



Idawc • Learning Disabilities Association of Wellington County

The right to learn, the power to achieve

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LDAWC News

In June, LDAWC welcomed new part-time Executive Director Dorothy McCabe. She's excited to work with the staff and board team who are passionate about and dedicated to improving the lives of children, youth and adults with learning disabilities to help them reach their full potential. Most recently, she was a senior manager at KidsAbility and prior to that, she was a senior advisor to the Mayor of Kitchener and a former Member of Provincial Parliament. Dorothy brings passion, leadership and community development experience to LDAWC. Dorothy looks forward to working collaboratively with clients, parents/caregivers,

volunteers, the board and staff to ensure LDAWC is a thriving, growing organization. Dorothy can be reached at (519) 837-2050 or LDAWCED@gmail.com and looks forward to connecting.

The LDAWC team is hard at work gearing up for programs in September. Erika is securing programming for Reading Rocks, and Jen is working on the conference, workshops and other programming. If you have any thoughts about workshop ideas, we'd love to hear them. Send Jen an email at info@ldawc.ca.

LDAWC is looking for space for a few purposes: a spot for its 3 staff members to meet, a place to run parent workshops and possibly Reading Rocks space. If anyone has a lead on something that might serve one or more of these functions, please email Jen Paterson, Resource Coordinator at info@ldawc.ca.

Note: We are still looking for the 50/50 draw winner at the March 1/19 Guelph Storm game: ticket #U-342901.

If you're not following us on social media, it's a great place to get updates, interesting articles and ideas:



facebook.com/LDAWellingtonCounty and



twitter.com/lda_wellington



Articles – LDs and ADHD

The following article is from *People For Education*. *People for Education* is an Ontario non-profit organization whose vision is a strong, equitable, and prosperous Canada where universal public education fulfills its role as a cornerstone of our society.

What makes a school?

2019 report focuses on the need for an education ecosystem

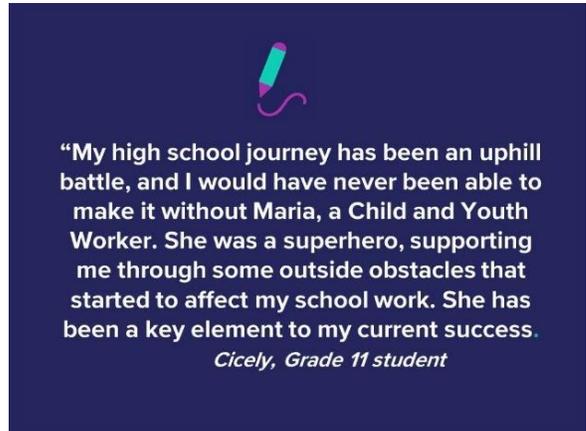
Today, we released our [2019 annual report on Ontario's publicly funded schools](#). The report, based on survey responses from 1254 schools across Ontario, points to evidence that the school environment, and all of the adults in it, are key drivers for students' overall success.

Among the findings:

- An average of 17% of students in each elementary school and 27% of students in each secondary school receive special education support.
- 58% of elementary schools in Northern Ontario have no access to a psychologist, compared to 4% in the GTA.
- 68% of elementary and 80% of secondary schools offer professional development for staff around Indigenous cultural issues, up from 25% and 34% respectively, in 2014.
- On average, schools in high socio-economic areas fundraise twice as much as schools in low socio-economic areas.

In a time of rapid social and economic change, well-resourced schools are more important than ever. Over the next few years, as education policy and funding changes are implemented across Ontario, our annual school survey will be an important source of data to monitor their impact.

Access the *People for Education Annual Report* here: <https://peopleforeducation.ca/wp-content/uploads/2019/06/PFE-2019-Annual-Report.pdf>



When It's Not Just ADHD: Symptoms of Comorbid Conditions

Roughly half of all people with ADHD also have a second condition — like learning disabilities, depression, or anxiety — that requires separate treatment. Learn about the most common conditions that come along with ADHD and how to distinguish symptoms.

By Larry Silver, M.D.

Is It ADHD? Or a Related Condition with Similar Symptoms?

When an individual has *only* attention deficit disorder (ADHD or ADD), treatment is often a life changer. Stimulants or nonstimulants — particularly when paired with behaviour therapy, dietary changes, and exercise — can spark a dramatic improvement in distractibility, hyperactivity, and impulsivity symptoms for most patients once treatment is fine-tuned.

Some individuals, however, continue to experience significant symptoms — deep sadness, anxiety, defiance, learning and organization problems — long after their most pressing symptoms of ADHD are brought under control.

For example: A child is diagnosed with ADHD and his doctor starts him on a stimulant. His parents notice that the symptoms that led to the ADHD diagnosis improve, but other challenges persist. His teacher remarks on his improved attention, yet he continues to struggle with classwork. Or perhaps his hyperactivity decreases, yet he remains defiant. When challenges remain after ADHD is diagnosed and treated, this is often a clue that another undiagnosed condition may accompany the ADHD.

Half of All People with ADHD / ADD Also Have Another Condition

Doctors once considered ADHD a standalone disorder. They were wrong. We now know that 50 percent of people with ADHD also suffer from one or more additional condition, most commonly:

- Depression, Anxiety, Obsessive-compulsive disorder (OCD), Oppositional defiant disorder (ODD), Learning disabilities, Language disabilities, Fine and gross motor difficulties, Executive function difficulties, Tic disorders, Or another psychological or neurological problem

In some cases, these problems are “secondary” to ADHD — that is, they are triggered by the frustration of coping with symptoms of ADHD.

For example, a boy's chronic lack of focus may trigger anxiety in school. Years of disapproval and negative feedback from family members may likewise cause a woman with undiagnosed ADHD to become depressed. Most of the time, secondary problems fade once the ADHD symptoms are brought under control.

When secondary problems don't resolve with effective ADHD treatment, they are likely symptoms of a “comorbid” condition.

What Is a Comorbid Condition?

Comorbid conditions are distinct diagnoses that exist simultaneously with ADHD/ADD. They do not go away once the primary condition – in this case, ADHD – is treated. Comorbid conditions exist in parallel with ADHD and require their own specific treatment plan.

A child with comorbid conditions may need school accommodations, psychotherapy, and/or a second medication in addition to his ADHD treatment.

Three Types of Conditions That Commonly Occur with ADHD/ADD

The three categories of comorbid conditions most commonly diagnosed with ADHD all occur along a spectrum of severity — from mild to serious. Their symptoms are as varied as their causes, which range from genes to exposure to environmental toxins to prenatal trauma, and beyond.

1. Cortical wiring problems are caused by structural abnormalities in the cerebral cortex, the brain region responsible for high-level brain functions. Cortical wiring problems include:

- Learning disabilities, Language disabilities, Fine and gross motor difficulties, Executive function difficulties

Cortical wiring problems are treated with academic accommodations and lifestyle changes. They do not respond to medication.

2. Problems regulating emotions often include:

- depression, anxiety disorders (including panic attacks), anger-control problems (intermittent explosive disorder or oppositional defiant disorder), obsessive-compulsive disorder (OCD), bipolar disorder

Note that depression can cause a range of symptoms beyond sadness and thoughts of suicide; these include irritability, reduced interest in activities that used to be pleasurable, sleep disturbances, decreased ability to concentrate, indecisiveness, agitation or slowness of thinking, fatigue or loss of energy, and feelings of worthlessness or inappropriate anger.

Regulatory problems often respond to a group of medications known as selective serotonin reuptake inhibitors, or SSRIs, which generally can be used in conjunction with ADHD medications.

Bipolar disorder is an exceedingly complex condition with many possible treatments. With this disorder especially, it's important to work with a psychiatrist who understands how to administer medications alongside treatment for ADHD.

3. Tic disorders refer to sudden twitches of whole muscle groups. They vary in severity and typically include:

- Motor tics (ranging from involuntary eye blinking to head jerking to repeated gestures), oral tics (ranging from grunting to random blurting to, in very rare cases, obscene words or phrases), Tourette's syndrome (multiple motor and vocal tics that have been present for more than a year)

How to Differentiate Symptoms of Comorbid Conditions from ADHD

If you or your child continue to struggle after you've begun treatment for ADHD, your next step is to determine whether the symptoms are secondary to ADHD (and likely to dissipate if you fine-tune your treatment plan), or evidence of a fully fledged comorbid disorder that requires additional treatment. signs of a fully-fledged comorbid condition. There is no litmus test that can determine this. The best differential diagnosis begins with careful observation of where and when symptoms arise.

1. **Secondary problems typically start at a certain time** or occur only under certain circumstances. Did your daughter start experiencing anxiety only in the third grade? Is she anxious only in school or at home when doing homework? If so, her anxiety is likely secondary to ADHD and not a true comorbid disorder. Ditto if your son became aggressive only upon starting middle school.
2. **In contrast, comorbid disorders are both chronic and pervasive.** They are generally apparent from early childhood and occur in every life situation. Rather than occurring just during the school day, for instance, they persist over weekends, holidays, and summer vacation; they are evident in school, at home, at work, and in social situations. For example, ADHD-related mood shifts are usually triggered by life events. Bipolar mood shifts, on the other hand, may appear to come and go without any connection to the outside world, and may be sustained over longer periods of time. As with ADHD, they are often hereditary.

Consult a child and adolescent psychiatrist or psychologist.

If you suspect that your child has more than just ADHD, it's time to request an assessment designed to identify learning, language, motor, or organization/executive function problems. You may also need to pursue a clinical evaluation to determine if your child is living with anxiety, depression, anger control, OCD, or a tic disorder.

Symptoms of Common Comorbid Conditions Related to ADHD

Review the list of symptoms associated with each comorbid condition below. If you see similarities to your or your child's behaviour, take action. Early recognition of symptoms and prompt intervention are critical. Start with the recommended resources and seek professional evaluation if it seems warranted.

Suggestive Symptoms	Recommended Resources
Learning disabilities	
<ul style="list-style-type: none"> • Difficulty mastering reading, writing, and/or math skills • Difficulty with memory, mastering new academic concepts, and/or reasoning 	<ul style="list-style-type: none"> • <i>The Misunderstood Child: Understanding and Coping with Your Child's Learning Disabilities</i>, by Larry Silver, M.D. • Learning Disabilities Association of America (note from LDAWC – try Learning Disabilities of Ontario for Ontario content – www.ldao.ca) • Understood.org – www.understood.org
Language disabilities	
<ul style="list-style-type: none"> • Difficulty understanding what is said • Difficulty organizing thoughts and finding the right words when speaking 	<ul style="list-style-type: none"> • <i>Childhood Speech, Language & Listening Problems</i>, by Patricia McAleer Hamaguchi • American Speech-Language-Hearing Association – www.asha.org
Executive function difficulties	
<ul style="list-style-type: none"> • Difficulty organizing thoughts when writing • Difficulty planning and executing projects • Difficulty remembering and recalling details • Difficulty with regulating emotions and managing frustration 	<ul style="list-style-type: none"> • <i>The Organized Student</i>, by Donna Goldberg • <i>Smart but Scattered: The Revolutionary "Executive Skills" Approach to Helping Kids Reach Their Potential</i>, by Peg Dawson, Ed.D., and Richard Guare, Ph.D.
Anxiety	
<ul style="list-style-type: none"> • Specific or generalized fears beyond what would be expected given a child's age • Excessive worry 	<ul style="list-style-type: none"> • <i>Worried No More</i>, by Aureen Pinto Wagner, Ph.D. • <i>What to Do When You Worry Too Much: A Kid's Guide to Overcoming Anxiety</i>, by Dawn Huebner

<ul style="list-style-type: none"> • Headaches or stomach aches • Panic attacks 	<ul style="list-style-type: none"> • Anxiety Disorders Association of America – www.adaa.org
Depression	
<ul style="list-style-type: none"> • Persistent moodiness, fatigue, or loss of appetite • Unexplained feelings of guilt • Unexplained agitation or irritability • Reduced interest in activities that used to be pleasurable • Decreased ability to concentrate • Feelings of worthlessness • Sleep disturbances • Inappropriate anger 	<ul style="list-style-type: none"> • <i>The Childhood Depression Sourcebook</i>, by Jeffrey A. Miller, Ph.D. • <i>Depression and Your Child: A Guide for Parents and Caregivers</i>, by Deborah Serani, Psy.D. • American Academy of Child & Adolescent Psychiatry – www.aacap.org • NAMI (National Alliance on Mental Illness) – www.nami.org • National Institute of Mental Health - https://www.nimh.nih.gov/index.shtml
Anger-control problems (oppositional defiant disorder, intermittent explosive disorder)	
<ul style="list-style-type: none"> • Uncontrollable anger or rage lasting 5-30 minutes or longer • Irrational during “meltdown” • Often remorseful afterward 	<ul style="list-style-type: none"> • <i>The Explosive Child: Parenting Easily Frustrated, Chronically Inflexible Children</i>, by Ross W. Greene, Ph.D. • <i>Your Defiant Child: Eight Steps to Better Behavior</i>, by Russell A. Barkley, Ph.D., and Christine M. Benton • American Academy of Child & Adolescent Psychiatry – www.aacap.org
Bipolar disorder	
<ul style="list-style-type: none"> • Mood swings from calm to rage and/or from depression to manic (super-happy) state • Excessive talking • Difficulty relaxing • Mood shifts come and go without any connection to the outside world, and are sustained for a long period of time 	<ul style="list-style-type: none"> • <i>The Bipolar Child</i>, by Demetri Papolos, M.D. and Janice Papolos • <i>The Bipolar Teen: What You Can Do to Help Your Child and Your Family</i>, by David J. Miklowitz, Ph.D., and Elizabeth L. George, Ph.D. • Juvenile Bipolar Research Foundation – www.jbrf.org • The Balanced Mind Parent Network – www.community.dbsalliance.org
Sensory processing disorder	

<ul style="list-style-type: none"> • Feeling overwhelmed by sensory stimuli, such as bright lights, loud noises, strong odors, tags or seams on clothing • Alternately, an individual with SPD may experience muted sights, sounds, and touch, and crave extra stimulation, as from swinging or spinning 	<ul style="list-style-type: none"> • <i>The Out-of-Sync Child</i>, by Carol Stock Kranowitz • <i>Sensational Kids: Hope and Help for Children with Sensory Processing Disorder</i>, by Lucy Jane Miller, Ph.D., OTR • SensoryProcessingDisorder.com – www.sensoryprocessingdisorder.com
Tic disorders (motor, oral, Tourette’s)	
<ul style="list-style-type: none"> • Patterns of simple and complex motor or vocal tics that come and go and may change form 	<ul style="list-style-type: none"> • <i>Tics and Tourette Syndrome</i>, by Uttom Chowdury • <i>The Tourette Syndrome and OCD Checklist: A Practical Reference for Parents and Teachers</i>, by Susan Conners, M.Ed. • Tourette Syndrome Plus – www.tourettesyndrome.net
Obsessive-compulsive disorder (OCD)	
<ul style="list-style-type: none"> • Ritualistic, goal-directed behaviour, such as counting or repeating, or picking at sores or scabs or pulling out hair • Need for extreme order or cleanliness • Need to collect or hoard objects • Hypervigilance or extreme anxiety 	<ul style="list-style-type: none"> • <i>Freeing Your Child from Obsessive-Compulsive Disorder</i>, by Tamar E. Chansky, Ph.D. • <i>What to Do When Your Brain Gets Stuck: A Kid’s Guide to Overcoming OCD</i>, by Dawn Huebner • International OCD Foundation – www.ocfoundation.org

Source: <https://www.additudemag.com/when-its-not-just-adhd/>

Note – some links have been removed.

Success Story: Aaron Bailey

The following is an interview with someone who has a few different diagnoses, and who knows himself and his learning style well, which helped him achieve success.



Aaron Bailey is a 25 year-old who is diagnosed with: Attention Deficit Hyperactivity Disorder (ADHD) combination type, a learning disability in mathematics, generalized anxiety disorder (GAD) and depression; additionally, Aaron struggles with reading and writing. Aaron graduated from the Child and Youth Worker (CWY) program at St. Lawrence College in Kingston, following which he attended Griffith University in Australia and completed a Bachelor's Degree in Human Services. Currently, Aaron works as the Project Consultant for the ASD Transitions Project at the Regional Assessment and Resource Centre (RARC), at Queen's University. Aaron shares his experiences...

When were you diagnosed with learning disabilities (LDs) and how did you feel during the process?

I was first diagnosed with a learning disability when I was 12 years old, in grade 7. There were 3 main things I took away from the process of being diagnosed with a learning disability: I was stupid, different, and weird. My diagnosis wasn't a happy thing; it did not help me understand my difficulties, as it wasn't really explained to me. It seemingly proved that I wasn't like anyone else.

What are some of your strengths? What were you most successful at in school?

One of my strengths is working with children, probably because I still act like a child. I have an innate ability to connect with youth, especially those with disabilities. I excel in music and use it as a therapeutic tool to help me cope with my disabilities. I am a creative person and I am able to express my creativity through different forms of art. I love to learn by using my hands, I am a very tactile (hands-on) learner, and find if I am able to use my hands, I understand much better. If I am really interested in a subject, I will "hyper-focus" and try to learn that subject inside and out, such as working with youth and music.

Some courses I succeeded at in school were Drama, Living and Working with Children, co-op placements where I was able to work with children, and Phys. Ed. (where my ADHD energy was able to be released). I did surprisingly well in Science because I am a tactile learner and the ability to try experiments helped me to better grasp concepts. In grade 11 English, my teacher encouraged me to focus on topics and books that really interested me, which got me more engaged in class and allowed me to succeed. Post-secondary education was much easier for me than secondary school, as I was able to choose what program I wanted to be in. My interests helped me to stay focused and understand the course material much better.

What are your learning needs? What did you have the most difficulty with in school?

My learning needs vary depending on my disabilities. With my learning disability in math, I had a few accommodations, including a calculator (even for tests and exams) and I received a “formula sheet” which had the math formulas on it. With my ADHD I had a hard time paying attention in class and often got distracted. With the use of fidget toys, stretch breaks (a.k.a. body breaks) or going for a walk around the school, I was able to sit in class for longer periods of time. My anxiety created a lot of stress in school, especially on tests and exams, and I required a quiet room to do the majority of my tests and exams.

I think the most difficult part of school for me was trying to learn in an environment that felt like it was not designed for my learning strengths and my needs. A lot of the time I felt like I did not belong because I could not sit still or I was not processing the information fast enough to keep up. It was hard for me to go back to a place every day where it was difficult to learn and where not all teachers understood my learning challenges.

What do you believe is most important for a teacher to know about helping a student with learning disabilities succeed in the classroom?

In college, a Support Staff said something to me that I never forgot. To this day, it is the best advice I have ever heard from an educator: “I don’t care what you have... All I care about is how you learn!” I understand that it’s important to know about students’ learning disabilities. However, in the big picture of their education, what matters is how they learn and how educators can add their learning style/strengths to the class dynamic.

Is there anything else that you would like to share about your experiences with learning disabilities?

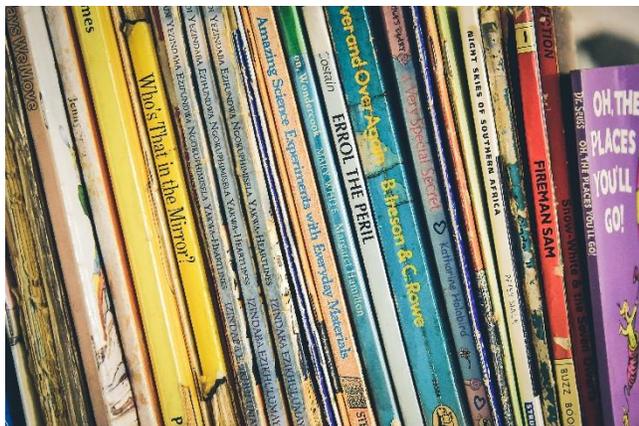
Growing up with my disabilities I felt utterly alone in the world, as if there was no one like me who struggled how I struggled. I felt like I was incapable of learning or understanding anything that I was taught. If there is anyone who feels like this, please know that you are not alone. There are so many people out there who struggle. People who have similar difficulties may surround you, and you might not even know it. Please know that you do have the ability to learn. Sometimes it may take longer than you would like and you might not always be able to take the “easy” path. You may be forced to take the “scenic” route, which may take longer, but you will get to the end and finally learn what you’ve been trying to learn for some time. I am 25 years old and I continue to take the “scenic” route and learn things I wish I had known years ago; what matters is I finally learned it, and so will you.

If you would like to learn more about Aaron and his many successes, [click here to visit his website.](#)

Source: <https://www.ldatschool.ca/success-story-aaron-bailey/>

Resources

Summer Reading Lists



By The Understood Team

During the summer, your child won't get the reading practice he automatically gets in school. But books that engage his imagination can motivate him to keep up his skills until school starts again. Here are some books to captivate reluctant readers, no matter what their age.

This article has resources for the following ages and types of readers.

Each of the following bullets is a separate article.

Access them here: <https://www.understood.org/en/school-learning/learning-at-home/encouraging-reading-writing/summer-reading-lists>

- 12 Great Books for Reluctant Readers in Grades 3–5
- 9 Great Books for Reluctant Readers in Middle School
- 9 Great Books for Reluctant Teen Readers
- 9 Fun Summer Books for Reluctant Readers in Grades 3–5
- 7 Fun Summer Books for Reluctant Readers in Grades 6–8
- 7 Fun Summer Books for Reluctant Readers in Grades 9–12
- 10 Modern Classic Books for Kids with Learning and Attention Issues in Preschool–Grade 2
- 8 Modern Classic Books for Kids with Learning and Attention Issues in Grades 3–5
- 7 Modern Classic Books for Middle-Schoolers with Learning and Attention Issues
- 7 Books Featuring Characters with Dyslexia or ADHD
- 8 Children's Books Featuring Rhyme and Alliteration
- Community Picks: 13 Books for Struggling Readers

Source: <https://www.understood.org/en/school-learning/learning-at-home/encouraging-reading-writing/summer-reading-lists>



Learning Disabilities Association of Ontario Membership Application

Membership:

- Member fee rates to LDAO programs and services, including some online workshops/courses
- Member fee rates to all chapter programs and services, where available
- Two issues of the LDAO digital magazine LD@Ontario, sent biannually through email
- Chapter newsletters (frequency varies from chapter to chapter)

We're going **paperless!** Please provide us with your email address to receive your copy of LD@Ontario!

Required Information:

Name: _____ Email: _____

Address: _____ City: _____

Postal Code: _____ Chapter Affiliation: _____

Membership Type:

Family/Individual \$50.00 Professional \$75.00

Institutional \$125.00 Student \$20.00

ID # Required _____

Type of Payment:

Cash (only if paying in person) Cheque Visa Master Card

Card # _____

Expiry Date: _____

Name of Cardholder: _____

CVV #: _____

Please make all cheques payable to **LDAO** and forward to **365 Evans Avenue**
Suite 202 Toronto ON M8Z 1K2

