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Learning Disabilities Association of Ontario

*A different way of learning
can lead to success.*

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communiqué

THE PUBLICATION OF THE LEARNING DISABILITIES ASSOCIATION OF ONTARIO

East Meets West Issue

*A Profile of ADHD
expert and author*

Gabor Maté

Making Sense of
LD Interventions

Bridges to
Learning Assistive
Technology Project

Comes to Sudbury

Complementary
Therapies
for LD and ADHD

**Hyperactivity,
Ritalin and
Tomorrow's Child**

communiqué

THE PUBLICATION OF THE LEARNING DISABILITIES ASSOCIATION OF ONTARIO

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by *Chrystalla Chew, Deana Collins, Sera Dafla, Richard Goulet, Carter Hammett and Stephen Jones*

Five contrasting features offering eastern and western views on creating a total health care package for living well with ADHD and learning disabilities. This issue's offerings include, from the East: A profile of renowned physician, author and ADHD advocate Gabor Maté and a round-up of complementary therapies that offer insights into self care. From the West: contrasting articles that include writer Deana Collins' profile of a new adaptive technology project for people with LD in Sudbury; physician Richard Goulet's inquiry into parental concerns that ADHD medications lead to addiction and Hospital for Sick Children provides a cautionary note on the efficacy of LD research.

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Communiqué, the magazine of LDAO, is published two times yearly. Articles should be submitted to the editor (carterh@ldao.ca) approximately six weeks before the publication date. **Content deadline for the Fall/Winter issue is September 4th, 2006.** 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 *Communiqué* and the article's author if and when articles are reprinted.

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EDITOR'S NOTEBOOK Wisdom of the Ages

Each of us has a favourite quote we carry around in our head, or remember; statements people made to us that have tremendous resonance. Buried deep within the small library of useless trivia I carry around in my brain is this one from French novelist Marcel Proust:

"We don't receive wisdom; we must discover it for ourselves after a journey that no one can take for us or spare us."

For me, I guess, the impact of this statement has to do with taking risks and personal responsibility for the decisions we make in our lives. Wisdom, that is, unconscious skill, is often – but not always – achieved through a lifetime of experience. The interpretation of that experience is filtered through our collected impressions of the world and fed back to those around us, for better or worse. We take responsibility for what we offer the world.

Too often, adults with LD and ADHD grow up in isolation; a world of potential denied to them by poor self esteem, a time-famined society that offers not even a minute for people with "differences," a medical system that does not see them as whole. Fortunately, the wisdom of interventions, old and new, offers promise.

That is why we have decided this issue's theme is called "East Meets West." Eastern values and interventions tend to view the person holistically – note how close that word, "holistic" resembles the word, "holy" – and see illness as a state of disharmony in the body. Many of its interventions are offered in consultation with the patient, who plays an active role in accepting a plan for their healing. This makes them active participants in their health care, and places responsibility squarely on their shoulders for the state of their wellness.

Conversely, western interventions, while younger, have made fast and furious developments in surgery, medications and technology. Western medicine tends to see symptoms of disease in isolation of one another and takes full responsibility for patient care. It is perhaps telling to note, that the literal meaning of the word, "doctor" is "one who knows." Also, interesting to see that a derivative of the word "patient" is "passive," reflecting two vastly different views of health care.

Both have value, and we offer juxtaposing views in a series of articles in our features section this outing. From the west: Deana



Carter Hammett, Editor

Collins profiles LDA Sudbury's exciting new adaptive technology project that has already made a huge difference in the lives of many in our great north. ADHD expert Richard Goulet meanwhile, offers his views on substance abuse and ADHD in a persuasive piece.

Viewpoints considered more eastern in nature are reflected in our collaborative article, "Body Language" which gathers summaries of almost a dozen complementary therapies that practitioners claim have been successful. We are also thrilled to offer a profile of renowned physician and author Dr. Gabor Maté, who is never afraid to offer his views on issues of the body, mind and spirit.

You will also notice some new tweaks in this issue. For one thing, we are trying out a new, glossy format and improved layout, making *Communiqué* easier to read. We also introduce some new columns this issue, including "Elsewhere" which collects LD news and views from around the globe. LDAO staffer Diane Wagner offers up the first article in our **new book review column** as she profiles Norm Forman's new book on advocacy. I am also privileged to be collaborating on a new book on disability and employment with veteran journalist Pauline Johnson, who launches our new "In Person" column which profiles teacher and adult education activist Wendy Terry of Toronto, who lives with dyslexia. This last feature is devoted to profiling the lives of successful people with LD/ADHD who are making a difference in the lives of others. We hope it offers a whiff of inspiration.

And we hope you enjoy this latest outing of *Communiqué* as we continue to grow and evolve, while remaining dedicated to bringing you the latest information on the world of LD. Happy Reading and enjoy the Summer.

Carter Hammett, Editor

CONTRIBUTORS THIS ISSUE

Oshawa native Deana Collins, a graduate in English literature from Queen's University who is passionate about learning disabilities, is a Job Developer at ALDER (Adult Learning Disabilities Employment Resources) and a freelance writer who has published creative and promotional material in both corporate and non-profit sectors.

Dr. Richard Goulet is a Quebec pediatrician. Part of his practice consists of working with indi-

viduals with learning difficulties and behavioural disorders. He is affiliated with the Clinique pédiatrique Laënnec and with Centre-Mère-Enfant de Québec (at the CHUQ).

Pauline Johnson is a Toronto-based, award-winning journalist who has written extensively for many Canadian newspapers. Before she became disabled with fibromyalgia and myofascial pain syndrome she was the Thomson Newspapers

Ontario correspondent and news reporter, working out of the Ontario legislature for seven years. Johnson held senior positions in the best-selling books: *A Day in the Life of Canada* and *A Day in the Life of Japan*, and has also contributed to the forthcoming book, *Accessibility 101: A Guide to Recruiting and Managing Persons with Disabilities*. She graduated from Ryerson University with a Bachelor of Applied Arts in Journalism, with a minor in politics.

JOINT MESSAGE

from LDAO's CEO and Chair

Welcome to the Spring/Summer edition of *Communiqué*.



LDAO Chair Ruth Taber

The world in which we live, work and play presents us with many challenges. Without them, we may stagnate and take our successes for granted. The very nature of LD does not allow us to become complacent with our accomplishments, nor does it allow us one strategy for success.

This issue of *Communiqué* does not speak to one position on LD, one philosophy or one belief, but encourages us to open our minds to the possibilities and to explore options, combine strengths and build on the rich history of the past. We invite you, whether a long-time friend of LDAO, an interested professional or a parent looking for advice, to be open to the potential for change.

LDAO remains committed to strengthening our national presence through enhanced partnerships with provincial and territorial representatives across Canada. To achieve this we will form innovative partnerships with our colleagues to create a new national marketing and communications strategy lead by our national body, the Learning Disabilities Association of Canada (LDAC). Together, we will build momentum to work towards an integrated plan to establish and communicate a unified voice for LD.

For several years, LDAO has offered a program called "Some Assembly Required" (SOAR). SOAR offers transitional curriculum for students in grades 6 to 9 with LD, designed to assist them in succeeding in school and making healthy choices for their future. We are pleased to announce that a French version of this innovative product is now available. SOAR has been approved by Curriculum Services Canada and is available for purchase through LDAO's main website. LDAO is currently developing materials for high school students which will be available for use in the 2006-07 school year. We are very enthusiastic about our new offerings and continue to build products that support our mission of promoting quality services for positive change.

To stay at the forefront of scientific issues, LDAO recently created a Scientific Advisory Committee, a standing committee of the LDAO Board. Our vision for this group is to identify, respond to, and advise LDAO on scientific issues as they become apparent to the LD community. Membership will comprise noted professionals from various disciplines who are affiliated with research universities, colleges, educational organizations and other experts in the field. We believe that access to research and innovation in the LD world will help shape LDAO's future activities led by sound research and proven scientific practices.

Our fall edition of *Communiqué* will profile activities related to our LD Awareness month planned for October 2006. It is our intent to celebrate LD and raise community awareness about LD as well as disseminate timely and relevant information about the co-morbidity between LD and mental health.



Chief Executive Officer Christopher Carew

This initiative will be a national campaign across Canada and all 21 of our Ontario chapters will be participating. Watch for details in the fall to hear what your local chapter is planning for you.

LDAO continues to develop one of the most comprehensive LD web sites available for those who seek information and assistance regarding LD. We are particularly proud of our *ACCESS* family of websites. These websites offer additional resource information on a wide variety of topics specifically related to learning disabilities including: events, articles, book reviews, programs and services for individuals, families and professionals affected by LD. Through this portal you will find our new series of online workshops, an Access Youth site specifically designed for and by youth as well as sections for professionals, parents and teachers to learn, share and communicate with the LD community.

Please tour our web site, explore our services, review our offerings and see the various viewpoints written by leaders in the LD field. Our commitment to the LD community is grounded in our belief that everyone can be successful given the opportunity and appropriate resources. We invite you to contact us with any questions, ideas, or feedback so that we can improve our communication with you.

We hope you enjoy this issue of *Communiqué*, offering you a slightly different approach and philosophy to explore.

– **Ruth Taber**, Chair and **Chris Carew**, CEO

BOOK REVIEW

Exceptional Children – Ordinary Schools

Dr. Norm Forman, Fitzhenry & Whiteside, Toronto, 2005

Dr. Forman is a seasoned educational psychologist who several years ago started an organization called Parent's Advocacy in the School, to provide advocacy assistance to parents of children with special needs.

He has drawn on these experiences to write a thorough, insightful guide for parents on advocating for their children in the public school system. He starts parents out with a self-reflective approach, to look at their motivation and the skills they possess. The kinds of skills needed for advocacy are clearly outlined, and Dr. Forman suggests gathering an advocacy team, a group of friends and relatives who can contribute their skills and share the workload. Throughout the book there is emphasis on good listening and negotiating skills, in addition to knowing your rights.

A unique aspect of this book is Dr. Forman's attempt to help parents understand the perspective of the school systems that they are dealing with, and the school culture.

There are also chapters on understanding assessments, writing good advocacy letters and developing a useful Individual

Education Plan. Dr. Forman gives a brief overview of special education processes in all the provinces and territories, but most of this information centres on special education in Ontario. Especially useful are the clear descriptions of the Special Education Appeal Board and Tribunal processes.

The book concludes with a chapter on developing self-advocacy skills in young people themselves, a very important aspect of advocacy. Appendices include resources throughout Canada, case studies and legal decisions, and sample worksheets.

This is a book that every parent organization should have on their shelves.

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Access Youth

Access Youth (AY) – LDAO's new website for middle and high school students – has its second issue up and happening!

The evolving design of the site has moved successfully into phase two, and AY's publicity campaign is just about to launch.

The feature article for this issue, "Comics Grow Up Too," is a lengthy exploration of the comics medium: the evolution of graphic novels and the growing sophistication of comics, the opportunities for self-publishing, and the usefulness of comics for people with learning disabilities. An extensive, ongoing listing of interesting comics and graphic novels gives students a jumping off point, and includes suggestions for which ones might be useful as subjects for novel studies and book reports.

Also featured this issue, an onscreen comic about ADHD, our

first "Ask Jep" letter, and submitted artwork and poetry from readers! If you or a young person you know is interested in sharing their creative or academic sides with us, visit the site and find out how! The more, the merrier. Students working to get the volunteer experience required for their degree can fulfil some of these requirements by getting involved with us – just write jep@ldao.ca and we'll talk.

Keep an eye on Access Youth; we're growing all the time. For more information, check us out at: www.access.youth.ldao.ca



ELSEWHERE



Introducing a new column that collects bits of interesting events and LD happenings from around the globe. Feel free to send us news you feel is interesting or useful.

National Center for Learning Disabilities Launches Online Parent Center

New York, NY — The National Center for Learning Disabilities (NCLD) has just launched a new, online Parent Center to help parents navigate the special education system and successfully advocate for their children. The Center was created to serve a wide range of needs — from parents who are just beginning to suspect that their child may have learning issues to parents who already have children receiving special education services.

“The Parent Center includes a wealth of articles about parenting children with learning disabilities, stories from other parents that illuminate certain issues, and essential background information for advocacy, such as high-stakes testing and Response to Intervention (RTI).”

For more information on NCLD, please visit us on the Web at www.LD.org. *April 26, 2006*

New Patch Combats ADHD

(IRVINE, Calif.) - Thirteen-year-old Cody Mitchell has lived with ADHD for most of his life. “He would just have outbursts for no reason. Talk non-stop. You couldn’t get him to hush,” his mom, Kim Mitchell, says.

Cody used to take oral drugs to help his behaviour, but Kim says caused unwanted side effects. “There were so many peaks and valleys all the time. He would be less hungry. He didn’t want to eat.” Now he wears a patch that contains the drug

methylphenidate. It gives him constant relief, an appetite and more control.

The patch delivers an even flow of medication through the skin to the bloodstream for nine hours. In clinical studies, it was just as effective as oral medication.

The patch, which is changed daily, is the first non-oral medication for ADHD. It was approved by the FDA in December 2005 and will be available this year for patients between ages six and 12. Dr. Wigal says side effects were mild but included insomnia and skin reactions.

WHY USE IT? The patch may allow clinicians to formulate doses to individual patients and offers parents more control over how long they want the stimulant medication to last. Even though Wigal’s study involved removing the patch after nine hours, parents may opt to remove it earlier or later once they administer it themselves, as the patch continues to work after the 12-hour point and possibly up to as long as 16 hours. Researchers say it looks as though the patch must be removed for three hours before its effects wear off.

March 23, 2006: Source: <http://rdu.news14.com/content/headlines/?ArID=81288&SecID=2>

Adult Use of ADHD Drugs Rising

Reuters newswire service reported use of attention deficit drugs rose nearly 19 per cent among adults ages 20 to 44 in 2005 while falling 5 per cent in children under 10, according to statistics released March 21 amid a US review of the drugs’ safety.

An estimated 1.7 million US adults aged 20 to 64 and nearly 3.3 million children 19 and younger took a prescription drug to

treat Attention Deficit Hyperactivity Disorder (ADHD) in 2005 according to a report from pharmacy benefits manager Medco Health Solutions Inc.

ADHD drugs include Novartis AG's, Ritalin and Focalin, Shire Plc's Adderall and Johnson and Johnson's Concerta.

Source: Metro, March 22, 2006

ADHD Treatment is Getting a Workout

Homework used to be an ordeal for Kat Orlov.

Kat, who has an attention disorder, once spent four hours a night on her assignments. These days, the 15-year-old can complete her work in about half that time.

Her salvation, she says, came from exercise. Kat joined a community crew team in September and now works out nearly three hours a day. Although Kat still takes stimulant medications during the school year, she and her family are thrilled by her progress.

"When I exercise, I feel much more energized and awake," says

Kat, from Wayland, Mass. "I have more of a feeling to 'sit down and get something finished.'"

Across the USA, doctors are studying a variety of non-medical treatments for attention deficit/hyperactivity disorder, ADHD, and similar disorders.

About 4 million Americans take stimulant medications for ADHD, including nearly 10% of 10-year-old boys, says Steven Nissen of the Cleveland Clinic.

Doctors haven't done many definitive studies about exercise and ADHD, says David Goodman, an assistant professor of psychiatry at the Johns Hopkins University School of Medicine. But Goodman says it makes sense that working out would help people cope with the condition. Studies show that exercise increases levels of two key brain chemicals — dopamine and norepinephrine — that help people focus.

"Your cognitive function is probably better for one to three hours after exercise," Goodman says. "The difficulty is that by the next day, the effect has worn off."

Source: Liz Szabo, USA TODAY

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PUBLIC POLICY ROUND UP

Precedent-Setting Human Rights Case in BC

The recent decision of the British Columbia (BC) Human Rights Tribunal on the Jeffrey Moore case has implications for students with learning disabilities across Canada.

Jeffrey Moore was a student who was diagnosed as having a “severe learning disability” while in the public school system in Vancouver, but was moved to a private school at the end of grade 3 because his parents believed that he was not receiving the assistance he needed. The Moores launched a Human Rights complaint against the BC Ministry of Education and the district school board in North Vancouver, alleging discrimination against Jeffrey individually and against students with severe learning disabilities (SLD) systemically. The Learning Disabilities Association of Canada obtained intervenor status in the case, provided through Yude Henteleff, LDAC’s Honorary Solicitor.

The Tribunal heard testimony from a number of experts on learning disabilities and on special education, as well as representatives from the district school board and the BC Ministry of Education. The Tribunal concluded that Jeffrey’s needs were not appropriately accommodated since he did not receive early and intensive remediation. The full decision can be found at: www.bchrt.bc.ca/decisions/2005/default.htm.

Tribunal chair Heather MacNaughton noted that public schools are required by law to provide an education for all students, to the point of undue hardship, and stated that “it would be only in the rarest of circumstances, which I am satisfied do not exist here, that the failure to provide appropriate supports and accommodations to a vulnerable group could be justified on the basis of cost”.

Both the BC Ministry of Education and the school district have appealed the Tribunal decision, and LDA of Canada has again applied for intervenor status. LDAO will be watching the progress with great interest. In the meantime, you can read more details and the Tribunal’s *Conclusions on the expert evidence* on the LDAO website, www.ldao.ca, under News on the homepage.

Recent LDAO Public Policy Statements

LDAO’s letter to Attorney General Michael Bryant, April 2006, expressed concern that any reforms to the OHRC and the Human Rights Tribunal of Ontario must maintain supports for vulnerable members of the public and not change to an overly legalized system that persons with learning disabilities and individuals who are marginalized in society may not understand.

LDAO’s Submission to the Safe Schools Action Team, February 2006, presented ideas on: setting up a progressive discipline system with a range of consequences; focusing on antecedents of behaviours; following the student’s IEP; building partnerships with community agencies; looking at options for in-school suspensions; and providing access to alternative educational programming for expelled students.

You can find the full documents and other recent policy statements on our website, www.ldao.ca, under News on the homepage. *ldao*

HOTWEB: Professionals with LD Site Launched

Adults with learning disabilities and ADHD face a myriad of issues that are different from children: Maintaining relationships, living in isolation and anxiety, denying themselves the opportunity to progress in meaningful work.

A new networking site for professionals with learning disabilities addresses some of these issues. Professionals with Learning Disabilities is a private online community for the purpose of connecting and fostering ongoing professional development and personal community building between professionals with learning disabilities (PWLD). Conceived by Toronto investment advisor Lee Hathaway, the site offers networking, member profiles, LD information, and links to service providers, news feeds and more. It’s a great opportunity for those living with LD to meet online, share stories and engage in learning while interacting with those who have “been there.”

For more information, visit: www.pwld.net *ldao*



Lee Hathaway

East Meets West

*By Chrystalla Chew, Deana Collins, Sera Dafla,
Richard Goulet, Carter Hammett and Stephen Jones*

There are many promising, if unsubstantiated views on treating and managing LD and ADHD. To date, there is no one single treatment that stands heads and tails above the rest. In fact, many views compete for attention and each has validity. The west, relatively young in terms of medical evolution, offers medicine, technology and surgery. The east, a culture thousands of years old, treats the person as a whole and sees us as an amalgamation of body, mind and spirit. Its treatments tend to be less invasive than those of the west. In this edition of *Communiqué*, we offer a juxtaposing number of viewpoints on treatment for these conditions and honour them all. Each is to be looked at carefully before making snap decisions; each has value. Judge for yourself is ultimately the only answer.



West

Learning Disability Interventions: Making Sense of the Evidence

Introduction

Effective individualized treatment is the prescription for any child diagnosed with a learning disability (LD). However, choosing the right treatment can be daunting and confusing. Controversies with respect to the efficacy (or, “effectiveness”) of many LD interventions abound. How does a consumer make sense of the vast array of treatments available? As with any potential purchase it is always wise to investigate before buying. Being an informed consumer means evaluating the scientific validity of a treatment before accepting claims of efficacy. Uninformed choices not only waste time, energy and finances but also can potentially subject consumers to frustration and failure. Although there will always be uncertainties associated with any treatment, carefully-weighted choices will reduce the risk of setbacks and greater chance of success with intended outcomes.

Unfortunately the fact that an intervention is available to the public does not mean it has been proven or even tested. As well, popularity is not a valid indicator of effectiveness. In the absence of formal regula-

tions monitoring LD treatments, even unsubstantiated treatments can be available to the public.

It’s not surprising that false or misleading claims about LD treatments are successfully marketed to the public. Those who make these claims depend on consumers’ ignorance for their success. The less informed consumers are with understanding scientific validity, the easier it is to sell false products. Unless consumers make deliberate efforts to become informed they will have no basis on which to make sound treatment choices.

To legitimately promote a treatment as effective requires proof. If there is no mention of testing, research, or evidence, it is highly unlikely that the intervention has been scientifically validated. Without research support, Consumers should remain sceptical. This is not to say that interventions without an evidence-base are ineffective. However, claims of effectiveness should be reserved proper scientific investigation. Unfortunately, this is often not the case.

Beware of Subjective Reports

Even though testimonials are sometimes compelling they are not scientific evidence. Even if accurate, subjective reports are based on individual cases that do not generalize to other situations. Stories of treatment success are of value if they provide hope and direct consumers to investigate new interventions but they do not qualify as proof.

How to Determine if an Intervention has Research Support

The terms “research”, “evidence”, “support” tends to be used loosely and sometimes haphazardly. In reality there is good research and bad research. Often, research doesn’t meet the standards of

proper scientific investigation. Even among valid research studies, only a small percentage provides decisive information.

The first step in evaluating any claim of research support is to locate the source. By whom, when, and how was the information obtained? If there is evidence supporting the effectiveness of an intervention, it should be made available to the consumer. More often than not, simply locating the source of the research (or finding that it does not exist) will be enough to determine whether or not claims of support are justified. If there is systematic research underlying a claim of proof, reference will be made to a particular study or studies.

While publication in a peer-reviewed journal does not guarantee scientific rigor, an absence of peer-reviewed research is a very good indication that any statements of proof are false.

Not all Research Findings Qualify as Proof

Clearly, treatments should not be regarded as valid simply because published studies have been cited. During the process of interpretation, results can be inadvertently or intentionally misrepresented. It is thus advisable to consult the original source of the cited research whenever possible.

The original research source, although more accurate and reliable than secondary interpretations, is often more difficult to understand. A review of the introduction and discussion sections of the research report should be sufficient to get a general sense of any significant findings and their interpretation by the authors.

The most credible intervention studies always control for alternative explanations of the research findings. A control group consists of individuals who are similar to participants in the treatment group on most important measures such as age, type of disability, etc. However, the control group does not receive the treatment. Without a comparison there would be no way of knowing whether the treatment or some other factor caused observed changes in behaviour or performance.

Once an experiment has been conducted, statistical tests are carried out to determine if any treatment effects are scientifically meaningful or simply due to chance. If statistically significant results are found, experts in the field must then subject the research to scrutiny before being accepted for publication in peer-reviewed academic journals. Finally, for a finding to be considered well-established, the research must be validated by independent field researchers.

Successful Research Does Not Equal Successful Implementation

Once an intervention is demonstrated as effective, implementation can begin. Implementation involves transferring established research to the everyday environment. The conditions of carefully controlled experimentation can be quite different from real life circumstances. The very things that are controlled during intervention studies form a critical part of real life and cannot be ignored during treatment implementation. This can be a daunting process itself.

Conclusions

Obtaining scientific proof of LD treatment efficacy, replicating valid findings, and finally implementing proven interventions is an extremely lengthy, arduous and costly process. When coupled with demand for effective LD treatments, this has led to the proliferation of unsubstantiated LD interventions.

To be an informed consumer means learning to distinguish the good from the bad. Fortunately, there are clearly defined steps that can verify allegations of proof. The general recommendation for the LD intervention consumer is to proceed with caution, become informed, and scrutinize any claims of efficacy.

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Community Health Systems Resource
Group, Hospital for Sick Children.
April 15th, 2002*

Idao



East

Body Language: A Round Up of Complementary Approaches for the Treatment of LD and ADHD

By Chrystalla Chew, Sera Dafla, Carter Hammett and Stephen Jones

There are people splayed all over the floor and scattered throughout the room. Other people move around these bodies, grabbing arms, legs, heads. They pull and twist and audible groans are murmured in a collective release of sound. This is the student teaching clinic at the Shiatsu School of Canada in Toronto, where students working towards their diploma in Shiatsu therapy provide treatments to the public, who pay a nominal fee for the privilege of being kneaded, pressed and pulled, pretzel-like, in the name of healing.

And for many, it works.

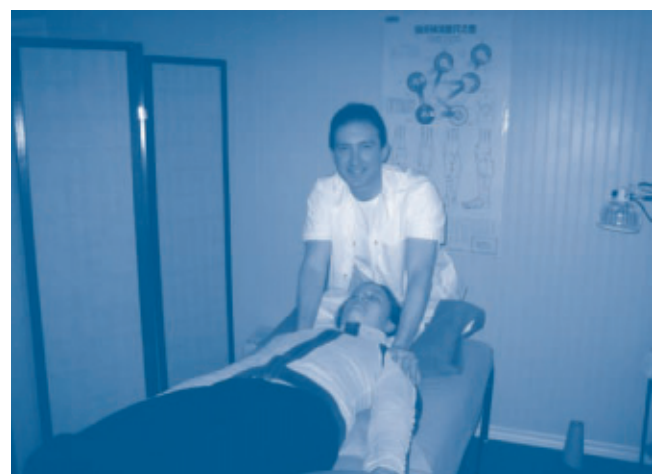
Many “alternative” therapies like Shiatsu and Acupuncture have been around for thousands of years, some pre-dating western medicine by centuries. Often controversial and subject to ridicule by allopathic doctors, there is sometimes a fine line between complementary therapies that address body, mind and spirit and the New Age quackery which exploits the vulnerabilities of the needy. However, as a public, disillusioned by the glacial pace of change in the health care sys-

tem, starts to accept responsibility for their own well being, many are turning to established therapies like Acupuncture and naturopathy to address and resolve chronic ailments.

Learning disabilities (LD) and Attention Deficit Hyperactivity Disorder (ADHD) are no exception. Most complementary therapies – so called as many alternative practitioners offer their services to complement, not replace, western treatments like drug therapy and surgery – address the whole person and this is attractive to many, whose doctors address symptoms in isolation from each other, and often lack the time to get to know the patient as a person.

Although legislation is gradually being introduced to regulate certain complementary professions (like chiropractors and naturopaths, for

example), and research has been slow in verifying the efficacy of many therapies—although positive studies on plants like garlic and ginseng have been published – dismissals from western medical professionals are still common. Despite this, the popularity of alternative therapies continues to grow at an astonishing rate. A 1999 study by The Fraser Institute reported that 73 per cent of respondents had sought some form of alternative therapy



Shiatsu practitioner Ronny Bruer works on a client at The Shiatsu School of Canada.

at least once and 88 per cent reported very or somewhat positive results. Almost half consulted their doctors first.

While it should be emphasized that, because of their neurological origins, LD and ADHD cannot be cured or removed through use of these treatments, many of the symptoms, both primary and secondary, can be effectively managed to significantly improve the quality of day to day living.

Ronny Breuer, a teacher at Toronto's Shiatsu School of Canada, and a practitioner of Traditional Chinese Medicine (TCM) for over a decade states that, "Western medicine can offer good solutions, but TCM also offers very good solutions as well. However, in western medicine, you go to the doctor, and the whole responsibility for treatment rests on his or her shoulders. In TCM, it rests on the patient's shoulders too. When they go home from the clinic, patients are given a list of things to do on their own, such as implementing dietary changes, meditation, and lots of other homework. There needs to be a commitment on the patient's part as well" he says.

The ABCs of Oriental Medicine

Disease in traditional Oriental medicine is the result of an imbalance in the life energy, or "chi." This energy is believed to travel through the body along energy pathways called meridians. There are 12 main meridians, each with their own characteristics, six of which are considered "yin" and six of which are considered "yang." There are also eight "reservoir" channels, which are thought to supply chi to the regular channels. Furthermore, body disharmonies are often seen as disruptions of the five elements (earth, wood, water, fire and metal). Practitioners are trained to view the body, mind and spirit as one whole system. TCM employs a variety of techniques such as Acupuncture, nutrition counselling and herbs to treat various conditions, all of them customized according to the

patient's needs. While many Westerners are drawn to Asian concepts because of the emphasis on treating the whole person, many others struggle to equate a TCM diagnosis of "a water imbalance requiring replenishment of chi" with a diagnosis in western terms.

TCM and ADHD

Breuer says that ADHD minus hyperactivity, (or, ADHD - Inattentive Type for us westerners) would be assessed from a number of angles.

There are several common results of ADHD," he notes, "including heaviness, slow cognitive processing, inattentiveness, lack of focus, poor organization, motor and graphic skills. Some of these can be addressed through diet like eliminating processed foods, dairy products from cattle, white sugars, chocolate and peanuts. The TCM practitioner also looks at several components affecting the meridian system.

The first is "phlegm," or dampness retained in the body. "The practitioner looks at various forms in areas that include the tongue and pulse, and is further assessed through observation, and questioning. The second component assessed is blood deficiency which often results in anxiety, sadness and a tendency to be easily insulted. Breuer states that this component does not necessarily lead to ADHD, but can be treated with attention to diet. The third component observed is for a deficiency in Chi or coldness. Children affected by these areas are often sick and have poor digestion. This concern is often treated with spicy or hot foods.

When hyperactivity is introduced into the mix, it is often seen as an excess in heat and dampness. People with this manifestation can't focus because of the "phlegm" mentioned earlier, and this is more difficult to heal says Breuer. Heat problems can result in sweat, constipation, and some skin problems and this is often treated by dietary approaches that

don't involve heating foods and consumption of raw foods and juices.

"Whether the root cause is behavioural or neurological TCM looks at the body, mind and spirit as one interactive system. When the body and mind are in harmony, the spirit is calm and the person is able to perform to potential. TCM will help to enable the child, adolescent or adult living with ADHD to better utilize the resources within themselves."

Acupuncture

Acupuncture is the most common component of TCM and an extremely old practice, possibly dating back 5000 years. This therapy usually involves the use of needles to stimulate specific energy points along the body to regulate its natural energy.

Different-sized needles are used for different purposes from scar reduction to mobility issues to digestive tissues or headaches and are usually painless.

Many of the emotional and the physical symptoms that contribute to the manifestation of ADHD are routinely treated with Acupuncture. The emotional factors are frustration – associated with the liver energy, anxiety – associated with spleen energy, and fear, which is associated with the kidney energy

Like other tools of TCM, Breuer states that "Acupuncture works on the meridian points linked to internal organs to shift the energetic state of the functioning of the organ. Some therapists also use adjunctive treatments to complement the Acupuncture, like moxabustion-a heat treatment using a dried herb called mugwort, and cupping to draw energy from the body using a vacuum.

"When it comes to adults Acupuncture works best in combination with other modalities," says Breuer. "Acupuncture as a treatment requires special types of children since many are afraid of needles."

Shiatsu

"Shiatsu" is a Japanese word that literally means, "finger pressure." However, Shiatsu is more than just applying physical pressure to various points of the body. It involves total communication between therapist and client. The purpose of Shiatsu is to stimulate the body's natural power of healing to prevent illness and maintain health. In meridian-style Shiatsu, a comfortable amount of pressure is applied to all parts of the body. A skilled therapist chooses the appropriate technique according to the degree of pressure required and the physical condition of the client. A Shiatsu therapist aims to unblock the flow of energy in order to bring the client's body back into balance and help the client regain the natural ability to maintain equilibrium or wellness.

Shiatsu can be used as a preventative tool or to counteract a variety of conditions such as neck/shoulder pain, headaches, poor digestion, constipation, fibromyalgia and many other chronic conditions.

Breuer states that on an energetic level, "Shiatsu can help achieve mental and physical balance by "getting to know your body and developing physical awareness. It can also balance disharmony of the chi in the blood system thus helping to reduce anxiety.

"When pushed, some points in the body can increase self-control, especially with hyperactivity and tolerance," he says. "With hyperactive children, Shiatsu is introduced slowly over a period of sessions." "At first we only do a few minutes and then add more time each session, until the child gets used to it," he says.

Therapists will often introduce relaxation techniques to recipients, including breathing and visualization, which can be powerful tools for self-regulating behaviour. Some Shiatsu therapists will also work with parents in groups, to help facilitate social skills in their hyperactive children and manage social interaction.

"This is medicine that is thousands of years old," says Breuer. "It offers a different way of looking at the body and sees the beauty and wisdom of thousands of years of knowledge brought into balance. It's preventative and contains lots of references to nature. When seeing the macro view, you get a big-picture view without getting bogged down in details"

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Some of the more common problems associated with learning disabilities and ADHD and their interpretations seen through the meridian systems include:

Memory: Long-term memory is seen as a function of the heart that also affects emotion and sense of smell. It is the part of the brain where one's sense of judgment also resides and the ability to remember fine details. Judgment and details are seen as functions of the lung and the metal element. In Breuer's opinion, short-term memory is associated with the kidney.

Reading: Can be interpreted as a function of the spleen, which also involves comprehension, processing speed and the ability to analyze

Problems with the metal element may also indicate a hyper-or-hyposensitivity to a patient's surrounding environment.

Auditory Processing: can be seen as a function of spleen energy as well but "TCM does not distinguish between, auditory, visual and kinaesthetic processing," says Breuer. "We would look at learning disabilities and then check the body disharmonies and organs that are affected. Thus, we would check for dampness, heat, dryness, etc. and work with that

Anxiety: Breuer states that almost every third person he treats reports some level of anxiety. "In ADHD and LD, anxiety may be a secondary symptom. Anxiety is often related to the heart meridian and involves palpitations, shallow breathing, insomnia, obsessive thinking and dreams. Shiatsu can benefit by just letting the body feel more relaxed."

Depression: This condition usually reflects disharmony in the kidney function and water element and can manifest as a lack of motivation, loss of will power and drive, and decreased appetite and sex drive. Treatment may involve also stimulating the heart function.

NUTRITION *By Sera Dafla*

Food allergies, leaky gut syndrome, heavy metal toxicity, food additives, caffeine, learning disabilities, and an unstable home life are just some of the many conditions that can cause hyperactivity. A child's brain consists of 60 percent fat that is critical for healthy normal nervous system function.

Literature reviews reveal that children with ADHD are highly deficient in essential fatty acids (EFAs). Lack of Omega-3 (EFA) properties such as eicosapentaenoic (EPA) and docosahexaenoic(DHA) increase the risk of depression, behavioural and emotional disorders and cardiovascular disease.

These fats help cellular membranes function effectively. This means the brain cells have the necessary cellular fluidity and neurotransmission so that the cells in our brain and nervous system may communicate well.

Several studies found supplements like B-vitamins, iron, magnesium, Vitamin C and zinc can improve the production and regulation of neurochemical activity in the developing brain. Eating fish like wild sockeye salmon, tuna and anchovies three- to-four times a week could be beneficial. The primary Omega-3 (ALA) found in flaxseed and walnut oils, as well as in pumpkin seeds, walnuts and soybeans are beneficial for many metabolic functions such as food allergies and leaky gut syndrome.

Luckily, there are a few flavoured fish oils these days that are much easier to add to a children's drink or snack so they can't even tell that something healthy has been added to their food intake.

It might also be helpful to follow a high-protein diet, which can supply amino acids to the body. You or your child should also consume foods that contain complex carbohydrates and reduce simple carbohydrates. Complex carbohydrates can be found in fresh fruits and vegetables, beans and natural whole grains. In addition to providing fibre, they have only a third of the calories found in fats and simple carbohydrates.

All forms of refined sugar should be banished from the diets of those with ADHD! Eliminate junk foods that contain artificial colour and flavour, as well as MSG, processed and manufactured food and avoid carbonated beverages, which contain large amounts of phosphates.

These are some suggestions in which ADHD can be managed and improved nutritionally rather than just through drug intake.

Sera Dafla is a registered holistic nutritionist who has previously worked as nutritional consultant for a number of agencies, including Women's Health in Women's Hands. She is the former owner of Boost Health Store and currently offers private nutritional consulting in Toronto. She can be contacted at: seradafla@hotmail.com

Idao

REFLEXOLOGY *By Stephen Jones*

Reflexology is a body therapy that has been documented since 2500 BC. It was first depicted in Egyptian hieroglyphics with a practitioner's statement that read: "make it painless" underneath the image.

Reflexology is based on the principle that there are reflex points in the hands and feet that correspond to every nerve, organ and system in the body. By applying pressure on these reflex points using various hand techniques, you help to restore a healthy balance to the corresponding organ, gland or system.

The three main benefits of reflexology are: improving circulation, detoxifying the body and reducing stress to bring the body into a state of "homeostasis," or balance.

When I am working on someone with ADHD, I focus on reducing stress by working on the "solar plexus" reflex point where the body tends to hold the most stress. I would also work on the toes, where the brain and head reflex points are located.

In reflexology you never deal with just one condition, but treat the body holistically, working on every gland, organ and system in the body, reducing stress in the process.

If I am working on someone with hyperactivity, I work slowly, holding the points deeper and longer in a more relaxed way to allow the person to enter a state of calmness.

(Toronto practitioner Stephen Jones has been a reflexologist for almost two decades, and is also a meditation instructor. He can be contacted at: reflexologiststephen@yahoo.ca)

Idao



Stephen Jones

REIKI *By Chrystalla Chew*

“Reiki” is a term that literally means “spirit power” and is actually composed of two Japanese words: “Rei” equals “spirit,” and “ki” is “energy” or “power.” In western terms “Reiki” translates as “Universal Life Energy.”

Reiki, as it is known today, was re-discovered by Buddhist monk Mikao Usui who, almost by accident, discovered he had the ability to heal others. He honed his skills and eventually became a teacher, passing on his teachings to others, including Hawayo Takata who later brought Reiki to North America. Subsequently, Reiki has spread throughout the world, recently returning to Japan, and is enjoying a global revival.

Oriental wisdom teaches that there are two elements of ki: yin (female) and yang (male). The best of men have many female elements like the ability to cry, and the best of women may have incredible physical strength when ki is balanced. When ki goes out of balance things are unwell.

When a child is not well, the first thing they are always told is to rest and go lie down. When the child comes to you hurting, we naturally reach out to hold him. After a few minutes, the child typically feels better; safe and comforted. This is healing. You can also feel the ki of others when you walk into a crowded room and find yourself naturally, inexplicably, gravitating towards a certain group of people.

The application of Reiki is an exercise in trust. Reiki is a non-invasive treatment whereby healing ki passes through a giver of Reiki, known as a “channel.” The channel’s hands are placed on or slightly above a trouble point on the body and ki is passed to the recipient, consciously or unconsciously. The ki is used to restore balance and healing. The recipient must be open and willing to receive ki in order for healing to occur. Likewise, the channel must be free of ego and the desire to control the process because, the channel is really a conduit between the recipient and the energy being channelled. When channelled properly, the energy flows along the meridian system destined for exactly where it needs to be. The recipient’s higher self will identify where healing needs to occur. The energy knows no bounds because it is divine.

Reiki benefits on four levels: physical, emotional, intellectual and spiritual. When one thinks of the impact on self esteem caused by learning disabilities or ADHD, Reiki can, with proper application, help the individual better understand their self and needs. One student we treated had LDs affecting processing speed and memory. Reiki was able to improve recall and aid him in memorizing what he had learned. We’ve treated many children with hyperactivity as well, and Reiki has done much to restore clarity, focus and concentration.

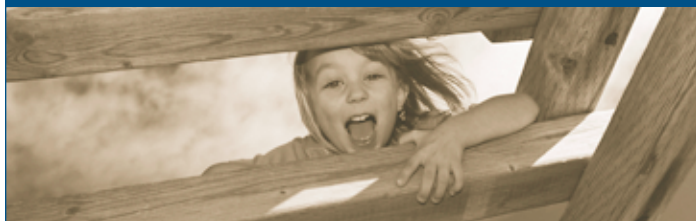
Reiki can restore calm and balance and helps the person find peace and harmony with one’s surroundings and self. It can help the person find their own path by taking responsibility for that which they can change.

Chrystalla Chew has been a Reiki Master for over a decade and is currently a principal in The Amethyst Reiki Centre, which offers treatments, workshops and Reiki certification in both Toronto and Hastings, ON. Visit the Amethyst site at www.amethystreikicentre.org or contact her directly at: amethyst1@sympatico.ca



Chrystalla Chew

At a Glance:



- *In Traditional Oriental Medicine, disease is seen as an imbalance in the body’s harmony. This thought system believes that the body consists of energy pathways called “meridians” which, when blocked, create various states of ill health*
- *TCM practitioners utilize various techniques like Acupuncture – a painless system using needles which are inserted into blocked energy pathways – and Shiatsu, a form of bodywork, to help restore the body’s balance.*
- *Nutrition is another important aspect to living well with ADHD and might be addressed through using essential fatty acids like fish oils, high protein diets and foods with complex carbohydrates.*
- *Reiki is a non-invasive energy healing technique from Japan similar to the “laying on of hands” that is used to instill calmness and restoration in the body. Reflexology is a therapy that believes the body’s nerves and organs correspond to various reflex points in the hands and feet. By applying pressure to these points, balance can be restored.*
- *There are many other complementary therapies like Homeopathy, Naturopathy, Aromatherapy and meditation that can potentially offer healing benefits to people living with LD and ADHD.*

Other complementary therapies you may wish to investigate:

Homeopathy (“like cures like”) was developed in the early 20th century. It does not treat a “disease” or disorder by name (such as depression) but rather by specific symptoms (including things that affect symptoms, such as sounds, smells, tastes, moods, energy, time of day or temperature when symptoms are worse, etc.). Small, highly diluted quantities of specific substances are used to cure symptoms which would actually be caused by larger doses of the same substance.

Naturopathic Medicine sees physical and mental health as arising from a healing power in the body that establishes, maintains, and restores health. Many other treatment modalities (such as Chinese medicine, homeopathy, etc.) are incorporated to support this healing power, along with nutritional and lifestyle changes.

Aromatherapy: The use of essential oils – extracts or essences from flowers, herbs, and trees – is one of the oldest therapies, dating back 6,000 years to ancient Rome, Greece and Egypt. These oils are usually massaged into the skin,

wafted in a room, or dissolved in a bath. Of our five primary senses, the olfactory is the only one that transmits information directly from the nose into the limbic centre of the brain, the seat of emotions and memory. Recent brain scan research has shown that different scents affect brainwave production; for example, with some increasing alpha (relaxation) waves and others affecting beta (alertness) waves. Aromatherapy is effective with many disorders, including stress, anxiety, pain, PMS, depression, certain types of male impotence, and many others.

There are many types of **meditation** that come from various cultural traditions (Buddhist, Zen, Tibetan, Transcendental, yoga, etc.). In general, they often involve calm and regular breathing, and a focus on one object (a “yantra” such as a candle or picture), one thought (such as “peace” or “relax”), or one word (a “mantra,” often in Sanskrit or another language) that the mind is directed to return to over and over, and to set aside other distracting thoughts. With regular practice, one can learn to sit quietly and relax deeply, with a calming result. *Idao*

Families needed for study

Families are needed for a research project at Sick Kids investigating the genetic basis of reading disabilities. Researchers require the participation of families and their children (7 to 16 years of age) who have reading problems. Parents will receive a report describing their child’s test results, which may be helpful in educational planning.

All testing will take place at Sick Kids.

For more information, call Dr. Barbara Anderson at 416-813-8207.

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West

Hyperactivity, Ritalin and Tomorrow's Child

By Richard Goulet, MD, FRCP (C Pediatrician)

Are We Turning our Children into Future Drug Addicts?

Many people think there are reasons, whether well-founded or not, for these fears to persist. One reason is the increasing frequency and, in some cases, haste with which children are diagnosed as "hyperactive". We have seen that the number of prescriptions for Ritalin® and other similar drugs has increased in the past 10 years. There is also the alarming accessibility of hallucinogenic substances in every area of our lives, including our elementary schools.

What is Hyperactivity?

Hyperactivity is now referred to more commonly as ADHD or attention deficit disorder with or without hyperactivity. The main symptoms are inattention, hyperactivity and impulsivity. ADHD can appear alone or, in combination with an associated oppositional disorder.¹

According to ADHD expert Dr. Barkley², ADHD is the result of a dysfunction in the frontal regions of the brain. This dysfunction is related to the transmission and use

of chemical substances produced by the cells of the nervous system. The main substances involved are dopamine and noradrenalin. Most stimulants, including Ritalin® and its derivatives, act primarily on these agents. Because these substances enable communication between the various parts of the brain, any disturbance in their functioning has a negative impact on cognition, attention, emotions and motor activity, resulting in inattention, agitation, and impulsivity, to name a few. It is now acknowledged that, in approximately 80% of cases, the disorder is hereditary or genetic. Environmental factors, developmental disorders, and pathologies of the nervous system account for the rest of the cases.²

What Else Do We Know about ADHD?

Contrary to popular belief, ADHD has not been on the rise in the past 10 years. It has simply become more widely acknowledged and understood. This disability affects three-to-five percent of children. It affects boys and girls, in a ratio of 3 to 1.

1. ADHD is a Persistent Problem

What we do understand clearly about ADHD is that it is a disorder that often lasts a lifetime and that manifests differ-

ently depending on age.⁴ We now know that many children with ADHD will continue to present with symptoms in adolescence and that some of them will also experience difficulties as adults.

2. ADHD and Associated Conditions

The difficulties that children experience are often attributed to hyperactivity, but ADHD is often associated with other underlying problems, which are called comorbidities. Many children with ADHD present with other problems, such as learning difficulties, oppositional disorders, anxiety and other mood -and-behavioural disorders among others.⁵ If a diagnosis of ADHD is hasty or incorrect, and if underlying conditions such as those mentioned above are not investigated, the therapeutic response may be inappropriate. It may even make the main problem worse.

3. The Consequences of ADHD

ADHD is a disorder that is progressive, persistent, and complex. It interferes with social and academic functioning throughout the life span, and, if not treated, can have numerous consequences such as failure to excel at school, dropping out of school, emotional, family and social problems, problems with the law, delinquency, drug addiction, and so forth.

Why Use Psychostimulants?

Before medications are even discussed, a diagnosis should be confirmed through a multidisciplinary approach, with input from the school and various health care professionals. In some cases, medication becomes part of a multi-pronged approach. Ritalin® (methylphenidate) is the most widely-known psychostimulant. Prescribed by experienced individuals, stimulants have been shown to be very effective in over 80 per cent of cases.³ The side effects are usually benign; primarily involving appetite loss, insomnia, headache and stomach aches.

Occasionally, irritability, mannerisms, tics and weight loss may occur in a small fraction of treated children.⁶ Most of these effects can be managed by adjusting the therapy. Medications do not cure ADHD; they work to correct the neurological deficit associated with ADHD, by promoting or stimulating the action of the chemical mediators produced by the brain. The action of these medications complements the other measures implemented to make the child more receptive to learning on academic, emotional, and social levels.

However, with the increased use of stimulants, the public continues to have concerns.

Will Ritalin® Lead to the “Use of Drugs” and Create Dependence on Other Substances in the Future?

Recent studies have made it possible to address this concern more effectively.

Eminent researchers such as Dr. Barkley⁶, Dr. Wilens⁷, and Dr. Hechtman⁸, now agree that the use of stimulants in children with ADHD does not increase the risk of substance abuse later in life. Quite the opposite: when necessary, treating with medication promotes academic, social, and emotional development and may in fact have a protective effect

on the risk of future substance abuse associated with ADHD when it goes untreated.^{6,7} These studies suggest that it is often possible to identify children the most at risk of developing “dependencies” in the future: children with untreated ADHD associated with conduct disorder, children in whom treatment has begun too late (adolescence), and those in whom therapy was inappropriate or discontinued prematurely. Finally, there are those subjects who are from high-risk environments or families with a history of alcohol and other substance abuse.

Conclusion

Today, ADHD is a syndrome which we understand much better. It is a real and significant disability for many children. In addition to jeopardizing a child’s academic, social, and emotional development from an early age, ADHD also places an enormous social and economic burden on society. We now know that for many children with ADHD, medication is a beneficial part of the therapeutic approach. However, the success of the therapy and the prevention of complications depend on:

- Thorough knowledge of ADHD
- An accurate diagnosis
- Adequate information to the child and family and any professionals working with them
- Appropriate support measures
- Early, long-term treatment, and
- Continuity of care by qualified professionals.

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/dao

At a Glance:

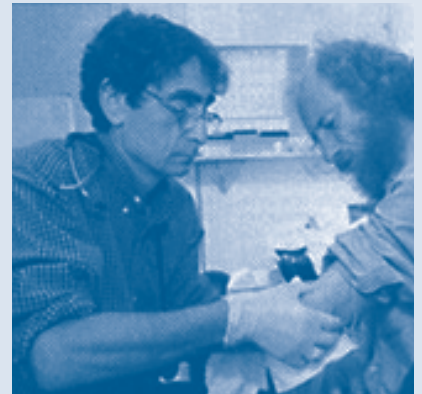
There is no medical or social evidence that ADHD drugs like Ritalin lead to substance abuse.



- *In fact, many doctors now agree that ADHD drugs can actually prevent substance abuse providing that early and appropriate interventions are implemented early in childhood.*
- *ADHD affects up to five per cent of the population, and is now accepted as having genetic and behavioural roots. It is chronic, often lifelong, and is a disorder of the frontal lobes.*

East

Tabula Rasa: A Portrait of Dr. Gabor Maté



Dr. Gabor Maté examines a patient in his practice

By Carter Hammett

He specializes in opening the doors to our own darkened rooms and inviting us in.

In three best-selling books, in columns for *The Globe and Mail* and in his frequent appearances at conferences and workshops across North America, British Columbia-based physician and author Gabor Maté has never shied away from standing in his own truth, even while offering the world his often-controversial views on stress, child rearing, addiction, the mind-body connection or Attention Deficit Hyperactivity Disorder (ADHD).

It is perhaps this last subject for which he is best known. In his first book, *Scattered Minds*, he argues that not enough attention is given to the environmental aspects of ADHD: "I do not see it as a fixed, inherited brain disorder but as a physiological consequence of life in a particular environment, in a particular culture. In many ways one can grow out of it, at any age. The first step is to discard the illness model, along with any notion that medications can offer more than a partial, stop-gap response," he wrote.

Response to this, and other assertions, has been greeted with a certain degree of scepticism in some medical circles, but Maté states that the current definition of ADHD, given in The American Psychiatric Association's guiding text, *The Diagnostic and Statistical Manual*, "defines ADHD by

its external features, not by its emotional meaning in the lives of individual human beings. It commits the *faux pas* of calling these external observations "symptoms," whereas that word in medical language denotes a patient's own felt experience," he wrote in *Scattered Minds*.

Speaking over the phone from Vancouver, Maté chuckles as he notes the frequency that people misread the title of that book *Scattered Minds*. "A lot of people project into the title and call it "Shattered Minds;" that's how they read it," he says. "The reality is much more complicated than that. You cannot reduce people to a diagnosis."

Maté writes with a hint of authority on the subject, given that he himself was diagnosed with the condition at age 51. Furthermore, his three children also live with ADHD. Over the phone, his mercurial mind leaps and bounds from subject to subject. One thought excites another and then it's off to the races on another lively topic. He is passionately lucid when speaking, sometimes abrupt, always engaging.

"I was writing for *The Globe and Mail* when a social worker who had been diagnosed at age 38 contacted me about a possible article on ADHD. Her symptoms described *me*. "Being diagnosed came as a relief. I saw my own patterns and real-

ized, here's why I couldn't study science earlier; here's why I'm impulsive, disorganized, late. It was a revelation. I had always known something was wrong but couldn't pinpoint it," he says. "Very little is taught about ADD in medical schools. In retrospect, I missed it in many of my own patients because it wasn't even on my radar.

"Children may have a genetic predisposition to ADHD, but you could argue that ADHD is not genetic. Ninety percent of our brain's circuitry develops in interaction with the environment," he asserts. At birth our head is large and the pelvis is narrow. Horses can walk shortly after birth but we are born immaturely." Other social and environmental factors often play an important role in the mind's healthy development too and the absence of these conditions can have important consequences for healthy brain development.

"It's also a problem of society and community and a culture torn asunder by economics," he states. "Look: two parents are often working; very often the Mom is away, the extended family and community are gone and children grow up isolated and stressed. Kids don't have optimal brain development under those circumstances."

"Psychiatrists never see normal people!" he exclaims. "They see only people in

extreme circumstances. They are not trained in normal human psychological development in medical school. There are no lectures on brain development. The average doctor never hears psychology really; they only study pathology. If a psychiatrist student spends four years in a mental hospital, how are they going to see ADHD as a developmental problem?"

"Social connections lead to neurological connections," is the way psychologist Daniel Seagal once framed it and this generates a shift to another subject Maté is passionate about and which he feels western medicine largely ignores: The mind-body connection.

In *When the Body Says No: Understanding the Stress-Disease Connection*, Maté describes how the hidden stresses resulting from childhood programming and emotional composition can impact on a range of diseases and conditions. He presents evidence that unity exists between the mind and body – including the immune system – and that unhealthy emotional coping patterns learned in early childhood could lead to physical disease.

"The more specialized doctors become, the more they know about a body part or organ and the less they tend to understand the human being in whom that part or organ resides," Maté wrote in *When the Body Says No*, further stating that most of the patients he interviewed for the book revealed that almost none of their doctors had invited them to speak about the subjective and emotional content of their lives. This was further confirmed by dialogues with his medical colleagues, who in the end, knew very little about their patients' lives.

"Socrates stated doctors cannot separate the mind from the body," says Maté, "and our emotions affect the immune system. The heart has a nervous system that has a predictive capacity to it. Our gut has a nervous system which, given its connections with the brain's emotional centres, gives rise to gut feelings of which the conscious mind is inadequately aware. Our conscious mind is only a small part of our 'whole mind' but has little capacity to interpret the world."

He recounts reading a research study

about Toronto female breast cancer survivors, who were asked what they thought caused their breast cancer, and many of them identified stress as the trigger. The women were right: research has a narrow view," he says. "The public is often right. They often know ahead of physicians because they go with their gut rather than box themselves in. Doctors need a different perspective especially when looking at the emotional component of their patients. William Osler is a Canadian doctor still revered today, who was acutely aware of stress-related illness. In the old days we used to have wisdom without science, now we have science without wisdom."

Maté snipes at the western notion of the medical model: "It's about diagnosis and technique. Physicians who intuitively respond to their patients do a whole lot better."

Helping others has always been a key driver in Maté's life. Perhaps part of this motivation to help others stems from the fact he was a child of war. He was born in 1944 in Budapest while under Nazi occupation. His maternal grandparents were killed in Auschwitz when he was five months old. His father was forced into a labour battalion in the service of the German and Hungarian armies. The young Maté was also separated from his mother for a period of time as a way of saving him from death by starvation or disease.

"No great powers of imagination are required to understand that in her state of mind and under the inhuman stresses she was facing daily, my mother was rarely up to the tender smiles and undivided attention a developing infant requires to imprint a sense of security and unconditional love in his mind," he wrote in *When the Body Says No*. "My mother in fact, told me that on many days her despair was such that only the need to care of me motivated her to get up from bed. I learned early that I had to work for attention, to burden my mother as little as possible and that my anxiety and pain were best suppressed."

His own yearnings for a medical career reasserted themselves a few years after he began teaching high school English after graduating with a B.A. from the

University of British Columbia. At 28, he decided to fulfill a lifelong ambition to become a doctor and re-enrolled into University. Upon graduation, he ran a private family practice in East Vancouver for two decades and was also the Medical Coordinator of the Palliative Care Unit at Vancouver Hospital for seven years. He is currently on staff at the Portland Hotel, a residence for people of Vancouver's east side, where many of his patients live with HIV, mental illness and drug addiction.

At an age when many people have one eye on the horizon of retirement, Maté again reinvented himself, first as a writer for newspapers like *The Globe and Mail* and *Vancouver Sun*, then as an author. In rapid succession, *Scattered Minds: A New Look at the Origins and Healing of Attention Disorder* was published, followed by *When The Body Says No*, and then a third, *Hold on to Your Kids: Why Parents Need to Matter More Than Peers*, co-written with psychologist Gordon Neufeld, which dissects parenting from the perspective of attachment theory to illuminate the crucial role parents must play in the upbringing of their children. All three books have been national best-sellers.

Maté currently maintains a vigorous touring schedule to support the demands of those requesting speaking engagements. He continues to maintain a schedule at The Portland Hotel while working on a new book, *Chasing The Dragon: Close Encounters With Addiction*.

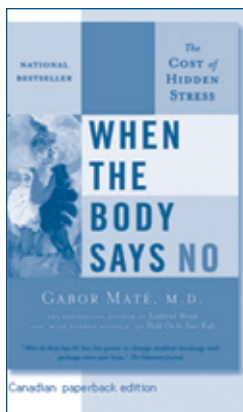
Despite this flurry of activity, Maté shows no signs of slowing down, committed in his wisdom and his want of helping others. "I've always wanted to make a contribution," he says. "Much of that is shaped by being a child of genocide. I've learned that people need to be more human and society needs to be humane. Nobody should stay silent."

FOR MORE INFORMATION on Dr. Gabor Maté and to learn about speaking engagements near you, visit these websites:

www.whenthebodysaysno.com
www.scatteredminds.com
www.drgabormate.com

Idao

Books by Gabor Maté



When The Body Says No: The Cost of Hidden Stress

When The Body Says No explores the intimate connection between emotion, stress, and disease. The book combines a fascinating yet down-to-earth explanation of the scientific research that has demonstrated the mind/body unity with the stories and experiences of actual people. *When The Body Says No* is written for anyone interested in understanding the links between mind and body, emotions and health, stress and disease.



Scattered Minds: A New Look at the Origins and Healing of Attention Deficit Disorder

In one of the most comprehensive and accessible books about Attention Deficit Disorder (ADHD), Maté challenges many accepted notions about the condition, which afflicts more than three million children and a significant number of adults. An ADHD sufferer himself, and the father of three children battling the disorder, Maté discusses its origins and development, drawing on four years of study, research and patient interviews.



Hold On To Your Kids

Together Dr. Gordon Neufeld and Dr. Maté tackle one of the most disturbing and misunderstood trends of our time — peers replacing parents in the lives of our children. *Hold On to Your Kids* will restore parenting to its natural intuitive basis and the parent-child relationship to its rightful pre-eminence. The concepts, principles and practical advice contained in *Hold On to Your Kids* will empower parents to satisfy their children's inborn need to find direction by turning towards a source of authority, contact and warmth.

On Writing:

'For many years after becoming a doctor, I was too caught up in my workaholicism to pay attention to myself or my deepest urges. In the rare moments I permitted stillness, I noted a small fluttering at the pit of my belly, a barely perceptible disturbance. The faint whisper of a word would sound in my head: writing. At first I could not say whether it was heartburn or inspiration. The more I listened, the louder the message became: I needed to write, to express myself through written language not only so that others might hear me, but so that I could hear myself.'

– **When The Body Says No**

At a Glance:



- *Physician Gabor Maté is a Vancouver-based author of three best-selling books. He was diagnosed with ADHD himself at age 51.*
- *He views ADHD as a developmental condition, the severity of which can be affected by the environmental factors during childhood.*
- *His theory of the mind-body connection and its effect on the immune system, while controversial, has been passionately argued for, bolstered in part, because, he says, physicians do not pay enough attention to the emotional impact caused by disease.*
- *He is currently working on a new book about addiction.*



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West

LDA Sudbury Builds Bridges to Learning!

By Deana Collins

On Wednesday, October 19th at 10:30 a.m., the Greater Sudbury Public Library launched the new *Bridges to Learning Assistive Technology Room*, where a partnership – the first of its kind in Ontario’s history – between the Learning Disabilities Association of Sudbury, the City of Greater Sudbury Public Library (CGSPL), the Glenn Crombie Centre of Cambrian College and the Rainbow District School Board, flourished.

Ron Lessard, Executive Director of the Learning Disabilities Association (LDA) of Sudbury, is thrilled that their program *Bridges to Learning* compliments the

LDAO project, *Assistive Technology: Building a Community Resource* and that it is proving itself to be a “truly unique and powerful partnership.”

The new Lab is an expansion of an existing LDA Sudbury-CGSPL partnership that has, over the past two years and through sponsorship from the Lions Club of Sudbury, grown to complement an extensive LD resource section at the library. The lab contains a current and comprehensive collection of books, videos and alternate publications on LD that is readily available to educators, parents and students through all of its 13 branches.

Currently boasting over 500 textbooks that have been copied to various forms of adaptive technology on two computers, the lab offers a wealth of French and English academic curricula spanning grades 7 through 12. All of these materials can be accessed after school and on weekends for research and homework purposes. Books are clearly identified by “rising stars” logos on their spines and by partnership information on the front cover that highlights contributions of the Lions Club.

Moreover, the project ensures that LD resource sites are adequately equipped



Locals packed the local library to celebrate opening day of the Bridges to Learning project in October.

with the tools necessary to operate cutting-edge assistive technology packages like Kurzweil Read and Scan, Dragon Naturally Speaking, Inspiration, Spark Space Educator and Reading Plus software, as well as to provide knowledgeable staff and volunteers to tutor new users.

Jennifer Dolson, a Resource Facilitator/Learning Strategist at the Glenn Crombie Centre at Cambrian College, who works at the LDA Sudbury office on Mondays and Thursdays, has both facilitated adaptive technology workshops and trained other library staff members in Kurzweil 3000 (which scans textbooks and reads them aloud) and Dragon Naturally Speaking (which, conversely, allows users to dictate information and then converts it to text). She and her team train novice clients and enhance the existing adaptive technology skills of those who have already attended workshops.

Students, many of whom cannot afford to own these technologies, can also generate study notes and written assignments using revolutionary software. Paired with effective learning strategies, the utilization of assistive technology results in the increased levels of learning and comprehension that students require in order to realize their optimal academic potential.

"Clients can now find books and resource materials in one location. There is no need to wander down the aisles through various areas in the library to find what they are looking for on the subject of learning disabilities. The resources can also be reserved and sent to any of our 13 branches to be checked out by the client," adds Kaija Mailloux, Co-ordinator of Outreach Programs and Partnerships at the library.

The multitude of Ontario curriculum schoolbooks, which have been donated by the Rainbow District School Board and successfully scanned by the Special Needs Office at Laurentian University, can now be text-amplified or read aloud to students using Kurzweil programs. There are two training workshops that service educators, parents and students can access in the library resource centre. These progressive modules are crucial to the implementation of adaptive technology initiatives, considering that many grade 7 and 8 classrooms, as well as those in local high schools, now support students with disabilities.

"By allowing the excellent staff at the Public Library to maintain and administer our resource library, I can focus my time and energy on meeting with individuals with LD and their families," says Barbara Polowich, LDA Sudbury Resource Facilitator, "Through this partnership, they do what they do best, providing library services throughout the community, while we concentrate on our core business of providing support through our programs and services. This lab is about the power of community partnerships – it's about synergy that has produced significant support to individuals with LD, literacy difficulties and other exceptionalities. "

LDA Sudbury has recently received funding from the United Way for a partnership with the Greater Sudbury Public Library and local school boards to develop a tutoring program for grade 7 and 8 students with LD. This program will enhance the community partnership model and recruit students who need help most. *The Bridges to Learning Assistive Technology Lab* is the reflection of a broad-based community commitment to literacy and learning that is far-reaching and has long-term ramifications. As Dolson reminds us,

"Once students are comfortable using the assistive technology in addition to the learning strategies they've put in place, they become independent, and it is this independence that is essential when they get to the workplace."

Idao

At a Glance:



- *LDA Sudbury recently introduced a new project, Bridges to Learning Assistive Technology Room in conjunction with several community partners.*
- *This lab offers tutoring in adaptive technologies such as Kurzweil 3000 and Dragon Dictate, and allows people with learning disabilities to read books and write reports using this accommodation.*
- *Over 500 books have been scanned and are available for use throughout Sudbury's local library system by users of this technology.*

For further information on this project, contact:

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OR

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IN PERSON Wendy Terry

by Pauline Johnson

Imagine standing in front of a class of foreign students and trying to teach them a language that you have difficulty comprehending yourself.

Daunting, isn't it?

Yet Wendy Terry, of Toronto, does just that.



Terry, 59, teaches English as a Second Language (ESL) to adults at the Toronto District School Board's Overland Adult Education Centre. But she has dyslexia, which means she has trouble processing the very language she teaches.

She reads perfectly well but somewhere between the page and translation, numbers become reversed, letters

– even entire words – go missing, lines of print waver necessitating the use of a ruler, and meanings often don't sink in, as her brain jumbles up the information she sees.

"It's a bit like a Black Box – you're not quite sure what's going on in there, you can see the data to go in, you put the data in, but the actual processing of that data is scrambled and what comes out is more difficult," she says.

But Terry is no pushover. She holds not only a Bachelor of Arts Degree in Psychology, with a minor in adult education, but also a Masters degree in education from Harvard University, with a specialty in international education.

She is an expert on the system of Workers Educational Association schools still in place around the world, but which were dropped in North America during the 1950s "red scare" of anything that could remotely be considered communist. In the schools workers take non-credit courses in everything from liberal arts to computer skills to crafts.

She's still paying for the Harvard degree – a whopping \$80,000, which she raised by mortgaging a house she inherited and begging from relatives.

"Well, how could I sit in an old folks' home later on and say 'I could have gone to Harvard?' she says. "You've gotta go, so I packed up everything, including my son, and left."

The strange thing is Terry was a Grade 10 dropout. Furthermore, it took 17 years of part-time study to get her BA at York University. She was so proud when she got it that she actually had "B.A." tattooed on her butt, and says "I'm taking it with me when I go!"

When Terry was a child, dyslexia was not recognized. Such chil-

dren were often labelled slow, lazy or troublemakers. It wasn't until she was 34 years old, and working in an accounts receivable department – "a crazy job for a dyslexic" – that a colleague recognized her condition. Testing confirmed it. It wasn't until she got remedial training in essay and report writing that she was able to do either of her degrees, or various certificate courses at Ryerson Polytechnical Institute (now a university).

The remedial training is complex. It involves the student using free association, and writing out everything in their head; then reviewing it, drawing their conclusion, and rewriting the report with the conclusion at the top. The rest of the information is "braided together" to support the writer's thesis.

"People think I'm stupid but I'm not. I have to write in this way, and you have to accept this is the way I write and think," she says.

"I've got the ideas, I've got the analysis, I can dig up the data, and I understand adult students better than many people; I understand the system, and I have a good historical knowledge of it, but so much of the skills that you need are fast, easy, accurate writing in this job."

Terry doesn't only teach. She writes for a newspaper aimed at students returning to school, and also for books and academic articles; she counsels foreign job seekers; advises government officials on adult education policy, and is a very public advocate for adult education.

In fact, while at Ryerson, she led a revolt by night-school students to have them recognized as legitimate students and represented on the board of governors.

When the Ryerson board rejected the idea, Terry had a student complain to the Ontario Ombudsman, who called then-Education Minister Dr. Bette Stephenson who, in turn, called then-Ryerson President Brian Segal and told him "that if we weren't students she wasn't sending money for the courses anymore," Terry says.

Her own son, Russell, now 24, is currently taking a degree course at Ryerson, and also lives with dyslexia.

Terry's supervisor at the school board, Grant Reimer, says he believes that her struggle "has enriched her approach. I think she has a unique ability to encourage people to overcome some adversities, whether it be dyslexia or anything else."

Says Terry of her own challenges: "There were times when I just wanted to take my brain out of my head and beat it on the table. But, luckily, I haven't felt that way for some time." *Idao*

NEWS AND VIEWS

FROM AROUND THE PROVINCE

Communiqué is pleased to offer this listing service for LD chapters in your community! Be sure to check out the happenings in your area and support your local chapter. If you have LD-related news or events you wish to share with readers, be sure to send it to us at least three months in advance. *Communiqué* reserves the right to edit for length and content and due to space limitations, we cannot guarantee that all news will be printed. For further information on this service, please contact us at: carterh@ldao.ca

DURHAM REGION

Ontario Trillium Foundation Funding Comes Through for Durham

Durham Region is one of the fastest growing regions in the province and the Durham chapter of the Learning Disabilities Association has undergone some recent changes.

We are very pleased and excited to announce that we were awarded a grant from the Ontario Trillium Foundation for community project operational funding.

Hobb Bakker Bergin Hill Consulting Inc, a management-consulting firm has been hired to assist in the development of our strategic plan. Peter Spratt and Jane Rail will be engaging our stakeholder community in a consultation process as an essential component in setting the future direction of LDA-DR.

As one of the larger geographic areas of the province, LDA-DR is excited about this process as we look to move from a volunteer-driven association to one with staff that can better facilitate the growing needs of our community. We would like to thank the Ontario Trillium Foundation for allowing us to move forward with this initiative.

KINGSTON

Tasting Nashville to Feed LD

The Learning Disabilities Association of Kingston (LDAK) was pleased to announce a unique fundraiser that took place the weekend of June 3.

A Taste of Nashville kicked off a rollicking weekend that began Saturday, June 3, 7pm at the Sydenham St. United Church, featuring The Abrams Brothers and Ronnie Reno and The Reno Tradition, on behalf of The Tristin Osborne Music Festival and The Learning Disabilities Association of Kingston.

The festivities continued on Sunday morning with “Cowboy Church” taking place at Country Pickin’s Farm with Nashville singer-songwriter Judy Marshall, followed by an auction with Tim Potter and Cec Knight of Tim Potter Auctions. The party rolled on during the day as Ms. Marshall returned to the stage for a lively bluegrass concert with The Abrams Brothers.

Great food was offered during the festivities and for those wanting to “rough it” a little, camping was available throughout the weekend at Country Pickin’s. Check www.theabramsbrothers.ca for further updates

LONDON REGION

Skills for School Program Launched

This summer, for the first time, we will be offering a summer program for students. The United Way of London & Middlesex agreed to offer LDA London Region additional funding to support this program and to provide some money as a subsidy for families who face financial challenges. We are planning three, week-long, full-day sessions, which will include our Skills For School program as a refresher before school starts in September, and some educational, fun activities with a partial focus on social skills.

Two other new services this year are a support group for parents and two workshop presentations at a centre outside the city in Middlesex County. The presentations are also the result of increased United Way funding.

Our star employee, Andrea Craig, who is our Resource Consultant and the Regional Coordinator of our Destination Employment program, deserves recognition and thanks. Besides consultations and advocacy work, Andrea facilitates our ADHD Adults Support Group, does presentations, is our SEAC representative, provides input to many community groups and committees, and works our monthly Bingo events. We are so pleased to have her here with us.

We are planning a semi-formal dinner-dance with live entertainment to launch October as LD Awareness Month. For more information, please contact LDA London at: (519) 438-6213 or their website at www.ldalondon.ca

OTTAWA-CARLETON

Secrets of Discipline Conference

The Learning Disabilities Association of Ottawa-Carleton was pleased to present international speaker and author Ronald Morrish on April 29th, 2006.

At the conference entitled “Secrets of Discipline”, he provided practical strategies for teaching children to be responsible and co-operative. Topics included the main functions of discipline, teaching and parenting techniques, the discipline value system, how current popular discipline has little impact on several major groups of children and also some approaches which allow you to respond more effectively to a broad variety of disciplinary needs. Participants discovered practical strategies for disciplining children without all the deal-making, arguments, and confrontations.

Educator and behaviour specialist, Ronald Morrish is the author of three books. *Secrets of Discipline* discusses twelve keys for raising responsible children, *With All Due Respect* focuses on the keys for improving personal discipline skills and building effective school discipline as a team, and the new *Flip Tips* is a mini-book of discipline tips and helpful hints, taken from his books and presentations.

If you missed this event, and would like further information, contact LDA Ottawa-Carleton at (613) 567-5864 or ldaoc@rogers.com.

PETERBOROUGH

LD Expert Rick Lavoie headed for Peterborough in 2007

The Learning Disabilities Association of Peterborough is pleased to announce its Spring 2007 community education event has been confirmed with renowned LD expert Rick Lavoie! The event will take place at Calvary Pentecostal Church in Peterborough on April 26, 2007. Ticket prices will be \$40 each and will include a four-hour workshop with refreshments. It is not too early to reserve your place at this exciting and informative event. Tickets will only be available through LDA Peterborough.

For more information, contact: Cindy Foulon or Jane Smith Learning Disabilities Association of Peterborough, 159 King St. Ste. 204, Peterborough. ON K9J 2R8 Phone/Fax (705) 748-9455

SUDBURY

United Way comes through again!

On April 24th, we received \$15,000.00 from our “New Ventures” United Way Grant! In addition to providing funding to support our

community outreach program”, our chapter will develop a tutoring program for grade 7 and 8 students with LD to be launched this fall.

The program was developed in partnership with the City of Greater Sudbury Public Library, its 13 branches, with support from local school boards. Mr. Gord Ewin, former Director of Education with the Rainbow District School Board has agreed to chair a steering committee of parents, educators, and community members to lead the design and implementation of this exciting new initiative in Sudbury.

“This partnership in education between the home, the school and the community reflects how we can do something meaningful to demonstrate that “a different way of learning can lead to success”. said Ewin. “This program will make a difference to students with learning disabilities, both in how they learn and what they learn.” This project will also provide parents and students with a list of community resources available for tutoring, a roster of tutors and a parent guide for home tutoring. Don’t hesitate to give us a call if you have any suggestions or input for this program.

Stay tuned at www.lidasudbury.ca for details of our tutoring program start up this fall!

WELLINGTON COUNTY

Jump into Fall with Upcoming Conference

On Friday, October 20, 2006 the Learning Disabilities Association of Wellington County will be hosting a one-day conference featuring Dr. John Mighton, who will be speaking about the Jump Math Program.

For further information on this event, contact the chapter at (519) 822-2131 or by email lda_of_wc_jenc@rogers.com

Our **Annual Plant and Garage Sale** was held, May 13th at 168 Palmer St. (near St. George’s Park). This sale featured perennials dug right out of our board members’ gardens, plants for Mom on Mother’s Day, yard sale items, barbecue, coffee, cookies and a raffle with great prizes. Thanks to all who participated in this successful event!

We were very excited to host our April 29 workshop “**Current Issues in Education with Lindsay Moir.**” Mr. Moir is retired from the Ministry of Education since 1997 and has been assisting agencies, associations and parents in obtaining appropriate special education services for exceptional pupils. Special thanks goes to Janssen-Ortho for their unrestricted educational grant supporting this project.

Watch for our summer newsletter to learn more about our **fall conference** and **assistive technology training** opportunities for teachers and parents using Kurzweil 3000 Colour Professional, Spark Space Educator, and Dragon Naturally Speaking Preferred.

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GRATEFUL

Acknowledgement to Our Funders

Thank you to our donors and funders! Grateful acknowledgment is offered to the following donors who have supported LDAO. Your support helps us to provide a level playing field of opportunities and services for children, youth and adults with learning disabilities.

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Annual Golf Tournament

LDAO wishes to thank the **Consulting Engineers of Ontario** and their many company partners for their ongoing support of the Learning Disabilities Association of Ontario. Since 1990 this group of golfers has had a fun day of golfing, a great lunch and auction, raising to October 2005 a total of \$142,730

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Learning Disabilities Association of Ontario

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LDA London Region services The City of London and the counties of Oxford, Middlesex, Perth, Huron, Bruce, Grey and Elgin

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Learning Disabilities Association of Ontario Presents

Invest in Success

Dinner and Auction
Tuesday, September 12, 2006

Liberty Grand Entertainment Complex, Governor's Ballroom
25 British Columbia Rd, Exhibition Place, Toronto

Cocktails 5:30 - 6:30 pm
Dinner and auction 6:30 pm
Auction hosted by Vriesen Auctions
Business attire

Guest speaker, Jacques Demers,
Former NHL Coach and Stanley Cup Champion

for more information please visit www.ldao.ca

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Learning Disabilities Association of Ontario

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