

Canada's Resource Magazine for Parents of Exceptional Children

EXCEPTIONAL FAMILY

Vol. 3 No. 4
Summer 2008

Healing Waters

Empowering sea kayaking program

The Gift of Grandchildren

Your supportive role as exceptional grandparent

Faith in Fatherhood

One dad's unwavering commitment to his son

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FROM THE EDITOR



Amid the Silence, A Voice

Since our magazine's inception in 2005, we at *Exceptional Family* have encouraged reader feedback – be it positive or negative. While your responses have largely been complimentary, we take all feedback seriously and value any suggestions that may help to enrich the quality of our publication. As I was preparing this issue, one reader's particular critique came to mind, around an article that had appeared in the Spring 2006 edition. Entitled "A Bittersweet Symphony," the piece was authored by an Orthodox rabbi who described his personal joys and challenges around raising his baby girl with Down syndrome. In addition to highlighting his daughter's numerous strides and the wonderful impact her glowing presence had on her family, the father candidly admitted that he had initially perceived his baby's diagnosis as an unbearable "burden" that contributed to feelings of shock, anger, resentment, grief and loneliness. He went on to declare that life with his exceptional child isn't always rosy.

Following its release, I learned that a mother of a child with Down syndrome had found the article offensive and feared that the piece would encourage women to abort their unborn children with Down syndrome. The fact that a clergyman had made these public statements seemed to make them all the more painful. But no matter whether he had issued the statements – the buck should have stopped with *us*, she contended; we should not have printed the story.

A month ago, I received an article from a reader named Donald Bidd, the father of a 21-year old son with severe disabilities. He was moved to write a piece in response to the actions of Robert Latimer, the Saskatchewan farmer sentenced to life in prison for the 1993 "mercy killing" of his daughter Tracy. Latimer recently re-emerged in the media when he was released to a halfway house in Ontario. The article was raw, emotional and sincere. Like the author of "A Bittersweet Symphony," Donald also wrote candidly about his pain and struggle to come to terms with his exceptional child's diagnosis.

And just as with "A Bittersweet Symphony," I have decided to publish it - contentious statements and all (page 39). Because that is part of *Exceptional Family's* mandate and the very reason why this publication was born; not only to instill hope and inspiration to readers with feel-good stories complete with happy endings, but to serve as a forum for communal discussion and to provide a voice for parents and caregivers of exceptional children. It is a voice that deserves to be expressed even if it speaks painful, uncomfortable truths that may be difficult for some readers to hear. It is the same reason people like Denise Brodey, author of *The Elephant in the Playroom* (page 21) publish books for exceptional parents that stay true to their realities – containing both positive *and* negative aspects of exceptional parenting.

As we at *Exceptional Family* stay true to our editorial mandate, I am proud to share that our magazine has earned third place in the External Publications category of the Health Care Public Relations Association (HCPRA) of Canada's annual Hygeia Awards. The Hygeia Awards recognize excellence in healthcare communications and honour outstanding pieces and accomplishments across the country.

Finally, on behalf of the *Exceptional Family* team and Editorial Advisory Board, I would like to bid farewell and express our appreciation to Mike Cohen, our devoted Adapted Travel columnist who contributed countless personal hours toward the magazine's success.

With best wishes for a happy and healthy summer,

Aviva Engel

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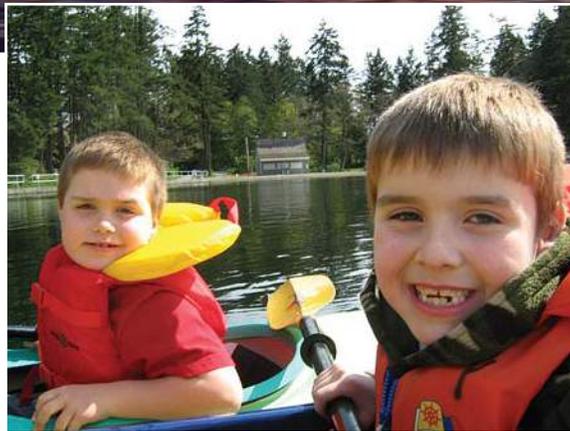
Healing Waters

One-of-a-kind sea kayaking program empowers participants while fostering a love of the outdoors

by LAUREN BARON

Imagine gliding across the sea, paddle in hand, free of all inhibitions and taking in the beauty of nature all around you. Enveloped by feelings of tranquility and joy, a sense of empowerment fills your soul upon the realization that it is *you* who is helping to navigate the small boat. *You*, the person with a “disability.” Thanks to one British Columbia organization dedicated to enhancing the lives of people living with special needs, exceptional youth can experience the healing qualities of being out in the open water while actualizing their independence. Called Power To Be Adventure Therapy, the organization’s sea kayaking program for youth with physical and cognitive challenges has given new meaning to the expression “the sky is the limit.”

Founded in 1989 by executive director Tim Cormode of Victoria, Power To Be Adventure Therapy Society (Power To Be) was born out of Cormode’s desire to enrich the lives of exceptional people by encouraging a love of nature and promoting personal growth and development. Inspired by his experiences while volunteering at a Colorado-based adaptive recreation program geared for children with physical and cognitive disabilities, Cormode left his career as a residential counsellor



Seven-year-olds Vaughn and Dillon test their kayaking skills as part of Power To Be’s adaptive sea kayaking program, in partnership with the The Victoria Society for Children with Autism.

Power To Be’s programs have enabled more than 3000 youth and families to experience the wonders of nature through physical activity.

for patients with head injuries and answered what he believed was his calling to help youth with special needs and illnesses. Today, Power To Be provides year-round access to nature for people living with a disability.¹ In the past decade, Power To Be’s programs have enabled more than 3000 youth and families to experience the wonders of nature through physical activity while encouraging them to realize their full potential.

“What makes our organization unique,” said Cormode, “is for us, recreation

isn’t a [one time] experience. It’s not like you go to camp for a week and you go back to your home where there are limited resources and you have nothing to do for 51 weeks. We want these youth to come out as many times as they want, to really learn and grow.”

Power To Be’s first initiative, the Adaptive Recreation Program, provides therapeutic recreation for individuals as young as eight years old with physical and/or cognitive disabilities. During the summer season, the Adaptive Recreation Program provides access to numerous outdoor activities, including introductory lessons in sea kayaking.

Meeting participants’ needs

The sea kayaking program operates out of various locations throughout Victoria and Vancouver. A typical day starts with a session beginning at 9 am, followed by a break for lunch and a new session at 1 pm. Participants may attend one or both. Depending on participants’ abilities, interest and the weather, sessions may run anywhere from one to four hours. In order to ensure that each participant gets undivided attention, the program can accommodate up to five “student” kayakers per course. Each participant is joined in a two-person kayak by

¹ While enrolment in all Power To Be programs is open to the public, the majority of client families are referred to the organization through agencies and hospitals within B.C.

a volunteer who sits in the back and helps to steer the paddle, which can be adapted to enable one-arm paddling or facilitate an individual's grasp in the event that he or she has limited hand or arm mobility. Alternatively, participants may also opt to sit back and enjoy the view, without paddling at all.

In cases where a participant has a profound disability, a caregiver may substitute for a volunteer. "[The caregivers] know the kids better and there is a trust relationship [between them]," said Carinna Kenigsberg, community and intake coordinator of the Victoria Adaptive Recreation Program. "We want to make sure the trust relationship is as good as it can be. The caregivers know [the participants'] needs, [which] really supports that [trust]."

Sessions begin with an orientation to the activities and proceedings ahead and include interactive games designed to welcome and introduce participants to one another while gauging their individual comfort levels around being on the water in a kayak. "It's really important to know where the group is at [in terms of their comfort level] so we can provide the best support for them when they are on the water," said Kenigsberg. If someone is feeling uncomfortable or particularly anxious, for example, "we would explore... the specific things that are bothering them. We are very open to feedback around switching routes or doing shorter sessions. We allow them to re-schedule and offer them a place to be a part of the group by hanging out at the beach versus kayaking, or offering the option to help in other ways [such as helping with gear,]" explained Kenigsberg.

Safety as a primary concern

Safety is an essential component of Power To Be's sea kayaking program,

according to Cormode. On their first excursion, each participant heads out in the water in a kayak equipped with supports called pontoons. The pontoons provide stability for the



With the support of a volunteer, a participant enjoys the great outdoors as part of Power to Be's sea kayaking program based in Deep Cove, North Vancouver.



(L to r:) Megan Millar, Adaptive Recreation Program Facilitator, volunteers Emmy Campbell, Lucy Lin, Becs Cumming and Lindsay Kemble, and Carinna Kenigsberg, Adaptive Recreation Program Coordinator.

kayak, helping it stay afloat and preventing it from capsizing. In addition, all volunteers are fully trained in Basic First Aid and Wilderness First Aid and learn introductory and flat-water kayaking skills through Sea Kayaking Guides Alliance. "Our volunteers learn experientially through hands-on methods and scenarios," added Cormode. "They learn about [the goals of] Power To Be, disability awareness, adaptive devices, and how to lift and transfer people in and out of boats safely. [Our motto is] that all of the participants need to be 'safe,

comfortable and mobile' and we teach volunteers to reach all of those goals based on [each participant's needs and] individual abilities."

Assuring participants' security and comfort serves as a foundation for the organization's larger goal, which is to empower youth and encourage their autonomy while enabling them to savour nature's beauty. "[The sea kayaking program] is about taking that courageous step and going out and doing something in the outdoors," said Cormode. "[Participants] have a lot of opportunities to enjoy the sport and get good at it so they can be independent on the water, having that close contact with the ocean – there is this exposure to wildlife that puts you right in the moment," said Cormode.

The program not only allows the participants to feel liberated, it also gives parents a bit of a break. "Parents can have time to chill out and watch their

child enjoy [the activity] without having to monitor the whole thing," said Cormode. Conversely, parents who wish to participate are invited to join in. Family members follow the same rules as other participants, requiring an introduction to kayaking as well as being accompanied by pontoons on their first excursion. Parents with prior kayaking experience may substitute for volunteers and go out in the kayaks with their children. As Kenigsberg noted, Power To Be imparts significant value to family participation in all of its adaptive recreation programs: "Recreation is

a great activity to encourage family involvement. It's not just [parents] babysitting their children; family activities are really important. We try to remove the care-giving part of it where possible. It's more just having fun, which changes the dynamic."

Freedom for body and mind

If feedback from participants and their families is any indication of the program's success, Cormode, Kennigsberg, and the staff of Power To Be have largely achieved their goals. Eighteen-year-old Brandon Campbell-Moore of Victoria has Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS), a disorder on the autism spectrum.² As a consequence of his condition, Brandon has communication and sensory integration challenges and is uncomfortable with changes in his routine. Accordingly, he often becomes overwhelmed and has difficulty focusing around large groups of people or when attempting new physical tasks. Brandon has been participating in the kayaking program for the past three years. In this time, he has not only been able to enjoy a good upper-body workout, but has also become more self-sufficient. His mother Merle attributes much of Brandon's improvement to Power To Be: "[Brandon is] determined to be more independent and make more decisions himself. It's been encouraging to us to know that he's got this [independence] in him. I could see him a lot further behind if he hadn't been through some of these programs. [The staff and volunteers at Power To Be] talk to Brandon and encourage him. It has done so much for his self-esteem and encouraged him to do things that he didn't think he could do."

This sentiment is echoed by 14-year-old Alex Cairns, of Squamish, BC, who has been participating in the program since 2006. Alex has spina bifida and hydrocephalus which has left him with paralysis from the knees down.



Fifteen-year old Mark Sherwin is thrilled to participate in Power To Be's Teen Community Connections program, in conjunction with Community Living Victoria.

As a result, Alex walks with the aid of leg braces. The Power To Be sea kayaking program has offered Alex a sport in which he can focus on his upper body, rather than his lower half. "It is really cool not to have to walk everywhere to do a sport," said Alex. "It's more doable [for me] and relaxing and fun." The general atmosphere of the program also helped Alex to feel at ease socially: "I felt good. The people were really nice and I have really enjoyed the freedom from walking." The experience of enjoying the outdoors has left the greatest impression on Alex. "I really enjoyed being out in nature. We even had a mink swim by the boat! I liked the idea of being out and seeing everything there was to see, just being close to nature."

"Magic shared"

Encouraging socialization with like-minded peers and providing a cohesive, non-judgmental environment in

which to cultivate friendships is another one of Power to Be's objectives. "The program is about having fun and being with a group of people," said Cormode. "It's creating confidence and building self-esteem, creating new friendships and social networks. It is active socialization and inclusiveness [for the participants] who usually feel that they aren't included." Keningsberg agrees. "The first word that comes to my mind is 'community,'" she said. "[Our aim is] not only to provide [the participants with recreation] access, but also to provide them with community. [Kayaking provides them with] the ability to feel success and not focus on their disabilities. [The program] is different every week, whether it's the group dynamics or the nature that we see, it changes each time and there is magic shared," said Keningsberg.

According to 23-year-old volunteer Lucy Lin, an international student at the University of Victoria, Power To Be's commitment to fostering a sense of inclusion and inspiration has impacted more than just the participants: "I wasn't sure I was included in the Victoria community until I joined Power To Be last summer. These programs have guided me to see the lives and world differently. I have learned to believe in myself, and as long as I believe I can overcome obstacles in my life, everything will be fine and beautiful." ■

In addition to the sea kayaking program, Power To Be Adventure Therapy offers a variety of other outdoor adaptive recreation activities throughout the year, including skiing, rock-climbing, gardening, hiking, conservation programs and farming. For more information about Power To Be Adventure Therapy programs including locations, rates and bursaries, visit www.powertobe.ca.

² According to the DSM-IV-TR, Pervasive Developmental Disorder is characterized by severe and pervasive impairment in several areas of development: reciprocal social interaction skills, communication skills, or the presence of stereotyped behaviour, interests and activities. The symptoms and severity of PDD vary among individuals. Not Otherwise Specified refers to the fact that the strict criteria for autistic disorder are not met. http://www.autismsocietycanada.ca/understanding_autism/what_are_asds/index_e.html



In

Focus

A column by Montreal psychologist
Harriet Greenstone, Ph.D., OPQ

Fine-tuning Executive Function and Emotional Regulation



In the last issue of *Exceptional Family*, we explored the important roles of executive function and emotional regulation – the

“executive control skills” headquartered in the brain’s frontal lobe which enable individuals to interpret signals, integrate information, make good decisions and react appropriately to life experiences, among other abilities.¹ More than “book smarts,” these life skills are critical to individuals’ healthy and successful development. Weaknesses in these areas can significantly impair children’s (and adults’) abilities to problem-solve, perceive situations accurately, respond appropriately, and deal with their emotions.

The good news is that in many instances, the sources of your child’s challenges around executive control skills can not only be identified; they can be remediated through techniques like cognitive restructuring, a process used in cognitive-behavioural therapy to repair faulty thinking patterns. The following vignettes highlight common scenarios where children typically experience challenges in executive function and emotional regulation and suggest strategies for their remediation.



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around executive control
skills can not only be
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be remediated.*

Executive Control Skills: Initiation, Organization and Planning

Scenario: *Eleven-year-old Eric has to write a two-page essay on a country of*

his choosing. While the majority of his fellow fifth-graders dive into the task with confidence, Eric has no idea where to begin. He hasn’t a clue where to find any of his research, let alone which country to choose. He conveniently leaves his agenda at school and although he pretends to be working in his room, Eric actually spends the time playing computer games. As the deadline approaches, Eric feels increasingly incompetent and anxious. So he does the only thing he can think of to make the problem go away; he ignores it.

A month later, Eric’s parents are shocked to receive a call from his teacher, who informs them that Eric was given a “zero” on his project – an assignment they never even knew he had.

Challenges: Although Eric’s teacher had provided the class with an outline of her expectations for the project as well as tips on how to conduct research, Eric was either in a daze during class or too ashamed to admit he hadn’t understood the instructions. Eric is unable to break down tasks on his own. He has poor planning, time-management and organizational skills and does not know how to initiate activities.

Remediation Strategies: Eric’s parents and teachers need to collaborate to ensure he receives the additional support he requires around assign-

¹ Adam Cox’s eight “executive control skills” are outlined in his book *No Mind Left Behind: Understanding & Fostering Executive Control: The 8 Essential Brain Skills Every Child Needs to Thrive*. See Recommended Reading, page 11.

ments both at school and at home. Accordingly, until Eric has gained the confidence and skills to take responsibility for his own work, his teachers could verify that assignments are properly recorded in Eric's agenda, which his parents would then check each night. Eric's teachers could also spend a few minutes with him privately to review and ascertain whether he understands what is expected of him, and provide written instructions for both Eric and his parents to consult.

At home, a helpful strategy might be to teach Eric to break the project down into small, manageable parts. In mutually devising a timeline by which each step should be achieved and plotting each step's due date on a calendar, Eric would have a visual reminder of his responsibilities that he could refer to again and again.

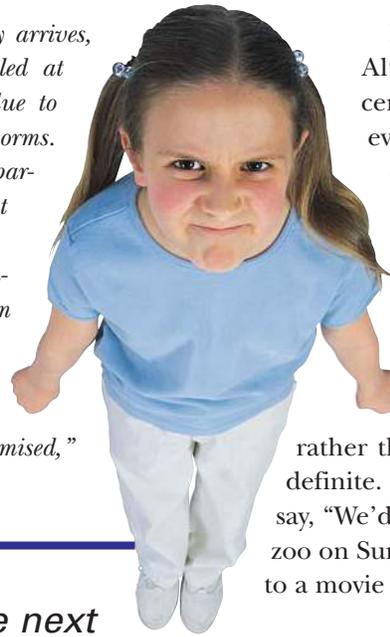
Eric might also benefit from a study skills course where he would learn time-management skills, brainstorming and researching techniques, how to transfer thoughts onto paper, and how to compose a list of questions to be answered.

Above all, Eric needs support, encouragement and reinforcement. Despite the fact that his behaviour may be frustrating to his parents and teachers, they need to remember that Eric is not intentionally acting lazy or difficult; he too is frustrated and anxious and his dishonesty was his way of compensating for feelings of inadequacy and embarrassment.

Executive Control Skills: Flexibility and Managing Emotions

Scenario: *Eight-year old Suzie has been looking forward to the day when her parents promised to take her to the petting*

zoo. When the day arrives, the trip is cancelled at the last minute due to sudden thunderstorms. Although Suzie's parents suggest that they go to a movie instead, Suzie cannot even hear them – she's too busy throwing a tantrum. "It's just not fair! You promised," she wails.

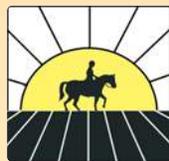


The next time Suzie is caught off guard, she might consider a substitute activity on her own and circumvent a meltdown altogether.

Challenges: Suzie is unable to make adaptations when she's disappointed or when there is an unexpected change in plans. Neither logic, nor explanation, nor threats of punishment or even promises of rewards will calm her down.

Remediation Strategies: Although Suzie's parents certainly cannot anticipate every time there will be a change in routine, they can minimize the potential for Suzie to be caught off guard by an unexpected scheduling change by leaving their plans somewhat open-ended rather than announcing them as definite. In the future, they might say, "We'd like to go to the petting zoo on Sunday. If it rains, we will go to a movie instead."

One of my clients, when faced with a similar dilemma, railroaded a potential meltdown and its devastating consequences by suggesting that instead of the cancelled activity, the family would order out for dinner and her daughter could pick the restaurant. The mother's quick resolve to introduce a compromise (and distraction) before her daughter spiraled out of control didn't just save the situation – it also taught her daughter that disappointments don't signify the "end of the world;" instead, the cancelled activity represented an opportunity to pursue an equally-pleasurable alternative. The next time Suzie is caught off guard, she might consider a substitute activity on her own and circumvent a meltdown altogether.



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Executive Control Skill: Self-Awareness

Scenario: *Thirteen-year old Jared likes to talk. He can talk for 40 minutes without ever noticing whether his listeners are interested in what he has to say or are bored to tears.*

Challenges: Jared is not aware of his behaviour and its effect on others. He is incapable of putting himself in his listeners' shoes and is "socially blind" to nonverbal messages - a critical part of good social skills.

Remediation Strategies: Jared's parents can help by teaching him good conversational skills. They can role-play a game in which one person speaks for five minutes while the listener communicates whether the topic of conversation is of interest through his or her body language; tilting one's head slightly to the side and nodding would be a non-verbal signal conveying interest, for example. Looking up at the ceiling, tapping one's feet and crossing one's arms would send a clear message of disinterest or frustration. At the end of five minutes, Jared would have to identify the message his parents were trying to convey. Once he learns to interpret these cues, he must also be taught the appropriate next step, which would be to change the subject or give the other person a chance to speak.

In all of these scenarios, the central goal is to identify the problem (to yourself and to your child), then explain what the child is expected to do, model appropriate behaviours, and reinforce even the smallest of successes.



The former executive skills are essential components of children's emotional, behavioural and social development. These need to be honed before tackling other areas of executive dysfunction, such as weaknesses in focused attention and working memory, which are particularly essential to successful learning and performance in school. They will be the topic of my next article. ■

Dr. Harriet Greenstone is a psychologist and the Director of Centre MDC, a multidisciplinary care centre specializing in children, adolescent and adult evaluations and treatments. Harriet has done extensive clinical and research work in developmental and learning assessments. She teaches child development at Vanier College in Montreal.

Recommended Reading

The following books offer insights around challenges related to executive function and emotional regulation:

Cox, Adam J. *No Mind Left Behind*. Perigree Books, 2007.

Dr. Cox's book is an excellent review of what he calls the "eight essential brain skills." He describes how to assess these skills, what may happen when they're not working effectively and what we can do to strengthen them in all children.

Doidge, Norman. *The Brain That Changes Itself: Stories of Personal Triumph from the Frontiers of Brain Science*. Penguin Group, 2007.

This is an inspiring book that explores incredible breakthroughs in neuroscience, showing the unlimited potential of brain plasticity, while dispelling old beliefs that these changes are limited to early childhood. Among the case histories are stories of children and adults with significant neural impairment who greatly benefited from a variety of brain exercises. This book also explains the science behind neuroplasticity.

Greene, Ross. *The Explosive Child*. Harper Collins, 1998.

In this book, Dr. Greene describes what he calls "inflexible-explosive children" – those who have emotional meltdowns because their skills in the areas of flexibility and tolerating frustration have been impaired or developmentally-delayed. Dr. Greene explains the underlying reasons for problems and offers effective strategies for parents and teachers interacting with such children.

Kutscher, Martin L. *Kids in the Syndrome Mix of ADHD, LD, Asperger's, Tourette's, Bipolar and More!* Jessica Kingsley Publishers, 2005.

Dr. Kutscher is a pediatric neurologist who offers this excellent guide to a range of neurobehavioural disorders that frequently coexist in children. These disorders usually include problems with some of the elements of executive function. He discusses their symptoms and causes, and provides a wealth of tips and strategies.

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The Gift of Grandchildren

Your supportive role as exceptional grandparent

by JENNIFER KRUMINS

It's taken decades for you to get here and you've earned your title fair and square; after years of raising children of your own and juggling the responsibilities of work, home and school, you're finally a grandparent! At last, you can sit back and enjoy the pleasure of your grandkids – free from time constraints, distractions and the pressure of having to serve as primary disciplinarian. Like most grandparents, you're bound to agree that together with health, security, family and friendship, grandchildren rank high on the list of life's greatest blessings. As the grandparent of an exceptional child, however, you know that life doesn't always deliver our blessings in the packages we expect. Your ability to embrace your grandchild and support his or her parents is perhaps one of the biggest gifts you can offer them in return.

Learning that your grandchild has been diagnosed with a disability is indeed heartbreaking. Even though



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there are two degrees of separation between you and your grandchild, the feelings of pain and grief that you naturally confront upon being told that your grandchild has special needs are in many ways comparable to those experienced by a parent. In much the same way, you will be forced to process and come to terms with the fact that your “dream” grandchild may ultimately be just that – a person only alive

in your dreams. Over time, however, you will create a new kind of “normal,” more realistic expectations and find joy in your grandchild's accomplishments, however small.

Conversely, it is your children – the parents of the exceptional child – who may take longer to heal. And while they too will ultimately reach a place of emotional peace, your ongoing support will always be well received – provided, of course, that it is offered in an appropriate and respectful manner. The following tips may help guide you in your efforts to play a positive role in the life of your grandchild and his or her immediate family:

- 1) Avoid judging or blaming anyone or anything for your grandchild's diagnosis.** When a negative experience befalls a person arbitrarily, it is only natural for one to want to attribute it to a particular source or individual. In the broader picture of your grandchild's emotional, physical

and intellectual growth, however, negative energy is simply wasted energy. Positive energy, on the other hand, encourages one to learn about, understand and accept one's reality, which can only help your grandchild to grow and thrive.

2) Remember to view the disability in perspective. Your grandchild's diagnosis is only one facet of her. True, it does impact the way that she learns, views the world and perceives herself in relation to others. But it does not define the whole child. Your grandchild has a unique personality and abilities, strengths and weaknesses that are hers alone. Your ability not only to view your grandchild as a whole person but to validate her worthiness via your actions and relationship with her will also do wonders for her self-esteem, which is largely contingent on the reactions of others and the ways in which they relate to her.

3) Learn as much as possible about the diagnosis. In today's electronic age where information can be accessed instantaneously, finding authoritative resources that shed light on your grandchild's diagnosis should not be difficult. Your goal, however, should be to increase your understanding of the child's limitations and abilities

in such domains as communication, socialization, behaviour and education, and not to find a remedy or cure (which is already being taken care of by competent professionals in science and health-related fields).



Follow dietary restrictions, bedtimes, communication guidelines and other rituals enforced by the parents, no matter how odd or tedious they may seem.

4) Respect boundaries as a grandparent and remember that you are not the child's primary caregiver. Support your children in their efforts to come to terms with and negotiate their challenges and offer an attentive ear. What your children need most is to feel encouraged and validated in their roles as parents. Accordingly, do not offer them unsolicited opinions, research or advice. Trying to convince your children to follow a certain therapy, forwarding links to various websites, or pointing out potential treatments for your grandchild's condition may be interpreted as a lack of faith in their ability to raise their child and find the necessary resources and solutions that he needs. No matter how well intentioned, offering unsolicited parenting advice will only undermine their authority and cause them to feel increasingly frustrated and insecure at a time when they are already quite vulnerable.

5) Adhere to the limits and schedules established by your children. While many grandparents are quick to throw routines out the window as a treat for the children in their care, raising a child with special needs often demands strict adherence to structure and routines which are essential for the proper functioning of both the child and family. Children with disabilities may have trouble coping with changes in schedules, food, sleeping arrangements and toileting, for example, particularly when they are away from home. Follow dietary restrictions, bedtimes, communication guidelines and other rituals enforced by the parents, no matter how odd or tedious they may seem.

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6) **Don't play therapist.** While it is tempting to use the time spent with your grandchild to hone a specific skill or introduce a new intervention, your role in interacting with the child should be strictly that of grandparent. Chances are that your grandchild already has a variety of therapists committed to addressing her various needs. Trying to be both grandparent and therapist compromises your unconditional relationship and communicates to the child that you are not accepting her current reality. Your grandchild should look forward to time spent with you, rather than equate it with aversive feelings. Moreover, various physical therapies can pose potential injury risks if not performed by skilled professionals.

7) **Encourage your grandchild's independence.** Help foster your grandchild's self-esteem by providing opportunities for him to do things for himself, with your guidance. While it is tempting to facilitate tasks and activities for a child with special needs, being overly nurturing can sabotage an exceptional child's chance to learn independently and feel the senses of accomplishment and pride inherent in mastering a goal on one's own.

8) **Provide your children with respite opportunities.** Offer to watch your exceptional grandchild for a few hours in order to afford their parents a chance to unwind and reconnect with each other and/or their other children. Your children may have unwittingly placed their marriage and mental health on the back burner for a while in order to respond to the full-time demands of raising a child with special needs. Opportunities



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for relief contribute to the entire family's well-being.

A homemade meal or a house cleaning can also go a long way to ease stress and free up additional leisure time. Gift certificates for movies, dinners, spas and fitness clubs are also a creative way to "force" parents to take time for themselves.

9) **Offer financial assistance where possible, if you think it will be accepted graciously.** The education savings plan that you may

have begun for your grandchild may need to be used earlier than expected. You may wish to defray some of the exorbitant costs related to the child's care, including therapies, programs, resources and respite care.

10) **Spend time with the siblings of the exceptional child.** So often, home life is centered on the child with special needs, inevitably leaving siblings lost in the shuffle. Special days away or planned activities with you will give siblings the relief they need from a busy household and communicate the importance of taking time for oneself. Your undivided attention will also validate feelings of self-worth and highlight the fact that they are equally as special and loved as the exceptional child.

While learning that your grandchild has special needs may initially evoke natural feelings of loss and helplessness, trust that you can have a deep and life-changing impact on your grandchild and his or her family, by offering the support that they so greatly need. ■

Jennifer Krumins is a full-time teacher in Courtice, Ontario, with 18 years of experience in special education and the regular classroom. A mother of three (of which one has autism), she is currently teaching teen boys with autism. Jennifer is the author of *Been There. Done That. Finally Getting it Right. A Guide to Educational Planning for Students with Autism: Lessons from a Mother and Teacher*. To purchase a copy of the book, visit www.autismaspirations.com. Contact Jennifer at krumins@autismaspirations.com.

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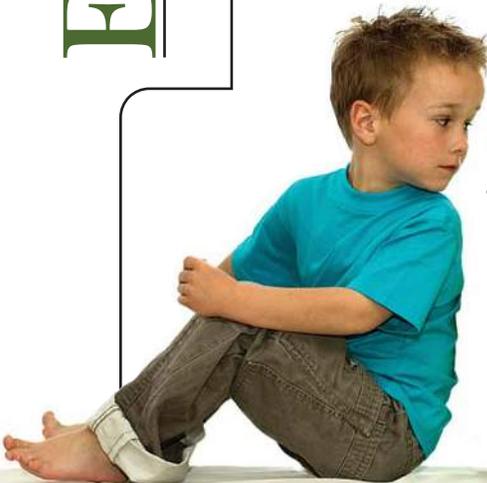
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It's true – kids who lie are actually on the right track

In a society where the virtues of truth-telling have always been extolled, parents may be relieved to know that Johnny's occasional fibbing may actually be a *good* thing. In a recent segment on ABC's Nightline, researchers from McGill University's Department of Educational and Counselling Psychology shared their findings from numerous studies on the role of lying in kids' development. Their conclusion: the ability to lie represents an important milestone in a child's cognitive maturation.

For the past nine years, Dr. Victoria Talwar, assistant professor of Educational and Counselling Psychology, and her team have been conducting hosts of honesty-related tests with hundreds of children worldwide between the ages of three and 14. In one particular study involving kids between the ages of three and seven, individual participants were seated facing the wall in rooms equipped with hidden cameras. A toy was placed on a table behind them and the children were instructed not to turn around. The supervisor then excused herself. Within seconds of her absence, 80 percent of the children peeked at the toy. When asked moments later whether they had looked, 74 percent of those between four and seven lied and said they had not.

The researchers say the kids' abilities to lie demonstrate their capacities to empathize with others and their strengths as social communicators. "Lying requires the understanding that another person can hold a false belief," said Talwar. "Many three-year-olds do not pass false belief tasks and they are less likely to lie. As children get older they develop second-order representational abilities and this is related to their abilities to conceal their lies in follow-up questions." The ability to view things from another person's perspective and put oneself in his or her shoes – known as theory of mind – is often highly underdeveloped or absent in many individuals with Autism Spectrum Disorders (ASD) and other cognitive challenges. "Lying is a marker of children's increasing theory of mind understanding. This is why lying is an infrequently reported behaviour with autistic children," said Talwar.

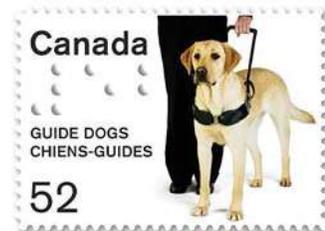


Braille postage stamp a North-American first

Canada Post recently issued the first Braille stamp in North America in commemoration of the Montreal Association for the Blind's (MAB) 100th anniversary. The MAB is a private, non-profit rehabilitation centre that services people of all ages who are blind or have visual impairments. The first institution of its kind, it was founded by Philip E. Layton – great-grandfather of NDP leader Jack Layton – who lost his vision in adolescence. Among the MAB's numerous achievements since its inception was its creation of Canada's first comprehensive clinic for people with low-vision, and the country's first residential centre for young adults with multiple disabilities including blindness.

A commemorative envelope with Braille text was also released with the stamp, which features a picture of a golden retriever guide dog and the 52-cent denomination in both Braille and enlarged font. As reported by numerous media outlets, 70-year-old Alan Dean of Pointe Claire, Quebec, was particularly elated with the new stamp; an avid stamp collector who became blind in his late fifties, Dean appealed to Canada Post for seven years to produce the Braille stamp, with the knowledge that such stamps have already been issued in Mexico, Costa Rica and England.

Emphasizing that the commemorative stamp was largely released as a symbolic gesture, Canada Post did not reveal any immediate plans to issue Braille stamps long-term – beyond the 3.5 million copies currently in circulation.



Children from different cultures manifest dyslexia differently

Researchers at the University of Hong Kong have discovered that dyslexia impacts different areas of the brain in children, depending on their languages of origin and education. As reported by the Associated Press, researchers used MRI technology to scan the brains of kids who were raised reading and writing Chinese and those who were brought up reading and writing English. The scientists discovered that different structural areas of the brain were affected in those whose primary language was Chinese, versus those whose mother-tongue was English. The findings, which were published on the Proceedings of the National Academy of Sciences website, reveal that interventions for children with dyslexia may likely need to be tailored to their respective cultures and languages of instruction. According to the study's lead author, Dr. Li-Hai Tan, while treatments for English readers concentrate on sound awareness and the conversion of letters into sounds, interventions for Chinese readers may need to focus on honing working-memory and sensory-motor skills in order to facilitate their memorization of hundreds of symbols which represent words in the Chinese language.



First cotton swabs, now eardrops

Following the recent release of a Quebec coroner's report attributing a man's death in 2007 to complications resulting from the use of cotton swabs in his ears, doctors at The Montreal Children's Hospital are alerting parents about the potential hazards of over-the-counter eardrops. Dr. Sam Daniel, the director of the MCH's McGill Auditory Sciences Laboratory, and his team of researchers, have found that certain non-prescription earwax softeners used to disintegrate earwax have caused significant inflammation and damage to the eardrum and inner ear of an "animal model." The doctors analyzed the effects of one softener, Cerumenex, on hearing and found that even one dose was toxic to both the outer and inner ear nerve cells, producing lesions, severe inflammation and reduced hearing. According to Dr. Daniel, the animal model had "a very similar hearing mechanism" to those of humans, which is why the researchers are urging people to use that product and similar ones cautiously. The MCH study was recently published in the journal *The Laryngoscope*.

New handbook designed to help in the early diagnosis and treatment of autism



Canadian parents and practitioners now have an authoritative tool to detect whether a child is on the autism spectrum, thanks to the release of a new handbook designed to facilitate the early detection and diagnosis of Autism Spectrum Disorder (ASD). The "Screening, Assessment, and Diagnosis of Autism Spectrum Disorders in Young Children: Canadian Best Practice Guidelines" handbook was developed by the Miriam Foundation, a Montreal non-profit foundation which supports rehabilitative, vocational and residential services and programs for people of all ages

living with autism and other intellectual disabilities. The project was born out of a desire to establish a consistent, standardized plan of action for children suspected of having an ASD from birth to five years of age. The best practices are based upon scientific literature and were compiled in consultation with leading experts in autism-related fields and parents of children with the disorder. The handbook can be downloaded for free on the Miriam Foundation's Autism Central website (autismcentral.ca). A physician toolkit, parent guide, and waiting-room poster highlighting the common signs of autism are also available.

Best Practices project coordinator Dr. Jennifer Nachshen says the documents are designed as quick references to help both doctors and parents spot the warning signs of ASD or other developmental disabilities so that they can take prompt action and seek early intervention as quickly as possible. "Research has shown that autism in children can be identified as early as 18 months of age," said Nachshen. "Research has also shown that earlier is better when it comes to the effectiveness of behavioural interventions." Approximately one in 165 Canadian children has autism, according to Autism Society Canada.

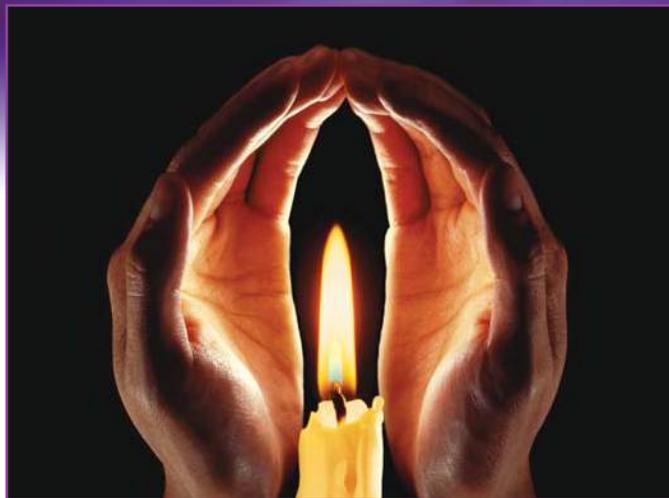
Life is Written with Crooked Lines

A look inside Christianity's view of people with special needs

by FATHER JOHN E. WALSH

Alec Kant was an adult when I met him. His intellectual development had been arrested at an early age. Wanting desperately to serve at the liturgy, he began to serve and would often mimic me with incomprehensible sounds. After a while, and with some direction from others, he not only learned to stay quiet during church services but would spend hours in silent prayer on Saturday afternoons waiting for the 4:30 pm Mass. I was truly amazed by his innocence and devotion to God. One day I sat down with him and put a pencil and a piece of paper on the table. I placed my hand over his and we wrote his name together: A-L-E-C. Then, he took the pencil and scratched all over the page. "Me write my name," he said.

That day I learned a great lesson: While God's ways are not our ways, our names and destinies are written on the palm of His hand. And sometimes, the story of our lives is written with crooked lines.



Our ways, our names and destinies are written on the palm of God's hand. And sometimes, the story of our lives is written with crooked lines.

An encounter of the heart

My relationships with exceptional people like Alec leave me in awe before God. In the presence of an exceptional person I am called to respond from the heart. Exceptional children have not been cheated in life; if anyone has been cheated, I am the one. The exceptional person is not overwhelmingly concerned

by what to say, or how to behave; she or he merely waits to be embraced, to embrace another fellow human being, and encounter another person's heart.

The real encounter is an encounter of two hearts – here, no judgements are made. There is simply an acceptance of the other for the person that she or he is. When we live without judgements of others, we are learning to be exceptional. We are learning and rediscovering the essential message of love that the exceptional child teaches us with every encounter.

Whenever I hear the cries and seemingly senseless noises of some exceptional people, I am touched within the very core of my being. I am driven to ponder the fact that while I myself do not have special needs, I am invited to become exceptional. For the cries I hear outside of me from an exceptional person represent the cries I fear to face inside of me, while the seemingly senseless noises remind

me of how truly hollow I am. The exceptional child teaches me to live in the present and allow the present moment to fill my hollowness, bringing my restless spirit to a grinding halt.

We discount life when there is a “they” and an “us”

I recall an occasion when I was giving lessons to prepare children with intellectual challenges for the rituals of the Church. No matter that many of them did not have the verbal skills to communicate; rather than speaking with words, they were merely content to sit on my lap and compete with each other in a game of who could kiss me more often. I was dumbstruck by it. The exceptional child does not have to learn rituals, and while Alec never followed the rituals perfectly, he continuously taught the congregation by example that each of us is to love freely, rather than merely perform the religious gestures of liturgy. Alec taught us to “be” wherever we are rather than feel that we always have to “do.” The exceptional child lives what the rituals are designed to teach: that while we are free to strive for perfection, we will not attain it in this world.

Am I willing to walk a mile in the shoes of those who do not meet the standards that the world establishes for success? Has not Habakkuk (2:18) warned me? “What profit is an idol when its maker has shaped it, a metal image, a teacher of lies? For the workman trusts in his own creation when he makes dumb idols!” The exceptional child is made in the image and likeness of God. Habakkuk alerts us to not distance ourselves from those who are exceptional; for when the excep-

tional is a being of our own creation, we have abandoned the very God who made all of us.



Father John E. Walsh

The exceptional child challenges all of us to adjust our understanding of the notion that we are all created in God’s “image and likeness.”

History leaves us with sad memories of how we treated others who did not meet our standards. How poorly we understood and accepted exceptional children when we judged them as “handicapped” or “retarded” and placed them in institutions that were designated as *orphanages* and *asylums*. We were content to see how “they” were so unlike “us.” The exceptional child challenges all of us to adjust our understanding of the notion that we are all created in God’s “image and likeness” – and accept that exceptional people are a part of that very image and likeness.

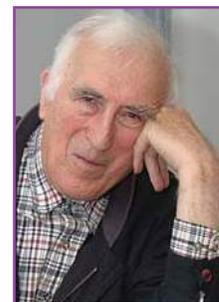
The measure of a person

Jeremiah serves notice (12:13): “They have sown wheat and have reaped thorns; they have tired themselves out but profit nothing. They shall

be ashamed of their harvests.” As a Christian, Matthew reminds me (16:26): “For what will it profit a person, if she or he gains the whole world and forfeits his life? Or what shall a man give in return for his life?” The measure of a person is one’s respect for the other’s dignity as a human being. The measure of a person is his openness to see what the other offers him. We are never to dominate anyone who shows signs of being weaker than ourselves. We are not to judge anyone who falls short of perfection. The true measure of a person is found in her or his efforts to unite and draw others into our community called humanity. Such is the ability of the exceptional child, whose innocence draws us closer to one another.

Going beyond to forgiveness and liberation

In 1964, Jean Vanier, through his friendship with a Dominican priest, Father Thomas Philippe, became



Jean Vanier

aware of the plight of thousands of people institutionalized with developmental disabilities. Vanier invited two exceptional men to leave the institutions where they resided and live with him in a home in Trolly-Brueil, France, which he named l’Arche (as in Noah’s Ark). Today, l’Arche is an international network of faith-based communities centered around people who have developmental disabilities, based on Vanier’s initial concept. The retreats he offers and the plethora of books he has written largely relate how his own life has been enriched by living with exceptional people.

Jean, whom I have met on several occasions, is a Christian Catholic and he expresses his faith from his heart. In his book *Becoming Human*, Jean speaks of a “transformative” love that helps people heal from a desire to die to a desire to live. As Jean explains, transformative love flows from someone who believes in another and values his or her very life. “We can either welcome or refuse this transforming love.”¹ The challenge for people of faith is to live by the concept of transformative love in all our relationships. Every exceptional child relates to transformative love and if we would only appreciate the exceptional child for who she or he is, we would be the ones who would ultimately be transformed and become exceptional in our own way.

The today of my life

Twelve-year-old Georgia Beauchemin serves at the liturgy in my congregation. Georgia is very intelligent. She has cerebral palsy and consequently has an unsteady gait. Nevertheless, she dedicatedly holds her candle



Accompanied by her mother Denise Roig, Georgia Beauchemin holds her candle with pride and confidence.

The life of the Christian is richer when the focus of our spiritual lives is not on what we do not have, but what we do have.

upright, despite the fact that it sways from side to side when she walks. In the years that she has served in our congregation, she has only fallen once, and thank God, her mother came quickly to her aid. Undaunted, Georgia carried on.

Georgia’s painstaking efforts to express herself verbally represent a challenge she bears silently. Her parents

love her and they have taught our community to respect her and to liberate her from any fear that she might not be able to accomplish her duties as a server. She is fully supported by the other servers. I continue to be in awe of how Georgia teaches us to be accepting of what life offers all of us. On a personal level, she also teaches me that God is present when I am patient with myself and that it is important to recognize my own deficiencies.

We are all children of the God of surprises. The life of the Christian is richer when the focus of our spiritual lives is not on what we do not have, but what we *do* have. We become better human beings when our faith is translated into the words and gestures of our lives. The joy that exceptional children offer is truly a gift and any refusal of this gift would be to refuse the love of God that always passes through a human heart. ■

Father John E. Walsh is Pastor of Saint John Brebeuf Parish in LaSalle, Quebec, and host of the Father John Walsh Show on Montreal’s News Talk Leader CJAD 800. The show airs Sundays from 6-7 PM and can be heard online at www.cjad.com.

1 Jean Vanier. *Becoming Human* (House of Anansi Press. Toronto. 1998) 139.

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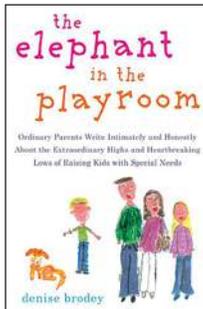
We all deserve a little clarity!

& Classics

A review of sensitizing books that center around *exceptional* issues

The Elephant in the Playroom

By Denise Brodey
Hudson Street Press, 2007
235 pages, \$27.50



In a style all too familiar to readers of such exceptional-themed books as *Chicken Soup for the Soul: Children with Special Needs*, *Being the Other One* and *A Different Kind of Perfect*, author and editor of *Fitness* magazine Denise Brodey presents *The Elephant in the Playroom*, a compilation of bite-sized reflections and vignettes composed by American parents of exceptional children ages three to 33. The mother of a boy diagnosed with sensory integration dysfunction and childhood depression at age four, Brodey groups physical, cognitive and psychiatric disabilities under the same special-needs umbrella and draws on parents' shared experiences and unique emotions around raising children with challenges.

While *The Elephant in the Playroom* contains numerous uplifting and inspirational accounts highlighting the joys of exceptional parenting, it is neither a "feel-good" book, nor one that paints a false picture of exceptional mother- and fatherhood as all-rosy and rewarding. What it does do – and does wonderfully – is

I felt overwhelmed by the physical demands of caring for my child (not to mention my home). Patrick was like Looney Tunes' Tasmanian Devil – on speed. He was destructive and wild, and by the time I wrapped my head around what it would take to clean up one mess, like an entire gallon of milk spilled into the couch cushions, he was onto his next feat, like dumping a canister of flour on the floor so that he could watch the dust billow in the sunlight.

- *The Elephant in the Playroom*

unify both contributors and readers by providing them with a space to process, and perhaps come to terms with, feelings associated with their special children and with others who relate to them (including spouses, friends, neighbours and even strangers). It is Brodey's ability to recognize and validate *all* feelings, even the largely "negative" ones such as grief, anger, loss, depression, frustration, denial and resentment, which makes her book such a powerful and insightful read.

Whereas the inclusion of fathers' perspectives contributes to the book's appeal, a single story composed by the adult sibling of an exceptional person seems misplaced in a book explicitly touted as a compilation of parents' accounts. A second inconsistency is evident in the varying quality of contributors' pieces; whereas some vignettes are beautifully written, others are noticeably unpolished. Finally, after reading the incredible testaments of sacrifice, advocacy



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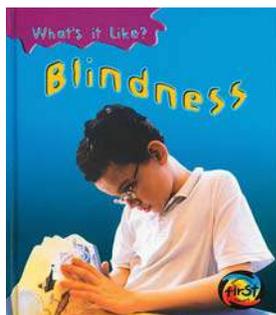
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and faith within, one might argue that Brodey's classification of her contributors as "ordinary" parents could not be more off the mark. ■

What's It Like? Blindness

By Angela Royston
Heinemann Library, 2005
32 pages, \$24.85



As part of Heinemann Library's "What's It Like?" series which offers insights for young children on such themes as cancer, Down syndrome, deafness and using a wheelchair, Angela Royston's book explores what it means to be a person living with blindness. Geared for readers ages five to seven, *What's It Like? Blindness* draws a distinction between vision loss that is congenital versus age-related, and partial sight versus total blindness. Noting that many people wear glasses because their "eyes do not work as well as they should," Royston establishes a frame of reference which "typical" children can relate to, and emphasizes that *all* people have limitations of one kind or another. In addition to exploring the causes of certain types of blindness and discussing the important functions of Braille, white sticks, audio devices and guide dogs, *What's It Like? Blindness* underscores the fact that people with visual impairments can lead fully-functional, independent and enriching lives as productive mem-

"People of all ages can be blind, but most people with poor eyesight are older people. Many of the diseases that cause blindness affect older people more than younger people. Some people are born blind, especially babies that are born too early. Other people become blind because of an accident that damages their eyes."

- *What's It Like? Blindness*

bers of society. From working as teachers and using computers to visiting museums and riding tandem bicycles, the book's subjects are portrayed as active, capable individuals whose lifestyles are worthy of admiration rather than pity.

Young readers will be drawn to the book's vibrant photographs, colourful graphics, large font and straightforward language. A table of contents, kid-friendly glossary and list of recommended readings at the back add to the book's easy navigation and encourage independent reading.

Published in 2005, *What's It Like? Blindness* contains a couple of outdated references which may be lost on the youngest members of

Generation Y; these include a photograph of an oversized (by today's MacBook Air standards) computer and a line stating that "talking books are available on cassettes and CDs." Ironically, it is the word "CD" and not "cassette" which is defined in the glossary at the back. Still, the book is a useful sensitization and demystification tool to be used both in the classroom and at home, particularly with siblings of children who are blind. Readers with visual impairments also stand to benefit from the messages of validation and empowerment inherent in *What's It Like? Blindness*; unfortunately the book is not available in Braille, which makes it inaccessible to those who may wish to enjoy it independently – as it was designed for "mainstream" readers to do. ■

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BULLYING HURTS

HOW PARENTS CAN ENSURE IT DOESN'T HARM

*The third installment of Beyond the Cocoon,
an exclusive series on protecting your child*

by STEFANIE SALAZAR,
PH.D. CANDIDATE and
JOANNE CUMMINGS,
PH.D. C.PSYCH.

Positive peer relationships are critically important in determining the developing child's present and future quality of life, feeling of belonging and self esteem.

Involvement in bullying (as a child who bullies, a child who is bullied, or a child who witnesses bullying) compromises healthy development. Bullying encompasses many kinds of aggressive behaviour (physical, verbal, emotional and social) that is perpetuated in a relationship in which one person has more power over the other. In peer relationships, one child may acquire power over another through greater age, size, ability, or popularity. Approximately 40% of Canadian primary and 30% of secondary school students report that they have been bullied at least once in the last two months, and about 10% report chronic and severe peer victimization. Exceptional children are not immune. In fact, several studies have shown that on average, children with physical and cognitive disabilities are bullied significantly



On average, children with physical and cognitive disabilities are bullied significantly more frequently than children without exceptionalities.

more frequently than children without exceptionalities¹.

Not only does bullying encompass a wide variety of behaviours from physical intimidation to verbal humiliation to the isolation and marginalization of a peer, it can occur in a multitude of forms, whether via face-to-face interaction, behind a person's back, or through the internet or other media, like cell

phones. Bullying is fueled by secrecy, and children who are bullied are generally reluctant to report it because of fear and shame and the belief that adults cannot do anything to stop it. We know that children and youth bully for many different reasons, but

the key determinant is the social climate; in other words, the norms in the peer group and the level of adult awareness, supervision and commitment to take action.

No matter how much we wish we could, we cannot protect our children indefinitely from the hurt of being bullied. We can, however, take proactive steps to "inoculate" them from the emotional harm bullying can cause. There are a number of strategies parents can employ, all of which relate to three fundamental precepts:

1. Bullying is wrong and hurtful.

Being safe in relationships is a fundamental human right. The unaddressed bullying of children with exceptionalities is not only

¹ Cummings, J., Pepler, D., Mishna, F., & Craig, W. (2006). *Bullying and victimization among students with exceptionalities*. *Exceptional Education*, volume 16 No. 3, pages 193 – 222.

wrong, it is also a symptom that collectively, we as a society need to learn to appreciate difference, interdependency and the values of positive relationships.² Children have the right to feel safe and respected wherever they live, learn and play, and this lesson should be taught to all children and continually reinforced as they mature. Exceptional children have the right to enjoy inclusive social environments in which they can develop relationship skills, enjoy mutual friendships and explore their likes and dislikes. Parents of children with special needs have the right to demand and expect that their children be treated with respect. If your child is being bullied, you have the right to express your concern and to expect the situation to change.

2. Bullying is a relationship problem that requires relationship solutions.

Teaching your child to respect both himself and others is the place to start. Creating a positive relationship with your child where love and respect are continuously emphasized and exchanged will educate your child by example of the way he *always* deserves to be treated – both at home and elsewhere. Promote your child's relationship skills by teaching about sharing, turn taking, the value of fair play, the importance of kind words and caring deeds and the ability to assertively communicate and resolve conflict. Develop your child's capacity for empathy by routinely highlighting and labeling emotions that your child is feeling, talk about your own emotions, and the emotions of others. Provide as many supervised opportunities as

possible for your child to socialize with other children and practice the skills he learned. When your child is just beginning to get together with peers, stay close by and coach these skills. As your child gains experience



Develop your child's capacity for empathy by routinely highlighting and labeling emotions that your child is feeling, talk about your own emotions, and the emotions of others.

with socialization, you need to give him more space and independence, but always be available to talk things over afterwards. Help your child cultivate friendships by welcoming other children into your home and by providing transportation and other supports so your child can get together with friends. Children who have friends in their peer group are less likely to be bullied than those who do not.³

Many parents are reluctant to talk to their children about bullying, thinking it will rob them of their innocence or create anxiety. This is a mistake. By having frequent conversations about what constitutes a positive relationship, your child will develop the capacity to identify bullying and detect when things are not OK.

Clearly explain that there are different forms of bullying and provide concrete examples of abusive behaviours and situations (when kids hit you, steal your things, call you names, pick on you, make fun of you, leave you out, etc.). Communicate that this is unacceptable and if your child either finds himself in such a situation or witnesses the bullying of someone else, he should do something about it. If your child can communicate assertively and feels it will be safe to do so, he or she should label the behaviour as bullying and firmly tell the person to stop. Research shows that bullying usually stops very quickly when peers who witness bullying do this.⁴ We know, however, that often this is not an option because confronting the child who is bullying may be frightening and may not be safe. In these cases, your child should be taught to tell an adult. This is an essential message, as keeping the bullying a secret from the adults in charge will further empower the child who is bullying and perpetuate the problem. It is also essential for your child to know that he can tell you if he is being bullied,

2 This idea is fully explored in the article: Sprague, J. & Hayes, J. (2000). *Self-determination and empowerment: A feminist standpoint analysis of talk about disability*. American Journal of Community Psychology, Vol. 28, No. 5, pages 671 – 695.

3 Cummings, J., Pepler, D., Mishna, F., & Craig, W. (2006). *Bullying and victimization among students with exceptionalities*. Exceptional Education, volume 16 No. 3, pages 193 – 222.

4 Hawkins, D. L., Pepler, D. J., & Craig, W. M. (2001). *Naturalistic observations of peer interventions in bullying*. Social Development, 10, 512-527.

and that you can and *will* help to solve the problem.

3. Promoting relationships and eliminating violence are everybody's responsibilities.

Whether as educators, camp counselors, sports coaches or babysitters, all people who have a "caregiver" position in your child's life should be part of the positive-relationship-building team, especially when communication with your child is difficult. In any new social setting, whether at summer camp, in a new classroom, or a community recreation or sport program, it is important to talk to the caregivers about your child's disability and the support he will need around it, as well as the increased risk of peer victimization often posed by having special needs. Caregivers should know that you expect them to keep your child safe from bullying situations, and that you would appreciate their help in fostering positive relationships with peers.

You may have to teach caregivers how to do this. It is important to develop a collaborative partnership with them, so that you can each exchange knowledge and strategies about caring for your child. There are several things you can suggest:

1. Encourage caregivers to do a bullying-prevention activity in each setting where peers are meeting for the first time, or when a new peer group is formed. Establish a clear code of conduct for respectful relationships. Caregivers should explicitly communi-

cate that each child is expected to approach them whenever they see or experience bullying and explain the difference between reporting bullying and tattling. *Tattling is what you do to get someone into trouble, telling is what you do to get someone out of trouble.*⁵



All children in the group should know that if they stand by and passively watch bullying take place, they are sending the message that bullying is acceptable.

All children in the group should know that if they stand by and passively watch bullying take place, they are sending the message that bullying is acceptable.

2. Share the strategies that you employ with your child to build his confidence and to get his cooperation. Explain any methods of communication such as gestures, signs, or picture symbols that you employ with your child, so that the caregivers may apply them too. Doing so will not only enable caregivers to get to know your child better, it will also help them identify when your child is trying to convey that something is wrong. Knowing your child's "language" will also enable caregivers to teach peers how to effectively communicate with him. Letting caregivers observe how you

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⁵ Definition taken from "Making a difference in bullying: What parents of elementary school children need to know" www.prevnet.ca.

communicate with your child is the easiest way for them to learn.⁶

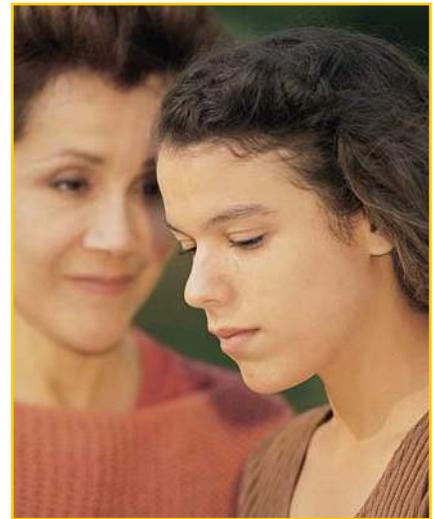
3. Offer to help the leader plan a sensitization activity with the group where your child's exceptionality and the ways peers can provide support are explained. For a younger child or a child with a cognitive disability, you might want to participate and provide the information. If your child is confident and capable of explaining his exceptionality, this is ideal. Alternatively, you might consider recruiting an older child with a disability to be a spokesperson. The key is for the group to learn that the exceptionality is something that can be openly acknowledged and talked about. This will help to reduce the discomfort that peers may feel about it and help them

to understand and appreciate your child.

The key is for the group to learn that the exceptionality is something that can be openly acknowledged and talked about.

Signs that your child may be victimized by bullying

There are several ways to ascertain if your child is currently a victim of bullying: Ask him specific ques-



tions about how the day went, such as "Who did you sit with at lunch time?" or "What did you do during free time?" If possible, observe your child in the peer setting. Is your child engaged with peers, or does he stay close to the adult leaders? Watch for the following signs: Is

6 Sprague, J. & Hayes, J. (2000). Self-determination and empowerment: A feminist standpoint analysis of talk about disability. *American Journal of Community Psychology*, Vol. 28, No. 5, pages 671 – 695.

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your child suddenly reluctant to go to camp or school? Is he complaining about a stomach ache or other somatic problem? Does your child come home hungry? Are some of his things missing or damaged? Changes in your child's eating, sleeping or general behavior are common indicators that he is being victimized.⁷ As a parent, you know your child best. Follow your intuition. If you suspect that your child may be being bullied, talk to the caregivers so they can pay close attention to how your child is interacting with others and being treated in the peer group.

The discovery that your child is the object of bullying can induce feelings of anger, fear, frustration and sadness, among others. Fortunately, you can take measures to rectify the problem. The following tips may help:

1. Allow yourself to calm down and work through any negative and painful feelings that you may be carrying as a result of your discovery. Only then can you concentrate on solving the problem.
2. Praise your child for reporting or admitting the problem, and reassure him that you can help. Provide opportunities for your child to express his feelings (through play, conversation, art work, etc.) but don't push.
3. Talk to your child's caregivers immediately. Your child may not want you to because of fear of repercussions, or because of shame. Even if he doesn't, caregivers *need* to know what's going on. Provide them with any information you have on bullying and ways in which it can be confronted.

4. Encourage positive relationship-building solutions. Enlist children that have shown positive behaviours towards your child to "befriend" him; that is, to stay physically close and to interact with



Enlist children that have shown positive behaviours towards your child to "befriend" him; that is, to stay physically close and to interact with your child for longer periods of time.

your child for longer periods of time. This will contribute to your child's confidence while providing the other child with a meaningful relationship skill-building opportunity.

5. Caregivers need to address the problem with the children conducting the bullying and other members of the peer group who may have witnessed it without supporting your child or reporting the incident(s). The entire group

needs to know that they will be monitored closely, that bullying behaviour will not be tolerated, and that the caregivers will regularly check in with your child to ensure the bullying has stopped.

6. Caregivers should use this opportunity to promote inclusion, acceptance of differences, empathy, self-control and conflict resolution skills within the group. It is often helpful for caregivers to meet privately with the

child or group of children who have been bullying and listen to what they have to say. This will enable the leader to identify if there are things children find difficult to handle about your child and help the leader to find ways to support your child's acceptance in the peer group.⁸

Relationship skills are challenging for all children, and need to be taught, practiced, coached, and continually reinforced. When a child is bullied, the hurt is acute and poignant, but it can be transformed into a learning opportunity for all. When caregivers are aware of the potential for bullying in the peer group and are proactive in communicating expectations of inclusive and respectful behaviour, bullying can be nipped in the bud, and long lasting emotional harm can be avoided. Parents have the power to build loving and respectful relationships with their children, and to build bridges for their children to the wider social world.

⁷ A full list of signs can be found in: "Making a difference in bullying: What parents of elementary school children need to know," www.prevnet.ca.

⁸ Suggestions were taken from "Making a difference in bullying: What parents of elementary school children need to know", and in "Binoculars on bullying: a new solution to protect and connect children," www.prevnet.ca.

Parents of exceptional children also have the power to become effective advocates, reminding everyone that we are all different and that we all depend on one another. ■

Stefanie Salazar is a Ph.D. student at Laval University in the Community Psychology program. Her research work is on the training of aggression among young children. She received her B.A. in Psychology at the University of Monterrey, in Mexico. She is a member of the PREVNet Student Executive Committee.

Dr. Joanne Cummings is a member of the College of Psychology of Ontario. Her research has focused on family violence, parent-child relationships, the development of aggression in young children, and program evaluation. Dr. Cummings is the Partnership Manager of Promoting Relationships and Eliminating Violence (PREVNet). Dr. Cummings also lectures in the InfantMental Health Certificate Program of York University, consults to the Family Home Visitor Team of Toronto Public Health, and has a busy clinical practice at Blueballoon Health Services in Toronto.

Recommended Resources on the Subject of Bullying:

- **PREVNet** (Promoting Relationships and Eliminating Violence) is a network of 50 leading Canadian research scientists and 42 national organizations that work with children and youth, industry and government. Funded by the federal Networks of Centres of Excellence, PREVNet's mission is to stop bullying in Canada and to promote safe and healthy relationships for all Canadian children and youth.

www.prevnet.ca provides extensive scientifically-based information on bullying and children and youths' social development. Resources downloadable at no cost include developmentally-appropriate information to explain bullying to children, recommended reading, lists of consequences for children who bully, study guides, discussion starters, public service announcements, up-to-date summaries of peer-reviewed articles written by network researchers and links to Canadian and international websites dedicated to the subject of bullying.

- *How To Handle Teasing and Bullying: Information for children and teenagers with facial difference*

and their families, a guidebook produced by Bloorview Kids Rehab and The Hospital for Sick Children. Among other tips, the guide includes strategies for coping with bullying and highlights the signs that a person may be a victim of abuse. Recommended reading, websites and community support organizations are also listed. To access the online version, visit www.bloorview.ca/resourcecentre/communityresources/teasingandbullying.php

Recommended Reading for Pre/Elementary School-Age Children on the Subject of Bullying:

Berenstain, Stan and Jan. *The Berenstain Bears and the Bully*. Random House Children's Books, 1993.

Berenstain, Stan and Jan. *The Berenstain Bears and Too Much Teasing*. Random House Children's Books, 1995.

Cohen-Posey, Kate. *How to Handle Bullies, Teasers, and Other Meanies: A Book That Takes The Nuisance Out Of Name Calling And Other Nonsense*, Picasso Publications, 1995.

Fin, Carrie. *Kids Talk About Bullying*. Picture Window Books, 2006.

Kaufman, Gershen. *Stick Up for Yourself!: Every Kid's Guide to Personal Power & Positive Self-Esteem*. Free Spirit Publishing, Incorporated, 1999.

Ludwig, Trudy. *My Secret Bully*. Tricycle, 2005.

McCain, Becky Ray. *Nobody Knew What to Do: A Story about Bullying*. Albert Whitman & Company, 2001.

Pendziwol, Jean E. *The Tale of Sir Dragon: Dealing with Bullies for Kids (and Dragons)*. Kids Can Press, 2007.

Romain, Trevor. *Bullies Are a Pain in the Brain*. Free Spirit Publishing, Incorporated, 1997.

Schwartz, Susan. *Coping with Cliques: A Workbook to Help Girls Deal with Gossip, Put-Downs, Bullying, and Other Mean Behavior*. New Harbinger Publications, 2008.

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Sure I can

A column dedicated to *living & succeeding with a disability*

Performing as a means of self-expression and skill development: sometimes it IS a laughing matter

by MICHAEL LIFSHITZ, CA, MBA



Art and play are often employed in the therapeutic context as means to help children express themselves; particularly when processing emotions and issues around death, divorce, illness and special needs. Bonnie Harnden is an art and drama therapist who works at the Montreal Children's Hospital as well as in private practice and teaches in the Art and Drama Therapy department at Concordia University. "Children don't talk out their feelings. They show us," says Bonnie. "They use art and play to project their inner world, their joys, their fears." Bonnie explains that her job is to create a safe place for children in which to play and explore their feelings. "For the children, [this means of expression]



Comic Kevin Gasior and his protégé, Aaron Dolman, 13.

"Children don't talk out their feelings. They show us. They use art and play to project their inner world, their joys, their fears."

can be transformative. The fact that [they] are able to express themselves and be heard and feel accepted makes them feel like their world and what they are feeling has meaning."

For the past six years, Montreal comic Kevin Gasior has been offering both "mainstream" and exceptional children a unique way to express themselves and recognize that their feelings have meaning through participation in his "Kids in Comedy" two-week workshops. Geared for kids ages nine to 15, the workshops run every July through Explorations Summer Camp, a non-profit summer program offered through the English Montreal School Board and McGill University. Beyond a chance to explore and communicate their feelings, the course also enables participants the opportunity to hone such valuable skills as abstract thinking, timing, public speaking, teamwork and creative writing, and to develop a greater sense of self-esteem and confidence. Of course, it also helps children to develop a sense of humour and the ability to understand sarcasm – skills that are integral to social interaction.

During the first few days of the workshop, each participant completes a detailed questionnaire

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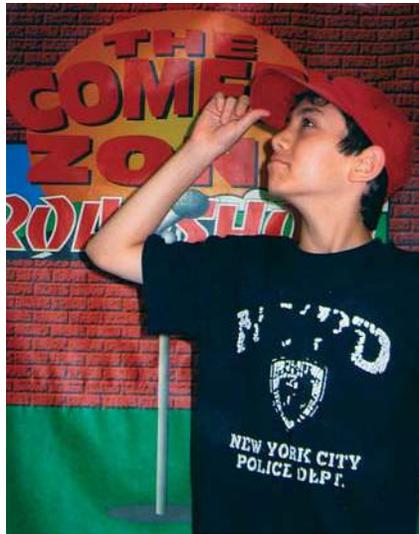
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requiring them to reflect on such topics as their personality, home life, siblings, pets, likes and dislikes, fears and what they consider to be unique about their family. The information garnered serves as the basis for them to develop comedy routines that they eventually perform in front of a live audience at the end of the course. Kevin also does various exercises with the children to stimulate their creativity, such as showing them an advertisement and asking them to devise a funny tagline for it, or to give the characters in the picture voices by adding thought bubbles. Pet owners in the group are asked to imagine a conversation they'd have with their dog, hamster, or goldfish. Using participants' personal experiences as fodder for their stand-up routines, Kevin shows the children how to turn their stories into a series of comedic set-ups and punch lines. "The idea is to teach them that comedy is not about being silly and making your friends laugh but being entertaining so everyone can laugh," says Kevin.

Throughout the two weeks, participants are encouraged to carry notepads and record their thoughts and feelings around any observations, with the ultimate aim of incorporating them into their comedy sets. In the second week, the children are taken to a local comedy club and invited to hop on stage and feel what it is like to perform under the spotlight like real comics. On the final day of the program, the children perform their routines in front of approximately 50 people, including their parents and anyone else in the camp who wishes to attend – a tall order, for those who are shy or have a fear of public speaking. "There are children who are so shy they can barely speak when they come to the class, and then two weeks later I am amazed to see them get up and



Aaron performs his stand-up routine at Explorations Day Camp on the final day of the "Kids in Comedy" workshop.

"There are children who are so shy they can barely speak when they come to the class, and then two weeks later I am amazed to see them get up and perform their set. It is really incredible to see."

perform their set. It is really incredible to see," says Kevin.

Kevin has also witnessed success with exceptional participants. One child with ADD, for example, learned to focus his attention and invest considerable time in preparing his comedy routine. A second child who has Asperger's and tends to see the world very concretely, learned through his routine which jokes would and would not generate laughs and which words and expressions are socially acceptable.

Kevin estimates that over 100 students have passed through his doors since the program's inception. In fact, the Kids in Comedy course is so popular that Kevin recently added a "Comedy Masters" program for participants who want to take it to the next level. The advanced workshop teaches participants the fundamentals of hosting at a comedy club, which necessitate knowing how to handle the mic properly, how to interact with the audience and even how to cover at times when a joke bombs.

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Exceptional Family columnist and comic Michael Lifshitz, doing what he loves to do.

Thirteen-year-old Aaron Dolman of Montreal has been attending Kevin's workshop for several years. His father Howard notes that the program has not only gotten his son to observe and contemplate things he normally would have overlooked, it has also helped Aaron to improve his writing skills. While Howard maintains that Aaron is not particularly shy, he has noticed Aaron's confidence improving with every passing year. "The program helps children learn to think on their feet and express themselves," said Howard. "The most impressive thing is to see children who are very shy get up at the end of the program and perform for the entire camp."

Avid *Exceptional Family* readers may recall from my Power of Humour article (Vol 2, Issue 1, Fall 2006) that in addition to my day job, I work the comedy circuit at night. While I started performing stand-up comedy at the ripe old age of 30, I can



Aaron works the mic in front of a banner simulating an authentic comedy club setting.

Comedy has not only given me an outlet to express myself and release some of my frustrations, it has also given me the confidence to talk about my disability and to educate and sensitize others about exceptional people.

certainly appreciate how the experience of learning to perform in front of a live audience would be empow-

ering to children – particularly those with special needs. Having been born with multiple congenital musculoskeletal abnormalities, as a child and teenager I often felt that people didn't really understand what it is like to be disabled. Before I began performing, I never spoke much about my disability publicly as I thought nobody would be interested. I also did not want to be perceived as a complainer. Comedy has not only given me an outlet to express myself and release some of my frustrations (around accessibility issues, for example), it has also given me the confidence to talk about my disability and to educate and sensitize others about exceptional people. To this day I am extremely proud when people meet me and tell me they saw my performance and enjoyed my routine, or better yet, that they found it insightful.

Danielle Strnad, founder and director of Dramaway, a company that provides creative drama programs for people of all abilities in the Greater Toronto Area, agrees that there's something empowering about getting the chance to express oneself through performing: "Taking part in a production of some sort provides individuals with special needs with the rare opportunity to be the stars and to take control when so often they do not get this chance. When they are exposed to this type of freedom it gives them great pride and confidence in who they are when they themselves and their community members are finally able to recognize and acknowledge them for their ability and strengths as opposed to what they can't do!" ■

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Michael Lifshitz is a consultant for Investors Group Financial Services Inc. in Montreal. Contact Michael at sureican@exceptionalfamily.ca.



The Trials of Toilet Training

Training the Older Child with an ASD

by MAUREEN BENNIE

Many parents and professionals will agree that toilet training an older child is a difficult task. Combine toilet training with limited language skills, severe developmental delays and a child who is conditioned to using diapers – as in the case of our son Marc, who has autism – and the task becomes monumental. For three consecutive years, my husband Ron and I had tried unsuccessfully to get Marc to use the toilet rather than diapers when moving his bowels. Having toilet-trained him for urination at the age of six, we knew that he was capable of meeting this goal with the right motivation and intervention. By the summer of 2006, when Marc was nine, it was becoming increasingly difficult to find childcare willing to accommodate an older child in diapers. That, combined with the fact that we were eager to foster Marc's independence as he grew, made us determined to get rid of diapers once and for all.

There is almost no literature available on training the older child with

an ASD (Autism Spectrum Disorder). Traditional children's toileting books largely refer to the use of a potty chair. Recognizing that older children are both physically too big to use one and expected to use a conventional toilet, potty refer-

Many factors come into play for children with autism: sensory issues, gastrointestinal concerns, anxiety, resistance to change and often no social motivation to please others.

ences are consequently meaningless. Animated characters on videos do not explain the elimination process or show exactly what to do. Moreover, since children with autism tend to be concrete thinkers, they may not be able to relate to animated characters. There are also other factors that come into play for children with autism: sensory issues,

gastrointestinal concerns, anxiety, resistance to change and often no social motivation to please their parents, educators, or anyone else for that matter. Not all children will work for praise or rewards. Some children stand up to have a bowel movement or squat due to gastrointestinal pain and a change in the elimination position can cause anxiety and physical difficulty in releasing the bowels.

Signs of readiness

Before attempting to toilet train Marc the first time, I had looked for signs of readiness: Marc was already familiar with using the toilet. He knew when he was going to have a bowel movement and would ask for a Pull-up™, then to be changed when he was done. He never had accidents and could retain his bowel movements until he was home, demonstrating both physical and emotional control. With all of these signs in place, he seemed ready to start the toileting process. Marc's occupational therapist felt he was ready too and we so we incorporated toilet training into the

goals of Marc's IPP (Individualized Program Plan).¹

The occupational therapist and Marc's aide worked with us on a variety of ideas. We tried various methods frequently used for people with autism, including picture symbols to break down the process of toileting, which we stuck on a Velcro strip and placed on the top of the toilet tank. For three weeks, we charted all of the times Marc had a bowel movement so that we could sit him on the toilet at those specific times. We created a social story^{TM2} around toileting. When none of those approaches worked, we introduced a Behaviour-Reward Contingency Plan where we showed Marc photos of himself sitting on the toilet, a photo of broken pieces of an Oh Henry bar in the toilet, and a photo of his reward – ripple chips, which are his favorite. We explained to him that if he didn't poop in the toilet (shown with a red line through the photo), then there would be no chips. This plan also failed to resonate with Marc. He manifested his resistance by withholding his bowel movements for days at a time and engaging in perpetual fecal smearing.



Task analyses (sequence charts) such as the ones above which break down the steps of toileting and hygiene routines, are often useful teaching tools for individuals with developmental disabilities. (Sample pictures taken from Mayer-Johnson Co.'s "School Routines and Rules" CD.)

If at first you don't succeed...

Our next attempt, therefore, had to be different. Marc could read and was interested in the printed word. The winter prior, I had learned about the Power Card Strategy devised by Elisa Gagnon, coordinator of the Asperger Syndrome Project at the University of Kansas Medical Center. Endorsed by renowned clinician and author Dr. Brenda Smith Myles, Power Cards capitalize on a child's special interests or heroes in order to motivate him or her

to change an unwanted or inappropriate behaviour by following a set of steps. Each business-sized card contains an illustration and motivational text related to a special interest or hero, that a child can refer to whenever necessary. We decided to try this technique using Queen Elizabeth, someone Marc is very interested in.

Applying our own variations to the Power Card Strategy, Marc and I wrote out one directive per card and avoided the use of all pronouns since Marc does not understand them. We kept the text as simple as possible. Everything was stated in the present tense using Marc's name ("Marc sits on the toilet. Poo comes out."). Queen Elizabeth's picture was the only picture on the page. His reward was a scrapbook in which he could paste photos of the Royal Yacht Britannia, the Queen's private yacht. We showed Marc the scrapbook and explained that he would earn one photo of the yacht each time he made an attempt on the toilet.

But the Power Cards were increasingly distressing for Marc, and the

¹ An IPP is a written plan designed for a person with special needs in which his or her education team outlines the person's strengths, needs and participation. The IPP lists both current and future goals to be achieved and provides a written record of the individual's progress. http://www.mnddc.org/extra/publications/choice/Choice4a-Ind_Plans-ipp.pdf, http://www.education.alberta.ca/media/513291/unlock_6.pdf

² A social story is a story written in simple, positive words, which incorporates pictures to describe a social rule or situation. (i.e. the social "rules" of going to the park.) Carol Gray is well known for her work in this area and has released both books and videos on this topic.



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very site of them would bring him near tears. I realized then that much more would be needed to motivate Marc and relieve him of the anxiety of transitioning from diapers to the toilet. But first, we would have to discover what the root cause of his anxiety was. This is difficult to do when a child has very limited language skills. Did it have to do with sitting down on the toilet rather than standing? Did Marc fear the idea of something falling away from his body? Did he think he was losing a part of himself? Was he in physical pain sitting down trying to release a bowel movement? Did he not know how to push a bowel movement out? I combed the internet for some words of wisdom and found nothing.

Necessity as the mother of invention

Trying to put myself in Marc's shoes, I tried draping a towel across the toilet bowl so he would not have the feeling that something was falling away from him – didn't work. Ron and I then changed the emphasis to just sitting on the toilet. We asked Marc to simply sit on the toilet and then rewarded him with chips if he did. During the toileting process, Marc would smear his feces all over the house. He picked out just enough to relieve the bowel pressure. During the first week of toilet training, Marc withheld his bowel movement for seven days. His anxiety levels were very high.

Our first breakthrough came after the first seven days - Marc went on the bathroom floor. This represented progress because even though he wasn't on the toilet, he was in the right area so we rewarded him for that. Once he got the chips, he then withheld his bowel movements for only three days at a time. It took five weeks for Marc to stop smearing, but

we noticed his habit was decreasing as he continued to perform on the bathroom floor. Now it was time to up the ante.

We then said no more chips unless the poop was in the toilet. He had to try the next step and move away from squatting and going on the floor. Having watched Ron and I empty bowel movements out of his underwear into the toilet in the past, this now became Marc's

next responsibility. Not only did he empty his bowel movements from his underwear into the toilet with almost no mess, he also independently washed his hands without prompting. We rewarded Marc with chips for his efforts.

Marc had his first bowel movement in the toilet while over at his Grandma's house during the sixth week of toilet training. She was sitting him on the toilet with his



The Multi-Ethnic Association for the Integration of Persons with Disabilities

is a non-profit organisation that groups together persons with disabilities from all ethnocultural backgrounds regardless of their age, disability or status, as well as parents and relatives. It is a resource that supports them at all stages of their integration and guides them towards the resources they need.

To meet the needs expressed or identified, the Association provides the following activities and services:

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Collective services to meet the need for information, community participation, sharing, to break isolation, share cultural values.

The Association also participates on different levels in training and providing information to service providers, managers and decision-makers, as well as in promoting interests and protecting rights of its members.

The Association's founding philosophy aims at full participation and integration into society, for all people, on all levels. Its approach reflects this philosophy when carrying out activities and organising services. Therefore, the Association also respects the fact that persons have different ways of integrating or participating in the host society.

"The quality of life of a society resides in each members being an equal part of the whole, regardless of origin, abilities, or limitations."



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favorite *Thomas the Tank Engine* book at regular intervals throughout the day for ten minute periods. He finally had the success we had been waiting for. The question was whether he would repeat this at our house, given that children with autism tend to have a difficult time generalizing concepts in different contexts. Success came two days later. Marc used the toilet without any prompts from us. He didn't flush the toilet and came and got us. He said, "Poo in the toilet. I want chips." It was a celebration.

Determination is key

What I have learned from this process is the need for incredible patience and perseverance. My husband and I had given up on bowel training Marc the two previous summers because he had never really demonstrated any progress toward making the transition from diapers to the toilet, compounded by the fact that he would engage in fecal smearing throughout the day for the entire first month. In hindsight, he may have been processing all of the steps we were teaching him from the very beginning and may only have been a few weeks away from piecing them all together.

I was also extremely discouraged when the Power Cards didn't work. As I discovered, however, the key was

to work in stages and reward each stage, raising the bar as each goal was achieved. Habits often take weeks to break. Marc had been in diapers for nine years and I was



Marc had been in diapers for nine years and I was kidding myself thinking toilet training would be accomplished in a single month (never mind weeks).

kidding myself thinking toilet training would be accomplished in a single month (never mind weeks). It was also important to take the emphasis off of having a bowel movement in the toilet. Getting into the bathroom was the first thing that needed to happen. We had jumped too many steps, not realizing how hard this transition was going to be for Marc. Retrospectively, I think it

was the transition as a whole which was most anxiety-provoking for him.

Even though toilet training Marc in the summer of 2006 was a challenge, it was worth it. He now has a new level of confidence in his ability to use the bathroom, flush the toilet and wash his hands independently, without prompting. He has never had a single accident and is able to use the bathroom in any environment (although he still prefers to go at home, if he can). Marc is so proud of himself. As his parents, we are not only proud of our son, but relieved to have achieved this milestone. ■

Recommended Reading

Coucovanis, Judith A. *The Potty Journey: Guide to Toilet Training Children with Special needs, Including Autism and Related Disorders*. Autism Asperger Publishing Company, 2008.

Gagnon, E. *Power Cards: Using Special Interests to Motivate Children and Youth with Asperger Syndrome and Autism*. Autism Asperger Publishing Company, 2001.

Notbohm, E. and Zysk, V. *1001 Great Ideas for Teaching and Raising Children with Autism Spectrum Disorders*, Future Horizons, 2004.

Wheeler, M. *Toilet Training for Individuals with Autism and Related Disorders Vol. 1: A Comprehensive Guide for Parents and Teachers*, Future Horizons, 1998.

Maureen Bennie is one of the founders and directors of Autism Awareness Centre Inc. She is the mother of two children with autism, Marc age 11 and Julia age 9. To learn more about Autism Awareness Centre Inc., or to purchase the books listed above, visit www.autismawarenesscentre.org.

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Ask the Expert

A column by Montreal marital and family therapist Veeta Engel, MSW, MFT

The value of expanding your horizons



Q This summer, my husband and I will be taking our seven-year-old daughter Amy to Australia, where she will meet her first cousins – my brother Rich’s kids – for the first time. Rich has four young biological children and one adopted daughter, Rachel, who is nine and has cerebral palsy. As parents, Rich and his wife are extremely laid back and have always de-emphasized Rachel’s disability both in their household and in public, proudly celebrating her accomplishments and regularly sharing them with our extended family.

I first met Rachel two years ago, when I last visited Rich. I found her delightful and intelligent, with an infectious smile and a wonderful sense of humour. However, while I knew that Rachel has limited mobility and expected to find her seated in a wheelchair, Rich did not prepare me for the fact that Rachel eats hands-free, much like an animal – by diving face-first into her dinner plate. Seeing Rachel’s atypical eating style not only made me uncomfortable; I’m ashamed to say that it also made me lose my appetite.

I understand that to Rich and his family, Rachel’s behavior is “normal,”



time routine, or say nothing and risk her raising potentially offensive questions at the table. I must admit that part of me is trying to devise a way to avoid eating a meal at my brother’s altogether. The very thought of having to undergo the experience again makes me squirm.

Your letter is not simply about the reaction which Amy might have to her cousin’s eating style, as much as it is about your own discomfort around Rachel’s disability.

which is why he did not feel the need to warn me, explain or apologize for it in any way. But to the unaccustomed visitor, Rachel’s behaviour is alarming to say the least, and I feel that ignoring it would be akin to ignoring an elephant in the room. Given that Amy has never met Rachel before, I am wondering whether I should give her a heads up about Rachel’s meal-

A It is important that you are processing your concerns about your niece’s disability in advance of returning to visit her this summer with your daughter.

I believe that your letter is not simply about the reaction which Amy herself might have to her cousin’s eating style, as much as it is about your own discomfort around Rachel’s disability. The anxiety that you describe around having to witness her eating behaviour again is heightened to the point that you fantasize about being able to avoid it altogether.

It is quite common to feel uncomfortable by things unfamiliar to us and even to feel shocked when we encounter them unexpectedly. Despite our 21st century world which professes acceptance of different expressions of culture, religious

practice and sexual orientation, it is still a struggle for most people to assimilate ideas which feel foreign to their experience and belief systems. We are creatures of habit who prefer the sense of emotional safety afforded by predictability and sameness.

Exposure to the unconventional behaviours of people with disabilities when viewed from this perspective helps to explain the anxiety which you describe about returning to see Rachel and, in turn, your projection onto Amy of these concerns.

Were it not for your own feelings, a case could be made for simply allowing Amy to have her own spontaneous response to Rachel. Amy's age-appropriate curiosity would likely be met by the relaxed attitude of your brother and his family who would comfortably respond to her questions and comments.

Exposing Amy in this way to Rachel would be the most natural, matter-of-fact way of transmitting an unbiased sense of who Rachel is – a young girl who is “delightful and intelligent with an infectious smile and a wonderful sense of humour” who also has a particular disability which requires her to eat differently. Given, however, that Amy will largely take her cues from you as her parent, how comfortable she is around Rachel will also be determined by



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what she unconsciously senses in your own demeanor.

As such, preparing Amy to meet her cousin would provide you with a much needed opportunity to work through some of your own feelings as well as to assert a sense of control about revisiting your niece, assuring that Amy's response

will be less influenced by your internal tensions.

Here are some successive steps geared not only to preparing Amy but to helping you to gradually expand your own comfort zone:

- **Create a sense of discovery.** Generate positive excitement around your vacation by showing Amy where Australia is situated on a map and talking with her about the many special things she will encounter there. It will be interesting to learn for example, that the seasons are reversed and that while she is visiting, people her age will be attending school during what is their winter. Familiarize her with Australia's unique wildlife – koalas, kangaroos, platypus. There is no end to the possibilities for exploration which include Australia's unique Outback and natural wonders such as The Great Barrier Reef.
- **Broaden your mutual worldviews.** Stemming from your exploration with Amy about what she may encounter on her travels that will be different from her own experience, consider what will be the same, looking at, for example, modern conveniences, occupations or mode of dress. Initiate a conversation about the more subtle aspects of sameness and difference around the English language, for example, which is spoken in both countries and is similar in vocabulary but different in pronunciation.
- **Explore beliefs.** Continue to talk about whether when something is different, it is associated with being good or bad, better or worse, right or wrong. (Do we speak “correct” English or do the Australians?). Why do we some-

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times feel afraid or uncomfortable with the unfamiliar? What helps us to overcome our fear or discomfort? The goal is to begin to challenge our own beliefs and how and why we construct them.

- **Bring your family tree to life.** Tell your daughter about who she will be meeting in Australia and their relationship to you and to her. Pull out some photos from your previous trip, if you have any. In describing Amy's relatives to her, include the fact of Rachel's disability while also noting other details about her. Building on Amy's awareness of sameness and difference prompted by earlier conversations, invite her to apply this thinking to compare herself with Rachel. What does she think they may have in common? How are their lives different from one another? How does she think they will get along?
- **Be attuned to feelings.** Listen to what Amy has to say about how she imagines her relationship with Rachel as this will be the window into her feelings. Taking your cues from her, respond accordingly. If she is upbeat and positive, endorse her enthusiasm while allowing for her encounter with Rachel to unfold in its own way, unencumbered by your own anxieties. On the other hand, she

is entitled to her own fears, doubts or concerns, and she will benefit from your empathy and validation of these as a means of processing them.



Pull out some photos from your previous trip, if you have any. In describing Amy's relatives to her, include the fact of Rachel's disability while also noting other details about her.

- **Provide information.** Allow Amy to inquire freely about any aspects of Rachel's disability and related functioning. She may be interested in how Rachel manages to dress or attend to toileting. You can't be expected to know these

answers, but you can share her curiosity. Answer what you can, honestly, such as how Rachel feeds herself, should she ask, and invite Amy to reflect on how this behaviour, although different from the way in which typical people eat, might also be an adaptive way which Rachel has found to be independent instead of needing to be fed.

- **Respond when opportunity knocks.** One of the benefits of travel is the way in which it enhances our experience and understanding of the world around us. Your trip to Australia and get-together with Rachel is providing both you and Amy with the additional opportunity to expand your understanding and acceptance of people with special needs. As a further means of preparing yourselves and increasing your comfort level with disabilities, you can choose to learn more about cerebral palsy and other forms of disability together, through activities which include everything from reading up on the subject online or at your local library to volunteering some of your time in a group home or rehabilitation centre for people with special needs. ■

Do you have a question to Ask the Expert? Please send all queries to Veeta Engel at asktheexpert@exceptionalfamily.ca. Confidentiality will be respected.

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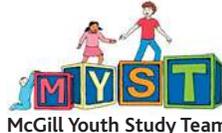
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Veeta Engel is a psychotherapist in private practice specializing in individual psychotherapy and marital and family therapy. She is a clinical member of the AAMFT and the OPTSQ. She is a teacher and supervisor at the Argyle Institute of Human Relations in Montreal.

The Road Not Taken

*A father's unwavering commitment
to raise his son with severe disabilities*

by DONALD BIDD

The recent release of Robert Latimer from a Victoria jail to a halfway house in Ottawa has generated intense media coverage and renewed nationwide interest around the rights of people with special needs and the particular challenge of parenting a child with severe disabilities. Latimer is the Saskatchewan farmer convicted of second-degree murder and sentenced to life in prison for the 1993 “mercy killing” of his daughter Tracy, a 40 pound, 12-year-old with cerebral palsy who functioned at the level of a three-month-old baby. In addition to being unable to walk, talk or feed herself, Tracy underwent numerous surgeries and was in constant pain.

But Tracy did respond to affection and she smiled occasionally.

When a three-member panel of the National Parole Board denied

*I did not know Tracy.
But I do know Justin.
And I believe
unequivocally, that
like Tracy's life, Justin's
life is worth living.*

Latimer early parole in January of 1998, Jim Derksen of the Council of Canadians with Disabilities commented, “Some people were willing to agree that Tracy’s life was not worth living – it’s extremely dangerous to vulnerable people with disabilities.”¹

I am the father of a young man named Justin, who has severe cogni-

tive disabilities. While I have never stood in Robert Latimer’s shoes, as an exceptional parent I am highly opposed to the choice he made to terminate his daughter’s life. I did not know Tracy. But I do know Justin. And I believe unequivocally, that like Tracy’s life, Justin’s life is worth living.

Justin has tuberous sclerosis, a non-degenerative neurological condition with numerous manifestations: damage to brain cells resulting in serious cognitive and communication impairments; frequent, inexplicable mood fluctuations accompanied by aggressive episodes; autistic-like behaviors; epilepsy; tumors in his kidney, heart and eyes; and facial skin lesions. At age 21, Justin functions at the level of a four-year-old child.

Justin was developing normally until six months of age, when his body began to twitch with increasing

1 <http://www.theinterim.com/2008/jan/03latimer.html>

frequency through the day and night. His pediatrician thought it might be colic. But the contortions continued over several weeks and our increasing concern led us to the emergency department of our local hospital. After a number of tests, a neurologist relayed the diagnosis. We were in shock. Our dream of raising a healthy child was shattered. The difficult but rewarding journey of parenting a son with severe disabilities began on that winter day in 1987.

Reflecting upon the past two decades, there have been many dark days. Over a period of several teenage years, Justin became increasingly aggressive both to others and to himself and would engage in frequent head-banging. Because of his volatile outbursts, complex medical and behavioral profiles and extreme sensitivity to loud noises which necessitated a virtually noise-free environment, neither a mainstream school nor a special education setting could accommodate Justin's schooling needs. This represented a significant challenge for all of us.



Donald Bidd and his son Justin, 21.

The difficult but rewarding journey of parenting a son with severe disabilities began on that winter day in 1987.

Both my wife and I suffered “care-giver burnout;” my performance at work was seriously compromised for a time and our own marital relationship went through a rocky period given the near complete focus on Justin’s needs. Unlike Robert Latimer I never

considered killing my son. But, during the darkest days, when Justin was in the depths of very aggressive behavior and self-mutilation during adolescence, I did wish many times for his death. I said to myself: “Is my son human or something less than human? Wouldn’t death be better than this – a life of suffering?” I could have easily considered something extreme during those dark days. And I did come frighteningly close on one occasion – when I was stretched to the limit – to doing something hurtful to Justin.

From darkness to light

It was my faith, along with the presence of a supportive spouse and extended family, a caring church community, loyal friends, extraordinary special education teachers and a wonderful multi-disciplinary team from a readaptation centre, which enabled me to overcome that challenging period. Following a variety of tests which revealed that Justin had severe sleep apnea and a large tumor in his knee which was causing him considerable pain, Justin underwent multiple surgeries to address these problems and his aggression subsided considerably. Anti-convulsive and mood-stabilizing medications were also part of a broader

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 Weighted blanket and weighted lizards*

treatment plan that incorporated music, massage, osteopathy and occupational therapy into Justin's daily routine. He also benefited from a unique pilot project launched by our local school board which had been exclusively designed for children with cognitive challenges who exhibited violent behaviour. All of these interventions combined to foster Justin's self-confidence and communication skills so that he would be less likely to turn to aggression to communicate his needs and frustrations.

Over the years, the people in my life have helped me to see beyond Justin's disability and disturbing behaviors and appreciate his true beauty. Today, Justin is thriving and we have achieved a greater balance in our family life. At church, people come up to Justin after the service to greet and hug him. He lives in a well-managed group home but returns home every Sunday for a visit. It is a time we cherish as a family. My wife and I are able to respond to our own needs both individually and as a couple. We are able to give more time to our other son Steven, who for too many years did not receive the kind of attention we would have

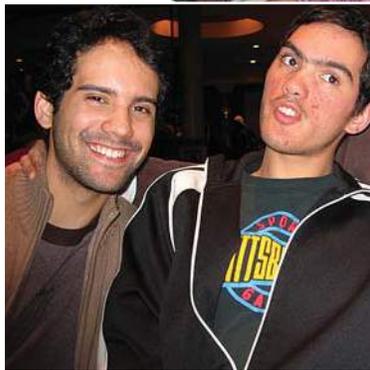
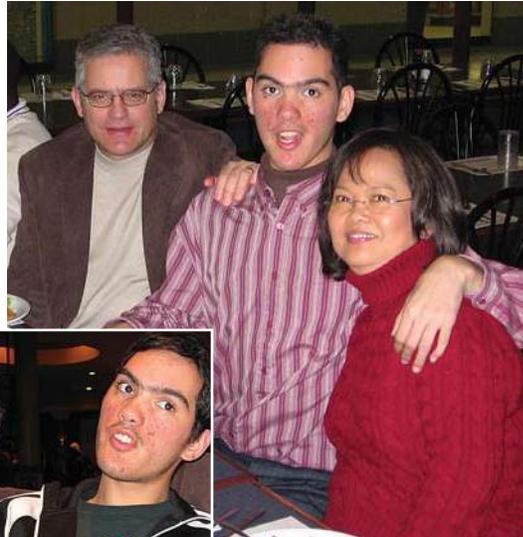
liked to give him. Being a sibling to a person with intellectual disabilities has its own set of challenges. Thankfully, Justin and Steven now

whether by advocating for his needs with the social service and health-care systems, or coordinating his recreational activities. Twenty-one years ago, I would never have imagined that my son would be capable of learning how to downhill ski (even if he only has enough energy for three runs), swim "like a fish" (Justin's own phrase), and ride a horse. He has proven us all wrong, and watching him fills me with a sense of awe.

When I think of Justin now, I say: "Who am I to have been blessed by the presence of such purity?" After many years of asking, "Why me? Why him?" I now have a sense that Justin was created to show others that people with cognitive disabilities are precious human beings whose lives have value, like anyone else's.

We parents of children with severe cognitive disabilities and the people who reach out to us are witnesses to hope; the hope for healing in this life (even if that is the healing of a broken heart that wanted a healthy child), and the hope for complete healing in the life to come. There is a course other than that chosen by Robert Latimer and thousands of exceptional parents are taking it each day. It is the course of faith, love and sacrifice and the willingness to embrace others' support. ■

Do you wish to comment on this or any other article in Exceptional Family? We welcome feedback at editor@exceptionalfamily.ca. The opinions expressed in this article are solely those of the author Donald Bidd. He can be contacted at donaldbidd@gmail.com.



The Bidd family: Donald, Justin, mom Glenda and brother Steven.

***Today, Justin is thriving
and we have achieved
a greater balance
in our family life.***

have a good relationship. I continue to focus on ways in which the quality of Justin's life can be improved,





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Inspiration

A tribute to people who have achieved
in spite of remarkable challenges

*I hope to show you can achieve things
as great as other people. I guess in a way
letting people see you as someone who
has a challenge is almost a good thing.
You're showing them the potential of humanity.*

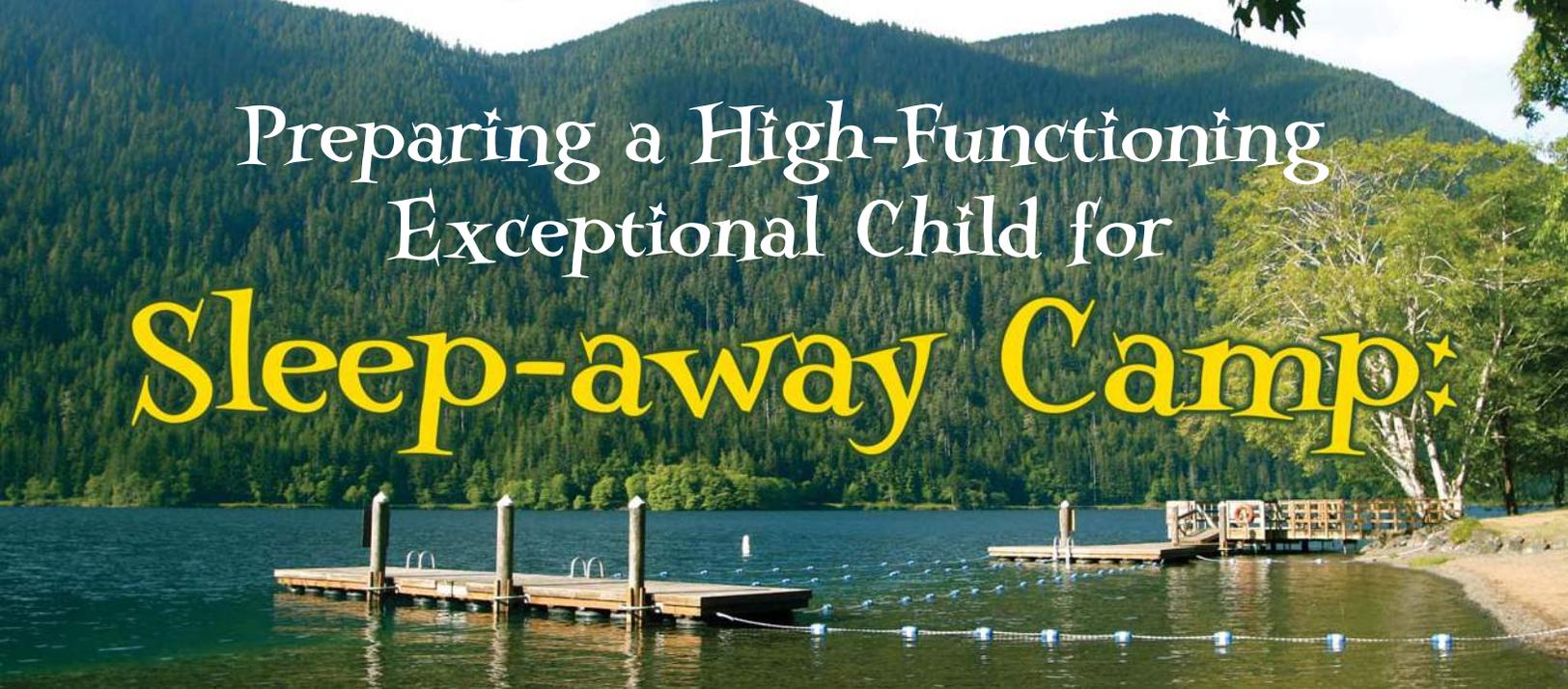
- Adrian Anantawan



PHOTO BY SCOTT SUCHMAN

Adrian Anantawan

Multiple award-winning violinist, swimmer, weightlifter, baseball and piano player, person who wears prostheses, student at Yale University and the internationally-renowned Curtis Institute of Music, 2001 Kids Hall of Fame inductee, person with a childhood learning disability, soloist performer at various locations throughout North America including the White House in 2006, representative of the Canada Cultural Showcase at the 2004 Paralympic Games in Greece, 2006 Juno Nominee



Preparing a High-Functioning Exceptional Child for Sleep-away Camp

Top Five Tips for Success

by HILARY SMITH

Congratulations – you have made the decision to send your high-functioning exceptional child to sleep-away camp! Registration is complete, the fees have been paid and now the countdown begins. As a parent, the decision not only marks a tremendous milestone in that it signifies your readiness to separate emotionally from your child, it also will afford you some well-deserved respite and a chance to reconnect with your partner, other children and friends. For your child, the decision represents an opportunity to grow and mature, gain independence, make new friends and learn valuable skills in a novel and stimulating environment.

However, if your child has never slept away from home or been under someone else's care before, the thought of sending him away to camp may actually be rather daunting and stressful for both of you – particularly when you consider the tremendous adjustments he will be required to make in your absence, including adapting to a new bed and

new routine, new caregivers, friends, activities and even new food.

The following preparatory tips will go a long way toward easing the transitions for both of you and will set the stage for an overall positive camp experience:

*Create a countdown
so that everyone can
encourage your child
and frame the
adventure ahead
with excitement.*

1. Include your child in the planning and preparation stages.

Talk about getting ready for camp and make a list of what needs to be accomplished. Here is a chance to have some fun with your camper – plan a special shopping outing to

choose a new flashlight or some clothes for camp. Narrow down some clothing options and have your child make the final packing choices. Make sure your child knows what is packed for camp – often parents make the mistake of packing for their child and then wonder why nothing came home. Hold a “test run” before camp starts; having your child spend a night or two at a family member or friend's home is a great way for both of you to experience what it is like to be separated.

Most children thrive on knowing information in advance. Get out the calendar at least six weeks ahead and circle the first day of camp.¹ Create a countdown so that everyone can encourage your child and frame the adventure ahead with excitement. Expose your child to some pictures of the camp, watch the camp DVD, visit the website, explore the camp brochure or arrange to meet with camp staff. Most camps that cater to children with special needs offer to meet with families before the first day of camp. This allows the children

¹ Don't forget to double check the camp dates including drop-off and pick-up times. Nothing gets campers off on the wrong foot more than missing the bus or showing up at camp a day late.

to ask questions and fosters a sense of security in knowing that they can look forward to a familiar face upon arrival. Encourage your child to speak to another child who has already been to camp. While everyone's experience is different, talking to another camper will allow your child to hear a kid's perspective. Beware of fictional books about going to camp, however; the representations of camp in fictional literature can often be quite negative with a tendency to focus on homesickness, scary ghost stories and "mean" counselors.

2. Provide open, honest and organized communication with the camp.

Although they may seem like a nuisance, the various camp forms that the camp asks you to fill out are incredibly important sources of information for the camp staff. Give lots of thought around how you answer questions about your child and be upfront with all aspects of your child's behaviour. There is no need to keep secrets; this will only make your child's stay at camp more challenging. Share information such as bedwetting, less than flattering behaviour patterns, or a history of being asked to leave organized programs – don't worry, the camp will not be surprised by anything you share. Being forthcoming will help the camp staff prepare for your

child's arrival and equip them to make your child's stay at camp a success. You are the expert on your camper and the camp is relying on your insight for those special pieces of information that are unique to your child.

3. Pack systematically and refer to a list.

The camp will provide a packing list of the essentials your child will need at camp. Do include everything on the list because it is there for a reason. Pack extra t-shirts, towels and bathing suits – these items



If your child sleeps with a special comfort item such as a blanket or stuffed animal, now is not the time to break this tradition.

tend to get used a lot (and sometimes lost). Pack all toiletries together in a case or bucket because campers usually bring these items back and forth to their room or cabin. If your

child sleeps with a special comfort item such as a blanket or stuffed animal, now is not the time to break this tradition. Reassure your child that he will not be the only one with a teddy bear – every camp director has a special stuffed animal too!

Do adhere to the camp's list of "what not to bring." While it may be tempting to send your child with special treats or a cell phone to call home, there is a reason why certain items are prohibited. If there is something on the "banned list" that you think your child cannot live without, call the camp director to discuss the issue.

Send your child with a list of what is in his trunk or duffle bag. This tells the counselors what your child has at camp and it will help when the time comes to pack for home. Be sure to label all of your child's belongings in order to increase the likelihood that they will be returned in the event that they are lost or misplaced.

4. Accept that missing home is a natural experience.

Nervous parents often wonder, "What will my child do if he gets homesick?" The question is not "if" your child will get homesick but rather "when"! We know that 95% of campers experience some form of homesickness during their stay at camp. As parents, you need to focus on providing your children with the skills to deal with the feelings of missing home. In his book *The Summer Camp Handbook: Everything*

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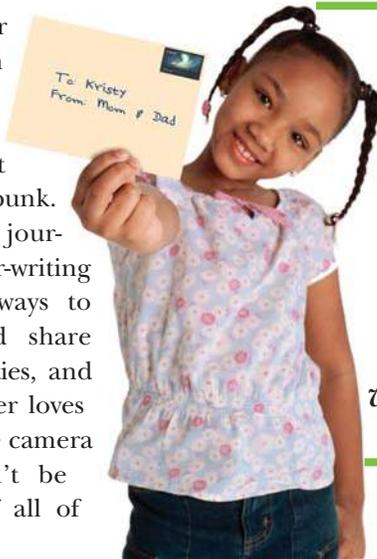
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*You Need to Find, Choose and Get Ready for Overnight Camp – and Skip the Homesickness,*² Dr. Chris Thurber



recommends that you let your child know it is okay to miss home – and that you will miss him too. Focus on all the activities he will experience, the new friendships and the fun times your child will have. Don't dwell on events or dates you have planned while your child is away; instead, focus on your child's upcoming adventures. Help your child understand the amount of time he will be away from home by looking at a calendar and comparing the period to other lengths of time such as holidays or March break.

Send your camper with some pictures from home to put up in the bunk. Keeping a journal or letter-writing are great ways to record and share camp activities, and every camper loves a disposable camera – just don't be surprised if all of



the pictures are of one experience or a single day! Write a letter to your camper a few days before camp starts and mail it in advance so that there is a piece of mail waiting for your child. Often camps accept faxes and emails but don't expect a response from your camper – allow him the freedom to enjoy camp



Write a letter to your camper a few days before camp starts and mail it in advance so that there is a piece of mail waiting for your child.

without feeling pressured by the obligation to write home. You will hear more than your fair share of stories throughout the year.

5. Prepare yourself emotionally.

Your child will have an independent experience from you which may be the first time this has happened. You won't know what he will be doing at every moment. Celebrate your child's independence and maximize your time once he is gone by keeping busy so that you are not preoccupied with undue worry. Remember

that your child is in good hands, with experienced professionals who are dedicated to ensuring his safety and well-being.

Your child will take his cues from the attitude you convey around the experience. Reinforce the fact that your child may face certain challenges at camp such as homesickness and the unknown, like new foods, an unfamiliar routine, new faces and even new smells. Remind your camper how much he will benefit from the experience. Emphasize your pride in this new step and the fact that you can't wait to hear more about it upon your child's return.

Happy camping! ■

² Perspective Publishing Inc, 2000.

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Hilary Smith is the Foundation President at Camp Winston, a summer residential camp for children with complex neurological disorders in Kilworthy, Ontario. To learn more about Camp Winston, visit www.campwinston.com.

Insights

A compilation of upcoming conferences and training sessions of interest

July 9

Natural Medicine Centre

**Autism & Childhood
Behavioural Disorders
Parent Discussion Group**

Join other parents and our staff for a discussion on approaches that address autism and childhood behavioural disorders.

Free. 6-8pm. 1 Holiday Avenue, #440, Pointe-Claire, QC. Info: (514) 695-2112, naturalmed@bellnet.ca or www.naturalmed.meta-ehealth.com. Please RSVP by June 30.

August 21 – 23

**Specialink-
The National Centre
for Child Care Inclusion**

**Early Childhood Inclusion:
Applying Lessons
Learned Symposium**

The latest research findings about early intervention and inclusion will be woven together with family and professional values in a setting that will help to guide inclusive policy, professional development and practice.

\$150. 8:30am-4pm. University of Winnipeg, 515 Portage Avenue, Winnipeg, MB. Info: (204) 258-2901, info@specialinkcanada.org or www.specialinkcanada.org

October 22 – 24

Geneva Centre for Autism

**Autism 2008 – Geneva
Centre for Autism
International Symposium**

The Symposium will provide a cross-section of perspectives on the most

recent research and information on evidenced-based best practice. Featuring speakers from Canada, the U.S., Great Britain and Australia.

Info: (416) 504-4500 ext. 208, www.autism.net or Eva Finna at efinna@congresscan.com.

October 30 – 31

**The Abe Gold Learning
and Research Centre**

**"From Education to Action:
Addressing Challenges in
the Healthy Development of
Persons with Developmental
Disabilities" Symposium**

Four keynote speakers will present over two days: Ami Klin Ph.D., Laurent Mottron Ph.D., Cathy Pratt Ph.D., and Wendy Stone Ph.D. Simultaneous translation available. Twenty breakout sessions will be offered in both official languages

and there will be a designated area for exhibitors. Professionals, students, family members and participants with disabilities welcome.

Le Chateau Royal, 3500 boul. Souvenir, Laval, QC. Info and fees: (514) 345-8330 ext. 319 or www.goldlearningcentre.com.

**EF welcomes
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To publicize an upcoming conference or training session of interest **FREE** of charge, contact us at feedback@exceptionalfamily.ca. All information will be subject to the discretion of the editor and publisher.



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- Look both ways before crossing tracks.
- If one train passes, make sure that another train is not approaching on another track.
- Always walk your bike across the tracks.
- Never walk or play on tracks. It's dangerous.

To learn more, visit

www.cn.ca/safecrossing

