

NTL and LD Edge are managed by ATN and are funded by the Government of Canada

On the Wish Lists of People with Learning Disabilities

At this time of year, we often find ourselves running here and there, trying to find the perfect gifts for everyone and trying to second-guess what might be on their wish lists. People with learning disabilities have wish lists, too, and if we take some time to try to second-guess what is on their wish list every day of the year we'd probably find that it is a simple wish list, with things that are so easy to give.

Understanding: Some individuals with learning disabilities have been misunderstood all of their lives. They may have been put down at school for being LD, as in "lazy and dumb", and perhaps their families continued this demeaning tone at home. With peer pressure and teasing, their sense of self-worth suffered even more. They wish that people would just understand what they live with every day of their lives.

A Chance: People with LDs strive for success. They must overcome obstacles in their learning processes, but once they do, look out. Given the chance, they can be very dedicated individuals who are often meticulous in their work habits. They wish that you would give them a chance to show you what they are capable of doing.

Patience and time: Individuals with LDs process information differently. It may take them longer to complete a task, or to understand a process. Guide their work or correct their mistakes in a way that doesn't make them feel inadequate. Sometimes it just takes longer for the message to "sink in".

Praise: Letting individuals know that they are succeeding and meeting your expectations seldom takes more than a single word or a simple gesture. Pride in their achievement grows and their sense of self worth is enhanced. They want to do well and are most likely to do so if they are encouraged.

Knowledge: When people with LD figure out how they learn, they often become sponges, taking in as much information as they can. Know how they best process and relay information they can learn: from others, from books, from the internet, from support groups, and from you.

Success: We all desire success. People with LDs are no different. They want to succeed. They may just need a little extra help to get there and, if given the chance, they can.

A Job: Persons with learning disabilities want to be contributing members of society too. Employers who make the effort to help them succeed and who praise them when they do well, understand the value of employees who have learning disabilities.

Self Esteem: Often people with learning disabilities have just been beaten down in life. They need us to help them to know that they are smart, capable,

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Learning Disabilities Association of Ontario
London Region



UWO Centre for Inclusive
Education



Speakers Bureau Update

Our Speakers Bureau is off and running with presentations being made to youth community groups, major employers and City of London departments. Each of our current three speakers have a 30-40 minute presentation that they can bring to your workplace, meeting or event free of charge. These speakers will share their experiences of living with a learning disability, telling how people treated them, how they felt emotionally and physically and tell you how they overcame the road blocks presented to them.

To book your presentation, please call us today at 519-43-7950 ext 372.

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and that they are able to succeed. When they believe that they can do things well, perhaps just in a different way, they can believe in themselves again.

Advocacy: Messaging can be difficult for people who can't communicate well and the fear of being labeled holds them back. Sometimes individuals with learning disabilities need someone to help them get the words out right, or just to be on their side.

These gifts are easy for us to give: no line ups, no crowds, and no credit limit. Think about wrapping some up this year.

– JOB POSTING –

ATN's Learning Disabilities Services Co-Ordinator

Reporting directly to ATN's Executive Director, the Project Co-ordinator is responsible for providing leadership and support in achieving the overall goals and objectives of the LD service division of ATN.

Primary responsibilities:

- Assist in the development and implementation of a comprehensive project plan including operation, communication, financial resource generation, marketing, and service evaluation
- Providing case management and direct service for those clients who are participants of ATN Access Inc.
- Proposal writing for funding and development of operating budgets for new initiatives

Specific skills required for this position

- Excellent project management and/or organizational skills
- Flexibility, and the ability to balance a number tasks and set priorities effectively while working independently
- Superior written, verbal and presentation skills
- Demonstrated problem-solving and decision-making abilities

Specific Experience required for this position

- Communications co-ordination or liaison experience
- Experience in marketing and fundraising
- Experience providing service or support to people with learning disabilities a definite asset

Deadline: 4 p.m. Friday, January 4, 2008

Your application should include:

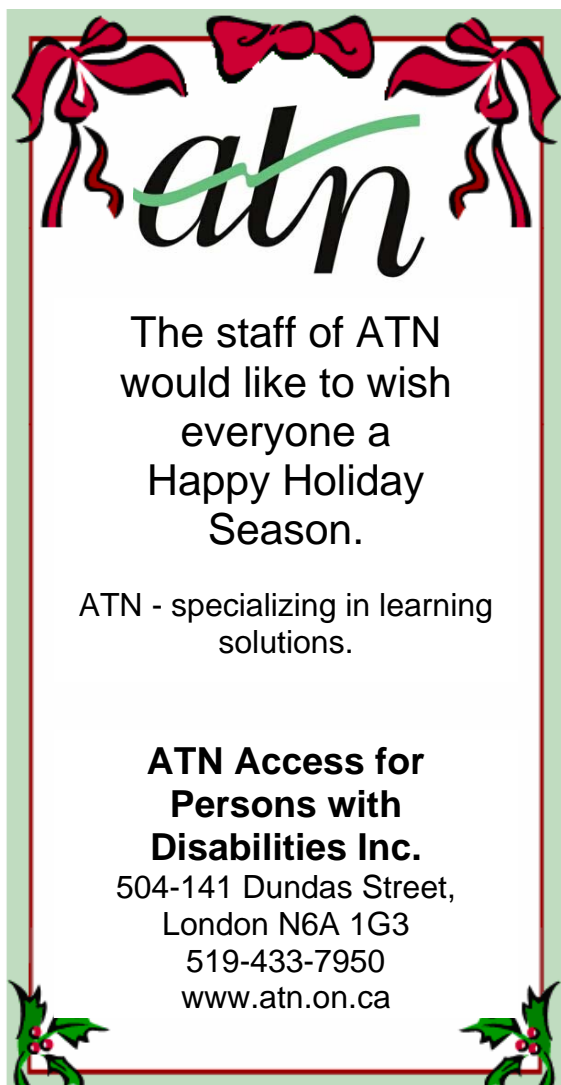
- Covering letter
- Current resume
- List of three references who can be contacted directly

Direct resumes to:

Hiring Committee info@atn.on.ca

By E-mail ONLY (No telephone calls please)

For full details visit: [LD Services Co-ordinator](#)



Success Profile - Rick Huismann

What is your LD?

I have ADHD with the emphasis on Hyperactivity. At times it seems as if a dam of thoughts is in my head and as I speak the dam starts to crumble and break and all the thoughts come at once and then I forgot what I was going to say. I get interrupted not just by external stimuli but also by my own internal stimuli – like trying to read a book and at the same time talking to myself in my head what I have to do tomorrow. Then out of the corner of my eye I see something. I look away, forget where I was, start reading, realize I read that already, do that two or three times then realize maybe now is not the time to read and give up – and all of these things are coming at the same time very fast.

When did you find out you had an LD and how was it diagnosed?

I really didn't know I had ADHD until I quit drinking and then suddenly things went sideways. I couldn't sit still; very restless I had this abundance of energy. I couldn't stop my brain from thinking, had this never-ending feeling like I should be doing something. I couldn't sleep because my brain wouldn't shut off and I became exhausted. Now when I look back at school records it helps make all those reports clear. I was diagnosed here in London using the DSM IV checklists for symptoms of ADHD

Following your diagnosis, what did you do differently? How do you accommodate your LD?

I use medication to help stem some of the hyperactivity. At times my internal level of restlessness and hyperactivity exceeds the capability of the medication, but since I'm aware of it I correct for it. I therefore make a concerted effort to be patient, and to slow down. Math and reading are still difficult. I need to be extremely organized. I can be very obsessive but have learned for example– leaving the bed unmade is not a bad thing if other things are more important right now. However it still poses a struggle at times to the point of having to close the door to the bedroom or physically telling myself to stop then re-group so I can carry on. I use a calendar and my computer to keep me organized. I focus on remembering what is important to remember rather than wasting a lot of grey matter on unimportant stuff. I make priorities and list them. I set goals within reason and tell myself it is okay if I only manage to achieve 6 of 10 goals for the day. I'll survive anyway!

How easy did you find it to disclose? Has disclosing helped you in any way?

At first I didn't tell anyone and didn't really know how to or if it really mattered. At my age situations are a little different. At some point and I'm not sure when it was, but through some talking with my counselor and some logical thinking I became aware of the fact that only certain people were able to understand and accept my ADHD and this goes for any disability. Human intelligence and education and ignorance play a big part in this ability to understand or not.

It is common for LDs to run in families. Has anyone else in your family been diagnosed?

At this time I do not know of anyone else in my family who has ADHD although I would say my dad is a very good candidate. Our lives are almost carbon copies except I stopped history a little earlier from repeating itself

Looking back, are there things that you could have done or handled differently in your life?

I used alcohol to self-medicate. Alcohol helped keep me calm. It wasn't that I wanted to get drunk in fact I hated being drunk and not in control of my faculties but alcohol put me in that "happy-go-lucky" place. Unfortunately, the constant need to self-medicate led to alcoholism. That led to many other problems of course. After the LD assessment results came in I felt as if a big weight had been lifted off my shoulders and then almost immediately I felt sad and grief because I had to wait so long to get the diagnosis. I felt that if I had found this out years ago all of my problems might have been avoided. Then again, maybe there was a reason I had to go through this. Either way, it is what it is. I can't change the past now.

What was your school experience like?

Elementary school was very bad for me. I was a latch-key kid before they even began using the term. I was a man at eleven years of age and ended up looking after my sister as well as myself. I was constantly

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being bullied by other kids because I just didn't fit in. Elementary school was not a good scene because looking back at it now and having some understanding of my life I had too much responsibility. I would think about school; think about whether I was going to get into a fight on the way home; made sure I had my house key; think about what I would make for dinner etc. etc. . Secondary school and college were a bit better for me although studying and staying focused was a big mental workout, all the while having a nice beer.....if I only knew.

Did your LD affect your job history? Were you hireable?

Luckily for me getting a job and holding it wasn't really a problem back then....I think I just drank my way through life. The alcohol numbed me enough to not let the monotony and boredom get to me. It's much harder now because I don't believe I'm using my full potential. This is a very hard topic for me right now as I struggle with it every day.

What would you say to a person with a LD?

Don't give up. There are people and places that can help you. Sometimes you will find people that you don't like at first and it may take a while to find the right person but don't stop looking. You are not in the world alone. You are not the only person who has this problem.

Life is not a "gimme" either. You have to work at it. You have to take part, contribute. You may get knocked down and you may fail but what you do succeed at will strengthen your self-esteem. You'll feel better about yourself with every little success you have. For a while it will seem like one step forward and three back but it progresses to one forward and two back and so on. If you think your life sucks, just look around you because believe me, there's always someone worse off. Clichés are true!

What would you say to the employer or potential employer of a person with a LD?

Practice patience within reason but you must also be willing to step up to the plate. Allow the individual to explore and be creative. Accept people where they are. You might just discover the next Einstein or Picasso. Patience allows the person to explore and grow. It might be a long process but there will be many pay backs along the way. Accept the odd peculiarities of people. Experience those things as fun or off the wall as long as it isn't hurting others.

Do you see any value for businesses to implement practices to accommodate people with LD?

Companies can look at hiring people with LD's the same as they would people with any other disability. It makes the public aware that this company takes an active role within the community and that hopefully the company ACTUALLY CARES. A company may find that implementing accommodations for people with LD's will result in an employee that far exceeds their expectations. They may discover a brilliant person who just thinks a little differently to solve a problem, someone who can think outside the box... sometimes way outside. For example my knowledge and ideas are only inhibited by a lack of monetary funds. I have an ability which is becoming clearer to me everyday. I can design things in my head in great and perfect detail.

Are you aware of any of the assistive technology that is available for people with LD? If so, do you use any and how has it helped you?

I have just started learning to use Dragon Naturally Speaking. This program allows the computer to learn my voice so I can dictate to it and the program types the information into the word document or email or other programs I might be using. Other than that I have learned many coping skills that I often utilize without even realizing I'm doing it.

---**Let me be clear**, this is not a "pity party" or about regrets, I'm not the worst case out there by far. This is but a look at a mere fraction of my life and what it takes for me to get from one day to the next, from one situation to the next. It's a never-ending subject. There are always topics to talk about and ways to enlighten others as to what it's like. Yes it's been a hard road up till now but life is good and continues to get better. Don't get me wrong I still have the odd down day but with self-talk and reflection all is good again. I've opened up a little bit in hopes that maybe someone will read this and get something helpful from it. - **Rick**

Sensory Integration Disorder – Do you know what it is? Maybe you should.

By Hope Clark

If there was ever a difficulty in diagnosing - you've come to the correct place. Sensory Integration Disorder or Sensory Integration Dysfunction (SID) is difficult to diagnose, to research and to treat.

The interesting information that was gathered during my research is that according to Kid Power.org, Sensory Integration Disorder was first noticed in children with autism or who had autistic traits. Yet, according to the sources – Sensory Integration Disorder is not considered to be on the autism spectrum, and a child can receive a diagnosis of SID without any comorbid conditions.

What are comorbid conditions you may ask? According to Wikipedia.com:

In medicine and in psychiatry, **comorbidity** (literally "additional morbidity") is either:

- The presence of one or more disorders (or diseases) in addition to a primary disease or disorder; **or**
- The effect of such additional disorders or diseases

Now what is Sensory Integration Disorder? Carol Kranowitz M.A. in her book Sensory Integration Disorder vs. Attention Deficit Disorder sums it up nicely, "SI Dysfunction is a neurological problem, which affects behaviour and learning. Medicine doesn't fix it." A. Jean Ayres, PhD, OTR, an occupational therapist in the 1970's coined the term Sensory Integration Dysfunction and his clinic has been maintained since her death in 1989.

Research states that no two children will be diagnosed the same. SID is often overlooked. If a child has been diagnosed with SID then it is very important that the child is monitored closely since more often than not there will be other underlying issues present. Those other issues may be: autism, autistic traits, fragile X syndrome, ADD/ADHD, Aspergers syndrome, and much more.

One may wonder if this Sensory Integration Disorder is even real and the experts would say, yes indeed it is very real. Currently, Occupational Therapists are the ones who work with children that have been diagnosed with SID. One source states that unlike many of the other neurological problems, that were stated earlier such as ADD, that require a licensed psychiatrist or physician to diagnose and validate, SID is often diagnosed by an occupational therapist. Currently there are pediatric neurologists, developmental pediatricians and child psychologists who are beginning to diagnose SID. Yet, SID has not been included in the American Psychiatric Association's Diagnostic and Statistical Manual as a discrete diagnosis.

Sensory Integration Disorder is an interesting topic to research and extremely frustrating at the same time. I can just imagine how the parents of these children feel. You have a child that is diagnosed with ADD, you try to deal with it the best you can. While getting your family ready for the day your child begins fidgeting. You ask them what is wrong and their reply is that the sweater they are wearing is bothering them. As a parent you don't think anything of it since it didn't feel itchy or scratchy when you purchased it. The early morning progresses and your child is now crying and unable to communicate what they are feeling. After negotiating and successfully being late for school and work it turns out that the solution was to change the child's clothing. The clothing for the child in your eyes was fine yet for your child – it was like wearing a suit made of sandpaper. This example is why it is so important to monitor children who have been diagnosed with any and all types of difficulties since the possibility is comorbidity is high. The example used is of a child with hypersensitive senses. During that same morning while getting the family ready you go to make the morning coffee and accidentally spill your cup boiling hot coffee on your child's arm. You are devastated and your child doesn't make a sound or react in any way – this would be an example of hyposensitive senses.

Most children tell you that their sweater is itchy and bothersome, that is a typical sensory response. It is when a child's reaction is such that he completely withdraws, becomes hyperactive and uncontrollable, or even lashes out as a fight-or-flight response to a given situation that the child's sensory issues are severe enough to warrant intervention.

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We hope you have enjoyed this issue of the LD Edge Newsletter and that you are looking forward to the January/February issue.

If you have any information or articles or submissions to share with us, please contact us at anytime.

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**If we give them an edge,
they may give us one.**

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The intervention or therapy used for Sensory Integration Disorder is a type of occupational therapy called Sensory Integration Therapy. It is important to mention that there is no known cure of SID, however there are many treatments available. One source mentions the four main principles of which SI therapy is driven:

- Just Right Challenge - the child must be able to successfully meet the challenges that are presented through playful activities.
- Adaptive Response- the child adapts his behavior with new and useful strategies in response to the challenges presented.
- Active Engagement - the child will want to participate because the activities are fun.
- Child Directed - the child's preferences are used to initiate therapeutic experiences within the session.

The itchy sweater and boiling coffee are examples of hypersensitive and hyposensitive senses. During Sensory Integration Therapy the occupational therapist would put these children in a room which was specific to their disorder. These rooms would be geared to challenge all of these senses and the therapist would work closely to provide a level of sensory stimulation that the child can cope with while encouraging movement within the room during the session. Wikipedia.com adds that while occupational therapists work on increasing a child's ability to tolerate and integrate sensory input, other occupational therapists may focus on environmental accommodations – helping the parents and school staff ideally enhancing the child's function at home and school.

There is no proof that hypersensitivity would essentially be a result of sensory integration issues nor does everyone agree that hypersensitivity is necessarily a disorder – yet out of the 130 different journal articles written on SID the main idea is the same which can be summed up by Peter L. Heilbronner, MD, PhD, who states in his article "Why 'Sensory Integration Disorder' Is a Dubious Diagnosis," that children with a range of neuro-developmental and behavioural disorders, including those previously mentioned also have 'sensory issues' such as an oversensitivity to touch. The brain is just unable to process and balance its senses. The brain may not be able to filter out background stimuli even though it admits what is important, leaving the individual having to deal with overwhelming amounts of sensory input day, and night.

In short, it is important to closely monitor those that have been diagnosed with any disorder since co morbidity is very common with disorders such as AD/HD, autistic tendencies, autism, Fragile X syndrome, fetal alcohol syndrome and more. Ask questions and research any type of disorder, neurological diseases that you child and/or yourself have been diagnosed with, since knowledge seems to be the key to treatment and help. Do not be afraid to ask for advice.