



Nebraska Newsbriefs

Learning Disabilities Association of Nebraska

Summer 2008

TEN KEY FACTS ABOUT ADD AND ADHD

By: Chris A. Zeigler Dendy, M.S.

ADD/ADHD occurs in an average of **five to twelve percent** of all children worldwide. However, rates of ADHD vary around the globe and in the United States. Within the U.S., rates above twelve percent have been reported in several states including parts of Arizona and upstate New York. Boys with ADHD outnumber girls approximately three to one. The primary difference between girls and boys with ADHD is that boys are more aggressive. The primary observable difference between children and teenagers is a reduction in hyperactivity during the teen years, which is often replaced by restlessness. In addition, girls may be react more emotionally because of their hormonal changes.

ADD and ADHD are **complex neurobiological disorders** in which neurotransmitters, the chemical messengers of the brain, do not work properly. Researchers believe the neurotransmitters, norepinephrine, dopamine, and serotonin are deficient. Through the use of PET scans, NIMH researchers have found reduced blood flow and activity levels in the brains of adults with ADHD when they were working on thinking tasks. Certain structures, the white matter that carries messages between neurons, are also smaller. But there is no indication of brain damage.

There are **two distinctly different types** of Attention Deficit Disorder: 1) AD/HD, predominately hyperactive and impulsive and 2) AD/HD, predominately inattentive, without hyperactivity. Teachers call this ADD. A third condition which is a combination of these two types of attention deficits is known as 3) AD/HD combined type.

All children with ADD or ADHD are **not alike**. Since symptoms of ADD or ADHD may be mild, moderate or severe or combined with other conditions, adults will see variability in skills and maturity levels in students with attention deficits.

ADHD often **occurs with other conditions**. According to NIMH research, two-thirds have at least one other coexisting condition such as Learning Disabilities (25-50%), Tourette Disorder (11%), Anxiety (37%), Depression (28%), Bipolar (12%), Substance Abuse (5-40%), Oppositional Defiant Disorder (59%), or

Conduct Disorder (22-43%) may often accompany ADD or ADHD. Most research is done on children. However, when information is gathered on teenagers, the occurrence of these conditions tends to be higher. For example, up to 50 percent of teenagers with ADHD were diagnosed with anxiety. When symptoms are severe plus co-occurring conditions are present, the attention deficit is much more challenging to the child, family and school to diagnose and treat effectively. (Visit www.archpsyc.ama-assn.org for a copy of the research study results; at the website click "Past Issues" December 1999.

A **four to six year developmental lag** in age-appropriate skills, known as adaptive functioning, may be present. Dr Barkley's research reports developmental delays of roughly 30 percent in areas such as in motor skills, self-help abilities, personal responsibility, independence, and peer relationships. Consequently, these students may seem less mature and responsible than their peers. A sixteen-year-old may act more like a ten or eleven-year-old, but want the freedoms of a twenty-one year old.

Several **behaviors linked to deficits in neurotransmitters** often accompany ADD or ADHD causing problems at home and school. Students with attention deficits may experience problems with some but not all of these behaviors:

7.1. **Executive functioning skills** are critical for succeeding in school, yet are often lacking in 50 percent of students with attention deficits. Simply stated, executive function refers to the brain's function as a CEO to analyze, organize, and plan. Deficits in key executive functioning skills that interfere with their ability to do well academically may include:

7.1.1 **Working memory**, (holding facts in your head and manipulating them to guide a response, such as, comprehending what is read or working a math problem or writing an essay; putting events in sequence so they make sense; remembering a mental "to do" list such as steps for completing math problems or writing an essay; remembering math formulas, an

assignment, homework or chores; pulling memories from the past to avoid making the same mistakes in the future;)

7.1.2 **Control of emotions**, (low frustration tolerance; getting upset and showing emotions more readily, emotional outbursts, arguing or talking back to teachers, or fighting;)

7.1.3 **Internalizing language**, (using "self-talk" to guide behavior, "I'd better get started on my school work or my teacher will get on my case" "I'd better not get into a fight or I may be sent to the principal and suspended."),

7.1.4 **Analysis and synthesis** (taking the whole apart and putting it back together, writing an essay in an organized sequential manner, answering questions about the overall theme of any reading material, e.g. "the big picture" of a novel or section in history).

7.3 **Forgetfulness and disorganization** negatively impact completion of school work (forgetting to do or turn in homework and tests, forgetting due dates for projects, to stay after school, or for detention.)

7.4 **Variability in school work** from day to day and class to class is often baffling to teachers and parents. Some days they can do the work completely and accurately and most other days they can't. Without medication, the student's ability to force himself to continually refocus on school work is impaired.

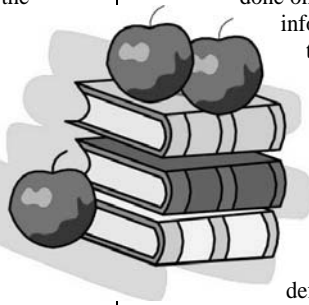
7.5 **Not learning from punishment and rewards** as easily as other children makes teaching and disciplining them more difficult. Misbehavior may be repeated. They "don't seem to learn from their mistakes." So the student "knows what to do but doesn't always do what he knows."

7.6 **An impaired sense of time** may result in tardiness, difficulty estimating time, not allowing adequate time for homework and school projects, and difficulty planning ahead especially for completing assignments and long-term projects.

7.7 **Sleep disturbances**, common in students with ADHD (56%), may mean the child has trouble falling asleep and waking up. Furthermore, half are not getting restful sleep and are still tired even after eight hours of sleep. Consequently the student may be sleep deprived and sleep in class.

7.7.1 **Levels of alertness**. These students have trouble regulating, not only levels of

(Continued on Page 2)



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From the President...

Greetings from LDA of Nebraska!

Can you believe fall is already here? Where did summer go? As parents, teachers, and students are returning to school we find new hurdles that we must all overcome. We all have difficult roles and obstacles, but teachers are the ones fighting on the front lines each day. We, as parents, thank the dedicated people working with our children. To offer support to these educators, we would like to share some words from Haim Ginott's book *Between Teacher and Child*: "I've come to the frightening conclusion that I am the decisive element in the classroom. It's my personal approach that creates the climate. It's my daily mood that makes the weather. As a teacher, I possess a tremendous power to make a student's life miserable or joyous. I can be a tool of torture or an instrument of inspiration. I can humiliate or humor, hurt or heal. In all my situations, it is my response that decides whether a crisis will be escalated or de-escalated and a student humanized or de-humanized." Thank you, Teachers, for caring about our children and helping them meet the challenges that face them each day.

LDA of Nebraska has some exciting times coming up. October 18, 2008 marks the date of the LDA Annual Conference. The Conference will be at ESU #3 in Omaha. Everyone should mark their calendars now and plan to attend. "Meeting the Challenges of LD & ADHD at Home and in School" is the theme of this year's State Conference. The Keynote Speaker is Chris Zeigler Dendy. Chris is a teacher, school psychologist, mental health counselor and administrator. She has professional and personal experience in parenting two grown sons with ADD/ADHD. You may also attend sessions on Executive Function, Talking Books, Parent's Rights presented by Nebraska Advocacy Services, Behaviors and Learning styles of LD, ADD/HD students, as well as a session on Reading and Language Disabilities. The LDA Bookstore will also be open and Exhibitors will offer information and products for your perusal and purchase. This year's Conference has something for everyone and the cost is amazing at only \$45.00 for LDA members and \$60.00 for non-members for the entire meeting. Space is limited so be sure to register; check the LDA Nebraska website: <http://www.ldanebraska.org>, email: ldaofneb@yahoo.com, or 402-348-1567 and sign up NOW! Some grants are available for parents and educator teams courtesy of the Nebraska Department of Education. We even have a block of rooms available at the Kelly Inn for only \$68.00. See you October 18!

Stephanie Cain; President, LDA of Nebraska

SAVE THE DATE!!!

The LDA Nebraska annual state conference is scheduled for

October 18, 2008

at ESU #3 in Omaha

The keynote speaker will be

Chris Dendy

Chris Dendy is an author, former educator, school psychologist and children's mental health professional with over 40 years experience. She is also the mother of two grown sons and a daughter who have ADHD. Her highly acclaimed books include: "Teenagers with ADD and ADHD," 2nd edition (100,000+), "Teaching Teens with ADD and ADHD," and "A Bird's-Eye View of Life with ADD and ADHD," a teen survival guide she co-authored with her son Alex.

Mark your calendar!

Ten Key Facts About ADD and ADHD

(Continued from Page 1)

waking and sleeping, but also, level of alertness. They may have difficulty staying alert enough to listen and take class notes.

7.8 **Transitions and changes in routine**, such as changing classes, lunch, recess, having a substitute teacher, or riding the bus home after school are often high-risk times for misbehavior.

ADD and ADHD run in families. Forty to fifty percent of all children with ADHD have at least one parent and 30 percent have a sibling with the condition.

Medication works effectively for most children [75-90%]. When it works properly, school work and behavior will improve significantly. The new long-acting medications like Adderall and Concerta last 8 to 12 hours and have been a godsend for teenagers. Strattera, a non-stimulant, provides 24-hour coverage. Students can make it through a whole school day without having to go to the office and take additional medicine. Unfortunately, short-acting stimulant medications like Ritalin and Dexedrine often wear off during two key transition times: lunchtime and the bus ride home after school. Plus medication doesn't seem to significantly correct problems related to disorganization, forgetfulness, and their impaired sense of time.

Teenagers don't outgrow ADD or ADHD. For twenty five (25) percent, the symptoms of ADD or ADHD do not cause major problems in adulthood: adults often find a career that is compatible with their personality so symptoms don't present problems in the workplace, symptoms become less severe with age, or the adult learns to compensate. Another 50 percent will cope pretty well but will probably struggle at times. However for other adults roughly 10-20 percent, symptoms of ADHD may present serious lifelong challenges. Continuing to take medication will be a necessity for some.

- Excerpts from Chris A. Zeigler Dendy's book, *Teaching Teenagers with ADD and ADHD*. 2000.
- Different diagnostic labels are given for this condition by various groups. The American Psychiatric Association uses AD/HD as the diagnostic term for all types of this disorder. The official criteria are contained in the *Diagnostic and Statistical Manual, 4th revision* [DSM-IV]. The US Department of Education refers to it as ADD and ADHD.

Six Ways to Stop Procrastinating at Work with Adult ADD

How to get started on that dreaded project you've been avoiding at work or at home.

By: Sandy Maynard

Imagine this. It's Saturday morning and you sit down at your computer to work on a report for your job.

With a passel of paperwork and a cup of coffee at hand, you start typing your thoughts about the potential success of a new product launch. It's not what you want to be doing on a Saturday, but you stick with it and get it done in an hour.

OK, you can wake up now. Adults with attention deficit disorder (ADHD) wish we could be so that don't engage our interest. My albatross is writing.

When I say I will get a draft to an editor on Friday, he knows that means Monday. It's not that I don't have time to get it to him on Friday; it's that I have a wicked hard time getting started. I boot up my computer, type in the title, save the document to a file, and sit and stare at the blank page. I am bored.

So I'll call a writer friend and ask how her article is going, or I'll throw in a load of laundry or run an errand. I got my taxes done one afternoon when I was supposed to be working on a piece.

If you have a desire to run away to a remote island when you think about starting a project, the following list of strategies, many of which have jump-started my clients, can helpend your procrastination.

1. Be prepared.

It's much easier to stop off at the gym after work if your sports bag is packed and in the car trunk. When I have trouble getting back into a running routine, I go to bed in my running shorts and tank top. It's an immediate reminder when I wake up, that running is at the top of my agenda.

If you plan to start a project in the morning, collect all the information you'll need - papers, graphs, directions from the boss-and place it in your inbox or a folder that you can leave on your chair the night before.

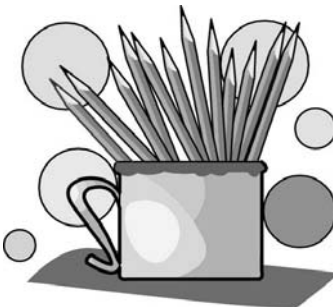
2. Start at the beginning.

You've heard it before: Break each project into small tasks and define the first step that needs to get done. Then stick with it until the first task is completed. Often, this is all it takes to get excited about the rest of the project.

For me, labeling a blank document isn't enough of a first step, but writing a paragraph is. Figure out what that critical first step is for you, and complete it.

3. Get relaxed.

My client Stephen, an attorney, brews a soothing cup of his favorite cranberry apple tea and puts on a CD of Hawaiian music before he files



briefs or writes letters. Other clients use breathing exercises or short meditations before beginning a daunting project.

4. Make it fun.

Put on a headset and dance while you vacuum. Sing while you wash windows, or skip when taking out the garbage. Instead of dust-mopping the kitchen floor, one of my clients sprays her socks with Endust and glides around the kitchen, pretending she's an Olympic ice skater. When the crumbs are in a tidy little pile, she zaps them with an interplanetary laser gun - a dustbuster.

5. Eliminate distractions.

Many ADHD college students find it easier to start their homework if they go directly to the library after class, instead of going to their busy dorm room. If noise is an issue - and you don't have a quiet area in which to study - try noise-reducing headphones. They really work - anywhere.

If your racing thoughts are distracting you, write them down on a notepad to get them out of your mind and onto paper. On the job, let colleagues know that, when your office door is closed, you're working on something very important. If you don't have an office, grab a laptop and go to a conference room.

6. Beware of multitasking.

My rule is to have on my desk only what I'm currently working on. Out of sight, out of mind is a good approach - just be sure to add the unfinished task to your to-do list.

Studies have shown that those with ADD do well working on two things that are familiar and simple, but are less efficient when tackling projects that are complex and unfamiliar. To smooth the transition from one project to another, stop the first project at a point where you can easily pick it up.

In my desperation to get this piece done, I stumbled on another strategy: Ask a friend to call you at a preset time to make sure you're sticking with the work. When my editor asked me again when I would get the copy to him, I gave him a deadline and started to panic. I called a friend, who also has ADHD, and said, "Will you call me in two hours and make sure I'm still working on this article?"

When she did, I proudly told her I had written the first two paragraphs. It's OK to ask for help, and it will be my pleasure to return the favor some day. Isn't that what friends are for? To help jump-start our lives now and then?

This article comes from the Fall 2008 issue of *ADDitude*.

What helps middle and high school students to become better readers?

15 program elements known to make a difference:

1. Direct, explicit instruction in reading comprehension
2. Reading instruction focused on academic content
3. Attention to student motivation and self-directed learning
4. Collaborative learning
5. Strategic tutoring
6. Opportunities for students to read diverse, high-level texts
7. Intensive instruction and practice in writing
8. A technology component
9. Ongoing assessment of students' skills and needs
10. Periodic assessment of students' mastery of standards

11. Extensive time reserved for literacy teaming
12. Professional development opportunities for teachers
13. Opportunities for teachers to work in teams
14. Strong leadership
15. Comprehensive and coordinated planning

from: Biancarosa, G., and Snow, C. (2004). Reading next: A vision for action and research in middle and high school literacy. (A report to Carnegie Corporation of New York.) Washington, DC: Alliance for Excellent Education.

Available at www.all4ed.org

Color as Assistive Technology

© Judith Sweeney

Whenever I present on low and mid tech tools, I always include an activity and a good deal of discussion about using low and high tech tools that involve the use of color. Color is something not often discussed in our college preparation to become good teachers or therapists, but it's something that affects people every day. Basically, we can look at color from several different perspectives - color as a mirror or even an "adjuster" of our emotions, color that affects us physiologically, and color as a visual and perceptual tool to increase the ability to read and/or copy accurately.

Color and Emotions

Advertisers have long understood that the use of certain colors evokes emotional responses in many people. Jealousy is described as a "green monster" and overwhelming sadness and distress is often described as being a "black mood." People equate clean with white and blue or red and yellow. Unexpected colors create distressed or disgusted emotions - for example, would you even try to eat a plate full of bright blue mashed potatoes? Without even realizing it, our mood everyday is affected by the colors that are used around us in signs, labels, packaging, room colors, lighting, and clothing colors. Sometimes, we choose colors that provide us with the emotional states we are seeking; and at other times we try to tell people how we are feeling by the colors we choose in environments under our control.

Several years ago, I looked at all the students with whom I had tried color filters or color on the computer. I compared their color choices in light of their disabilities. For example, I found that students who were receiving special education services because of emotional disabilities chose very dark filter or background colors over half the time. For some, the color made no observable difference while they were reading; but they indicated they preferred using that color or it "felt" right.

Color and Physiological Changes

Certain colors actually have both emotional and physiological impact on people. In other words, surrounding a person with certain colors can change body function typically by raising or lowering arousal levels and other measurable body functions including heart rate, blood pressure, and/or respiration. Within this category, we often particularly look at bright, high contrast colors like red and yellow or magenta and lime green as very stimulating colors which

can increase physiological response, and "cooler" colors like green and blue or dark neutral colors like brown, grays and black that can calm or reduce these physiological reactions. Studies have shown that different colors affect alpha brain wave activity; and in one surprising study, the display of different colors changed the blood pressure of and

reduced aggressive behavior in blind and severely handicapped sighted children

In fact, a study by Antonio F. Torrice suggests that certain colors influence certain body systems:

- Red - motor skill activities
- Orange - circulatory system
- Yellow - cardiopulmonary
- Green - speech skill activity
- Blue - eyes, ears, nose
- Violet - non-verbal activity

Choosing any of these colors for an entire class can have some unexpected, and sometimes unwanted, effects. While some students would benefit from the added stimulation of a bright yellow computer screen, other classmates might find that the same color makes them irritable or agitated. Care should always be taken to make sure that color choice is as individualized as everything else we do in special education.

Color and Reading or Copying

The use of color for reading and copying tasks has been examined and tried for many years. Helen Irlen of the Irlen Institute found that the use of special color filters helped some people who had consistently been unable to learn how to read easily and successfully. The use of colored pieces of clear plastic created a visual environment that allowed them to learn to read. Her color filters come in nine different shades. The filter is placed over the page of text and if the color is right for the user, he or she is finally able to see the text clearly, distinctly, and consistently. Eventually, Irlen also included the use of color in specially created eyeglasses.

Subsequently, two other U.S. firms started producing and selling their own color filters. NRSI (National Reading Styles Institute) dyslexiacure.com provides 3 different groups of colors (8 different colors per group). These filters, available in half or full sheets, have a high gloss side and the reverse side has a matte finish which helps significantly reduce the glare from overhead lights.

The third group is See It Right!. They developed and tested the wider variety of

colors that both NRSI and they now use.

They also produced a very comprehensive training system for color evaluation including videos, forms, and a very complete set of background material and information. See It Right! not only sells color filters, but they also sell evaluation kits and materials. They also sponsor superior full day seminars around the country on color evaluation. Many of our LoTTIE Kits contain sample or demo sets of See it Right! colors and materials. The LoTTIE Colors Kit also contains the full See It Right! Short Form Evaluation Kit.

Most recently, two other companies have begun to produce smaller filters that cover only a line, paragraph, or small section of a page. Available in up to nine different colors (one of them clear), Reading Helpers look like flexible bookmarks. They show only one line of text at a time with a gray plastic strip above and below this line. They immediately help with on-line tracking; and when used over a column in a math problem, they help students move their eyes down one column at a time. Heads Up Frames come in two sizes - one about the size of a quarter of a page of text, the other in a 4 inch square - perfect to cover a math problem that is being copied from a book to paper.

In my work, at least half of the students with reported reading or copying problems show an immediate improvement when they find and use the appropriate color. One in ten of these students absolutely need color for reading, writing and copying virtually all of the time. For most color filter users, the immediate differences involve better fluency and/or tracking. For most with serious reading problems, a decrease in omissions, substitutions and repeats is easily noticeable.

For some of these students, problems with handwriting can also be corrected through the use of color. The placement of a filter over the material to be copied allows them, for the first time, to see the text accurately and copy it correctly. For them and others, the use of color paper also allows them to more accurately see and edit what they have written or copied.

Color and Disability

Since I have been working color and students with different disabilities, I have noted certain tendencies for color preferences among some disability groups. These are just tendencies, but they provide teachers and therapists with "someplace to start." For example, I have found: Students with ADD and ADHD in particular often prefer very stimulating colors like hot pink or fluorescent lime green. Many students with reading disabilities without an attention component prefer one of the blue filters. Students with autism who are using communication symbols often seem to attend and track from

(Continued on Page 7)



"Please Don't Tell Me How to Parent My ADHD Child"

Do relatives offer you unsolicited parenting "tips" at every family gathering?
Use these strategies to prevent disagreements about your ADHD child's behavior.

By Carol Brady, Ph.D.

ADHD children do best when they know exactly what to expect before entering a situation.

No one really understands what we go through with our child," the mother of a recently diagnosed boy with attention deficit disorder (ADD ADHD) lamented, as we discussed the kinds of encounters, like childish outbursts and aggressive impulses that sour family gatherings. I knew what she meant.

Trips to see grandparents, aunts and uncles, who live far away can be a great learning experience and give children a sense of the larger family network. But when relatives don't understand the thought and planning that goes into raising a "high-maintenance," developmentally different youngster, they may believe that your child's behavior is a result of poor parenting - namely yours.

This belief may be couched in comments like, "You really let her get away with a lot" or "If I had him for a week, he'd learn to obey."

Do family members frequently give you parenting tips on disciplining your child? If so, you may be feeling anxious about upcoming get-togethers. "I always feel that my sister's judging my parenting, and then I overreact when Jake starts acting up," one mom confided.

Keeping Family Visits Fun

If you teach the friends or relatives a few of the strategies you use at home, you and your child can avoid negative experiences and judgments. Try some of the following to ensure a smooth visit:

"Re-introduce" your child before you travel. Children with ADHD can get overwhelmed by too many new experiences and new faces - and cousins you see only once or twice a year can count as "new." Update your child with news from relatives, and send photos back and forth before visits.

"Here's your cousin, Ann, with her new kitten, and here's a picture she drew." Keeping extended family familiar will make a visit feel more safe and comfortable for your child even before you start the trip.

Offer advice in advance. You've figured out what works for your child; let the relatives know, and you can avoid most meltdowns. "Sue has a hard time sitting at the table, but letting her stand near her chair gives her some wiggle room." Or, "If Max begins to get too excited, it helps to allow him to settle down with a game or favorite book away from the rest of the children."

Prepare your child. ADHD children do best when they know exactly what to expect before entering a situation. Before you hit the road, tell her why you're visiting (holidays, birthday, a wedding), who will be present, and how long the visit will last. Together, brainstorm solutions to expected problems. "You know your cousin likes to feel like the leader when you visit. What can you say if he tries to play a game you don't like?"

Give special thought to special events. Weddings, family reunions, and graduations can provide experiences for your child to remember and enjoy, but crowded events can over stimulate any child. Set limits with family members. "I know you want John to be a ring bearer for your wedding, but I don't think he can handle that job at this point. Instead, why don't he and I hand out programs as people arrive?"

Plan engaging activities. Bring plenty of familiar distractions (a few favorite DVDs, toys, and books). Let your child know it's okay to go off on his own for a while, if he needs to regroup.

Take turns monitoring. If you're surrounded by family you haven't seen in a long time, it's easy to get distracted. If your child benefits

from close monitoring, you and your spouse should work out a plan to take turns watching her.

Or maybe a relative who has a special bond with your child would love to provide some one-on-one care. You can simply say to a friend or relative, "Joey looks forward to being with you at the party. I'm sure some special quiet time with you would be great for him."

Have an "escape plan." Decide on "cues" your child can give you when she's too tired, hungry, or excited to stay in control. An "escape plan" to shorten lengthy goodbyes may be in order-let relatives know this is a possibility. "We may need to take off early, but we can plan another visit soon."

Carve out some down time. Faraway visits may work out better if you stay at a hotel instead of a relative's home. Some family members may feel hurt or even insulted when you present this idea, but explain that a place of less intensity and excitement can result in a better night's sleep for all. You may also welcome some down time at a hotel, so you won't have to feel constantly "on display."

In the end, your efforts will be worth it. As the worried mom said after returning from her family's visit, "I didn't give my family enough credit at first, but they came to see past the differences and got to know the wonderful, caring child we love so much."

Talking with Family About ADHD

Nearby relatives can be a source of support, offering you an extra hand or the chance to regroup from time to time. Attention deficit disorder (ADD ADHD) children benefit from having supportive adults other than parents involved in their lives.

Before you sign up the aunt who lives across town for weekly babysitting, however, make sure that the offer is sincere and appropriate. Disabled or elderly grandparents may have good intentions, but may not have the patience or endurance to manage long visits.

Explain how ADHD influences a child's behavior. The specifics of your situation may vary, but common ADHD behaviors include: very active, easily frustrated, gets stuck on one activity or thought, overreacts to stimulation, requires more adult supervision and redirection. If a relative's willing, you may offer brief but comprehensive reading materials.

Give your relative an alternative if the situation gets out of control. "Sometimes Claire is too upset to calm herself. I can come get her if she's unable to get herself under control." One family I worked with had to be out of town while their child stayed with his aunt and uncle. They arranged to have a babysitter "on call" for an emergency pick-up for the weekend.

This article comes from the October/November issue of *ADDitude*.

LDA of Nebraska is a non-profit nationally affiliated volunteer organization of parents and professionals dedicated to helping children and adults with learning disabilities. LDA does not endorse or recommend any institution, school, treatment or person. We provide support, information and advocacy for our members.

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Late Blooming or Language Problem?

Parents are smart. They listen to their child talk and know how he or she communicates. They also listen to his or her playmates who are about the same age and may even remember what older brothers and sisters did at the same age. Then the parents mentally compare their child's performance with the performance of these other children. What results is an impression of whether or not their child is developing speech and language at a normal rate.

If parents think that development is slow, they may check out their impression with other parents, relatives, or their pediatrician. They may get an answer such as "My son was slow too. Now he won't shut up" or "Don't worry, she'll outgrow it."

But suppose (s)he doesn't? I'd feel guilty waiting and then finding out that I should have acted earlier. Waiting is so hard, especially when I'm concerned and only want what's best for my child. What's a parent to do? How will I know for sure what to do?

You won't know for sure. Although the stages that children pass through in the development of speech and language are very consistent, the exact age when they hit these milestones varies a lot. Factors such as the child's inborn ability to learn language, other skills the child is learning, the amount and kind of language the child hears, and how people respond to communication attempts can slow down or accelerate the speed of speech and language development. This makes it difficult to say with certainty where any young child's speech and language development will be in 3 months, or 1 year.

There are, however, certain factors that may increase the risk that a late-talking child in the 18- to 30-month-old age range, and with normal intelligence, will have continuing language problems. These factors include:

- **Receptive language:** Understanding language generally precedes expression and use. Some studies that have followed-up late-talking children in this age range have found, after a year, that age-appropriate receptive language discriminated late bloomers from



children who had true language delays. Other researchers doing follow-up studies included only children whose receptive language was within normal limits because they believed that delay in this area was likely to produce worse outcomes.

- **Use of gestures:** One study has found that the number of gestures used by late-talking children with comparably low expressive language can indicate later language abilities. Children with a greater number of gestures used for different communication purposes are more likely to catch up with peers. Such a result is supported by findings that some older children who are taught non-verbal communication systems show a spontaneous increase in oral communication.
- **Age of diagnosis:** More than one study has indicated that the older the child at time of diagnosis, the less positive the outcome. Obviously, older children in a study have had a longer time to bloom than younger children but have not done so, indicating that the language delay may be more serious. Also, if a child is only developing slowly during an age range when other children are rapidly progressing (e.g. 24-30 months) that child will be falling farther behind.
- **Progress in language development:** Although a child may be slow in language development, he or she should still be doing new things with language at least every month. New words may be added. The same words may be used for different purposes. For example, "bottle" may one day mean "That is my bottle," the next, "I want my bottle," and the next week, "Where is my bottle? I don't see it." Words may be combined into longer utterances ("want bottle" "no bottle"), or such longer utterances may occur more often.

It should be re-emphasized that negative aspects of these factors increase the risk of a true language problem but do not mandate its presence. For example, one research group found that one of their 25- or 26-month-old

children with the worst receptive language had the best expressive language outcome 10 months later. On the other hand, children on the positive side of these factors may turn out to show less progress than predicted. The research group found that the child with the poorest outcome had the best receptive language and the largest vocabulary at the beginning of the study.

One study has found that the number of gestures used by late-talking children with comparably low expressive language can indicate later language abilities.

Individual children may not behave like children in a group. Group data can only be used to predict what most children who are very similar to the children in a study might do. Predictions, by their very nature, are not always correct.

So what's a parent to do?

Parents don't have to rely on the predictions of others or to guess that their child will be just like a friend's and eventually catch up in language development. If parents are concerned about their child's speech and language development, they should see a speech-language pathologist certified by the American Speech-Language-Hearing Association for a professional evaluation. The speech-language pathologist can administer tests of receptive and expressive language, analyze a child's utterances in various situations, determine factors that may be slowing down language development, and counsel parents on the next steps to take.

The speech-language pathologist may give suggestions on stimulating language development, and ask that the parent and child return if parental concern continues. Or, the speech-language pathologist may want to schedule a re-evaluation right then. In more severe cases, the speech-language pathologist may want the parent and child to become involved in an early intervention program. The programs typically consist of demonstrating language stimulation techniques for home use, and more frequent monitoring of the child's progress. In the most severe cases, a more formal treatment program may be recommended.

Waiting to find out if your child will catch up will still be hard, but you won't feel guilty that you did not do everything you could.

Some Helpful Resources....Here are a few helpful links to information online

Learning Disabilities Association of Nebraska - <http://ldanebraska.org>
Learning Disabilities Association of America - <http://www.ldanatl.org/>
Joel Kudym website, information on scholarship for LD students - <http://www.kudym.com/joel/>
Office of Special Education - <http://www.ed.gov/about/offices/list/osers/osep/index.html?src=mr>
LD Online website - <http://www.ldonline.org/>
Nebraska Branch of the International Dyslexia Association - <http://www.ne-ida.com/website?d=home>

PTI-Nebraska - <http://www.pti-nebraska.org>
U.S. Department of Education free Publications - <http://edpubs.org/webstore/Content/>
Education Resources Information Center (ERIC) - <http://www.eric.ed.gov>
Nebraska Department of Vocational Rehabilitation - <http://www.vocrehab.state.ne.us>
Parental Freedom of Information Act - <http://commdocs.house.gov/committees/edu>

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construction
but you can check for
Events, Library List, etc.*

Color as Assistive Technology

(Continued from Page 4)

picture to picture better when the background (paper) color is yellow. Students with Down Syndrome often like to type on the computer with a red background. Students who need to self-monitor and keep themselves calm often choose light green or blue backgrounds or paper. Students with emotional problems very often chose dark color filters and backgrounds on the computer. Students with visual impairments are often drawn to yellow filters or yellow text on a navy or gray background on the computer.

It is really important to remember that these are just tendencies. Some students with ADHD do not need or want to use a filter. Some LD students choose purple or yellow. That is why individual and thorough evaluation by a trained professional is absolutely necessary.

Color and Computer Technology

The minute we take our knowledge about individual student needs to the computer, two things become evident. First, colors on the computer are really different from color filters because they are backlit. The addition of light to the color often accounts for different color or shade choices between filters and background or screen colors.

Much more importantly, though, the use of color on the computer allows us to control not just one color change but two or three! For the first time, we cannot only change the background color but we can also change the text and/or the highlighting color. In some cases this makes an extremely important improvement in a student's ability to read, write, and copy. For example, while a student with ADHD might choose a bright pink filter and do well, many of these students openly state a strong preference for reading on the computer. They still use the same hot pink background but on the computer, they have the ability to make the text color lime green - and this makes all the difference in the world.

In the past few years, more and more software companies have recognized the importance of offering these kind of color choices. Software created for special education reading and writing productivity almost always includes the ability to change background and text colors today. However, even more exciting is the ability to have these choices in everyday software. Microsoft Office users can access these options; Adobe Acrobat Reader allows changes under their access preferences, and many popular web browsers allow similar color preferences.

Low Tech Color

The most important lesson I share during my presentations on color involves the simplest "truth" behind color use - incorporating color into your student's program doesn't have to be expensive or high tech. We

can use and adapt with color with some very simple accommodations. Colored notebook papers, colored inks, highlighters, highlighting tapes, light pens, colored copy paper, colored light bulbs (often called party lights), colored saran wrap or cellophane, report covers or overhead transparencies - all can work and make a difference. A number of creative and color conscious regular education teachers start working with a rainbow selection of colored copying papers. They copy the daily worksheet on all the different colors and allow the students to choose whichever one they want. Many students start by choosing their favorite color, but then they look over to a neighbor's paper and find that it is much easier to read. Within a few weeks, even young children know which color works best for them. The teacher knows to copy by the numbers - 5 blue, 6 white, 3 pink... We ask them to remember that the issue is not the material but the use of color.

Color can also be involved with color-coding for helping students organize and find the correct materials or information. With different color highlighters, page markers, highlighter tapes, folders, pencils, and book covers, students have the ability to match a color to a category. We know this works because research indicates that people have better memory for color than for text. One student might assign a color to each course - all notebooks and supplies for math are red, everything needed for science is green. Another student might color code their note taking. Something highlighted in yellow is unknown vocabulary, red indicates important concepts, and blue signifies vital names or dates. What is most important is consistency with the colors and meaningfulness to the student.

Color and You

Still having trouble believing that color can make such a tremendous difference? Before you walk away in doubt, take a look at one more example showing just what a difference a different colored background can make when you are trying to read text. The following link takes you to several pdf screens from a color presentation I do. (click on the Color Filter Comparisons link at this web page from our website: [Onion Mountain: Assistive Technology Info](#).)

When you have looked at the texts through all the different color filters and have found the one (or two) that make the text hardest for you to read, stop. Imagine just for a second that this is what black text on a white background might look like to one of your students. No wonder that student is having problems learning how to read! Don't you owe him or her the chance to experience reading through simple color change?



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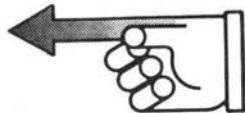
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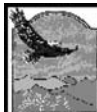
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