

childPSYCH News

A newsletter for professionals and parents

We have helped over 6100 children!

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To repeat or not to repeat

Test anxiety

See us in...
Springfield,
Ipswich and
Toowoomba



Special points of interest:

- At *childpsych* psychologists who are registered teachers and/or Educational Psychologists are involved in the child's assessment
- To unsubscribe from this newsletter at any time, either email or call *childpsych*

To repeat or not to repeat?

The decision to repeat a child in school is complex. It depends upon many issues such as the child's learning readiness, emotional maturity, age, whether they have a learning difficulty or developmental delay and so on.

The research on whether repeating grades benefits children is still largely inconclusive. However, every year parents and teachers are forced to make this decision.



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What is learning readiness?

Often educators will talk about learning readiness. Learning readiness is a broad term that refers to the child's mental and emotional capability to take on more formal learning. For example, the ability to be independent (i.e., be toilet trained, feed one self etc), regulates one emotions (i.e., control anger, fear), sustain attention, understand concepts such as "bigger" and "smaller", and to have basic cognitive skills such as appropriate fine motor skills (as needed in cutting and holding a pencil).

How is learning readiness assessed?

Learning readiness assessments are generally done by a psychologist with an education background. At *childpsych* our learning readiness assessments involve cognitive testing, evaluation of pre-academic skills (e.g., does the child understand that letters have sounds), use of specialised questionnaires and interviews with the parents and teachers about the child's emotional development.

What does the research say?

An Australian study found that repeating school seemed to have some emotional benefit for children. However, whether it benefited children academically was unclear. American research suggests that repeating grades is not beneficial and can be harmful in some cases with some children performing academically worse the following year.

Learning delay or learning disability?

At *childpsych* the first thing we determine is whether the child is likely to have a learning *disability* or learning *delay*. This is a very important question to answer as a learning delay means the child is slow to learn possibly because of a delay in their development and therefore they may benefit from repeating school. If they have a learning disability, then repeating is unlikely to help as this is a more permanent problem and one they may not "grow out of" by simply repeating another year. Cognitive assessments measuring memory, attention and so on are undertaken to examine this issue.

Certainly if the child has a learning disability then repeating may give the sense of benefiting but when the child moves to the new

grade the following year they fall behind again.

Emotional maturity

The second area of evaluation is emotional maturity. Often parents and teachers will confuse a mental health problem with emotional maturity. For example, if a child has an anxiety disorder such as being overly anxious (e.g., crying when there are changes in routine), they may be seen as being "immature". However this is potentially a disastrous mistake to make. First the child's anxiety disorder must be treated. In my experience, treating the anxiety results in a different, more confident child. Second, failure to treat this problem can worsen their anxiety, or if the anxiety eventually subsides the child will have what's called residual symptoms where they are still a little on the anxious side. This is similar to a smouldering fire waiting to erupt again.

Emotional immaturity is more than just being a little anxious, it is the child's strong need to play rather than learn more about the world. When children have an eagerness to learn and ask a lot of questions and play interactively, then we can begin to see them as socially mature.

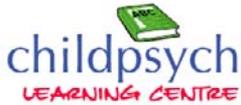
Some researchers argue that keeping children back to encourage their social development doesn't make sense as they are being kept back with younger children! These researchers argue that children grow up when they are with their age group. This is called "peer modelling" or "leading by example" in lay persons terms. There are of course some other factors that need to be taken into account. If the child has a late birthday, such as being born in December, then

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they may benefit from repeating with a younger age group.

Making a decision

The best way to make a decision is for parents and teachers to discuss the possibility of the child repeating in late Term 2. A second meeting can be held in Late Term 3 to review the child's progress. If there are continued concerns then a more formal psychological/learning readiness assessment can be requested in Term 4. The assessment results can be used to make a decision about repeating.

Test anxiety



Test anxiety is a type of social anxiety, called Performance anxiety, where the student becomes anxious in evaluative situations. In general, the anxiety is only confined to performance or test situations. Often people are confused by someone who has a diagnosis of social anxiety or social phobia when the person seems comfortable with interacting socially. However, when exams or assignments are due, then the performance anxiety type of Social Anxiety becomes obvious.

Test anxiety often effects working memory. Working memory is different from short term memory in that it refers to the ability to hold information and process it at the same time (e.g. listening and writing). Problems with working memory are linked to reading comprehension difficulties, writing difficulties and other academic difficulties. Test anxiety also "blocks" student's ability to recall what they have been taught. Treatment of test anxiety is important in helping students reach their academic potential.

Anxiety generally contains three characteristics—physical reactions (e.g. racing heart), psychological (e.g. scary thoughts), and behavioural (e.g. avoiding going to the test itself). Research has suggested

Sleep

Sleep is paramount for children. Poor sleep can lead to problems such as hallucinations, impaired cognitive performance and depressed mood. Good sleeping behaviours for school aged children refer to such things as:

- ✓ a set bed time,
- ✓ no caffeine drinks (such as Coke) after 4pm or four hours before bed,
- ✓ daily exercise,
- ✓ a good diet,
- ✓ and engaging in relaxing activities before bed time.

It is important to make decisions about children's bed time based on their developmental needs.

Sleep Guide

- 1-4 Weeks Old: 15 ½ - 16 ½ hours per day
- 1-4 Months Old: 14 ½ - 15 ½ hours per day
- 4-12 Months Old: 14 - 15 hours per day
- 1-3 Years Old: 12 - 14 hours per day
- 3-6 Years Old: 10 ¾ - 12 hours per day
- 7-12 Years Old: 10 - 11 hours per day
- 12-18 Years Old: 8 ¼ - 9 ½ hours per day

that focusing on changing how the student thinks about the test is more successful than trying to teach breathing techniques or just forcing them to do the test.

In addition, telling the student to "block it out" or "distract" themselves seems to be ineffective. Cognitive therapy has been shown to be effective by teaching students how to challenge their anxious thoughts. However, while cognitive therapy has been shown to decrease anxiety in test conditions, it seems to overload working memory. A therapy called Acceptance & Commitment Therapy (ACT), seems to help students to accept their feelings and disengage their minds (e.g. meditation). However, research also showed that study skills training also improved test anxiety as some of the students with test anxiety had poor study skills which worsens their anxiety.

As expected the best treatment of anxiety is actually when the person is anxious! Psychologists use a well researched technique called Exposure Therapy. In essence this means "confronting" the performance anxiety in a controlled way.

As you can see, the psychologist needs to develop a treatment plan that includes a variety of approaches are needed to treat test anxiety.



childpsych is offering this evidence-based working memory training program.

The complete program includes:

- Initial interview
- Start-up session
- Five weeks of training with weekly Coach calls
- Wrap-up meeting
- Six month follow-up interview
- Access to the Cogmed Training Web
- Optional Cogmed Extension Training (12 months)

How long does it take?

The cogmed program consists of 25 training sessions of 30-40 minutes each, done over 5 weeks. It is the intensity of this training schedule that is critical to the program's success. The user/family sets the training schedule with the Cogmed Coach, with plenty of flexibility.

Autism Services

childpsych provides a specialist autism clinic focused on assessment and diagnosis and intervention services. Our autism interventions are delivered by psychologists accredited to work with children with autism spectrum disorders.

- ✓ Assessment and diagnosis of autism
- ✓ Management of children with autism to age 18 years
- ✓ Behavioural interventions, social skills, transition to school, treatment of other conditions such as anxiety, depression
- ✓ Special education development classes and remedial teaching classes

childpsych.net.au/autism-services.php