



Idao • Learning Disabilities
Association of Ontario

The right to learn, the power to achieve

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communiqué

THE PUBLICATION OF THE LEARNING DISABILITIES ASSOCIATION OF ONTARIO

The Neurodiversity Issue

**ADHD:
Limitless Solutions**

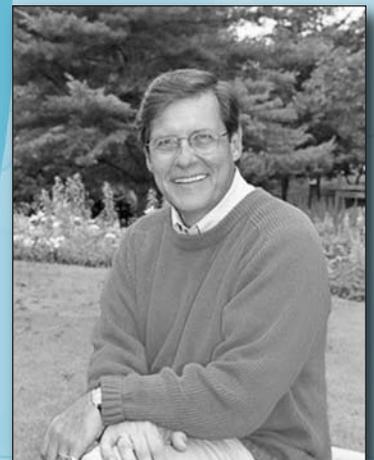
**Are Labels
Always a
Bad Thing?**

**Putting the
“Neuro”
in
Neurodiversity**

**Getting Motivated
With Rick Lavoie**

*“When life hands you dilemmas,
make dilemmonade”*

**Seniors
and Dyslexia**



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Communiqué, the publication of LDAO is published twice-yearly. Articles should be submitted to editor Carter Hammett (carterh@LDAO.ca) approximately six weeks before the publication date. **Content deadline for the Fall/Winter issue is September 6, 2011.** Communiqué reserves the right to edit submissions for clarity, length and accuracy. Advertising rates available upon request. Subscription rate for non-LDAO members is \$25.00 yearly.

Communiqué provides a forum for information, news and opinions relevant to the field of learning disabilities. The Association does not, in any sense, endorse opinions expressed or methods or programs mentioned. Articles may be reprinted unless otherwise stated. Please mention "**LDAO Communiqué**" and the article's author if and when articles are reprinted.

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EDITOR'S NOTEBOOK

Ghost in the Machine



Carter Hammett, Editor

Pssst! Wanna hear a secret? Just you and me. Lean a little closer and tell ya something cool.

Rick Lavoie's been living in my Blackberry. Yes, *that* Rick Lavoie. F.A.T.-City- workshop-So-Much-Work-to-Be-Your-Friend Rick Lavoie. That guy. And no, the meds haven't kicked in yet.

All kidding aside, for the past six months or so, I have been receiving *daily* emails from the one-and-only globe-trotting LD guru himself. There's just one little problem: By some technological fluke and for reasons I'll probably never understand, I've been receiving messages, politely denying a previous request to be interviewed for Lavoie's previous book, which was published in 2007! For some reason, this email, which is now four years old, has chosen to appear in my Blackberry as if a daily reminder I should maybe contact the guy again. I don't know how to stop it, don't know how it started and find it kind of both funny and creepy that I have a three-year old rejection appearing on my machine again, the day of our interview.

Lavoie himself laughs out loud as I relay the story to him and then shares one of his own. He's in town to speak to the Learning Disabilities Association of Ontario and to flog a new book, and this time, his response to an interview request has been affirmative. He's warm, funny, charming and you can tell, he's done a thousand interviews like this before. Still, he's a real trooper, politely answering my questions and sharing anecdotes, he's probably told a thousand times before.

He agrees when I posit that motivation in LD kids probably relates to executive functions and suggests some tips and strategies to get their little butts in gear, and does so in the same no nonsense way that put his work on the map in the first place. He's a charmer and must admit I hang on every word. Later on, a rapt audience will do the same.

Good things come to those who wait, or so I've been told. Like the interview that finally came, neurodiversity is a topic that's time has arrived. With all the talk of cultural diversity, it's only a matter time before issues relating to brain-based diversity present themselves. There are some who argue that we should be shuffling past dated concepts and focusing on the diversity of learning solutions. One of these, called Lindamood-Bell Phoneme Sequencing, or LiPS, develops the phonemic awareness foundational to learning how to read. Students learn to recognize how their mouths create the sounds of language. This kinesthetic feedback enables reading and spelling by giving a whole new source of sensory feedback associated with learning language. It's a promising concept and neurodiversity is also the theme of this issue, and it's eloquently discussed in a lengthy piece by Thomas Armstrong, who makes a passionate introduction to the topic.

Other stories relating to the issue include a piece shipped in from England that explores a new framework for defining dyslexia in seniors. With scant literature, attention or support for this neglected community, I am happy to be able to present details of at least one project that can serve as a model to the rest of us. With an aging population, it's an important subject that will only grow in importance as time goes by.

But now that my little interview with Rick Lavoie is done, written, edited, laid out and delivered to your hot little hands, I continue to receive the same email and wonder about the advances made in hand held devices; if I should be worried about worms or other techie concerns. Then I think about social media, wireless technology, advances in gaming and accessible technology until...wait for it...ding! Another message from Lavoie reappears.

One giant leap forward for technology.

Carter Hammett, Editor

CONTRIBUTORS THIS ISSUE

Thomas Armstrong, Ph.D. is an award-winning author and speaker with over thirty-five years of teaching experience from the primary through the doctoral level, and over one million copies of his books in print on issues related to learning and human development. He is the author of fourteen books including: *Neurodiversity: Discovering the Extraordinary Gifts of Autism, ADHD, Dyslexia, and Other Brain Differences*, *In Their Own Way*, *The Myth of the A.D.D. Child*, and *7 Kinds of Smart*. For more information about his work, go to: www.thomasarmstrong.com. • **Dr. Catherine Avery** is the author of

the well-received book, *Life at Full Throttle*. received her Ph.D. in Clinical Psychology from the Illinois Institute of Technology. Over the past twenty years she has specialized in the assessment of AD/HD, learning disabilities, and mood disorders in children, adolescents and adults. She currently resides in Sioux Falls, South Dakota with her husband and four children. Visit <http://www.lifeatfullthrottleadhd.com/Home.html> for more information • **Susan Stanley** works as a Program Assistant with The Toronto Public Library and occasionally writes book reviews.

LDAO AND LD NEWS

President's and CEO Message

Welcome to the latest edition of Communiqué which I hope you will find enlightening as we examine the issues that are impacting the world of Learning Disabilities, most importantly I hope something will inspire you in your personal journey as a parent, supporter or individual with an LD.

This is my first message to our members since assuming the leadership of LDAO and as such I want to give some insight into why I believe that LDAO is so vital in the fabric of Ontario. As a parent with an LD child I went through most of the process of dealing with the assessment of my son stumbling for answers and support, our story is success by chance nothing more. While I have a successful High school student, many have a bleaker story to tell.

Therefore the vision of LDAO is to build a vibrant support network across the province, to leverage our successful programs across all chapters and build sustainable funding to make sure that when we are needed we have the resources to respond. This is a huge vision in the most difficult economic times Ontario has ever faced, but it is one from which we will not waiver.

We are making steps in the right direction and with each one gain momentum towards building not just a support system or association but rather a movement that will connect all those who are stakeholders and multiple the achievements of the people that we serve. One small step is beginning to use social media and the web as key planks in our offerings. Visit our



Lawrence Barns

webpage and click the Facebook link to join the forum and be part of the discussion today.

Finally thanks for your support of LDAO; we are open to your ideas and feedback in looking for ways to serve you better. Please contact your local chapter or our office directly.

Cheers,
Lawrence



Learning and Leadership Breakfast a Big Success

LDAO hosted its fourth annual *Learning and Leadership Corporate Breakfast* on March 31, at the Sheraton Centre Toronto Hotel.

Keynote guest speaker, Dr. Glenn DiPasquale, spoke about the important role that motivation plays in our academic, business, and personal lives, and highlighted current research findings about motivation.

The event was opened with a special presentation from Gareth Brennan, CEO of Eventscape, a design and manufacturing company that makes custom engineered structures for

architectural and exhibit/event markets worldwide. As a child Gareth struggled in school with reading and writing and shared his personal success story with LDAO. Today Gareth's international business has projects that have been featured in more than 100 major design publications around the world!

A special thank you goes out to our Co-presenting Sponsors, Corus Entertainment and Heathbridge Capital Management, our Speaker Sponsor, Scotiabank, our Educator Sponsor, Ernst and Young, and our Breakfast Sponsor, TD Waterhouse.



LDAO Launches Redeveloped Job-Fit! Program Materials

LDAO is pleased to announce the newly revised version of its popular Job-Fit program, thanks to generous funding from the TD Bank Financial Group.

The purpose of Job-Fit is to help individuals with learning disabilities (LDs) identify and maintain appropriate employment by improving their employment readiness and self-advocacy skills. The premise behind *Job-Fit* is that if adults with learning disabilities are to be successful at obtaining and retaining employment, a better process for matching strengths with employment is needed.

Job-Fit provides information to help adults with learning disabilities (LDs) better understand their assessment, abilities, skills, and employment interests. Participants complete individual exercises that help them identify jobs that match their skills. Participants learn to explain their LD, write a cover letter and résumé, prepare for a job interview, ask for workplace accommodations, and whether, how, and when to disclose their LD.

The revision of this popular LDAO program was undertaken in light of new information on employment issues and workplace understanding since it was first developed in 2004. The TD Bank Financial Group's sole sponsorship has allowed LDAO to engage Dr. Andrea Dinardo, Professor, Social Sciences, from St. Clair College in Windsor, Ontario, to lend her considerable expertise to the rewrite of this valuable program.

Job-Fit is now being introduced in two formats - a print-based, facilitated version and an online, self-directed one.

- Our print version has been consolidated into one client book, with an accompanying facilitator guide available as a PDF.
- LDAO's believes that by adding the online, self-directed aspect we will widen Job-Fit's scope and availability, allowing more individuals to benefit from the program.
- Both produces may be purchased together for a discounted price.

Several LDAO chapters already provide the facilitated program in their communities. We believe that the revised version will enhance their ability to continue to provide a valuable program to youth and adults experiencing difficulties in the workplace due to their LDs.

Visit our website at www.LDAO.ca for more information.



Job-Fit



Let's get to work!

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PUBLIC POLICY ROUNDUP

SPRING 2011

Partnership Project Holds Promise for Ontario Non Profit Groups

LDAO Response to Proposed Integrated Accessibility Regulation Mar 11

Partnership Project

The Partnership Project was an eight-month consultation process about the relationship between the Ontario government and the not-for-profit (NFP) sector. The project was launched on April 22 and culminated in a report submitted to the Premier in December, 2010. Project co-chairs, Minister of Citizenship and Immigration, Dr. Eric Hoskins and Helen Burstyn, Chair of the Ontario Trillium Foundation, solicited input from organizations in the not-for-profit sector through an online survey and nine regional roundtables. LDAO was represented at one of the roundtables and completed the online survey. Not-for-profit organizations expressed many of the same concerns, especially about funding processes and difficulties navigating government bureaucracies.

The report of the Partnership Project was released on March 3, 2011. Recommendations included:

- appointing a Minister to be responsible for and accountable to the not-for-profit sector.
- creating a coordinating body within government to act as a central point of contact for the not-for-profit sector and coordinate inter-ministerial collaboration, with an advisory group drawn from the public, private and not-for-profit sectors.
- establishing an online portal to act as a one-stop-shop for information on new laws, new programs, available sources of funding, consultation opportunities and sector-related resources and information.
- creating a province-wide database to streamline applications for funding, amalgamate and disseminate information on not-for-profit organizations, and better coordinate ministries and agencies.

As a first step the Government is establishing the Office of the Partnership Project, and a Partnership Advisory Group. LDAO will be watching to see if other recommendations are implemented.

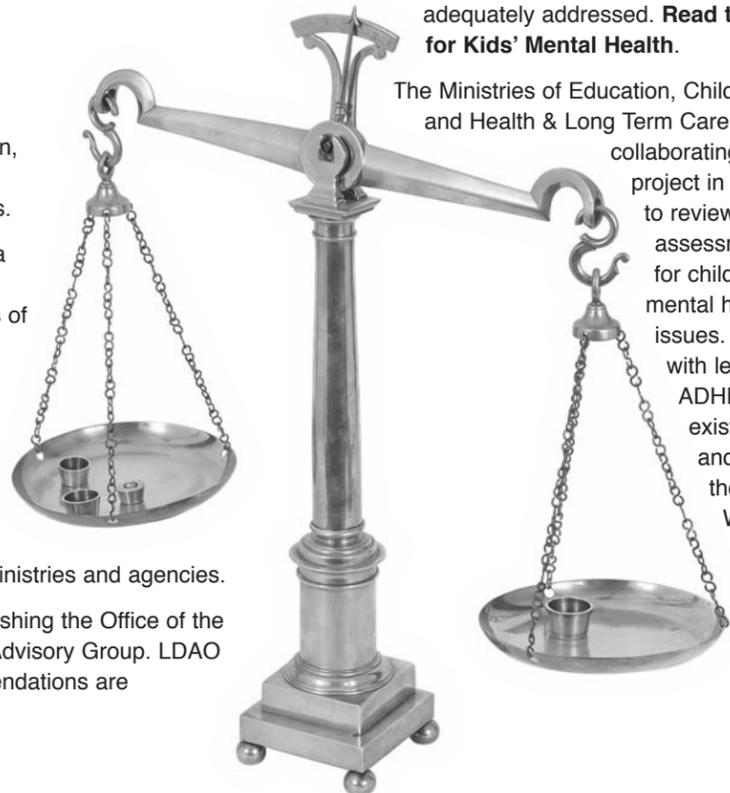
Accessibility for Ontarians with Disabilities Act (AODA)

On February 1, 2011 the Accessibility Directorate released a revised version of the Proposed Integrated Accessibility Regulation under the Accessibility for Ontarians with Disabilities Act, 2005. As outlined in the Fall 2010 Public Policy Roundup, on September 1, 2010 the Minister of Community & Social Services had released for public consultation a **Proposed Integrated Accessibility Regulation** that combined standards for Information & Communication, Employment and Transportation. That proposed Integrated Accessibility Regulation not only harmonized the timelines, but substantially changed some of the requirements of the three standards which were included. LDAO joined many other organizations, including the AODA Alliance and the Ontario Human Rights Commission in sending submissions to the Accessibility Directorate expressing concerns about the proposed regulation.

The February 2011 version of the **Proposed Integrated Accessibility Regulation** contains some small improvements over the September 2010 version, but many of the concerns that LDAO and other organizations had expressed have not been resolved. For example, the issue of timeliness of student access to materials in electronic formats has not been adequately addressed. **Read the Working Together for Kids' Mental Health.**

The Ministries of Education, Children & Youth Services and Health & Long Term Care have been

collaborating on a demonstration project in four pilot communities to review the use of common assessment tools as screens for children and youth with mental health and addictions issues. Since young people with learning disabilities or ADHD may have co-existing mental health and/or addictions issues, the results of the Working Together for Kids' Mental Health project will have implications for the children and youth LDAO represents.



THE ADHD FILES

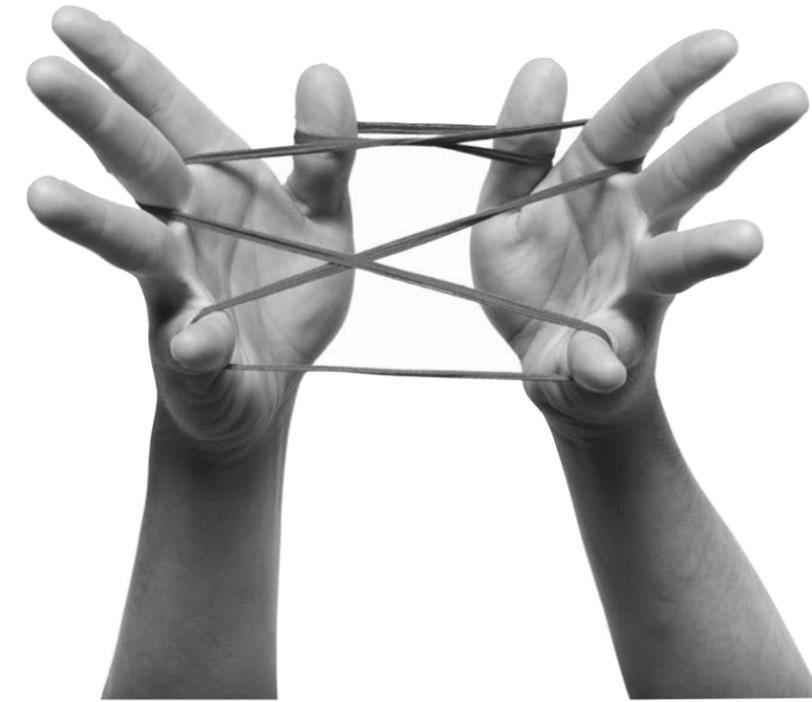
Once You Accept Your Limitations, the Solutions are Limitless

By Cathy Avery

Perhaps as a reader you are part of the large group of adults who have lived with symptoms of inattention, disorganization, and for many, restlessness throughout their lifetimes, but are only just beginning to question whether or not these “idiosyncrasies” are actually part of a larger disorder of attention. You are embarking on an exciting journey of self-discovery. But first you need to confirm your diagnosis. Talk to your parents or siblings and gather more information about your behavior and attention span as a child, as well as about other family members who may have had similar issues. Do you have access to your childhood report cards? These can provide a wealth of information, particularly the sections where teacher comments are located. “Exercises self-control,” “listens courteously,” “works independently and is not easily distracted,” “completes work on time”—these are often areas where AD/HDers receive checkmarks indicating a need for improvement. Next, find a psychologist, psychiatrist, family practitioner, or internist who is well-versed in AD/HD and who can determine whether or not you indeed meet the criteria for this disorder. Talk to your physician about treatment options.

Perhaps you are part of the minority of AD/HD adults who have recently been diagnosed. Receiving the diagnosis alone is often a huge step for adults who have been struggling with these symptoms for as far back as they can remember. So you are not immature, self-focused, self-destructive, and all the other negative labels that have been ascribed to you over the years, whether by yourself or by others. Re-labeling your behaviors as symptoms of a disorder is an emotional undertaking. Often AD/HD adults have internalized a lot of negative messages, and they replay them every time one of their symptoms is displayed. “Interrupting again, huh? Are you ever going to grow up?” “Feel like you can’t keep up with the conversation? Maybe you should have paid more attention in school.” The first step in recovery is to tell these internal bullies to shut up. Yep, and that feels really good. “Shut up! That was impulsivity, not immaturity, and rather than beating myself up over this, I am going to figure out how to best handle these symptoms.”

Usually there are a lot of old tapes that need to be identified and then altered. Listen carefully. These tapes have often been playing in the background for so long that you have automatically come to accept their damning judgments. Confront these messages when you become aware of them, and make a decision that you are no longer going to be at the mercy of their negativity.



The next step is to take inventory of how AD/HD symptoms are impacting your life. Are you chronically late for appointments and get-togethers? Do you have trouble relaxing after a hard day at work (or at home)? Do you feel overwhelmed when faced with a large project, and do you consequently procrastinate on getting started? Are you always looking for items that you have misplaced? Be honest with yourself. The purpose here is not to place blame but to look at areas of your life where you need to intervene and find solutions to aggravating behavior patterns.

Now pick a behavior that you would like to focus on first. What solutions have you tried in the past to deal with this? What worked and what did not? For an intervention that did not work, think about why not. Let’s take forgetfulness as an example. Perhaps you have tried making lists but didn’t find this to be helpful. Why not? Did you misplace the lists? Did you feel discouraged by all the items on your lists? Did you forget to use your list after the first day of this intervention? Don’t worry. I’m not going to accuse you of making excuses. These are all legitimate reasons why many people stop making lists. Once you determine why list-making was not successful for you, then you can fine-tune your approach so that it can work.



In this chapter I would like to review some of the most common roadblocks that are created by AD/HD symptoms and what interventions have been helpful to other AD/HD adults. Some recommendations will hit the mark for you, while others may not. We are all very different, despite our similar symptoms of inattention. Even the recommendations that sound promising to you will need to be tailored to meet your specific lifestyle and circumstances.

Organization

- Without question, a personal organizer as well as a family calendar are essential for all AD/HDers to maintain. Family wall calendars can keep track of all school events, dentist and doctor appointments, vacation dates, visits from relatives, get-togethers with friends, etc. Hang it in a central location like the kitchen so that you can write down events when you schedule them by phone or when you review your children's notes from school. Encourage your children to write down events as well so that there are no last-minute surprise conflicts in the family schedule. Check your calendar before going to bed at night to make certain that you are aware of upcoming events.

- Most occupations will also necessitate a planner to keep track of all the details of work, and this is where personal organizers come into play. Finding a planner or organizer that works for you is essential, and the number of planners that I have purchased and then shelved is an ongoing source of amusement for my family. If a planner is too big and awkward, you will not be likely to bring it with you. If it's too small, you will never be able to cram everything you need to remember on the tiny pages, and even if you could, you'd never be able to decipher what you wrote.
- Then, of course, there are the personal digital assistants (PDAs) that offer a large number of organizational benefits, if you have the patience required to punch in the letters and numbers. Many AD/HD adults do not—and it's an expensive lesson to learn. However, as these handheld computers become more and more sophisticated, they will likely become more AD/HD friendly as well. They also fit in your pocket, a big plus in terms of having your agenda readily available.
- Personal planners are also helpful for those adults who are full-time homemakers, because they can assist you with time management as well. Many AD/HD adults take on too much—and then feel as though they spend their time putting out fires. A well-used planner can assist AD/HDers in not overbooking their days. If you are planning on paying the bills on Tuesday, schedule that activity in your planner, marking off the time as you would a scheduled meeting. If you need to pick up supplies for a school project, put that down as an after-school activity for you and your child. In addition to all the other events that fill up your days, also mark off time for yourself, whether it is to exercise or to chill out and regroup. Once you get into the habit of using your planner in this manner, when you get a call asking if you have the time to help out, you can check your schedule and make an informed decision about whether you have the time or not. If your schedule is full, say no!
- To-do lists are also essential for the busy AD/HDer, and the more you utilize and rely on them, the less likely you are to misplace or forget about them altogether. Knowing that I would be unable to keep track of both a to-do list and an agenda, I combine the two and choose planners that have space set aside for lists. Highlight anything that has not been completed and add it to your next day's to-do list. If you are at your computer on and off throughout the day, another highly effective system is the use of an ongoing to-do list that you can keep in an open folder on your computer. Every time you think of something that you must do, double click your "To-Do List" icon and write it down. You can always print up your to-do list to take with you when you leave the house.

Short-Term Memory Problems

First and foremost, don't assume that there is anything you cannot possibly forget! If distracted, what was centrally important to you may be pushed off the radar screen. Interventions that have made my life a whole lot easier include:

- Ask receptionists to call you to remind you of upcoming appointments. Usually they are more than happy to do this and avoid having a no-show.
- Ask friends who call to remind you why they called before they hang up.
- Ask others to write down requests that they have of you, both at work and at home.
- If you need to leave a project midway, leave yourself a note stating where you left off and what you need to do next.
- If you have an item that you need to bring with you, put it next to your car keys or your shoes so that you cannot possibly forget it.

Task Management

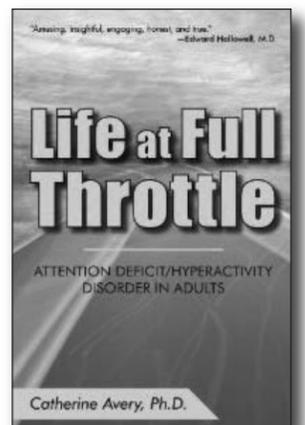
- Oftentimes, a large project that needs to be completed can appear overwhelming. Thus, it is strongly recommended that any large project be broken down into smaller components. Create a checklist of steps that need to be completed. This allows you to judge your progress and provides a sense of gratification as you check off item after item.
- Along the same lines, if there is a task that you find yourself avoiding, approach it in short time intervals. Commit fifteen minutes to the task, take a five-minute break to reward yourself, and then commit another fifteen minutes. Pretty soon you will find that the onerous task has been completed.
- Having a large number of smaller tasks to complete can also feel overwhelming, and under these circumstances, AD/HDers often find themselves spinning their wheels, unable to get anything done at all. When you become overwhelmed by the number of tasks that must be addressed, sit down and make out a list of everything that must be done. Include everything that's preying on you; they all take up space in your beleaguered brain. This process allows you to clear your head so to speak, and everything that you need to complete is summarized before you in written form. Now prioritize what needs to be done immediately, what must be done before the end of the business day, what should be completed before tomorrow, next week, etc. Suddenly, rather than feeling overwhelmed, you have an action plan. As you complete each task, the feeling of being weighed down will lighten, and you will feel more empowered.

Sleep/Arousal Problems

- Melatonin, a natural sleep agent, is very helpful in promoting sleepiness, and there is no grogginess the next morning. Take it thirty to forty-five minutes before you want to fall asleep.
- Hot baths or showers are wonderful sleep enhancers.
- Stay off the computer or Internet late at night; those activities are too stimulating and will deprive you of needed sleep.
- Try to avoid taking cat naps because this further interferes with a normal sleep pattern.

Emotional Lability

- AD/HDers can be a moody bunch, and there are times where there may be no true precipitant to an angry mood. Rather than trying to find the causes for one's anger at the world, recognize that the foul mood will pass and limit interactions with others until it does. Learning to laugh at oneself during these foul moods can be helpful as well.
- Although increasing one's organizational skills should be a goal for an individual with attentional weaknesses, it is equally important to allow some time each day to relax and pursue an enjoyable interest. Schedule downtime for yourself; don't wait until you feel overwhelmed.
- Finally, maintain a sense of humor about the situations that you find yourself in as a result of your attentional weaknesses. Although medication and organizational techniques will help to reduce your attentional difficulties, they will not disappear, and you need to accept this unique facet of your personality with a sense of tolerance and humor.



Be sure to check out Dr. Avery's latest book, *Life at Full Throttle*, available in bookstores everywhere.

ELSEWHERE



Of LD News Collected from Around the World

FDA Panel Says Food Dyes Don't Cause Hyperactivity

The age-old battle pitting a potential public health concern against what can be clearly proven by science played out in Silver Spring, Maryland recently, with science winning this round.

As predicted, a Food and Drug Administration advisory panel said today that the current scientific data is just not solid enough to show that artificial food dyes cause hyperactivity in most children. But they did call for more research, particularly on Blue #1.

"It's not like there's nothing, but there's not enough," said committee member A. Wesley Burks, a Duke University immunologist.

At the meeting in a generic hotel ballroom, complete with complementary candies on every table that were filled with food dyes, natch, a group of 14 food experts from a variety of fields debated food dyes and kids' behavior.

Several people on the panel thought the studies showed a clear link and complained that more studies would take years.

"I don't think we need more study to take public health measures," said Lisa Lefferts, a consumer representative on the panel.

But others spent a lot of time pointing out major flaws in the studies: The niggling stuff, like the fact that the results were not always statistically significant and, that too many dyes were mixed together to figure out which ones might make a difference.

http://www.npr.org/blogs/health/2011/04/01/135023674/fda-panel-says-food-dyes-dont-cause-hyperactivity?ps=sh_sthdl

April Fulton, March 31, 2011

CDC study finds more children are being diagnosed with ADHD

Syracuse (WSYR-TV) - More children are being diagnosed with Attention-Deficit Hyperactivity Disorder, a new study by the Centers for Disease Control and Prevention found.

The study found 4.1 million children between the ages of 4 and 17 were reported by their parents to be currently diagnosed with ADHD in 2007. That is equivalent to 9.5 percent of the children in the country and its one million more than were diagnosed in 2003.

ADHD Coach Kimberly Saffioti's 9-year-old son was diagnosed with ADHD when he was seven. "These kids have problems with impulsivity, lack of focus, very easily distracted and some kids are hyperactive as well. So it's a challenge," she said. "They're also very creative wonderful children who are often times academically gifted."

Doctors have become better at recognizing the signs and more comfortable diagnosing ADHD. Meanwhile, parents are more aware of the disorder. The CDC reports those two factors led to the higher rate.

Dr. Kevin Antshel, Director of ADHD at SUNY Upstate, says the rate of children with the disorder has grown from about 3 percent in 1990 to 5 percent in 2000. While the latest study says nearly 1 in 10 children have ADHD, he believes it's really closer to 6-percent nationally. "I believe ADHD does exist. ADHD is a real entity. I don't think it's something made up by our society," he said. "But I don't think it's 9 percent."

Dr. Antshel says changes in education law may have led to inflated numbers. The condition does sometimes afford children educational support and accommodations in school, which could lead parents to seek a diagnosis. "I think there's a lot of kids who unfortunately may not have ADHD but have that label as having such," he said.

However, the opposite may also be true. There may be a number of children who've yet to be diagnosed.

New York had a 46 percent increase in ADHD prevalence from 2003 to 2007, making it the fifth highest in the nation.

The CDC study also found boys are more likely to be diagnosed with ADHD than girls.

<http://www.9wsyr.com/news/local/story/CDC-study-finds-more-children-are-being-diagnosed/eJozju1JXU2mLgPSG-r6Tg.csp>

March 11, 2011

A Closer Look: Diet's role in treating ADHD debated

A new study appears to lend credence to the belief that restricting certain foods could ease kids' symptoms. But question are raised about the validity of the research and the ability to follow a draconian diet.

Kids with attention deficit hyperactivity disorder, or ADHD, are normally treated with behavioral therapy and stimulant medications. A new study suggests that a highly restricted diet can be just as effective at reducing symptoms in a majority of children with ADHD.

Diet is not a routine consideration in diagnosing and treating ADHD in the U.S. or in Europe, where the study was done. Many doctors are open to the idea that certain foods might trigger ADHD symptoms in some kids, though they believe it's a relatively minor factor in most cases.

"There's no question that foods have effects on people's mood, sleep and energy," says Dr. David Schab, a psychiatrist at Columbia University in New York. However, he adds, the current state of knowledge about what foods are problematic and which kids are susceptible is still too limited to be of much use for doctors or their patients.

The Centers for Disease Control and Prevention estimates that 9.5% of school-age children in the U.S. have ADHD. That adds up to more than 5 million kids who could potentially benefit from a symptom-reducing diet.

Here's a closer look at how dietary changes may — or may not — help kids with ADHD.

Children with attention deficit hyperactivity disorder exhibit a range of symptoms. Many have trouble staying focused on a single task and become bored or distracted quite easily. Others are unable to sit still, stay quiet or be patient. Some kids have a combination of these symptoms, plus others, according to the National Institute of Mental Health.

In the study, published last month in the *Lancet*, 100 children with ADHD symptoms who were 4 to 8 years old were divided into two groups. Half were allowed to eat only a small number of foods for five weeks; their diets were customized from a short list

of ingredients that included water, rice, turkey, lamb, lettuce, carrots, pears and other hypoallergenic foods. The rest of the kids were counseled (along with their parents) about healthful eating but allowed to eat whatever they wanted.

At the end of the study, 64% of the kids on the limited diet showed significant improvement on a variety of standard rating scales.

Jill U. Adams, Special to the Los Angeles Times

Language gene' effect explored by Edinburgh scientists

The University of Edinburgh staff found the gene ROBO1 linked to the mechanism in the brain that helps infants develop speech.

They said it could help explain how some aspects of language learning in infants is influenced by genetic traits rather than educational factors.

The five-year study was conducted on 538 families with up to five children.

The scientists found a significant link between the way the ROBO1 gene functions and the brain's ability to store speech sounds for a brief period of time, and that one version of the gene greatly enhanced a core component of language learning.

The gene directs chemicals in brain cells that help infants store and translate speech sounds they hear into meaningful language.

Professor Timothy Bates, who led the research for Edinburgh University's school of philosophy, psychology and language sciences, said: "The discovery of the ROBO1 gene helps to understand how speech sounds can be stored long enough to be integrated with meaning."

The research was carried out in collaboration with scientists at the University of Queensland, Australia. The results are published in the *European Journal of Human Genetics*.

February 9, 2011

<http://www.bbc.co.uk/news/uk-scotland-edinburgh-east-fife-12403925>

Learning Disabilities Association of Ontario

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Job-Fit was developed to help people with learning disabilities (LDs) improve and enhance their employability and job-readiness skills, with the goal to become productively employed. TD Bank's valuable gift will enable LDAO to improve and expand our existing program with the goal of improving employability of individuals with LDs.

A large graphic on the right page. It features a silhouette of a person in a lab coat holding up a large puzzle piece that fits into a brain-shaped puzzle. The background is a light blue sky with clouds. The text 'Putting the Neuro in Neurodiversity' is overlaid on the image.

Putting the
Neuro
in
Neurodiversity

Special Education and the Concept of Neurodiversity

By Thomas Armstrong

The history of special education in the United States is a dramatic one. Without going into the whole legislative history, suffice it to say that during the 1970s, due in large part to increasing scientific involvement in special needs issues as well as concerted parent advocacy efforts during the 1960s and 1970s, public schools underwent a sea change in providing services for kids with special needs.^[1] I was a child of that “wave” when I started working as a learning disability specialist in 1976. Since that time, research in genetics, the brain, human learning and related fields has increased exponentially, bringing in its wake an even greater awareness of the needs of children who have previously been unserved or underserved in special education programs.

In the 1980s and 1990s, children diagnosed with attention deficit hyperactivity disorder and related problems, such as oppositional defiant disorder and Tourette’s Syndrome, were added to the list of those served. In the new millennium, it seems that children identified as having one or more of the autistic spectrum disorders have been increasingly identified and served in special education programs. Despite the fact that legislative loopholes, budget problems, and lack of public awareness still prevent many eligible students from receiving the services they deserve, still, one must stand back and marvel at the progress that has been made in special education since the 1950s when only a handful of children with particularly strong needs were served in the schools, if they were served at all.

As I look back on these developments in special education I experience mixed feelings. On the one hand, I see that it is far better for a child to have his or her specific learning needs identified and addressed in school than to languish unrecognized in a regular classroom or be excluded from school entirely. This, of course, is true of any child with or without a disability label. On the other hand, since the very beginning of my involvement in special education in the mid 1970s, I have been strongly averse to the negativity inherent in the “disability discourse” that takes place routinely among teachers, administrators, parents, and mental health professionals while educating kids with special needs. I am speaking here of an institutionalized discourse consisting of specific words such as “disability” “disorder” “deficit” and “dysfunction” to describe the lives of these children. In many previous writings I have criticized special education for identifying certain children based on what they can’t do rather than on what they can do.

It has always seemed obvious to me (but also borne out by research on the self-fulfilling prophecy, the halo effect, the placebo effect, and numerous other experimental artifacts) that expectations play a key role in special education, as they do in life. If a child is having problems in learning, then he or she needs to be surrounded by adults who see the best in them, not the worst. Yet I’ve observed time and again that the special education world seems trapped, despite its best efforts, by this disability discourse. Let me just say here as an aside that I’m well aware that most special education professionals are positive individuals who seek to bring out the best in their students. But

I’m talking about educators who must work within a system that requires that they treat their students as disabled. As many a parent or teacher has pointed out to me: how are they going to get special services in the first place unless we get them labeled with a disorder?

I have wrestled with this problem for years. I’ve spent a lot of time focused on the concept of multiple intelligences because I believe it has provided a positive framework for making sense of both the difficulties and the strengths of children with special needs.^[2] I’ve been fascinated by exploring the strengths of kids identified as LD and ADHD because it seems to me that most educational researchers are cataloging what they can’t do.^[3] And I’ve invited educators during my workshops and seminars to engage in research on the strengths, assets, abilities, and talents of kids with other labels including autism, Down syndrome, mood and anxiety disorders, and more.

While I’ve been doing this, research has been coming out about newer disorders affecting larger groups of people. Harvard psychiatrist John Ratey, for example, has written about “shadow syndromes,” which are milder forms of psychiatric disorders that afflict far more people than are currently identified.^[4] Other researchers have suggested that half of all individuals will experience mental illness sometime during their lives.^[5] It seems to me that while I’ve been attempting to focus on the positives in the lives of children and adults with special needs, research and culture have been moving in the opposite direction, finding more and more things wrong with more and more people.

Recently I’ve discovered a new concept – neurodiversity – that I believe provides a means of reversing and moving beyond this expanding disability discourse. Neurodiversity is a term that was first used in the Asperger’s/autistic community by an Australian disability activist named Judy Singer in the late 1990s.^[6]

It has gained currency in the autistic community, and is spreading beyond it to include individuals identified as having a broad range of emotional, behavioral, learning, developmental, and intellectual disabilities.^[7] Its basic premise is that atypical neurological wiring is part of the normal spectrum of human differences and is to be tolerated and respected like any other human difference such as race, gender, sexual preference, or cultural background. This new term has great appeal because it

includes both the difficulties that neurodiverse people face (including the lack of toleration by others), as well as the positive dimensions of their lives, something that is generally missing in the disability discourse except in a token way.

It makes sense out of the work of Harvard neurologist Norman Geschwind, for example, who hypothesized that kids labeled “learning disabled” would often

be left-handed, have language difficulties, and display visual-spatial strengths, the work of Simon Baron-Cohen, who has investigated autism as an instantiation of extreme male behavior, and the work of best-selling author and neurologist Oliver Sacks, whose many books of essays chronicle the lives of neurodiverse people (he doesn’t use that term, but I believe he would approve of it), as they experience both the pluses and the minuses of their unusual neurological make-up.^[8]

The concept of neurodiversity is timely in that it respects recent research suggesting that what we call disabilities exist on a continuum with normal behavior.^[9] But instead of viewing Ratey’s “half-empty glass” (more people are disabled than we previously thought), it takes a “half-full” glass perspective (individuals with “disability labels” are more closely linked to “normal” people than we thought). It also gives us a context for understanding why we are so frequently delighted with Calvin’s ADHD behavior in “Calvin & Hobbes” in the comics, amused by Tony Shalhoub’s OCD super-detective “Monk” on television, and inspired by Russell Crowe’s performance as Nobel-Prize winner/schizophrenic John Nash in the movie “A Brilliant Mind.”



Thomas Armstrong

NEURODIVERSITY

Discovering the Extraordinary Gifts of Autism, ADHD, Dyslexia, and Other Brain Differences

THOMAS ARMSTRONG, PhD

The use of the term neurodiversity is not an attempt to whitewash the suffering undergone by neurodiverse people, nor to romanticize what many still consider terrible afflictions (see Peter Kramer's attack on so-called romanticizers of depression).^[10] Rather, its use seeks to acknowledge the richness and complexity of human nature, and specifically, of the human brain. The more we study the brain, the more we understand that it functions, not like a computer, but more like a rainforest (see Gerald Edelman's work in this regard).^[11] The "brainforest," in fact, may serve as an excellent metaphor to use in the neurodiversity field to talk about how the brain responds to trauma by redirecting neurological pathways, and how genetic "flaws" may bring with them advantages as well disadvantages. Disorders such as autism, ADHD, bipolar depression, schizophrenia, and dyslexia have been in the gene pool for a long time. There must be a reason why they're still there. The work of evolutionary psychobiologists and evolutionary psychologists represent a key component in exploring this fascinating question.

The implications for special education are enormous. Instead of wallowing in the current "disability discourse," both regular and special educators have an opportunity to step "out of the box" and embrace an entirely new trend in thinking about human diversity. Rather than putting kids into separate disability categories and using outmoded tools and language to work with these students, a perspective based on neurodiversity invites educators to utilize tools and language from the ecology movement as a key to helping kids succeed in the classroom. If we apply the same kind of diversity model to children as we do to the flora of the world, then we should be in much better shape than we are now.

Consider the issue of inclusion in education. Regular classroom teachers are far more likely to want a "rare and beautiful flower" or "an interesting and strange orchid" included in their classroom than a "broken" or "damaged" child. The use of ecological metaphors suggests an approach to teaching as well. Individual species of flowers have specific environmental needs regarding sun, water, soil conditions, and so forth. Similarly, neurodiverse

children will be seen as having their own differing ecological thriving factors, and it will be a key role for a neurodiversity specialist to understand each child's unique needs for optimal growth. The goal will not be to try and "cure" "fix" "repair" "remediate" or even "ameliorate" a child's "disability." In this old model, such kids are made either to approximate the norm (especially for national accountability tests), or helped to cope with their disabilities as best they can (the phrase "she can learn to have a successful and productive life despite her disability" comes to mind here).

In the new model, there is no norm.^[12] Rather, the neurodiversity-based educator will have a deep respect for each child's differences and seek ways to bring together an optimal joining of nature and nurture, finding the best ecological niche for each child where his assets are maximized and his debits are minimized. This, of course, represents an enormous challenge for public schools, since they are not known for their flexibility in creating a variety of learning eco-systems.^[13] Hopefully, schools will be forced to change by the sheer variety and force of their student population's neurological organization.

To this end, the neurodiversity-inspired educator will strive to educate others (parents, administrators, colleagues, students) about "differences, not disabilities" through diversity programs that are similar to those used in schools and the workplace for gender and race. These programs will include information on the abilities of neurodiverse people, showcase examples of neurodiverse individuals who have achieved success, and help people discard old disability-based ways of thinking in favor of a new neurodiversity discourse (not with the intention of being "politically correct," but of being "neurologically accurate.") Finally, educators who are engaged in research projects will have a new avenue of exploration in identifying the strengths, talents, abilities, multiple intelligences, and other assets of neurodiverse people. Such research is very much in line with contemporary psychology's new approach to "positive psychology" and will be fundamental in changing the attitudes and outlook of people toward children in special education programs.^[14]



References

- ¹ For a brief history of special education in the United States, see History of Special Education, Information Center on Disabilities and Gifted Education, Council of Exceptional Children, <http://ericec.org/faq/spedhist.html>.
- ² See for example, my books *Multiple Intelligences in the Classroom*, *7 Kinds of Smart, You're Smarter Than You Think, In Their Own Way*, and *The Multiple Intelligences of Reading and Writing* at http://www.thomasarmstrong.com/books_videos.htm.
- ³ See, for example, my books *The Myth of the A.D. D. Child* and *ADD/ADHD Alternatives in the Classroom* at the above URL, as well as several articles I've written on labeling, ADHD, and related topics, that are available at <http://www.thomasarmstrong.com/articles.htm>.
- ⁴ See, for example, John J. Ratey's article, "Shadow Syndromes: People with Mild Forms of Serious Disorders", http://www.addresources.org/article_shadow_syndromes_ratey.php.
- ⁵ See, for example, Alex Barnum, "Mental Illness Will Hit Half in U.S. Study Says," *San Francisco Chronicle*, June 7, 2005. <http://www.sfgate.com/cgi-bin/article.cgi?file=/c/a/2005/06/07/MNGB3D4N3K1.DTL>.
- ⁶ See, Judy Singer, "Odd People In: The Birth of an Autistic Self Advocacy Movement." A thesis presented to the Faculty of Humanities and Social Sciences, University of Technology Sydney (UTS) 1998 towards the Degree of BA (Hons). For information about her work, go to her website at: <http://www.aspar.klattu.com.au/aspjs.htm>.
- ⁷ See the website Neurodiversity.com: Honoring the Variety of Human Writing (www.neurodiversity.com) for a rich collection of materials.
- ⁸ For Norman Geschwind's work, see "Is Being Left Behind Right?" in the Sunday Observer, August 19, 2001; <http://64.233.161.104/search?q=cache:C6uJUMv7HnoJ:origin.sundayobserver.lk/2001/08/19/fea13.html+Geschwind,+left-handed,+dyslexic,+spatial&hl=en>. For Simon Baron-Cohen's research, see "The Male Condition," *New York Times*, August 8, 2005 (<http://www.nytimes.com/2005/08/08/opinion/08baron-cohen.html?>). For a list of Oliver Sacks' work, go to his website at: www.oliversacks.com.
- ⁹ See for example, Sally and Bennett Shaywitz's work on the continuum of reading disability in B.A. Shaywitz, J.M. Fletcher, and S. E. Shaywitz, "Defining and classifying learning disabilities and attention-deficit/hyperactivity disorder," in *Journal of Child Neurology*, Jan. 10, 1995, Suppl1:S50-7. Abstract available at: http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7751555&dopt=Abstract.
- ¹⁰ See Peter Kramer's interview in U.S. News and World Report, "Myths of the Blues: Why It's a Bad Idea to Romanticize Depression." <http://www.lcmedia.com/usnews5-05.htm>.

¹¹ See Gerald Edelman, *Bright Air, Brilliant Fire*, New York: Basic Books, 1993.

¹² Which flower would be the "norm" in the plant world? The rose? This dimension of neurodiversity, of course, is bound to be the most controversial, since culture defines itself, according to former American Psychological Association president Nicholas Hobbs, by the categories of deviance it gives to its children, and cultures, especially during conservative times such as ours, are notoriously resistant in changing their outlook on such matters.

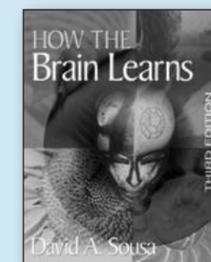
¹³ "Accommodation" is the word used in the disability discourse for this environmental "shape-shifting," and for many teachers it simply means such things as writing down homework instructions, sitting the child near the teacher's desk, and instituting a behavior modification program.

¹⁴ The positive psychology movement suggests that psychological research has focused too much attention in the past on pathology and not enough on what is healthy in human populations. It has been spearheaded by former American Psychological Association president Martin Seligman. For a brief summary, see Shane Lopez, "The Emergence of Positive Psychology," <http://www.apa.org/apags/profdev/pospsyc.html>.

Note: This article was first published in *New Horizons for Learning*, September, 2005.

Books for parents and educators:

How the Brain Learns
David A. Sousa
Corwin Press (2005), Edition: 3rd,
Paperback, 328 pages



Teaching to the Brain: Best Practices and Best Ideas

Dr. Jeb Schenck
Knowa Publishing; Paperback, 93 pages

Books for professionals and educators:

Mind, Brain, and Education: Neuroscience Implications for the Classroom

David A. Sousa (Editor)
Solution Tree (2010), Edition: 1, Hardcover, 312 pages

Batteries Not Included: Getting Motivated with RICK LAVOIE

By Carter Hammett

For over three decades Rick Lavoie has been raising eyebrows – and sometimes dropping jaws – with his tactics for increasing awareness of learning disabilities, especially in children. Perhaps best known for his F.A.T. City workshop videos and recent books, including *It's So Much Work to Be Your Friend*, he has addressed over half a million people through his fast-paced interactive lectures throughout North America, Australia and Hong Kong.

Lavoie's career has recently taken a different turn with the publication of his latest tome, *The Motivation Breakthrough: 6 Secrets for Turning On the Tuned Out Child*. He's quick to point out, in his inimitable style, that he dislikes the book's title, noting that the publisher insisted on it.

But how many times have you heard refrains like, "He's so bright...if he only learned to apply himself." "She just doesn't seem to care." "He can do it if he just puts his mind to it."

Lavoie says that traditionally, kids have been motivated two ways: either through reward or punishment. Neither way is particularly good.

Typically kids are assigned all the responsibility for learning, and the teacher is assigned none. "It's like the used car salesman who says there are no motivated buyers...well, that's his job," Lavoie cracks. "Sometimes professionals are obstacles on the journey," he adds.

Amassing stacks of research in search of new motivational models when he sat down to write the book, Lavoie was surprised to discover that some of the best and most successful models came out of the business world. "Some of it is impeccably done," he says. "So we reviewed what Madison Ave.,

had done and put together and adapted some strategies for parents and teachers."

One of the key messages to emerge from that research was that "success works" he says. "Educators don't get that, but business has long gotten it. Employers are constantly motivating employees, with even simple ideas like 'Employee of the Month'. They understand that success builds on success."

Lavoie argues that a key motivating factor for kids means an update in teaching style for most educators is required. He points out that out of 17,500 entries in the World Book Encyclopedia, 17,400 entries needed updating, emphasizing that the world is constantly changing.

"It's no longer appropriate to teach the kid stuff," he says. "Teach them how to learn stuff."

The book examines and counters several myths on motivation, including the old standby, "He's so lazy, he won't even try."

Lavoie points out that the laziness is actually learned helplessness, emphasizing that the two look exactly the same. "When animals feel helpless they stop trying," he says.



Rick Lavoie

Another myth is the concept of competition with peers. But this reflects deficits in the motivation theory as well because they only child who will be motivated by competition is the child who feels he has a chance at winning.

For kids with learning disabilities and ADHD, Lavoie points out that making successes measurable is a huge factor in successful motivation. "Our kids don't get implied messages, they need to hear, 'I love you,' he says. Furthermore, it's necessary to make success visible, whether it's through a chart on the fridge or something else that's tangible.

Furthermore, he points out that kids with LD/ADHD frequently have issues with executive functions.

"They can't prioritize, which is huge in motivation and a key factor in many success stories," he points out. "So sometimes we have to teach the child what motivates them. This is also the root of good self advocacy.

"People tend to view executive problems as a symptom when in fact it's a cause. If we can teach the child better executive strategies, he'd be more motivated."

Lavoie is quick to point out that whether living with learning disabilities or not, people will be motivated if their needs are met. And, like Maslow's famous Hierarchy of Need theory, people are motivated to succeed by certain needs, including:

- Status (the need to feel important)
- Inquisitiveness (the need to know and learn)
- Application (the need to be associated with something larger than yourself)
- Power (the need for control and authority)
- Aggression (the need to be assertive)
- Autonomy (the need to be independent)
- Achievement (the need for recognition) and
- Gregariousness (the need to belong).

The book offers several strategies to meet these needs, organized into The Six P's: People, Prestige, Prizes, Projects, Praise and Power.

Many strategies, like "The Minor Choice Technique" are relatively easy to employ. "You're asking the child to write a 200-word essay about a dog and he's argumentative, so you offer him a choice between writing the essay on white or yellow paper. By giving them a choice, you are giving them a sense of power," he says, and making them a participant in the decision making process.

This is important when, as colleague Mel Levine established, adolescence is a "24-hour, 365 day battle not to be embarrassed."

That's just another anecdote that comes flying out of Lavoie's mouth, one of thousands, that have been accumulated over a 30-year career that included various administrator and management roles in residential programs for children. In an illustrious career, he's amassed three degree in Special Education, been awarded two Honorary Doctorates in Education, served as a lecturer at numerous universities, including Harvard and The University of Alabama. The books, workshops and videos have only amassed to his popularity as an in-demand speaker.

While the new book has been generally well-received, it's been attacked by teachers in some quarters who scoff that Lavoie's techniques won't work in overstuffed classrooms. Lavoie, however states that teaching in a closed book format, won't prepare kids for an open book world, and teachers have to accept more responsibility for the diversity of learning styles in front of them.

"We're in a different time, educating for a different time," he says flatly. "The world has never been more different then when we were educated."

**Information and inspiration for parents and teachers
of children with learning disabilities**

ricklavoie.com



Reaching Out to Older People with Dyslexia

Identifying dyslexia in seniors can be fraught with difficulties – and literature on the subject is indeed scant – but a recent project in England laid the foundation for a new framework understanding dyslexia in our elderly.

These days, dyslexia is a well-recognized condition, but things were very different a few generations ago. Hundreds of thousands of people who are now in their 50s and above were simply labelled as “stupid” at school – and left to suffer a lifetime of shame and fear, unable to read road signs, write letters or even pay bills. Until now, there has been very little research undertaken into the specific issues around older people and dyslexia, but recognizing it in this older age group is extremely important, as not only can it affect their literacy and numeracy skills but it may also affect their quality of life, independent living and decision-making.

Dyslexia is a specific learning difficulty, or learning difference, that affects many aspects of life and learning. There is no one, definitive definition of dyslexia and the different definitions give greater or lesser weight to various aspects of the syndrome. The word ‘dyslexia’ comes from the Greek, and means ‘difficulty with words’. Many definitions focus on the negative aspects – the deficits and difficulties that are experienced. However, other definitions focus to a greater degree on the associated talents and skills that people with dyslexia often exhibit.

Exclusion due to dyslexia can be particularly acute for older people – which affects one in five. They may have difficulties accessing services and benefits which are vital to their quality of life. Combined with mobility or financial constraints, this may lead to isolation or exclusion. For example, problems with official literature, form-filling, direct payments for care, direct payments for pension, pin codes, paying bills, banking, text messaging, emailing and using the Internet.

The National Institute of Adult Continuing Education (NIACE) and the Learning and Skills Development Agency are leading a project to develop what they call a “Framework for Understanding Dyslexia” supported by other organisations working to help older dyslexics. One 65-year old lady said: “I could not read when I left school, and when later in life I found out that I was dyslexic it was a relief – like a weight had been lifted off my shoulders. Finding out about the dyslexia I became determined to improve my literacy and joined several classes at

school and college. I have now overcome my difficulties because of the tutors’ encouragement and reassurance.

“I wanted to be able to write properly before I went to my grave. I have been able to write my own Christmas cards for the first time, it was a lovely feeling, it really felt good. I have been able to help my grandsons, and now I am going into a local primary school to help children to read and gain confidence. It means an awful lot. It means that I can learn more for myself. I can write more and have the confidence to pick up a pen. I want to do more. Learning becomes infectious.”

The causes of dyslexia are not fully understood, but there is strong evidence to suggest small but significant biological differences between the brains of dyslexic and non-dyslexic people in the processing of visual, motor and auditory information, particularly in relation to language. Dyslexia also tends to run in families, and adults may only become aware of their own dyslexia for the first time when younger family members are identified as having dyslexia.

Dr. Rebecca Thompson, a psychology research fellow at the Research Institute for the Care of the Elderly at St. Martin’s Hospital, Bath, said: “In addition to thinking about the effects of aging on dyslexia, work in this area also needs to take into account the fact that many older adults may never have had their dyslexia identified because at the time when they were being educated, it was a little known and little diagnosed condition. They have therefore had to develop coping strategies to deal with their lives, and often feel that they have missed out because of their lack of literacy.”

One 60-year old gentleman said: “I was unable to read and write and, at the age of 60, I decided I couldn’t carry on like that. I couldn’t go shopping properly or go to the library, for example. I was unable to function normally. If I couldn’t find someone to help me with letters or bills, I just threw them in the bin. I never really did overcome my difficulties before I came to the adult college, where I’ve really enjoyed meeting new people. My learning has made me much more confident.

“For the first time in my life I can express myself in writing. When I came to college I said I wanted to write a book about myself. I have now done this, and although the book itself is only small, it has been a major achievement for me. I can also now do things like buy a T.V. guide and see what will be on TV. Little things like this make all the difference in the world to me.”

The assessment of dyslexia in adults, and especially in older adults, can be complex because many adults have developed coping strategies which may effectively compensate for any difficulties they experience. In addition, older adults may have reduced visual and auditory acuity, as well as medical conditions that may affect their processing of information and their memory. All of these need to be accounted for during the assessment process.

Shirley Cramer, Chief Executive of Dyslexia Action, National Council Member, The Learning and Skills Council, reported that, “The consequences of years of failed policies for children with dyslexia are that there are hundreds of thousands of adults with dyslexia who have never been identified. For these adults, further education through colleges or work-based learning is their second chance and it is critical that there are appropriate services available to enable them to succeed. Colleges and other providers need to have a robust screening system to identify these adults with hidden disabilities and appropriate teaching strategies and tools to ensure that the person does not



experience failure again. Understanding the ‘baggage’ that goes along with these difficulties is another important aspect of the support.”

NIACE and the Learning and Skills Development Agency led the project that culminated in the development of the Framework for Understanding Dyslexia. Contact the Team at: 21 De Montfort Street, Leicester, LE1 7GE. Tel: 0116 2044218, or email: rachel.davies@niace.org.uk. They are also available on the website at www.niace.org.uk.

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Grateful acknowledgement to republish this article is extended to our friends in England!



BEST BEFORE DATE

By Carter Hammett

Ever since 1840 when the American Census first included a question on idiocy/insanity, mental health professionals have been trying to put a label on disorders that haven't got a name yet.

Things are about to get a lot worse.

With a scheduled 2013 launch, the fifth edition of that controversial psychiatrist's bible, The Diagnostic and Statistical Manual (DSM) is currently reviewing all kinds of disorders you've never heard of, that are vying for inclusion. Conditions such as Internet Addiction, Apathy Syndrome and Parental Alienation Disorder are in direct competition with the better-known but not-yet-included Fetal Alcohol Syndrome and Seasonal Affective Disorder.

Published by The American Psychiatric Association, the most recent version of the DSM clocks in at over 900 pages and includes almost 300 disorders, from mild mental retardation—itsself a dated term—to depression, to a personal favourite, “cognitive disorder not otherwise specified”.

Small wonder then that the tome has come under fire by critics who argue that some disorders listed are either cultural or imagined in nature. Homosexuality, once listed as a mental health disorder itself, was finally dropped in 1973. At a briefing in February, some psychiatrists winced at the possible inclusion of labels like, “Psychosis Risk Disorder, arguing that everyone was at risk of being labelled with *something*.”

Others charge that the DSM is too heavily influenced by avaricious pharmaceutical companies looking to make a profit from the latest diagnostic craze. Indeed, medication sales for drugs treating ADHD, autism and childhood bipolar disorder exploded after the definitions were expanded in the most recent DSM was published in 1994. In the United States alone, sales for ADHD medications topped \$4.8 billion in sales in 2008.

There have always been arguments against labelling children. “Labels are for jelly jars” chimes psychologist and writer Lynne Namka, who once wrote: “Labeling is definitive; once we say it, then it holds meaning. The danger of labels is that children tend to believe what is said about them and live up to that negative expectation. Negative labels keep children caught in negative behavior. Labeling what we do not know how to deal with is victimization.”

Some, like psychologist Carol Dweck have conducted studies on gifted students and found that their motivation to take on challenging assignments actually decreases, when praised for their intelligence, thus pleading a case that labelling can also affect academic motivation.

And while it is probably true that yesterday's “quirky” child is today's pathologized child, labels, especially those used constructively, can provide a useful framework for treating legitimate disorders. Furthermore, the appropriate label is necessary to obtain insurance and funding for treatment, and often, access to service providers.

“Bureaucracy requires the label in order to fund services,” says Toronto psychologist and artist Michael Irving, who designed the

well-received Child Abuse Monument. “Labels can help us understand what is going on as service providers and can help the child understand themselves and get more positive. Labelling needs to be helpful to the child and we need to see the positive and communicate it.”

Ottawa psychologist Judy Goldstein concurs. “The label helps us (service providers) take the right direction and identify the proper intervention that will help. Everyone is an individual and not everyone needs the same intervention. It helps us look at the whole person and use the diagnosis as part of the puzzle to understand the person,” she says.

But a diagnosis can be difficult to understand, especially if criteria differentiates from source to source, as sometimes happens with learning disabilities (LD), for example.

“I prefer the terms ‘learning differences’ or ‘learning styles’ suggests another Ottawa psychologist, Brian MacDonald, co-founder of www.familyanatomy.com. “‘Learning disabilities’ is the term recognized by schools and physicians, but I’m careful to define it for parents and kids because I think it’s a misleading term.”

It helps when definitions complement each other. For example, The Learning Disabilities Association of Ontario's definition of LD in part states that LDs are “a variety of disorders that affect the acquisition, retention, understanding, organisation or use of verbal and/or non-verbal information. These disorders result from impairments in one or more psychological processes related to learning (a), in combination with otherwise average abilities essential for thinking and reasoning.”

MacDonald is quick to point out that this is different from the DSM's definition, which identifies problems with reading, math and written expression, “but the DSM looks at achievement vs. intelligence.

“If you look at a child who spends three hours a night doing home work but his peers are taking only one hour to do the same volume of work and achieving at the same level, those

kids wouldn't meet the criteria to qualify for a label of learning disability,” he says.

Sometimes labels are vague enough to fall into a completely different category of disability. For example, anxiety frequently mimics symptoms such as the restlessness, impulsiveness and inattentiveness often associated with Attention Deficit Hyperactivity Disorder.

Two diagnoses that frequently and erroneously cross back and forth are those for non verbal learning disabilities, and Asperger's Syndrome, a “higher-functioning” form of autism. These disabilities often involve excellent verbal skills, but may also include problems with mathematics, visual spatial processing and social perception.

“Both of these disabilities have social problems for very different reasons,” says Judy Goldstein. “There is some overlap, but kids with Asperger's may get caught in something and repeat it over and over, but a non verbal wouldn't do that. A student with non verbal learning disabilities might have problems in school with spatial perception, but no such problems with Asperger's. You have to look at strengths, weaknesses and symptoms,” she says.

There are some who argue that both disabilities are one in the same, but there is no conclusive proof of this; another situation where labels given responsibly by a qualified psychologist can clearly help.

All the psychologists interviewed also agreed that a psychodiagnostic assessment, while helpful, isn't nearly enough. There have to be solutions and recommendations for accommodations so strategies can be implemented to suitably monitor and manage the disability accordingly.

“It's important that parents and students have an awareness of the specific nature of the problem, not just some overall view of the problem, like, say ‘anxiety’.” says MacDonald. “But what does it mean specifically for that person? That gives a starting point to find strategies that will be helpful.”



He cites an example of an Ottawa teacher who noticed several students were having problems remembering concepts on a particular subject.

“The teacher worked with the class to brainstorm the areas they were having difficulty in remembering and then had them write each item down on 4X6 index cards. These were put into a portable format and personalized so the students could use the information on a day to day basis and for tests, which is much more like the real world.”

The teacher took an identified—or labelled—problem, in this case, memory, and found positive results when the class collectively took ownership of their situation and wound up with a positive outcome.

And it’s the positivity that’s critical for finding a successful solution when dealing with negative behaviours, says Michael Irving.

“If a child is bull-headed, you might want to say he has tenacity,” he says. “In using a label, realize that we’re using that label to serve the client and it does help for the agency and administrative end of things.”

He argues that when inappropriate behaviours present themselves, it’s important to look beneath the surface to determine positive underlying causes. “A child with a brain injury may become angry or irritable and may be trying to protect themselves from too much thinking and processing, so the irritability may be self protection. You have to ask what is the intent behind the behaviour?”

“Realize that there’s an external response in a problem behaviour and there’s likely a positive root as some form of self protection. So, we have to say, “it’s really great that you’re trying to protect yourself, but now we have to ask, what is a more successful way of taking care of yourself? What’s going on inside so you don’t have to arrive at the place where bad stuff is going on?”

When placed in a positive context, a label in fact, can be tremendously empowering thing for people becoming labelled. It can provide a kind of blue print for treatment, offer an understanding and ownership of a particular challenge. Likewise, it can form the basis for a “healing partnership” between client and support team as the labelled person can formulate strategies for later success.

“We have to switch to labels that help understand the positive forces behind problematic behaviours,” says Irving. “At that point we have to shift the label to the positive to serve the child, and not the teacher or the system.”



Misunderstood Minds

<http://www.pbs.org/wgbh/misunderstoodminds/>

Parents, teachers, and students looking for the scientific explanations behind learning differences and strategies to aid success in school can find both on the companion web site for the 2002 PBS documentary, *Misunderstood Minds*. The site includes profiles of the students in the documentary, as well as sections on Attention, Reading, Writing, and Mathematics. Interactive activities, called Experience Firsthand, are designed to give site visitors a sense of what it may be like for a student struggling with a basic skill.

The web site is a production of WGBH Interactive and Educational Programming and Outreach. Executive producers are Ted Sicker, Michele Korf, and Brigid Sullivan. The producer is Arthur R. Smith.

The web site is accessible, designed for use with screen reader devices that render text into speech for blind and low-vision web users. To learn more about providing access to web content for users with disabilities, please visit the CPB/WGBH National Center for Accessible Media on the web at ncam.wgbh.org.

SHELF LIFE

The Brain That Changes Itself

Reviewed by Susan Stanley

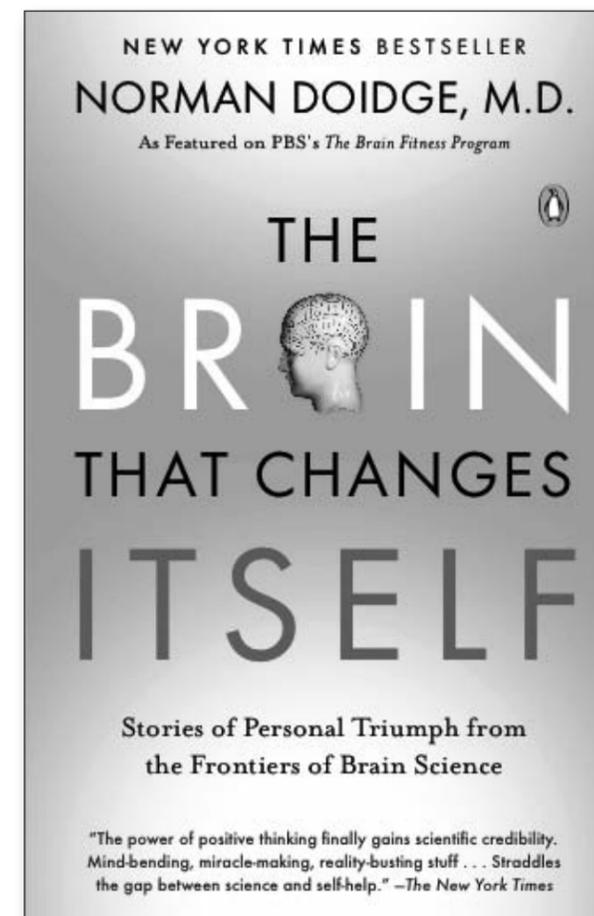
Anyone having difficulty with learning, or concerned about the effects of aging on the brain, would be well-advised to focus their attention on “The Brain That Changes Itself” by Norman Doidge, M.D. Doidge is a Canadian research psychiatrist and psychoanalyst on the faculty of both the University of Toronto and the Columbia University Center for Psychoanalytic Training and Research in New York. True to its subtitle, his book is full of “stories of personal triumph from the frontiers of brain science”. The case histories make absorbing reading and point to positive options for those struggling with ADHD, poor memory, depression, autism, the after-effects of a stroke and just about any brain disorder.

Doidge reports on the improvement and overturned theories of scientific understanding of the brain. Scientists now know the brain is far more neuroplastic than previously thought, and capable of adapting to recover and cope with injuries and problematic conditioning. Some of this the brain accomplishes itself, but with specially designed training exercises the brain can make even greater strides. While the brain is more neuroplastic in infancy and early childhood for biological reasons, it is still capable of neuroplastic changes that can have a profound impact on the lives of even aged people.

We all have “learning minds” and intelligence, cognition, confidence, perception, memory, pain and addictions can all be affected by training the mind with key exercises targeted at strengthening neuropathways in the brain. Doidge also acknowledges the fragility and vulnerability of the brain. Just as it can be neuroplastically changed in beneficial ways, it’s also prone to be changed for the worse by everything from bad parenting to abusive partners to brainwashers to simple dearth of stimulation.

Much of Doidge’s writing is a careful and thorough explanation of brain science so that readers outside of the scientific community can understand brain maps and how they can be reorganized and can understand such inner workings as the nucleus basalis which works to focus our attention. A great deal of the case histories discussed require outside professional help and even experimental devices and equipment to affect the kind of changes in the brain required. A woman who, as a reaction to an anti-biotic she was prescribed, lost most of her sense of balance, always felt like she was falling over. Her stumbling often led to her being mistaken for drunk and her life as a “wobbler” became intolerable. She was dramatically helped by a wildly jury-rigged construction hat and plastic device with electrodes that slipped over her tongue. The device worked and gradually her brain was rewired so she could “walk like a woman” again.

Thankfully, not everyone needs to avail themselves of the kind of brain research-inspired medical help to combat a serious brain disorder. There are still a number of good ideas to take away from this book to apply to keeping your own brain sharp and functioning in an optimum way. Keep learning – both by reading and learning new skills. Learn a second language, even though it’s more challenging when you’re older. Do puzzles, but even better, do the kind that aren’t your preference. If you like crosswords and Scrabble, try to add more math puzzles to your free-time activities, if you like math puzzles, try to tackle the crosswords more often. Keep active and social. Surround yourself with people who nurture you and make you feel good about yourself. Avoid people who regularly trigger negative feelings about yourself. Resist repetitive activities which condition you towards any addiction. You have a malleable, changeable brain. Shape it and train it as well as you can.



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Chapter News and Views

LONDON REGION

Food, Bowling, Propel London's Fundraising Forward

The LDA-London Region is pleased to welcome new fund development coordinator, Sandra Morden, who joined the team in early March thanks to funding provided by Ontario Trillium Foundation. Sandra says she has "hit the ground running" as she collaborates with an active volunteer fund development committee who have great energy and many creative ideas. Two successful fundraisers, "Bowling for LDs – Strike Out The Differences" held in February, and "Food for Thought" a tasting event & cookbook launch held in March kicked off the great work possible with strong leadership and expertise. Both initiatives will remain part of the chapter's annual fund program. Look for more good news stories from London Region in the months ahead as the chapter begins to develop a three-year fund development and marketing strategy for LDA-LR under the OTF grant. The Chapter also held its annual Volunteer Appreciation Event during National Volunteer Week, thanking its dedicated volunteers for their many hours of time, expertise and dedication. Volunteers assist the Chapter in such varied capacities and we feel tremendously grateful for the partnership with our volunteers in moving the agency's goals forward.

NIAGARA REGION

Things are happening at LDANR!

Reading, Support Groups, Workshops and Summer Programs Rock Niagara!

This past winter's programs, Reading Rocks! and Better Emotional & Social Times (B.E.S.T.) saw an increase in enrolment and just this Spring LDANR received over 80 applications for Reading Rocks! These programs (including S.T.E.P.S.) have been made more accessible to families in the Niagara Region thanks to an Ontario Trillium Foundation multi-year grant LDANR started receiving at the beginning of 2011. OTF also provided LDANR with funds to develop a new website further making programs more accessible with online membership and program registration options. Please visit our new site at www.ldaniagara.org

March 16th marked the first Adult Support Group session held at LDANR, which was also well attended. The Adult Support Group facilitated by LDANR co-chair, Nicole Dumais is currently being offered bi-monthly with the hopes of running within a 12-week program once or twice a year starting in fall 2011.

Guest speaker Ann Imrie-Howlett will be giving a talk/workshop to parents, teachers and tutors called Taming the Chaos on May 10th in St. Catharines from 6:00 – 7:00pm. Ann will provide tools and strategies in a fun, friendly workshop to help people whom work/live with children with ADHD tame the chaos. This event is free to members and \$5 for nonmembers.

LDANR is expanding its summer day program newly titled: Sunshine Learning Achievement & More! (S.L.A.M.) by offering the program in St. Catharines for six weeks and Welland and Niagara Falls for one week each. This decision came from last

summer's participant feedback that they would like the program to be offered in one city for a longer period of time. During the day program, children will participate in activities that encourage literacy, numeracy and social skill development in a small group setting. To learn more about this program and how you can provide your child with the opportunity to make a slam-dunk in their academic skills and social skills please visit www.ldaniagara.org

OTTAWA

Summer Social Skills Camp Program ready to go

Here Comes the Sun... Ottawa teaches children social skills to enhance personal development. Social skills in communication, self-control, problem-solving, leadership and peer relations empower children to initiate and maintain positive relationships with others. The Sunshine Day Camp focuses the teaching of social skills through discussion, modeling, and role playing positive attitudes, personal choice and responsibility. Our goal is to help children understand not only the skill being taught, but its importance and how it's applicable in the social setting. For more information, contact LDA Ottawa-Carlton at 613 567 5864

TORONTO

Out of Tragedy Springs Hope...

The past year for LDATD has been an exciting one. There have been many new additions to programs and services offered. One of the exciting additions to our agency is the Assistive Technology course we now offer. This course is conducted in a small, personal environment and is designed to help children develop a level of comfort and efficiency with a variety of Assistive Technology programs such as Read and Write Gold, Kurzweil 3000, and Inspiration. Children registered have found this program extremely exciting.

Another addition to our agency is the formation of the Computer Skills for Seniors (CCS) program. This program is free for anyone over the age of 50, and works to teach essential computer skills to a generation that was raised before the technological industry exploded.

This past year we lost one of our most beloved youth members. A tragedy struck one of our valuable board members when her son passed away suddenly. Robert Shuttleworth was 14 years old, and very active in our agency. He was a kind, caring young man with a bright future ahead of him. His loss has affected all members of our agency deeply, and in memorial for his kind, empathetic nature we have developed a memorial fund aimed at providing subsidies for low-income families who require LD assessments but cannot afford to pay for them on their own. Applications for the subsidy can be found on our website www.ldatd.on.ca

It is our hope 2011 will be an exciting one, with new challenges coming our way, and new heights we can reach in getting the word of our agency out into the community, and providing resources and programs to the people who will benefit from it the most. We have been looking towards Social Networking to

increase awareness of our agency, and have developed an exciting Facebook group to inform members about new updates and events. We have also registered for Twitter (@LDisability) to keep the community informed on opportunities, and uploaded some exciting videos to YouTube (www.youtube.com/user/LDATD)

WINDSOR-ESSEX

Ontario Works Clients Benefit From Enhanced Services

LDWE is currently contracted by the City of Windsor's Ontario Works Department to provide client intervention services. Ontario Works caseworkers most often refer clients who demonstrate low literacy skills, have poor oral communication, and have difficulty participating in work-related activities. Although there are a small number of clients referred who have specific identified learning disabilities and may benefit from intervention and support, the majority are referred for assistance in making application to Ontario Disability Support Program – Income Maintenance (ODSP-IM).

LDWE has established a partnership with the University of Windsor's Psychology Department so that financially disadvantaged individuals can access low-cost psychological assessments. Ontario Works has been paying for the low-cost assessment for several years and the waiting list had grown quite long. To address the issue of wait time, Ontario Works and LDWE negotiated a contract in the spring of 2010 to allow the Association to sub-contract a number of psychologists to complete 50 additional psychological assessments and provide follow-up support.

Thirty eight of the 50 individuals who participated in a psychological assessment were assisted with making application to ODSP-IM. Most of these individuals were identified as having multiple diagnoses. In addition to support with the ODSP-IM application, individuals were also referred for treatment or to specialized programs, assisted with establishing a re-training program, connected with a family physician, provided a portfolio of documents contained within their file, and referred to a trustee, if necessary.

It appears that the client intervention process provided when preparing an ODSP-IM application can be therapeutic. The process allows the individuals to become more knowledgeable about their disabilities, to have control of their documents, to use their documents to improve their standard of living, and to develop an awareness of community services where they can access appropriate treatment and programs. LDWE is discussing an evaluative research study that will demonstrate that this intervention can lead to increased citizenship.

YORK REGION

LDAYR Introduces New Five-Year Award

The LDAYR has been very busy preparing for its events. On April 6th we hosted a workshop on ADHD entitled, "Tips, Tricks, and Techniques: How to Harness the Power of Your Ferrari (ADHD) Brain". The workshop was facilitated by Jason Froats who is a professionally trained ADHD coach. He provides ADHD individuals with strategies and techniques that they can use

effectively in every day life. He teaches them that having ADHD is an "ability" and not a "disability". We had a full house and a long wait list. We hope that Jason will be able to come back and run another workshop!

Along with Evoke Coaching we are running 2 workshops for parents teaching them how they can use "coaching" to build a positive relationship with their child and how to empower and motivate them to succeed. Parents are also taught how coaching can help them help their children cope with school and homework.

In April we celebrated National Volunteer Week. The LDAYR inaugurated the 5 years of service award and has created a plaque for those that excel in the field of supporting the learning of children with learning disabilities for 5 years in a row. Stan Rusenblum was our first recipient this year.

Also the LDAYR nominated Stan Rusenblum to receive the 5 year Outstanding Service Award by the Ministry of Citizenship & Immigration. Stan has been a volunteer tutor with the LDAYR since 2006 and has assisted over 5 different children with learning disabilities on a one-on-one basis to achieve better academic success.

We congratulate Stan and hope to see him through 5 more years!

Spring is a wonderful time of year. But it is also a sad time as we must bid a fond farewell to our Fall Field Placement Students, Anna Scriver 2nd Year from Seneca College, Susan Caschera, Yewgenia Krindel, and Alessia Rico, all three 4th year students at York University. We were honoured by their presence and will miss them tremendously. Their assistance throughout the fall and winter with our programs and services was greatly appreciated. We wish them good luck in their future endeavours and hope to see them again. Keep in touch!

With Spring comes our annual fundraising event, Vintages and Jazz. This year marks the 12th year that we host the event. Each year brings with it wonderful food, wine, and silent auction items. This year Susan LaRosa, who is the Director of Education for the York Catholic District School Board, welcomed the opportunity to be our Honorary Chair.

We are also planning for our 3rd Annual Picnic which will take place in June. This year's picnic will be slightly different from the previous years' as we will be joining the Loyal True Blue and Orange Home, in celebrating their 90th anniversary! The Loyal True Blue and Orange Home is the owner of the building of which the LDAYR is one of the tenants. This will be a truly fun event!

Plans are in full force for our summer events. We are once again hosting our Social Skills Summer Camps for children with learning disabilities and/or ADHD, ages 6-12, as well as our SOAR Summer Camp for children with learning disabilities in grades 7 & 8 to help them with the transition from elementary school to high school.

We are fortunate to once again be hosting an Assistive Technology Summer Camp for children in grades 4 – 8. There will be sessions for the children as well as for the parents. We are looking forward to another successful camp.



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