TBI or stroke

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**Attention Intervention**

Practice Standards:

- Remediation of attention is recommended during post-acute rehabilitation after TBI
- Should include metacognitive training to promote development of compensatory strategies and foster generalization
- Insufficient evidence exists to distinguish the effects of specific attention training during acute recovery and rehabilitation from spontaneous recovery or from more general cognitive interventions

Beneficial effects of APT on complex attention
- Attention Process Training (APT; Sohlberg & Mateer) with compensatory strategy training and psychotherapeutic treatment

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The main aim: to encourage participants to adopt a systematic approach to identifying ways of solving problems (preventing a more impulsive approach) and managing/monitoring goal achievement through development of a mental ___________ goal ___________ routine.

- Group-based
- Combines von Cramon et al. (1991) problem solving therapy (PST) and GMT
- 8 to 10 weeks, twice weekly for an hour each
- Aim of initial sessions: to address ___________ difficulties
- Aim of latter sessions: to introduce and practice the use of a ___________ ___________ (PST)
- Has a format of a paper-based checklist with associated exercise templates
Attention and Problem Solving Treatment Approach (APS)


Practice Standard
- Specific interventions for functional communication deficits, including conversational skills, are recommended for social communication skills after TBI.

Practice Guideline
- Cognitive interventions for specific language impairments such as reading comprehension and language formulation are recommended after Left CVA or TBI.

Practice Option:
“Computer-based interventions may be considered as an adjunct to clinician-guided treatment for the remediation of attention deficits after TBI or CVA. Sole reliance on repeated exposure and practice on computer-based tasks without some involvement and intervention by a therapist is not recommended.”
Practice Standard

- Memory strategy training is recommended for mild memory impairments from TBI, including the use of __________ strategies (e.g., visual imagery) and __________ memory compensations (e.g., notebooks).

Practice Guideline

- Use of external compensations with direct application to functional activities is recommended for people with severe memory deficits after TBI or CVA.

Practice Option

- For people with severe memory impairments after TBI, errorless learning techniques may be effective for learning specific skills or knowledge, with limited transfer to novel tasks or reduction in overall functional memory problems.

- Group-based interventions may be considered for remediation of memory deficits after TBI.

Addressing Memory Problems

- Re-revisiting __________
- What do I need for this class/subject/project?
- When is the best time to start this?
- How much _________ will I need
- Very problematic
- What do I need to do first?
Memory Strategies - Internal Strategies

• Backward Chaining
• Visualization
• Numbering
• Chunking
• Many other mnemonics

Memory Strategies - External Strategies

Schedules, planners, and organizers...oh my!

• Old School
• New School
• Routine! Routine! Routine!

Memory Treatment Resources


• Matching Person and Technology. http://matchingpersonandtechnology.com/


ATC Tools

- The ATC Candidacy Checklist, from TATE (Training Assistive Technology in the Environment Toolkit (Powell et al., in press)
- Additional tools include Matching Person to Technology checklists (Scherrer, 2008, 2011)
- Compensatory Techniques Inventory (CTI, Sohliberg & Turkstra, 2011)
- TechMatch (Fox, Sohliberg, Fickas, Prideaux, & Wittig, 2009).

QUESTIONS?

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Remediation of Executive Functioning

Practice Standard
- __________ strategy training (self-monitoring and self-regulation) is recommended for deficits in executive functioning after TBI, including impairments of emotional self-regulation, and as a component of interventions for deficits in attention, neglect, and memory.

Practice Guideline
- Training in ______ problem-solving strategies and their application to everyday situations and functional activities is recommended during post-acute rehabilitation after TBI.

Practice Option
- Group-based interventions may be considered for remediation of executive and problem-solving deficits after TBI.


School Re-entry Issues

- What do you think?

Hospital-to-school transition procedures recommendations:
- Begin communication with and training for school staff early in the hospital stay.
- Provide updates and orientation to school peers.
- Keep period of __________ instruction, if it is necessary, as short as possible.
- Plan for adequate educational and social supports for the student at the outset, along with a plan for __________ the supports, as indicated by the student's progress.

Hospital-to-school transition procedures recommendations (cont.):

• Ensure frequent monitoring of the student’s program during the early months after reentry.

• Provide effective ____________, designed to integrate services within the school and between the school and medical providers.

• Make decisions about educational placement __________ the student’s needs and support possibilities have been thoroughly explored.


Treating Executive Dysfunction

*School-based Speech Language Pathology*
Considerations for all clients/patients/students…

Important for clients to understand the tx target
• Different than working on reading, multiplication, handwriting, etc.
• Explain your “role” as a support person
• Metacognition - thinking about their thinking

…while also keeping in mind
• Survivor’s
  □ Self-esteem
  □ Empowerment
• Our own
  □ Biases
  □ Open-mindedness

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Talking about Executive Functioning

• Emotional Control
• Paying attention
• Memory
• Planning
• Organization

Here are some of the skills we may need to work on… What do you think?

Considering talking about Intelligence

• Multiple Intelligences Wheel (Gardner, 1983)

http://www.businessballs.com/howardgardnermultipleintelligences.htm#multiple intelligences tests

http://jillkuzma.wordpress.com
Emotional Control Strategies

* Self-talk
  * Also can be effective for attention/focus/concentration, organization/planning, & memory
  * Social filter

Self Talk

* Survivors are often missing the internal talks that we have with ourselves…
* We want ______ words to go into ______ head
* Routine! Routine! Routine!
* EXAMPLE: I'm feeling upset, I should…
  * Smell the roses
  * Squeeze the oranges

Social Filter

* Oil filter analogy:
  * Filter traps the dirt, small bits of metal from the engine, etc., so only the pure oil is lubricating the cylinders inside the engine
  * Social Filter - traps the harmful thoughts, so only appropriate words come out
The Social Filter also helps with…

- Monitoring their own behavior - success!
- Preserving Social relationships
- Metacognition
- Self-awareness/Insight into deficits

Social Filter - for young school age children

- Protects people's feelings
- Keeps you out of trouble…or feeling silly
- Shows respect for adults and friends!

Planning/Problem Solving - Mneumonics

<table>
<thead>
<tr>
<th>PQRS</th>
<th>IDEAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Preview *Question *Read *Self-recitation *Test</td>
<td>*Identify the problem *Define the problem *Explore solutions *Act (on strategies) *Look at effects</td>
</tr>
</tbody>
</table>
Executive Functioning EBP

GMT promotes a mindful approach to complex real-life tasks that pose problems for patients with executive functioning deficits, with a main goal of periodically stopping ongoing behavior to monitor and adjust goals.

GMT differs from other approaches that have shown generalizability (e.g., Jaeggi et al., 2008; Persson and Reuter-Lorenz, 2008).

Because it is a metacognitive intervention combining:
- Education
- Narrative
- Task performance
- Feedback
- Incorporation of participants' own failures/successes, rather than simple repetitive practice on an automated task.

In this study of patients with stable brain lesions and self-reported executive deficits, GMT was associated with:

- reduced ______ lapses
- increased behavioral ______
- improved problem-solving ______

Patients underwent 20–24, one-hour treatment sessions, twice a week, during a 3-month period.

The main objective is improvement of the eight EF aspects of Ylvisaker's conceptual framework:

- Self-awareness
- Goal-setting
- Planning
- Self-initiation
- Self-monitoring
- Self-inhibition
- Flexibility
- Strategic behavior
Delineating E.F.s

Hot and Cold EFs
- EFs refer to a group of cognitive skills required for purposeful goal-directed activity (De Luca & Leventer, 2008).
- ________ refer to purely cognitive EF skills.
- ________ refer to the affective aspects of these cognitive skills (Kerr & Zelazo, 2004).

Cold E.F.s
- Cold EFs are more likely to be elicited by ________ problems such as manipulation of abstract concepts, numbers, or letters (Brock, Rimm-Kaufman, Nathanson, & Grimm, 2009; Hongwanishkul, Happaney, Lee, & Zelazo, 2005).
- Metacognition
- Cognitive flexibility
- Attention
- Inhibition
- Working memory
- Planning
- Problem solving

Children with deficits in cold EFs tend to:
- Forget instructions
- Misplace school supplies
- Have difficulties concentrating during homework
- Make careless mistakes
- Try a solution repeatedly even if it is not useful
- (Castellanos, Sonuga-Barke, Milham, & Tannock, 2006; Gioia, Kenworthy, & Isquith, 2010)
Hot E.F.s

- Hot EFs refer to the socioemotional domain and are more likely to be evoked by motivationally and emotionally meaningful contexts (Brock et al., 2009; Hongwanishkul et al., 2005)
- Behavior regulation
- Emotion regulation
- Affective decision making
- Social skills
- Theory of mind
- (De Luca & Leventer, 2008)
- The line between these hot and cold EFs is blurry—both work together toward __________ (Zelazo & Carlson, 2012).

Children with impairments in hot EFs are more likely to:
- Make risky decisions
- Present anger __________
- Misinterpret others (Castellanos et al., 2006; Gioia et al., 2010; Zelazo & Carlson, 2012)

Impairments in hot and cold EFs:
- Impact children’s self-esteem
- Family functioning
- Social adaptation
- __________ achievement (Brock et al., 2009; Yeates et al., 2004)

To date, there is no one, specific way to remediate cold EFs. However, effective treatments:
- Focus on only one or two cold EFs
- Short & intensive
- Based on a cognitive model
- Combine specific cognitive training and metacognitive strategies (Bewick, Raymond, Malia, & Bennet, 1995)
- __________ of cognitive training activities appears to activate neural networks and seems to readjust the maladaptive networks after brain injury (Galetto & Sacco, 2017)
- Enhancing metacognition within a context similar to __________ and combining with other cold EFs might be the key to generalization
By comparing the interventions, recovery of hot EFs seems to require more time than recovery of cold EFs.

The concepts from Ylvisaker and Feeney (2009) strongly influenced the rehabilitation of hot EFs in children with brain injury.

Contexts impact EFs development (Zelazo, Qu, & Kesek, 2010) and children with ABI are especially vulnerable to adverse environments (Taylor et al., 2002).

Challenging behavior is the most problematic consequence of brain injury according to family members, teachers, and friends (Feeney, 2010).

The impact that challenging behavior has on parents may explain why behavior regulation was targeted by 50% of the studies.

The Child Behavior Checklist (Achenbach & Resco, 2001) was the questionnaire most often used to measure behavior regulation.

Improvements were seen in 69% of the studies that targeted behavior regulation and can be achieved by providing parents with education about brain injury and teaching them PBS.

http://apbs.org/

REFERENCES • Mostly SCHOOL AGE FOCUSED

REMINDER: I DO NOT ENDORSE ANY OF THESE PRODUCTS OR WEBSITES, NOR DO I RECEIVE ANY SORT OF BENEFIT FOR INFORMING PEOPLE ABOUT THEM.

THEY ARE SIMPLY RESOURCES I HAVE FOUND OR OTHERS IN OUR FIELD HAVE FOUND USEFUL OR RECOMMENDED. IF YOU USE THEM PLEASE CONSIDER THAT THEY NEED TO BE INDIVIDUALLY-TAILORED TO EACH CLIENT/STUDENT/PATIENT AND THE MOST CURRENT & BEST LEVELS OF RESEARCH EVIDENCE (ALONG WITH ALL OTHER PRINCIPLES OF EBP) SHOULD BE INCLUDED IN YOUR DECISION ABOUT WHETHER TO USE THEM! - EJB
“LIFE CHANGING” APPS


CHILDREN’S LITERATURE FOR ATTENTION/FOCUS

Good website: http://freestoriesforkids.com/

Audio stories, or PDF copies

http://jillkuzma.wordpress.com

Author: S.J. Ford
Interest Level: Ages 4-8
Description: A quiet evening, a cozy couch, and a favorite book—what more could a little boy need for a pleasant evening at home? Until... how can anyone enjoy a book when there’s an energetic, imaginative tiger behind the couch, just begging for attention?

Author: Howard Binkow
Interest Level: Preschool-Age 7
About This Book: Meet Howard B. Wigglebottom, a curious rabbit who just doesn’t listen! This book is designed to help young children improve their listening skills and pay attention.

Author: Roger Hargreaves
From the Mr. Men & Little Miss series

http://jillkuzma.wordpress.com
CHILDREN’S LITERATURE FOR ATTENTION/FOCUS

**About This Book:**
Lacey Walker loves to talk. She talks all day, and sometimes all night. But when she loses her voice, Lacey learns the importance of listening.

Author: Christianne Jones
Illustrated by Richard Watson
Interest Level: K

**About the Book:**
R.J. has had a rough day... Everything seems to go wrong. With his mother’s help, R.J. learns that his problems happen because he doesn’t listen or pay attention to directions from her, his school principal, teachers, or even his friends.

Author: Julia Cook
Interest Level: Ages 4-8

From the Book Jacket:
Being a verb is hard...especially for Louis, who can’t seem to control himself when he gets the urge to move at the wrong time and situation. A positive resource for anyone dealing with ADHD or challenged by someone who has ADHD.

**RESOURCES FOR EF**
- Sarah Ward, M.S. CCC-SLP & Kristen Jacobsen, M.S., CCC-SLP
  www.cognitivewisdom.com
- Article series by Phillip David Zelazo, PhD
  http://www.aboutkidshealth.ca/En/News/Series/ExecutiveFunction/Pages/default.aspx
- Learning To Learn – Dr. Erica Warren:
  http://www.goodbrainlearning.com/More_About_Dr_Erica_Warren.html
- Michelle Garcia Winner’s website:
  www.socialthinking.com
- http://www.researchild.org/ – Dr. Lynn Meltzer’s website, The Research Institute for Learning and Development
- Coaching the ADHD Student: A Guide for people who work with children with ADHD to help enhance their organizational, study and time-management skills.

EDUTOPIA
  Part 1: Where and How the Brain Thinks:
  Part 2: Strategies for Teaching Executive Functions
  Part 3: Writing is Neuro-logical Nourishment for the Executive Functions
  Part 4: Creativity and the Arts to Get Learning to the Thinking Brain
  Part 5: Nurture Creativity to For the Prefrontal Cortex Triad: Executive Functions, Long-Term Memory, and Emotional Self-Control

- http://www.radteach.com – website for Judy Willis, M.D., M.Ed – Dr. Willis is a neurologist AND classroom teacher. Her website features the insights and publications about brain based learning.