

ASK

All Special Kids

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ADHD Special

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GENEVA, SWITZERLAND

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Dear Friends

For some of us, parenting skills didn't come naturally. Before I have Allegra, I was one of those people who looked at parents of screaming children with disdain. Until, of course, it was my child who was screaming her head off on a crowded plane, from an ear-infection. I remembered sitting on the seat with my back straight as a rod, holding her tight, not knowing what else to do.

Reading this month "Geneva viewpoint: Reader's letters" from a local mom of a child with ADHD, it hit home to me that sometimes 'kind' advice or surreptitious glances from well meaning family member or neighbor or friend or your child's teacher could bring your self-confidence as a parent, crashing down to the ground that you forgot all you've read and learned about why your child is behaving so differently or reading so poorly.



A poignant quote by Samuel Griswold Goodrich below could have been easily meant for many struggling parents of children with ADD/ADHD and other special needs and learning difficulties. "How many hopes and fears, how many ardent wishes and anxious apprehensions are twisted together in the threads that connect the parent with the child!"

In our next, May/June issue, we will discuss I.E.P, Individual Education Plan and the importance of Assessment.

Hope you enjoy this issue.
Joy and the ASK Newsletter Team
E-mail: newsletter@allspecialkids.org

Loving Connection:

"Being loving with your children pays dividends - probably in more ways than any of us could count - and talking lovingly and thoughtfully, and listening carefully, are very important ways of expressing love, that we should remember every day."

Quote from Cassie, No Limits Learning, Kidsgoals Ezine <http://www.Kidsgoals.com>

WHO WE ARE

ASK - All Special Kids, previously known as Anglophone Special Kids, is a Geneva-based network, aiming to support the families of children with special needs and learning difficulties. Our goal is to collect, disseminate information and share experiences relating to special needs issues in the region. Although the group focuses on assisting English-speaking parents, we welcome parents of different nationalities, seeking assistance or information on special needs and learning difficulties issues.

Our motto: ASK - We are here to help...

ADHD - A Beginner's Guide



“ADHD child tends to under-achieve, may lack self-esteem and can have a “can't be bothered / why should I?” attitude.”

ADHD - or Attention Deficit Hyperactivity Disorder to give its full name - is one of the more common neurological disorders found in children. It probably affects around 5% of school age children. It is primarily genetically-determined, though environmental factors (eg. brain damage during pregnancy or childhood head injuries) can also be involved.

It can come in many formats. Some of those affected show symptoms only of **inattentiveness**. These children are easily distracted, often make careless mistakes, and find it hard to complete tasks that involve sustained mental effort.

Others may display symptoms restricted to **hyperactivity** (can't sit still; fidgety; talks excessively; can't play quietly) and **impulsiveness** (disobeys instructions, interrupts conversations, invades the space of others).

Some children, unfortunately, have all the ADHD symptoms in a mind-bogglingly complex package including dyslexia, dyspraxia, sensory integration and other similar disorders.

The ADHD child is, however, generally intelligent. The problem is using and displaying this intelligence when it is overshadowed by behavioural problems which many observers incorrectly label as 'being naughty' or 'bad parenting'. Not surprisingly, the ADHD child tends to

under-achieve, may lack self-esteem and can have a "can't be bothered / why should I?" attitude. This can have a major impact on both home and school life.

ADHD develops in childhood and is most commonly noticed around the age of 5. A diagnosis is usually made by a child psychiatrist looking at the child's behavioural history and comparing it to a list of symptoms used to officially diagnose ADHD. Most young children diagnosed with ADHD continue to experience symptoms during adolescence and some two-thirds continue to have symptoms into adulthood.

Most experts agree that the most effective way to treat ADHD is with several complementary approaches. An effective treatment plan will involve a combination of treatments such as psychiatry, psychology, appropriate educational interventions, behavioural therapy and medication. Depending on the needs of the individual child, a combination of medical, teaching and behavioural support can help the child to reach his/her full potential and live as normal a life as possible, having meaningful relationships and reducing family stress.

Adapted from three excellent websites: www.addiss.co.uk, www.addvice.co.uk and www.rcpsych.ac.uk. These websites in turn provide links to a vast range of other resources. Thoroughly recommended.

Contributed by Nigel Edison

Helping Your Child Develop Self-Esteem

The development of a positive self-concept or healthy self-esteem is extremely important to the happiness and success of children and teenagers. Self-esteem is how we feel about ourselves, and our behavior clearly reflects those feelings. For example, a child or teen with high self-esteem will be able to:

- ~ act independently
- ~ assume responsibility
- ~ tolerate frustration
- ~ offer assistance to others
- ~ take pride in his accomplishments
- ~ handle positive and negative emotions
- ~ attempt new tasks and challenges

Source: http://www.childdevelopmentinfo.com/parenting/self_esteem.shtml

Teachers' perceptions of ADHD as a medical disorder

Although many teachers, support staff and administrators are aware of the term ADHD, it is often perceived as a behavioural issue rather than a medical disorder. To some extent, this is understandable by the very fact that teachers are at the "coal face", or actual point of work, who will have to address the core symptoms of inattention, impulsivity, hyperactivity often accompanied by other behavioural/social difficulties.

Teachers generally feel more comfortable with perceived difficulties that can be classified into one of the "Specific Learning Difficulties" such as dyslexia. As a group, they are often quite defensive about behavioural issues with specific students, which unlike other learning difficulties can often make individual teachers feel uncomfortable about the management of particular students.

MANAGEMENT OPTIONS

Fin O'Regan often quotes the management formula $ADHD = SF3R$ where the right hand side of the equation stand for Structure and Flexibility supported by the "3Rs" Respect, Relationships and Role Models as the core principles for successful management of children with ADHD. The overriding message is that these children need to be provided with a structured learning environment and differentiated work that addresses their learning weaknesses and matches their learning style. It is important to note that in the above formula one of the Rs is often mistaken for Ritalin. ADHD is a medical diagnosis, therefore, may require a medical strategy to compliment the other principles of SF3R, but the drugs have to be used very carefully.

Overall, each school needs a special educational needs department that has an understanding of ADHD.

Adapted from an article by Fin O'Regan

Screening of children will allow the school to develop methods of grouping which will enable them to create a learning environment where the child feels comfortable and can perform up to his/her true potential. Teaching strategies for a child with ADHD must be individualised and involve both a whole school approach and individual strategies. Once the appropriate learning environment is created, an encouraging and consistent approach with a well-structured routine, clear rules and standards of work in school and for homework are crucial for a child with ADHD.

In addition, the active involvement of parents through the 3Cs (Clarity, Cooperation and Communication) will facilitate the child's progress. Working together with the school on behalf of the child is one of the most effective ways of achieving success.

In case the difficulties persist despite the implementation of appropriate strategies, a medical review is recommended. However, it must be remembered that the concurrent use of medication must not be seen as a threat or criticism of teaching strategies, but as a necessary adjunct. In reality, the most effective way of teaching a child with ADHD arises from an open-minded view to using other options or adaptive approaches in teaching and management.

Finally and probably most importantly, parents need to understand two extremely important principles when managing a child with ADHD.

1. It is not the child's fault
2. Nor it is the fault of the parents.

In addition, support from other parents is vital. In this respect joining a support group like ASK - All Special Kids or AD-DISS, the UK's national Advocacy group for parents and professionals concerned with ADHD, has considerable benefits.

Edited by Georgina Gabor



"3Rs" Respect, Relationships and Role Models as the core principles for successful management of children with ADHD"





“Planning ahead will ensure that parents will be less likely to react based on emotion in case of arguments, which in turn will save their relationship from possible damage ”

Principles for Parenting the Adolescent with ADHD

Teenagers with ADHD often pose challenges even to the most experienced parents. Parents are often taken aback by the adolescent's behavior or attitudes, and as a result, sometimes respond impulsively. Such responses, however, may make the situation worse. Dr. Russell Barkley (1995) outlined the following eight general principles to help parents turn the challenges of raising a child with ADHD into rewarding possibilities.

1. Facilitate independence

Becoming independent is the primary developmental task of adolescence. Since individuals with ADHD need extra guidance to acquire new behavior, parents need to look for opportunities to give their adolescents increased independence in return for demonstrating responsibility. For example, the freedom to stay out till midnight might be granted gradually over a period of time, first, till 10:30pm, then 11:00 pm, later 11:30 pm, and finally till midnight. This way it is easy to set fair consequences for late arrival.

2. Maintain adequate structure and supervision.

Parents need to maintain structure and supervision for longer than they typically think they should. This involves the active monitoring of the adolescent's behavior outside the home by knowing the answers to four basic questions: (1) Who are your adolescents with? (2) Where are they? (3) What are they doing? (4) When will they be home? Research results show that parents who cannot answer these four questions consistently have adolescents who are at risk for drifting into deviant peer groups. Another aspect of structure and supervision is to plan ahead for problem situations before they occur.

Many conflicts between parents and adolescents are highly predictable, therefore, it behooves parents to anticipate and plan in advance how these situations will be handled. For example, a comprehensive homework contract can be designed to regulate all aspects of homework. This planning will ensure that parents will be less likely to react based on emotion in case of arguments, which in turn will save their relationship from possible damage. Individuals with ADHD require close monitoring throughout their lives, but we can expect them to learn to do their own self-monitoring, and later in adulthood enlist the help of spouses and significant others.

3. Establish rules and enforce them consistently

Regarding discipline, parents need to distinguish between issues which can be negotiated and those which cannot. Each parent has a set of bottom line issues that relate to basic rules for living in civilized society that are not subject to negotiation. Such issues usually include drugs, alcohol, aspects of sexuality, religion, and perhaps several others. Those rules need to be enforced fairly and consistently through the wise use of consequences.

4. Negotiate what can be negotiated

Involve teenagers in decision-making whenever possible. Not only it is one of the primary methods of shaping responsible and independent behaviours, but also teenagers are more likely to comply with rules and regulations which they helped to create. Furthermore, they may have novel and creative perspectives on issues. Of course, involvement in decision-making doesn't necessarily mean equal partnership with the parents, and certainly does not mean allowing adolescents dictating to their parents.

Principles for Parenting— continued from the previous page

5. Use consequences wisely

Barkley (1995) has outlined several aspects of the effective use of consequences with children who have ADHD:

Give immediate and frequent feedback.

Adolescents with short attention span are more likely to stay on task when given frequent and immediate positive feedback for work well done. Remember that there are far too many negative experiences in the life of the average adolescent with ADHD that potentially decrease their self-esteem, so they desperately need to hear what they did right. If a reminder is necessary for them to stay on task, set mild negative consequences, but do not use punishments. They are proved ineffective.

Use incentives instead of punishments.

Sadly, parents commonly resort to punishments, often to the extent that the adolescent has little to lose by misbehaving. It is far more effective to list the positive behavioural patterns we wish the adolescent to perform, then use incentives to reward success. In case an unwanted behaviour occurs, sufficient consequences will be necessary, but not as a form of punishment.

Strive for consistency and maintain it at all times. Many adolescents realise if they can get Mom and Dad to disagree, then they can avoid unpleasant effort or discipline. The divide-and-conquer principle is particularly common in stepfamilies and divorced families, where natural structural changes give the coercive adolescent a golden opportunity to manipulate the system.

Act, don't yak. Adolescents quickly learn that Mom or Dad is "all talk, no action." The time to talk is during family meetings and when negotiating solutions to disagreements, but after the rules have been set and the consequences agreed upon, it is time to act.

6. Maintain good communication

Parents need to make themselves available to listen when their adolescents wish to talk, but not to expect their adolescent to confide regularly in them.

7. Practice forgiveness

Remember that individuals with ADHD have a neuro-biologically based disability, and there is a "can't do" as well as a "won't do" component to their unthinking actions. Parents must refrain from overreacting with anger when their adolescents inevitably make mistakes. Similarly, they need to refrain from blaming themselves or losing their personal sense of self-worth over their adolescent's problems. To put it simply, practice forgiveness.

8. Focus on the positive

Many adolescents with ADHD receive so much criticism that they actually begin to believe that they are lazy and become unmotivated. They may be failing at school and in peer relationships, but most of them have at least one thing at which they excel. Help them identify those things and be your adolescent's cheerleading squad. *Follow-up studies have found that successful adults with ADHD say that the single most important thing during their adolescence was having at least one parent, or adult outside the family, who truly believed in their ability to succeed.*

References:

Barkley, R. (1995) Taking charge of ADHD. New York: Guilford Press.

Robin, A. L. (1998) ADHD in adolescents: Diagnosis and treatment. New York: Guilford Press.

Adapted from article written by Arthur L. Robin PhD (www.add.org) and edited by Georgina Gabor



"Successful adults with ADHD say that the single most important thing during their adolescence was having at least one parent, or adult outside the family, who truly believed in their ability to succeed"



GENEVA VIEWPOINT - Readers' Letters



Living with ADHD

Being the third, I knew early on that he was different. He seemed to have boundless energy, which I thought was 'just being a boy'. His beautiful smile and sense of humour made my heart melt.

And then he went to nursery. *'Your son never sits, he's always on the move'.*

He was difficult to get off to sleep but once he'd gone, he slept like an angel.

At 3 I tried to avoid the supermarket visits. After all, having a toddler screaming at you, hanging over the edge of the shopping trolley, or trying to kick you wasn't fun. Nor were the looks from disapproving older folk and the apparently perfect other parents.

Thank heavens for the introduction of internet shopping.

And then preschool nursery - *'if your child doesn't settle by Easter, we'll need to do an Ed' Psych referral.* The child minder *'your son really is different, he seems to blurt things out, he can't wait his turn, you know, I've looked after a lot of children and I'm just saying - well, he's different'.*

His lego building was spectacular and well beyond his years. He was kind and caring and always seemed to make a bee-line for the underdog. But he'd lose it big time, hitting out impulsively when teased or in a disagreement. After incidents he would be so very remorseful but never seemed to then learn from his actions.

Impulsiveness led to a displaced fracture, hospitalisation, anaesthetic and a plaster cast for 6 weeks. He ran into things, looking behind him as he raced forward - another trip to the ER. That led to him climbing an Everest equivalent to get the paracetamol. He said his head hurt after the bump, which then led to another trip to ER and an 8hr

supervision for paracetamol overdose!

And then we moved to France. The Directrice smacked him twice for not observing her rules. I withdrew him from the French system when it was clear that they perceived my parenting to be an issue, « you english have such a different approach ».

Class one - The boy who could be wound up and then would explode like a firework. Play time was the hardest, no supervision or support in a blank space of difficult choices with no guidelines. An indiscreet class teacher who tells you that another parent has written asking for your child to be removed from the school. Glares from the gauntlet of mothers preciousy guarding their *always* innocent prey..... and the wonderful woman who asks you how she can help explain, positively, to her son about your son's difficulties.

The traffic light behaviour management system that always left your child on red, inspite of being reassured that the names would be removed before the next days lessons. He left the classroom feeling bad - and back the next day - BAD before the day had begun.

Thanks to the support of a wonderfully understanding Head and a supportive class teacher, year two progressed relatively well. Only every time something went wrong in class, my son was blamed by the other students- even when he wasn't at school! His reputation for being a loser, naughty, disruptive had caught on. He never received party invitations. He couldn't concentrate enough to learn and couldn't stop his impulsivity which affected his ability to make friends.

As a parent, you must manage the 'inappropriate' behaviour. ADHD is a reason why your child behaves in a particular way, but it's not an excuse for bad behaviour. *(Continued on opposite page)*

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"ADHD is the reason why your child behaves differently but it is not an excuse for bad behavior."

Geneva Viewpoint

(Continued from opposite page)

Having said that, choosing which behaviours to manage is a huge task in itself. What parent ever imagines having to write a list and scoring which behaviour is worse than another ?

It's important to catch your child doing something RIGHT - teachers need to recognise this too. It's so easy to admonish an ADHD child, they're always up to something ! On many occasions, my son would be playing with a group of children where they'd be doing something silly. Instead of saying, « hey guys, that's enough » , it would be my son's name that was singled out.

His first meeting with the psychologist was heartbreaking. In response to the question « why do you think you're here ? » my son replied, « because I keep being naughty ».

My son's siblings have suffered too. In spite of trying so hard to give them the support that any child needs and deserves, they have felt that they're often left out - their brother gets all the attention (be it positive or negative !). They have struggled with the unkind words from neighbours, school mates and looks of dismay from passers by. Their brother has been an embarrassment and has taken their parents energy away from them.

Having tried various diets, avoiding things, adding fish oils, you name it, we tried it - we very cautiously embarked upon ritalin as a way of helping our son improve.

This in itself has brought challenges, after all, what parent in their right mind puts their child on a controlled drug ? Won't it dumb him down, isn't it addictive ? Other health care professionals challenging the wisdom of our decision without knowing the full facts of our family history and circumstances.

In an environment of International and cultural awareness and supposed tolerance, I am forever shocked and disappointed by how incredibly narrow minded some people can be when it comes to understanding ADHD or indeed perhaps that their own children aren't (god forbid) always perfect ; and their search for blame rather than understanding.

But my story does have a happy ending. My son's medication now means that he can concentrate and learn. He is a demon mathematician, has a wonderful sense of justice and fairness and a fabulous sense of humour. His self esteem is improved, he is confident and happy at school.

The medication gives him time to think, to work on re learning 'good behaviours' and time to pause before he reacts to a situation. He's approved of by his peers and he impresses his teachers.

Note: This article is printed in its entirety as contributed to ASK by a local ADHD parent . Parent name supplied.



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*"It's important
to catch your
child doing
something
RIGHT"*

Becoming ASK parent or specialist member is very easy.

Visit our website at <http://www.allspecialkids.org>

For parents: [Join ASK](#) For Specialist: [Join the Directory](#)

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ASK—We are here to help.....

Communication Revisited:

Parent Teacher Communication: Preventing and Resolving the Differences



“Remember, you’re looking for a WIN -WIN outcome. You and the teacher are both aiming for the best outcome for your child!”

Open and honest communication between parents and their child’s teacher, one assumes would be a natural outcome between mature adults. However, our research found that a number of parents (and teachers) have faced significant challenges in maintaining effective communication channels, especially when dealing with a child with learning differences.

We therefore invited Ute Lorenzen, communication and conflict resolution specialist, to talk to ASK on the subject of conflict resolution and avoidance. During the thought provoking session, Ute highlighted the situations in which misunderstanding and conflict may occur with some very effective theoretical models, enabling those present to recognise the potential “flash points” at which a relationship may deteriorate. The very positive outcome of the evening was an understanding that, in spite of past differences, once you recognise your own position and the perspective of the person you are dealing with, one can usually find a positive way forward.



To illustrate one of Ute’s many excellent points, she used the following picture:

- What do you see? -The old woman or beautiful young girl?
- Can you only see one perspective and not the other?
- Can you see both at the same time?

Think about this next time you face a communication block. Just whose perspective are you considering? Can you visualise and therefore understand the other person’s perspective? Remember, you’re looking for a WIN - WIN outcome. You and the teacher are both aiming for the best outcome for your child!

*For further information on Ute Lorenzen and her conflict resolution, coaching and mediation activities, she can be reached at: impuls@gmx.ch
Article contributed by Alysoun Sturt-Scobie*

LOVING COMMUNICATION:

One mother found out what DOES work to get her kids to listen:

- ~ Physically get down on their level, so you can look them right in the eyes.
- ~ Practice speaking quietly to them - there is no need to speak loudly - save this for the odd occasion when you need to get their attention urgently.
- ~ Ask politely - say please and thank you just like you would with another adult.
- ~ Talk about stuff that means something to them - get on their mental wavelength if you want to connect lovingly. You might not see the attraction of pirates, computer games or My Little Pony, but if you show that you care enough to listen and ask about your kids' interests, they will learn to listen to you in return.

Adapted from article by Cassie, No Limits Learning, Kidsgoals Ezine <http://www.Kidsgoals.com>

ADD/ADHD -Understanding and Management: Strategies and Stories

Presented by Fintan J O'Regan,

MA PGCE, BSc Hons Behavior Management Consultant

Date: Wednesday 14th March 2007 - Time: 19:00 - 21:30 hr

Place: Webster University - Jura Bldg, Room # A13/15

Fees: Members - 65CHF, Non-Members - 130CHF

To register online : <http://www.allspecialkids.org/OnlineRegistrationForm.htm>

or go to our website at www.allspecialkids.org

Contact: info@allspecialkids.org

ADHD Presentation: Attention Deficit Hyperactivity Disorder is term characterized by symptoms of extreme inattentiveness, hyperactivity and impulsiveness. A significant feature of the diagnosis is that it is associated with a range of learning, social, emotional and behavioral difficulties, such as oppositional defiant disorder, conduct disorder, anxiety and depression as well as co-morbidity of ADHD with such related issues such as Dyslexia.

The Presentation will focus on these aspects;

- Understanding the ADHD condition, diagnosis and impact on the child and family
- Management in the classroom
- Improving attention, concentration and task completion
- Seating, fidgeting and distraction
- Use of computers, homework
- Interaction with other students
- Behaviour Modification including rewards and sanctions
- Medication
- Inter-relationship with parents and carers of students with ADHD and multi-agencies and schools for effective and proactive intervention strategies.

The seminar will include Powerpoint presentation, hand-outs, practical activities, group discussion and feedback.

Who is Fintan O'Regan?

He was the Headmaster of The Centre Academy School regarded as the first specialist school within the UK for children with ADHD/ODD from 1997 -2002 and has been a teacher and administrator in both mainstream and specialist schools for over 23 years. The education director of ADDISS Charitable Trust and current sits on the advisory board of the New Generation School in Wales. SEN advisor for Surrey LEA and an external expert at Worcester University, he is also a consultant/trainer for the Institute of Education, the National Association of Special Needs and the Youth Justice Board. He has written a number of published articles on the subject of Behaviour Management and ADHD and is the author of the T.E.S. award winning book Educating Children with ADHD (2000) among others.

Would you like to participate in a research on Children & Adolescents with ADHD and Difficulties in Time Management?

Do you have a child/adolescent with ADHD or do you teach a child/adolescent with ADHD? Children with ADHD experience difficulties completing school work to a deadline or organizing themselves for school or other events. Time is the invisible disability for these individuals. The University of Western Australia's Centre for Child & Adolescent Related Disorders is developing time management strategies to help children/adolescents with AD/HD function more effectively in school and at home.

To do this we first need to understand precisely where difficulties with time management occur. To achieve this, we need the help of children/adolescents with AD/HD, parents of children/adolescents with AD/HD and teachers of children/adolescents with AD/HD in completing our short online Salience, Organization and Management of Anxiety Towards Time Scale. It will take approximately five minutes.

If you are interested you can access the questionnaires via the following 3 links:

- <http://www.savant.net.au/survey/50660> student
- <http://www.savant.net.au/survey/33027> parent
- <http://www.savant.net.au/survey/32249> teacher

If you have questions that you would like to raise about the study, contact Professor Houghton

stephen.houghton@uwa.edu.au ,
Dr Myra Taylor myra.taylor@uwa.edu.au.

Ethical approval granted: UWA Human Research Ethics Committee (Ref RA/4/1/1136).

ASK CALENDAR OF EVENTS

MARCH 2007

- COFFEE MORNING- Informal Get Together
1st March - 10 - 12:00hr

- ADD/ADHD - UNDERSTANDING & MANAGEMENT: STRATEGIES AND STORIES

A presentation by Fintan J O'Regan, MA (Management)
PGCE, BSc Hons Behavior Management Consultant

Date: Wednesday 14th March 2007, Time: 19:00 - 21:30hr

Place: Webster University - Jura Bldg, Room # A13/15

Fees: Members - 65CHF, Non-Members - 130CHF

MAY 2007

- COFFEE MORNING- Informal Get Together
3rd May - 10 - 12:00hr

- EDUCATIONAL ASSESSMENT BY DR. GAVIN REID
8th to 10th May 2007

- Identification and Assessment of Dyslexia - Strategies for Teachers and Parents

Date: Tuesday, 8th May 2007 - 19:00 - 21:30hr,

Place: Webster University, Jura Bldg, A13/15

Fees: Members - 65CHF, Non-Members - 130CHF

For registration and more information, please visit www.allspecialkids.org

ADD - ADHD on the Web and in Print

~ CHADD (Children and Adults with Attention-Deficit/Hyperactivity Disorder), a U.S leading non-profit organization serving individuals with AD/HD and their families. Attention! Magazine features many successful stories of ADHD families and children.

<http://www.chadd.org/Content/CHADD/AttentionMagazine/default.htm>

~ The Survival Guide for Kids With ADD or ADHD (Paperback) by John F. Taylor (Author) "This book can help you if you have been labeled ADHD..."

~ ADD / ADHD Smart Solutions: Ways to Improve Your Child's Behavior by Add and Adhd-Smart (DVD - Jun 15, 2004) Above two items available at www.amazon.com

~ It's So Much Work to Be Your Friend - DVD, produced by PBS. Drawing on three decades of experience in residential schools, Rick Lavoie provides powerful strategies for teaching friendship skills in the classroom, home front and the community. Explore the causes and consequences of "social incompetence", gain field-tested advice on how to help children work through daily social struggles and go from being picked on and isolated to becoming accepted and involved. <http://ldonline.learningstore.org/we1074d.html>