

UNLOCKING LEARNING

The Quarterly Magazine of SPELADD NZ Inc

May - July 2017

www.speladd.org.nz

SPELADD NEW ZEALAND INC
First Floor, The Grand, 41 - 44 The Square
Palmerston North, PO Box 1707
EMAIL: speladd@speladd.org.nz
PHONE: (06) 358-0488

Story of a university student

A university student asked her mother how much time she had before catching her bus. Her mother told her, "Five minutes."

"Good", she said. "I'll just go and have a shower and wash my hair now."

From "A Mind At A Time"

By Mel Levine MD

Being organized in time rallies the ability to allocate time, to estimate time, and to be aware of the passage of time. It enables your child to gauge when he is running ahead or running behind, and it helps him to meet deadlines and cope with transitions (such as leaving home to go to a movie). A modicum of time management savvy is needed for a student to realize that if he has a book report due on Tuesday, there exists some very undeniable implications regarding when he needs to read the book!

For some students, the planning and plotting of time make no sense. They are like stowaways on a timeless raft. These perpetual laggards and drifters have trouble thinking about time, using time efficiently, and organizing themselves within any kind of time frame. The meeting of deadlines consequently seems like an imposition, and they are loathe to estimate how long it will take them to accomplish something, which in turn makes it hard to allocate the time to do whatever it is that needs doing. Such seemingly lackadaisical behaviour can infuriate a nonunderstanding parent or a demanding, compulsive teacher, especially when these supervisory adults are paragons of punctuality themselves. Very

often vociferous bullets of moral accusation are aimed at the out-of-step student.

These kids need a lot of help from their parents in planning a schedule for the week ahead, making explicit plans for making deadlines, deciding what will get done when. It's helpful for them to keep lists of things that need to be accomplished during the day and evening, checking off each as it is achieved.



From stuff.co.nz

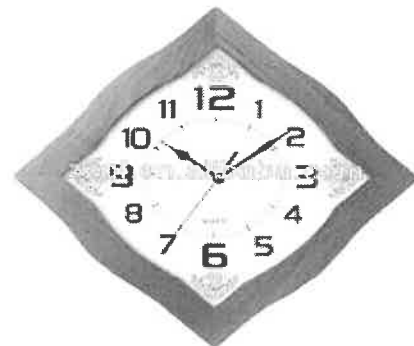
Fidget spinners – the latest children's toy worldwide sensation – are an essential part of lessons in one classroom.

Shunned by some schools, who say they're a distraction, the influential Forbes magazine has named the spinners and fidget cubes the top toys in 2017.

At Roslyn School in Palmerston North, teacher Mandy Veza is not fighting against the tide and is embracing the toy's learning power. She has seen significant benefits for two children with ADHD, who use the spinners.

"[One] can now sit and concentrate for half an hour, whereas before he couldn't. It has made a huge difference and he finds it really good when he gets upset and angry."

The other uses one when watching TV and finds it helps him relax.



The Magazine was produced & designed by: SPELADD Office Staff.

From the President

How things have developed since I did my specialist teacher training with SPELD Blenheim in 1977. Our task was to help those with Specific Learning Disabilities (SLD), and those who live and work with them. This includes those with dyslexia.

Dyslexia, the school principals of that time decided, was a poor teacher's excuse for not being able to teach reading. An ex-reading specialist said to me, "Do you really think that you read with your brain?" It took until 2007 for dyslexia to be officially recognised. Many of the other specific learning areas are still not recognised.

In 1984 my family moved to Palmerston North where Janice and David Durbridge were the moving forces in the organisation here, as well as nationally.

The Durbridges were also looking at the importance of diet, - beware of trans-fats they told us! Their knowledge enabled my family to get help for our son when he had numerous health issues which the medical profession said they couldn't help

In 1996-97 we organized seminars about recognising and helping those with ADHD. Five hundred people attended each session! Some came from other provinces- even Auckland!!

Our work in this area had the national organisation of SPELD telling us we were overstepping our brief. As at least half the people who phoned us asked, "Is this where we get help for ADD?" we formed our own helping agency - hence SPELADD

It was soon after this time we became aware of a group of people who had great anxiety and poor social skills as well as Attention Deficits. So our teacher training courses and tuition started to include those with High Functioning Autism, (Asperger Syndrome).

SPELADD looks at the whole person, from what they eat to how they move, feel, hear and see and how they cope with learning and developing their self-esteem and social skills. All these improved abilities for the child, and parents learning advocacy skills, means a happier family and a happier community.

Regards,

Elizabeth Manson

Would those of you with computers and printers prefer to have your newsletters sent electronically? Send us an email and we will arrange it. Save a few trees maybe?

Thank you

Once again a big thank you to our sponsors

UNITED WAY DUDDING TRUST

PUB CHARITY T. G. MACARTHY

INFINITY FOUNDATION

LION FOUNDATION

MAINLAND FOUNDATION

thankyou

Annual subscriptions

We will send invoices as your subscriptions fall due

Please pay to our account below, or send a cheque to: Speiadd

PO Box 1707 Palmerston North 4440

Westpac

SPELADD NZ Inc - 030726 0485561 00

Receipts will be issued if required.

The views expressed in this newsletter are not necessarily the views of SPELADD NZ Inc.

Activity Page

How long does it take you to:

clean your teeth _____

have a shower _____

get dressed _____

get to school _____

have a sleep at night time _____

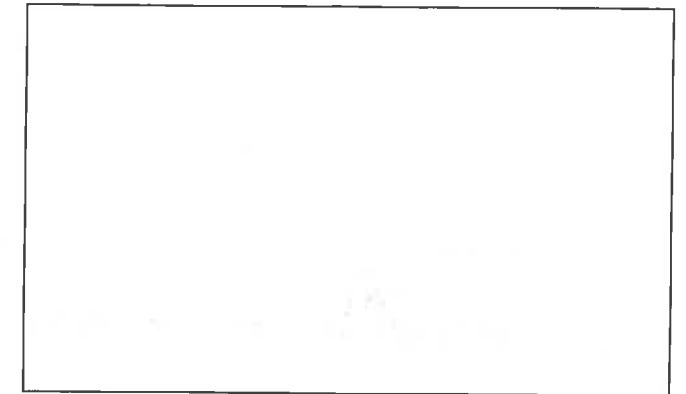
eat an apple _____

make a sandwich _____

make your bed _____

tie a shoe lace _____

Time how long it takes you to draw a clock that shows when you get up in the morning.



How many jumps on the spot can you do in 30 seconds? _____

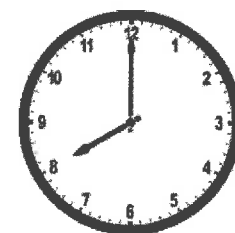
How many jumps on the spot can you do in 1 minute? _____

Can you skip for 2 minutes?

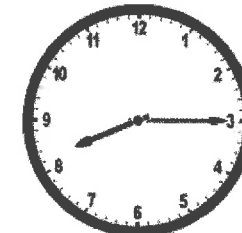
How long can you stand on your left foot? _____

How long can you stand on your right foot? _____

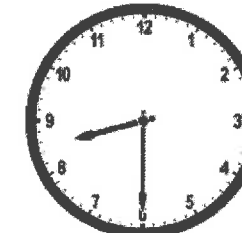
Can you put in the missing digits?



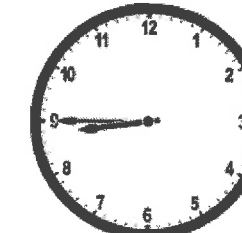
eight o'clock
___.00



quarter past eight
8.__



half past eight
___.30



quarter to nine
8.__

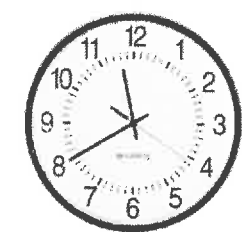


nine o'clock
___.00

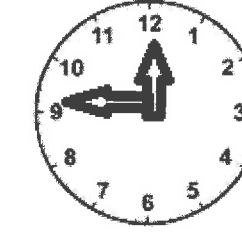
When the minute hand is moving between 6 and 12, it tells us how many minutes there are before the next hour.



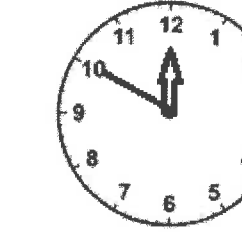
25 minutes to ____



20 minutes to ____



15 minutes to ____
(quarter to)



10 minutes to ____



5 minutes to ____

A Tale of Two Sisters

First child Sophie, a happy pre-schooler, spoke early and asked intelligent questions. At school she struggled with reading, letter reversal, illegible writing and later spelling. Teachers described her as 'a good, quiet little girl'. Regular stomach pains before school became an outward and visible sign of a depressed child who was hard to manage at home.

A friendly neighbour, an educational psychologist, ran tests on her showing a high IQ and a 'visual discrimination' problem described as 'developmental'. Working with a tutor trained to help children with Specific Learning Difficulties (SLD) saw very improved reading and writing ability after one year. Successful throughout school she gained UE, and succeeded in getting into Medical School and now works as a Medical Consultant.

Young sister Emily, a defiant, naughty pre-schooler learned early to use 'NO'.

A short spell at Montessori ended with the teacher giving an audible sigh of relief when told of Emily's departure, having earlier expressed concern about her inability to stay 'on task'. She loved Kindy but sitting still at story time was identified as a challenge. Learning to read also proved difficult, and her inability to 'settle down' was soon identified at school. Stomach pains in the morning suggested growing anxiety of school.

The educational psychologist who tested Emily showed her IQ to be high and noted exceptional ability in visual memory, acuity and discrimination tasks. Auditory memory and discrimination tests though were in the lowest percentile. These disparate results indicated SLD but strong-willed Emily refused extra tuition.

Attending school in England for a year in a class with 18 and a phonics approach to reading saw her anxiety of school disappear. On our return when asked why she enjoyed school in England she replied, 'I liked it being quiet and having my own desk.' By the end of primary school her reports had described her as impulsive, overactive, inattentive and openly defiant, all symptoms of attention deficit and hyperactivity disorder (ADHD).

But she had a winning personality, quick wit and great sense of humour.

Placed in the top stream at Secondary School her reports followed a similar pattern; 'she lacks concentration; disruptive in class; has problems staying on task'.

Despite this she achieved University Entrance and chose a Chemistry major.

By year 3 poor grades were worrying her and she agreed to visit a paediatrician interested in adult ADHD.

After a two hour session with us he noted that she seemed happy, had a loving family and close friends, and many sporting achievements. But he went on, 'I can see that your academic work is worrying you and tests suggest that you are ADHD and using Ritalin initially for a month will show if concentration improves'.

After beginning the Ritalin she was surprised with her capacity to concentrate and in her final year she attained 'A' and 'A+' scores.

She now works as a Technology Process Manager with a multinational drug company. Her practical ability is used to capacity as a problem identifier and solver in production processes.

This overview summarizes the approach of our family to support two sisters with different types of SLD and focuses on educational experiences, but reaching adulthood does not eliminate SLD and often has profound effects on personal and private lives.

Parents, grandparents, caregivers and children will all be greatly empowered by acquiring knowledge about SLD and this can be a life changing experience.



MAYA SHETREAT-KLEIN MD

Healthy Food, Healthy Gut, Happy Child

The Real Dirt on
Raising Healthy
Kids in a
Processed
World



From allergies and ADHD to mental illness and obesity, new studies show the alarming rise of chronic diseases in children.

A traditionally trained paediatric neurologist and a parent herself, Dr. Maya Shetreat-Klein encountered the limits of conventional medicine when her son suffered a severe episode of asthma on his first birthday and began a backward slide in his development. Treatments failed to reverse his condition, so Dr. Shetreat-Klein embarked on a scientific investigation, discovering that food was at the root of her son's illness, affecting his digestive system, immune system and brain. The solution was shockingly simple: heal the food, heal the gut, heal the brain ... and heal the child.

Dr. Shetreat-Klein shifted the focus of her practice and has since successfully helped chronically ill patients from around the world.

Revealing the profound connections between food, nature and children's health, the book explains how food is constantly changing kid's bodies, brains and even genes – for better or for worse.

She also shares success stories from her practice and tips as a working mother of three on stocking healing foods (from veggies to chocolate), reading labels and getting even picky eaters into the new menu.

THE BRAIN IN THE GUT, THE GUT IN THE BRAIN

The gut actually functions like a brain in your body along with the brain in the head. That's right, the gut and brain work together as one nervous system. So it makes sense that food and digestive imbalance can cause problems in the brain. The gut and its microbes release more neurotransmitters than the entire central nervous system. Just like neurons in the brain, the gut even has its own "enteroneurons" that communicate with the rest of the nervous system - and ultimately the brain.

It makes sense. Think about a "gut wrenching" experience – an emotional response that you feel deep in your belly. What about gut reactions or "butterflies in your stomach"? Consider this: People with significant concussions or brain injuries experience a breakdown of gut health, leading to the development of conditions like ulcers- even without direct trauma to their digestive systems. Other studies show that the brain plays a role in changing the bacteria in the gut.

For example, mice that were subjected to a social stressor for six days had altered gut flora composition compared to unstressed mice. Even food choices change your gut microbiome: for example, people who ate a high fat / low-fiber diet transformed their disordered gut microbiome within ten days of switching to a low-fat / high fiber diet.

What about the other way around? Indeed, the gut also influences the brain.

LIVE UNITED

**United
Way**



New Zealand

COMMUNITY PARTNER

www.unitedway.org.nz

MORE REASONS COOKING IS GOOD FOR YOUR FAMILY
 Another extract from “Healthy Food, Healthy Gut, Happy Child”

It Is Healthier... Physically

In a study comparing those who cooked dinner to those who ate out, researchers found that young people who eat home-cooked food eat more healthfully. The consumed significantly more fibre, fewer carbohydrates and calories, and less salt and sugar.

It Is Healthier- -Emotionally

University of Michigan researchers found that the amount of time kids spend eating meals together at home is the single biggest predictor of academic achievement and fewer behavioural problems – more important than time spent in school, studying, attending religious services, or playing sports. Wow. More frequent family meals increased the odds of a child’s positive social skills and engagement in school and decreased the likelihood of problematic social behaviours.

It Saves Money

For the same amount of money (or less) that you spend on take-outs, you’ll get better quality food when you cook at home. Unless you seek out restaurants that share a philosophy of quality, organic food fresh from the farm as used to be - you are likely eating monocrops, factory-farmed meat, and partially hydrogenated oil, all for a higher price than if you’d purchased far better ingredients yourself.

ART AUCTION

The SPELADD art auction held on the 1st of April was a great success. We raised around \$6000.

Many thanks to all who attended and took part.

A special thank you to the many volunteers and supporters who helped make the day such a success, particularly;

- Barbara Gibson, chairperson of the organizing committee
- Stu and Phyllis Schwartz from Taylor-Jensen Fine Arts
- the auctioneers from Property Brokers
- Freedom Print
- The many donors of art works

Tips for Starting a Family Meal Practice

1. Start slowly. If your family is not used to eating together, start by planning one or two family meals in a week. Sit down together for a family meal, homemade or otherwise.
 - A weekly favourite takeaway meal may first bring everyone together, unplugged.
 - Gradually increase until you have at least one family meal every day. If this is impossible because you or your work late or your kids are enrolled in sports or other activities, then try for breakfast, or even a special weekend snack. If that’s impossible, it may be time to reprioritize activities
 - Sit with your children. Your physical presence matters. Be together at the table where you can make eye contact with your child. Ask your child what is happening in his life and encourage him to share by recounting things – serious or silly – that happened during his day.
2. Unplug. No Phones, TV, iPads, Nooks, Kindles, and whatever else I’m forgetting. Not for kids, not for parents. This is not easy. There are days I find this very difficult, especially if something important is going on with a patient or I’m exhausted and want to check out after a long day. But your brain needs a break as much as your kids need you to be present. No books or newspapers either, unless you are using these as a way to be together.
3. Keep it positive. Make mealtime a refuge from the demands of the day for both you and your kids. Try to avoid criticizing table manners or nagging at the table. Share positive things that have happened.



From **Bright Kids Who Can’t Keep Up**
 By Ellen Braaten PhD, and Brian Willoughby PhD

“What can I do if, like my child, I struggle socially? Who can help?”

Sometimes the apple doesn’t fall far from the tree—which means it is not uncommon for parents of children with social difficulties to complain that they have the same problems. They report being shy or just not fitting in, and that they too struggled to make friends. So, in these cases, what is a parent to do? We offer the following suggestions: Enlist the help of a socially skilled family member to support your child, such as a “cool uncle” or socially skilled sister-in-law. Sign your child up for camp or an afterschool program; alert the leaders of these groups that your child might need some extra help socially. Enquire whether or not your child could have a peer “mentor” at school, such as an older student or a more socially skilled student, who could help your child socially.

HOW DOES SLOW PROCESSING SPEED AFFECT A CHILD’S FRIENDSHIPS?

Slow processing speed can affect social relationships in general and friendships in particular in many different ways. Some of the more common issues include the following:

Interactions can seem stilted or awkward because it takes them a long time to figure out a response.

They lose track of what’s happening during pretend play or games, causing their peers to become frustrated with them.

They are disorganised in relaying stories or reporting events, causing peers to lose interest in what they are saying.

USING SPORTS AS A WAY TO PROMOTE SOCIAL SKILLS IN KIDS WITH SLOW PROCESSING SPEED

Organised sports are a great way to enhance social relationships, but sometimes sports can be especially challenging for kids with slow processing speed-even for kids who are athletically inclined.



Although it’s hard to provide hard-and-fast rules to support your child during sporting activities, here are some points to keep in mind:

1) Kids with slow processing speed sometimes (but definitely not always) prefer more non-competitive sports such as martial arts, swimming, horse riding, or biking because the speed aspect of some sports can be overwhelming. If that’s the case, help your child choose an appropriate activity.

2) Take into account your child’s interests and ability levels and choose a team that accommodates their skill and processing speed level. If competition is difficult for your child to handle, interview the coach and assess the league to make sure it’s not too competitive.

3) Selecting a team or sport where the focus is on teaching and practising the skills needed to play the game provides a child with slow processing speed more time to practise, which can lead to quicker processing speed when it’s time to actually play the game.

4) Practice skills with your child at home so that the skills become more automatic (for example, throwing, catching, dribbling, or shooting a basketball).

5) Make sure it’s a team or sport where good sportsmanship is not just encouraged but taught and practiced (emphasis on teamwork as opposed to only quickness, complimenting other players, knowing when it’s appropriate to play aggressively and when it’s not).

6) Be sure the coach offers positive reinforcement for trying and does not criticize or stress mistakes. It can also be a good idea to talk to the coach about your child’s issue if you think it could be a significant problem.

7) Try not to be that typical “poor sportsmanship parent” the one who yells and screams on the side-lines during practices and games. It’s generally stressful for all kids to see their parents getting worked up on the side-lines during games, but it’s particularly stressful for kids with slow processing speed. Hearing their parents yelling commands from the side-lines, or worse, yelling at the coach or ref, only serves to add stress to what might already be a stressful situation.