

F.O.C.U.S

Focus On Children's Understanding In School

**Proposal for
New Resource and Information Center**

1. Introduction to F.O.C.U.S. and Learning Disabilities

F.O.C.U.S. which stands for “Focus on Children’s Understanding in School” is a non-profit members’ organization based in Hong Kong, and whose mission is to promote awareness of learning disabilities and attentional disorders such as dyslexia, dyscalculia, ADD and ADHD, and to improve the education of children in Hong Kong who are challenged by these difficulties.

Children suffering from learning disabilities often have difficulty mastering the basic skills of reading, writing and math, but they are usually highly creative, of above average intelligence and gifted in areas that are not emphasized in the educational system. When not supported appropriately, these gifted children are often labeled as “lazy,” “unmotivated” or “trouble makers” and can easily come to perceive of themselves as “failures”.

Since these children often perform poorly on the tests which provide access to higher-quality education, this scenario frequently results in a serious waste of human talent and can lead to patterns of depression and anti-social activities such as addictive behaviors and even juvenile delinquency.

F.O.C.U.S. maintains that:

- It is possible for all children of average or above intelligence to succeed in school;
- It is the responsibility of the society to nurture human potential and to reap the benefits which talented individuals are capable of contributing.

2. History

F.O.C.U.S. had its humble beginnings in 1990 as a support group for desperate parents whose intelligent children were failing to thrive in the local schools. At that time Hong Kong also lacked medical professionals trained in this area and many children were not properly diagnosed or were mis-diagnosed as suffering from conditions such as depression or autism. The F.O.C.U.S. founder and meeting convenor was Kathy Nichols, an American mother of four who holds a Master's Degree of Education from Tufts University in Boston, and who has educated herself to become one of Hong Kong's leading authorities in this rapidly developing area of expertise.

In 1997 F.O.C.U.S. was registered as a charity in Hong Kong and began to charge modest membership fees. Today it has more than 150 members who are parents, teachers, doctors and other professionals in the fields of education, medicine and social services. The activities of F.O.C.U.S are supervised by a small Executive Committee chaired by Kathy Nichols, with a Treasurer and a Secretary.

3. Services and Activities

Over the past 15 years, F.O.C.U.S. has grown into an active volunteer organization providing many services:

- **Monthly talks** by local professionals from the fields of medicine, psychology, education, which are followed by guided **support group meetings**;
- **Monthly Newsletter** which prints recent articles on learning disabilities, news on educational events in Hong Kong and abroad, information on special summer programs, etc.;
- **Library** of over one hundred titles of books, audio-visual materials and periodicals;
- **Annual Lecture Program by International Speakers:**

Since 1997, F.O.C.U.S. has invited to Hong Kong the world's leading authorities in fields related to its mission. They have given lectures to specialized groups of parents, educators and health-care professionals and conducted workshops for teachers and administrators. Speakers have included:

Dr. Howard Gardner, Hobbs Professor of Cognition and Education, Harvard University, USA (2002)

Dr. Loretta Giorcelli, Professor of Education and Learning Disabilities Consultant, Australia (1999)

Dr. Christopher Green, Specialist Paediatrician in Child Development, Sydney, Australia (1998)

Dr. Mark Griffin, Director of the Learning Disabilities Association of America (1997)

Dr. Edward Hallowell, Renowned Expert in AD/HD, author, Harvard lecturer, USA (2004)

Dr. Geoffrey Kewley, Consultant Paediatrician, Director of the Learning Assessment and Neurocare Center, U.K.(2002)

Dr. Richard Lavoie, Learning Disabilities Consultant and Lecturer USA (2005)

Dr. Mel Levine, Professor of Paediatrics, Director of the Clinical Center for the Study of Development and Learning, USA (2000)

4. Proposed Future Development: Resource and Information Center

F.O.C.U.S. has made impressive achievements as a pioneer organization run on a shoestring budget and the goodwill of volunteers. We have fulfilled our initial goal of creating public awareness. Now we would like to provide more services to assist children, parents and teachers who are ready to take concrete steps.

Therefore, we would like to create a solid home for F.O.C.U.S., a "Resources and Information Center" which, while continuing to manage the existing program, will respond to the many inquiries and requests which now result from our earlier work. We are seeking the funding needed to create a fully professional organization that will also serve as a coordinator of the various bodies now providing services.

PROGRAM

A. Continuation of Existing Services

- Monthly support group, talks by local professionals**
- Monthly newsletter**
- International Speakers Program**

B. New Services Planned

- Free **consulting services** to guide parents through the maze of testing, advocacy for special accommodations in school, tutoring services and other forms of intervention and support.
- Telephone **hotline** in Chinese and English for families in crisis;

- Library** with regular acquisition program and systematic services;
- Website** in Chinese and English (Separate funding needed)
- Translation** into Chinese of major publications in the field (Separate funding needed)
- Scholarship Program** to support special needs teachers for study and training abroad. (Separate funding needed)

F.O.C.U.S.
Focus On Children's Understanding in School

F.O.C.U.S.

Focus On Children's Understanding in School

F.O.C.U.S.

Focus On Children's Understanding in School

Definitions:

- A) Specific Learning Disabilities (please note that, for the purposes of this position paper, the terms “specific learning disability” (SLD) and “learning disability/learning disorder” (LD) are used interchangeably.)
 - 1) The Fourth Edition of the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-IV) requires that a learning disorder be diagnosed when "the individual's achievement on individually administered, standardized tests in reading, mathematics, or written expression is substantially below that expected for age, schooling, and level of intelligence." This difference is further described as occurring when there are more than two standard deviations between achievement in one or more of these areas and measured global IQ.
 - 2) The DSM-IV further specifies the following learning disorders:
 - a) Reading Disorder (Dyslexia)
 - b) Mathematics Disorder (Dyscalculia)
 - c) Disorder of Written Expression (Dysgraphia), and
 - d) Learning Disorder Not Otherwise Specified (NOS). In this category fall more recently recognized disorders, as the DSM-IV was written in 1994. These include but are not limited to: Processing Speed Disorder, Non-Verbal Learning Disorder, Disorder of Retrieval Fluency, and Working Memory Deficiency. As Dr. Mel Levine states, "These children are simply too complex to be characterized by simplistic labels, tidy systems of sub-typing, or statistically generated syndromes" (Levine, p. xiii). Nonetheless, the defining characteristic of a Learning Disorder is the discrepancy between measured global IQ and specific or general academic performance.
 - 3) It is generally recognized that while these disorders are described and diagnosed through school achievement, "it is equally crucial for parents and other adults who work with children and adolescents to understand that learning disabilities are life disabilities. The same disabilities that interfere with reading, writing, and arithmetic will also interfere with sports and other activities, family life, and getting along with friends" (Silver, p. 42).
- B) Attentional Disorders
 - 1) The DSM-IV states that "the essential feature of Attention-Deficit/Hyperactivity Disorder is a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequent and severe than is typically observed in individuals at a comparable level of development.
 - 2) The DSM-IV further specifies the following attentional disorders:
 - a) Predominantly Inattentive Type, in which problems with sustained or detailed attention, organization, and persistence predominate;
 - b) Predominantly Hyperactive-Impulsive Type, in which problems of impulsivity and hyperactivity predominate;
 - c) Combined Type, in which problems of both types occur.
 - 3) It is generally recognized that attentional problems fluctuate. Dr. Levine notes that "because of the intermittence of their inattention, affected children exhibit considerable performance inconsistency" (Levine, p. 24). Thus, individuals with attentional problems may seem to be unaffected at times.
 - 4) Attentional Disorders are generally recognized to be neurologically based and highly heritable, and they are not the result of a lack of motivation, oppositionality, or poor parenting.

Recommendations

F.O.C.U.S. believes that the following initiatives provide the minimum services necessary to adequately and appropriately address the needs of LD and ADHD children:

- A) Educational/Pedagogical Initiatives:

F.O.C.U.S.

Focus On Children's Understanding in School

- 1) Pre-service training should be provided to all student teachers such that they are required to take at least a one semester-class subject specifically related to the identification, understanding and educational support of children with Learning or Attentional Disorders.
 - 2) In-service training should be provided to all continuing teachers such that they are provided with specific strategies for the identification, understanding and educational support of children with Learning and/or Attentional Disorders.
 - 3) Each school should have on its staff one expert in Special Education who has received training in this field at the Master's Degree level and who can provide support to individual children or their classroom teachers in order to address their special educational needs.
- B) Identification and Intervention
- 1) We agree with Dr. Mel Levine, who wrote that "the preschool years may be critical periods in which to take advantage of the plasticity of intellectual development prior to the onset of significant academic problems, loss of motivation, and secondary maladaptation of behavior. . . We have every reason to believe that if developmental dysfunctions are identified early, intensive intervention may minimize their damaging effects" (Levine, p. 597). We further agree with Dr. Sally Shaywitz, co-director of the Yale Center for the Study of Attention and Learning and one of the world's leading experts in the field of reading and dyslexia, who formulated the following policy in Overcoming Dyslexia: "Diagnosis is the essential first step in successfully teaching a dyslexic child to read – the earlier the better. A child needs help before he fails." F.O.C.U.S. therefore recommends that screenings take place at the K-3, P-1 and P-2 levels. Further identification and assessment should be performed by a Ph.D. level developmental or educational psychologist or clinical psychologist with a specialization in child development.
 - 2) We recommend that individual mainstream classroom teachers who have been exposed to information concerning Learning and Attentional Disorders be encouraged to refer children for further testing or screening if they notice significant deviation from expected achievement.
 - 3) We recommend that, after identification, each child be provided with an Individual Educational Plan that outlines the specific methods of accommodation and/or remediation to be employed by the school and all teachers, as recommended by the appropriate Special Educator or Educational/Developmental Psychologist.
 - 4) We recommend that additional tracking and follow-up assessment be provided to children who have been identified, such that the Individual Educational Plan may be amended or updated as appropriate.

References:

- American Psychiatric Association (1994). *The diagnostic and statistical manual of mental disorders - Fourth edition*. Washington, DC: The American Psychiatric Association.
- Levine, M. D. (1999). *Developmental Variation and Learning Disorders -Second Edition*. Cambridge: Educators Publishing Service, Inc.
- Shaywitz, S. (2003). *Overcoming Dyslexia*. New York, NY: Alfred A Knopf.
- Silver, L. B. (1992). *The Misunderstood Child: A Guide for Parents of Children with Learning Disabilities - Second Edition*. Blue Ridge Summit, PA: TAB Books.