Groundwork

Magazine

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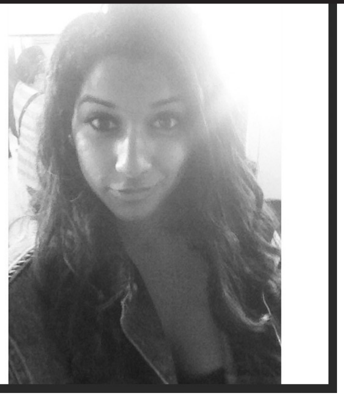
BREAKING GROUND

WELCOME TO THE FIRST ISSUE OF

GROUNDWORK



Brittney Rogers

Beth Jarrell

Jeremy Hon

With Christmas just around the corner and Thanksgiving having just passed, many of us tend to focus on what we want for Christmas, or who has helped us, specifically, to deserve thanks. But as a society and a community, we tend to forget those that help and give on a daily basis.

From caregivers to nurses; counselors to teachers, there are people who provide for thir community every day. Their goals and lives are centered on giving, helping and assisting, yet sometimes they may be the ones that need a helping hand the most.

This is where Groundwork came to be about; we aim to provide a helping hand to the caregivers who look after those with a cognitive or physical disability.

Not only do we want to provide information to the caregivers, we also want to create an environment for people with disabilities to learn more about themselves and the community of people with disabilities as a whole.

Welcome to our debut issue of Groundwork magazine. Our three editors, Brittney Rogers, Beth Jarrell and Jeremy Hon would like to welcome you to our very first edition.

Here at Groundwork Magazine, we strive to provide objective, necessary information to those that need it. This magazine caters to those with cognitive and physical disabilities and also their caretakers. This magazine aims to do the research and groundwork so that you do not have to.

In our very first issue of Groundwork, we will delve into the world of over-diagnosis of ADHD in children, therapeutic riding for kids and adults with disabilities and also musical therapy for children, so hold on for the ride! So welcome to Groundwork, where we do the work so you don't have to. We hope you stick around.

With love always,
Groundwork Staff

Horse Sense

Therapeutic riding is one of the fastest growing physical therapies in Canada, and in Ontario, it thrives.

By: Beth Jarrell

As he's done a thousand times over, Taz, the Thoroughbred horse, walks calmly up to the rider's mounting block. Today, he is flocked by three of Pride Stables' very best volunteers. Taz doesn't know it, but today is a big day for the barn and his rider, Jackie. It's the first day of fall therapeutic riding lessons for people with physical and cognitive disabilities.

Six riders and their parents gather eagerly by the gate to the indoor arena. They take turns peering in to get a glimpse of the horses. One by one, they file in and line up to get on, while their parents and caregivers watch like hawks from the sidelines.

For Sandy Richardson's daughter Jackie, this might just be the best day of autumn. Richardson, whose name has been changed for privacy, believes that without therapeutic riding, her daughter's list of potential activities would be narrow.

"It gives these kids something else to do," says Richardson, watching Jackie ride. "Their repertoire of activities can somewhat be limited, and because the program is here, why not? It's so wonderful to have this."

In North America, the Professional Association of Therapeutic Horsemanship (PATH), is considered to be the founding institution of therapeutic riding. After it was founded in 1969, therapeutic riding began to spread rapidly across the U.S. and Canada

At Pride, each lesson is formatted to be an hour in length. Riders will arrive and immediately head into the indoor arena, where they will line up and take turns using the special mounting block to get on their horse. Richardson started bringing Jackie to lessons when she was five. At 21, Jackie continues to benefit from the refuge of the city limits which Pride Stables provides.

"It's not only about the physical benefits. It's the idea of doing something and loving the animals, not to mention the responsibility," Richardson says. "She comes here and has to unsaddle, take the f bridle off and brush the horse...it gives her purpose."

Once riders are on, they must go through a series of stretches that involve reaching forward towards their horse's ears, then down towards their foot. These exercises are also used frequently for able-bodied rides, to help build balance. Pride offers two sessions with lessons, one in spring and one in fall. During summer, riding camps are offered to kids in the area.

Kendra Flynn-Stronach, a certified instructor at WindReach Farms in Ashburn, says that one of the biggest benefits to therapeutic riding is fitting in. This is something some children and adults with disabilities don't get to experience very often.

"We have kids who have trouble connecting with other kids at school, but when they come here in a group lesson, they're in a place where they're finally understood," Flynn-Stronach says. "You'd never know they have a special need when they sit in the saddle."

For these kids and adults, being understood is a struggle they face in every aspect of their lives, especially when it comes to finding accessible institutions. It's not only about the emotional benefits they gain, however.

"There are also physical benefits to using a horse in therapy," says Jennifer Ziegler, the program supervisor at Pride Stables. "It provides a lot of core movements to the riders. It's actually very similar to the human walking motion."

Jennifer Ziegler, the program supervisor at Pride Stables, says that no other therapy other than riding completely mimics the human walk. For kids and adults who spend their day in wheelchairs, the freedom of motion can be blissful.

From a bench in the shade by the outdoor arena, Richardson watches Jackie ride, the girl waving to her mother as she happily trots by, the three volunteers attentive to her every need.

"She loves being able to move on a horse," Richardson says of Jackie. "From a therapeutic standpoint, it has really helped improve the strength in her legs and core muscles."

Flynn-Stronach says that for some of her riders, finding balance outside of the saddle is the hardest part, but by observing a horses' behaviour in the saddle, it can help them figure out how to correct it.

"It's not just for one specific group," she says. "Therapeutic riding can be used for people who have issues with both high and low tone in muscles, coordination, proprioception and balance."

At WindReach farms, Flynn-Stronach has a seven-step process to adapt a horse into the program, testing the limits of its patience. This includes exposing them to wheelchairs and other mobility devices, as well as practicing falling off to see how the animals react.

Pride Stables has a similar program, but even at the end of all this training, Ziegler says volunteers play a huge role in ensuring the safety of the rider with a hands-on approach.

"We have volunteers who lead all the horses, and riders who need a little extra help will walk on either side," she says. "The most important thing is communication. We're a team, and we're always talking to see what each rider needs."

At Pride, safety is always the number one priorty. Most horses are used with a bitless bridal, to ease the tension on the animal's face should the rider accidentally pull.

Additionally, each rider is given between one and three volunteers, varied due to the severity of their disability as well as how long they have been riding.

"The horses totally know the difference between people with special needs and able-bodied riders," she says. "They change their attitudes and their body language...you bring out a child with autism and that horse becomes the quietest, most patient animal."

Richardson says that she can see this with not only her daughter Jackie, but with all the riders at Pride Stables, too.

"They connect with these kids. I'm always in awe of how horses can connect with people," she says. "They seem to tolerate whatever these kids give them, regardless."

Meanwhile, back at Pride Stables, the lesson has concluded. Jackie dismounts and gives Taz a kiss goodbye. Already excitedly chatting about next week's lesson, she spares one last glance behind her at Taz before heading for the door. The refuge that Pride Stables provides may only last a few hours, but its effects can last a lifetime.

ADULT CLUB A SCORE

Angus Glen Older Adults Club helps members stay active, remain mentally fit and make new friends

By: Jeremy Hon

Whether one is a student, a parent, or a senior, three main factors contribute to living a healthy lifestyle, these include; eating right, getting sufficient rest, and staying active. Community centers across Markham have plenty of programs and functions designed to help seniors stay active and maintain a healthy lifestyle.

The Angus Glen Older Adult's Club (AGOAC) has an abundance of programs designed to help seniors stay physically fit as well as mentally resilient.

President of the AGOAC, Gilbert Tam, detailed the many activities that his club members partake in.

"We have a large amount of programs ranging from Pickle Ball, Ping Pong, Mahjong, Tai Chi, line dance, karaoke and badminton." Tam said. "All our members are encouraged to join as many activities as they can."

Tam stated that when club membership peaked at over 300, the City decided to have them manage all the older adult activities. Thus, they became distinct from the City of Markham and the AGOAC became its own entity.

In order to cater to this growing club, Tam stated that there are activities everyday across the city.

"Basically we have programs running everyday at all the community centers across Markham." Tam explained. "We might have pickle ball at Cornell, while badminton is happening at Angus Glen."

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Pickle Ball has been a rapidly growing sport for seniors. An executive of the Pickle Ball club, Edwin Maryven explained the concept of the game.

"Pickle Ball is a combination of tennis, ping pong and badminton." Maryven explained. "Those that have a background or experience in those sports, tend to gravitate towards Pickle Ball and pick it up much quicker."

> **"We do more than play Pickle Ball, we go out for dinner or lunch sometimes. After tournaments we all get together....and enjoy each other's company"**

Maryven said that he plays Pickle Ball around four times a week and it not only helps him stay physically fit, it also helps him socialize with the other seniors.

"I used to work quite often in the mall, but playing Pickle Ball has helped me stay fit and mentally sharp." Maryven stated. "We do more than play Pickle Ball, we go out for dinner or lunch sometimes after games. And after tournaments we all get together to socialize and enjoy each other's company."

Badminton participant Adam Poon explained to me the importance of playing sports as an older adult.

"[For me] its not so much an improvement [in health] but avoiding a decrease." Poon laughed off. "To maintain, is the number one issue. Less dependence on drugs and medical plans. Something that all adults, even you, should come out for."

"Even for teens exercise just isn't enough. According to statistics, an hour a day or 45 minutes [of physical activity], I find just isn't enough for me." Poon reiterated. "For all ages, from seniors, older adults to teens, we all need to stay active."

Aside from playing sports and being physically active, programs such as Mahjong and Tai Chi have been known to play a fundamental role in preventing neurological degenerative disorders.

According to Taiwan Today, playing the traditional Chinese game, known as Mahjong has helped seniors and older adults combat Alzheimer's. A study conducted by Hong Kong's Next Magazine showcased that seniors with Alzheimer's who played Mahjong regularly over the span of six months, prevented further deterioration and in some cases, even improved intelligence.

Clubs such as AGOAC play a vital role in all communities as they cater to the needs and wants of older adults. They not only help them stay physically active and mentally sharp but they provide them with an outlet to socialize. and make new friends.

Finding balance:

Jane Aweay was forced to chooose between her son's needs and her own. Welcome to her public nightmare.

The process of applying for funding brings with it an isolation from colleagues, friends and their community

By: Beth Jarrell

For parents who have a child with a disability, the hardest part can be something no one expects; the difficulty receiving funding and the isolation that can come with it. For Jane Aweay and her son Ethan, this is something she faces every day.

"There are times you are denied, there are times you are approved," she said. "So you sit there hoping and praying you will get funding to help you do what you need to do. It's a very isolating experience."

Aweay, whose son needs 24 hour care, has struggled to find time to balance her needs and the needs of her child. For her, it's a constant battle between what is best for her child and what is best for her own health, both mental and physical.

"If I get sick, he will have no one to take care of him," she said. "I'm so tired sometimes I cannot fight anymore, which takes a toll on me emotionally. It's not easy. It's never easy, and no one really understands that."

Aweay cannot work because her son needs 24 hour care. Her only option, if she needs to work, is to place him in a group home, something she was highly hesitant to do, as the amount of say she has in Ethan's care is very small.

"It's difficult for me as a parent. (Ethan's) needs mean I cannot go to work, because he needs me all day," she said. " I have another child to take care of too, and if health wise I'm not doing too great, it's going to be extremely difficult for me to look after them both. I'm stuck between a rock and a hard place."

There are organizations in Ontario that are dedicated to helping families try to navigate their limited options. Partners for Planning is one. Spokesperson Susan Beayni says that most families don't realize there are other options available to them other than the traditional group home.

> **"It's difficult for me as a parent because [Ethan's] needs means I cannot go to work... I'm stuck between a rock and a hard place."**

(We) believe congregating people who have similar needs isn't necessarily what's good for the individual," Beayni said. "It takes away from the community being able to welcome and enjoy the wonderful individuals who have lots of things to share"

Partners for Planning believes that the option to not put a child in a group home is something that can be managed, and with an element of socialization, too. They have invented an online community for families

to gather to socialize and meet other people. Throughout the year, webcasts are aired about issues families want to know more about. They encourage people to meet up and watch these together to help ease the social isolation.

"Families are exhausted, stressed and totally burned out," she says. "There's an isolation that can come with this, because if they want to go out they need to find someone to look after their son or daughter. We try to get them to talk about this, even if it's online only."

Families who apply for funding must go through a process to prove their disability, including an IQ test, a diagnosis, and a visit from social services.

"Social services has to do a study on the individual," Scott said. "They fill out a sheet based on the person's ability to do things, how independent they are and how much help they need."

Scott adds that levels four and five are considered 'complex' and as such the funding pattern changes- although they receive more funding than the other levels, it still doesn't cover full expenses.

Ethan, Aweay's son, is considered to be a level five. She has recently placed Ethan in a group home, as the financial strain of trying to care for her child 24 hours a day while also caring for her able-bodied children was too much.

"I have no other option," she said. " I wish I did, but with this system, there is always a road block.You just have to hope that someone will finally listen to you."

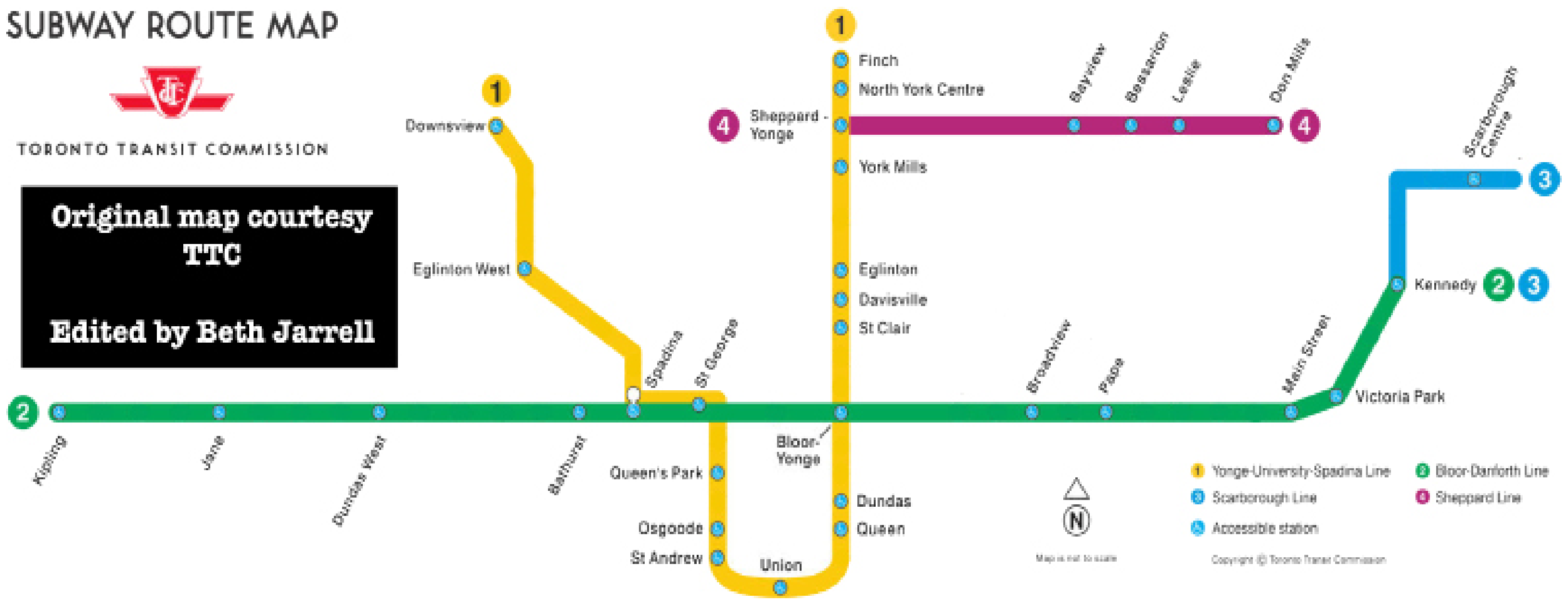
On the levels

1 This level is considered to be fairly independent with some support needed. Its key characteristic is that people diagnosed under this receive 10 hours of support each week (or less).It is usually a single diagnosis of disability, and is proved via an IQ test, which in some provinces must be done under age 18.

2 In this level, the need for support is a little higher. Its key characteristic is people diagnosed will receive 20 hours a week of support or care.
"It's enough that there needs to be someone available, but not quite enough to move into a group home setting… it's the in-between," Scott says.

3 Here, individuals are eligble for group home funding. This goes all the way up to level five. At this level, individuals will need 24 hour support care or supervision. Scott says its important to note that this care does not have to be a group home, there just has to be 24 hour support.

4 People at this level are considered complex needs. There is a high need in either medication or diet, and there may be a possibility of aggressive behavior. Individuals at this level are usually dually diagnosed, and as such receive more funding than the other level. (Level 4 and 5 have similar fundings)



TORONTO MOVES ON

With a new council, a new mayor, and a new plan, the TTC is now in Tory's hands . . . but will it work?

By: Beth Jarrell

A few hundred people clamour from the two doors leading into the cramped, stuffy room. A couple dozen cameras line the back, with eager journalists ready to record every word. It's September 22, the day of the mayoral debate on disability issues.

John Tory doesn't know the outcome yet, but the proposals he makes today will help carry him to an election victory. During the debate, Tory presented a laundry list of changes he thinks would be best for the disability community. However, some, like debate attendee Maria Sumner says he's not on track with some of these promises.

"I don't think the candidates realize what a big deal this debate is, how important these things are to us," she said. " Tory is starting to talk about the right things, but he doesn't know how urgent some things, like TTC are."

According to Helen Henderson, who moderated the debate, one in seven people over the age of 15 in Toronto identify as having a disability in this city. For the disability community, TTC accessibility is one of the biggest issues they face every day. Tory aims to change that.

"(The city is) not as accessible as it needs to be. It's not as accessible as the law says it should be," Tory said. " [We set] policies, pass laws, and then don't actually do the work until it's the last minute."

Tory believes these problems can be fixed with his SmartTrack program, a 22 station above ground rail service which he says would be accessible for people with disabilities from day one. However, the SmartTrack program would still be seven years away, something Sumner feels is too far away for the already struggling- and aging- community.

"Trying to get around in this city is ridiculous. Even the WheelTrans, I wait hours for them to come even when I've booked them," she said. "Not to mention that there will be more problems with."

David Lepofsky, the Chair for the Accessibility for Ontarians with Disabilities Act Alliance says that it's not going to get any better any time soon, either.

"TTC right now is not accessible, and does not plan to become fully accessibly by the legal deadline the province set, which is 2025," Lepofsky said. "All stations were supposed to be accessible by that date. It's getting more clear that's not going to happen."

Lepofsky believes that the TTC issues might not be so bad if there were more options for people with disabilities.

For his organization, the answer is in accessible cabs, something with received no mention at the debate.

"The city licenses the cabs right now, but not enough are accessible," Lepofsky said. "Some people have to wait hours in order to get an accessible cab. Between that and TTC..."

Lepofsky believes the answer to this lies in grandfathering out old taxis in favour of accessible ones. This would mean that every taxi that applies for a new license would have to be accessible.

"When a new cab driver goes and applies for a license, we believe they should have to be accessible for all Torontonians," he added. "Not just some people."

Some in the community have suggested that the solution for this may have something to do with unofficial Taxi services like Uuber, who they say may find ground with making taxis more accessible.

However, not all in the disabilities community are on board with accessible taxies being the next big issue to tackle. Some in the community believe Tory should focus more on accessible housing; something the new mayor spoke passionately about.

> "Trying to get around in this city is ridiculous. Even the WheelTrans, I wait hours for them to come even when I've booked them..."

Toronto Mayor John Tory at the mayoral debate on disability issues, September 22. Tory spoke about TTC accessibility and upgrading public housing.

"There is no reason... that when we're repairing buildings that have fallen into disrepair, that we can't make sure a targeted percentage are accessible," Tory said. "We need to measure progress in shorter time frames. What we have now is a halting progress."

Tory plans to do this by asking both the provincial and federal governments with assistance in repairing old public housing. He also added he believes there should be more accessibility to these resources for people with mental health issues. Sumners thinks this may be a step in the right direction.

"I don't agree with everything he has to say, but he's right in saying that there isn't enough right now," she said. " There are a lot of issues that need to be addressed, but at least [Tory] is talking about the right things. We'll just have to wait and see!"

For Tory, it is clear that the biggest issues he wants to tackle are TTC accessibility and upgrading public housing. With the new council coming together for the first time soon, Summers is right that it's all just a waiting game.

DINING IN THE DARK

O.Noir gives diners a chanceto understand being blind from the people who understand it the best

By: Beth Jarrell

"If you need any assistance, like going to the washroom, or anything, really, remember my name, Victor, and I will take you outside. So, come on in, put your hand on my shoulder…"

With a warm, patient smile, he grabs my hand and places it on his shoulder. The sound of 50's diner music begins to invade my eardrums. We pass through two sets of doors, and suddenly I am surrounded by pitch black- the kind where you can't see your hand in front of your face kind of black. Patiently, Victor leads me over to a corner table and guides me into my seat.

For him, this is an average day as long-time waiter at O.Noir, a trendy Toronto restaurant located near Church and Bloor streets. O.Noir is unique for two reasons; one, it hires almost exclusively visually impaired servers and secondly, you will dine in complete darkness to stimulate the effects of being blind and get a sense of what it's like for people who are sight impaired.

Victor, who declined to give his last name, has been working in O.Noir since the day they opened five years and five months ago. For him, working at the restaurant is a supplement to his day job in the human rights and equity field.

"[At my work] making changes takes a very long time, even to raise social awareness," he said. " But here, it's instant. People feel much more empathetic, and they think we do something extraordinary. It's a real eye-opening experience for them."

Serena Gonzales has dined at O.Noir twice. She says that in addition to your taste buds being heightened in the dark, *there's also an added element of empathy that diners experience.*

"You think more like people who are blind," she said. "Trying to find utensils, seeing if you had any food left on the plate is hard, but it reminds you that people who are impaired have to do the same thing every day."

"I would like a lot of my friends to come here, but for some, they cannot even understand the concept." Victor said. "Affordability is a big factor for my community members and new immigrants. Many cannot afford [luxuries] like this."

> "This job is like a theraputic job for me, especially after the stress of my day job.
> As soon as you get in the dark, you realize it's a totally different world."

The O.Noir concept began as a European fad. When it expanded to uCanada, the first city to get an O.Noir restaurant was Montreal. O.Noir Owner Dr. J.R. Feng, a PhD in polymer chemicals, says community is important for the restaurant- and not just the one around the trendy Church Street area.

"Being associated with supporting the waiters, the blind, is really awesome," Dr. Feng said. "We donate to the CNIB [Canadian National Institute for the Blind]. I try to get involved with their community."

Although the servers are blind or visually impaired, all the cooks in the restaurant are sighted. He added that the restaurant runs three or four events a year geared towards making sure the blind community feels involved and raising funds for the organization, something he says is extremely important to him.

"People who are blind are not disabled," Dr. Feng said. "They can work, they can contribute, but for some reason their unemployment rate is so, so high. At least 70 per cent are unemployed in the GTA. I do want to promote the awareness of the blind in the community."

According to the CNIB, over 180,000 Ontarians are vision impaired. Half of those who are visually impaired live on less than $20,000 a year. The national average income is $10,000 more. Dr. Feng says he hopes that his guests can empathize with how difficult this can be.

"For the guests to be able to overcome some challenge, to understand how these people live their lives, that's really important [to me]," he added. "Some guests do have a once-in-a-lifetime experience."

Victor says that it's not just the guests who are getting a lot out of the experience, but the servers, too, many of who have other daytime jobs to make ends meet.

"This job is like therapeutic job for me, especially after the stress of my day job," he said. "I can come here and forget about everything. As soon as I get in the dark, you realize it's a totally different world."

When the interview is over, Victor stands up and expertly navigates his way over to me, where he carefully grabs my hand and leads me out the two doors and back into bar area of the restaurant. This experience can never duplicate what it's like to be sight impaired, but it allows diners (and myself) to peer into the window of what it can be like.

MORE THAN A HELPER

Certain campers require more than a camp counsellor, some children with disabilities require 1 on 1 assistance, that is why Emma D'Souza plays such an important role in her camper's life

By: Jeremy Hon

Every summer, parents have to decide what to do with their children. With the school year officially over, alternatives to school are introduced to keep children safe, learning, and having fun.

That is why the City of Markham offers a wide variety of summer camps all across the city. There are plenty of sport camps, art camps+ or a camp for those who have a flair in dance and drama.

There are even drop-in camps located at specific public schools that mimic school hours so that children (and parents) never have to get out of that "school schedule."

Not only do these summer camps provide a safe and fun environment for children ages 5 to 15, it also creates opportunities for many older students (grade 7 and up) to volunteer and potentially become a camp counsellor themselves.

For some children with disabilities, a camp counsellor isn't enough. A camp counsellor is responsible for ten children with a ratio of one counsellor to ten campers. In specific cases, an inclusion counsellor is introduced and he or she is responsible for working one-on-one with that specific camper.

Amanda Pulenzas, the inclusion camp supervisor for the City of Markham, explains the process of hiring an inclusion counsellor.

"Inclusion counsellors are very different from regular camp counselors. Each inclusion counselor is paired up with one camper and is responsible for them throughout the entire day," Pulenzas explains.

"The camper's needs can vary as it can be physically and emotionally draining constantly chasing after your camper or having to lift them multiples times a day to change. It takes a very special and dedicated individual to be an inclusion counselor and we look for counselors who are hardworking and express an interest in children with special needs."

Inclusion Camp Counsellor, Emma D'Souza

Emma D'Souza is a 17 year old student at the St. Augustine Catholic High School. She worked as an inclusion counsellor this past summer (of 2014) for the City of Markham at numerous summer camps all over the city. She has plans of going into architecture or design after she graduates in 2015 and hopes to design products "that are more user-friendly for the differently abled."

Even at school, D'Souza is a part of the Best Buddies program which promotes having lunch with students and members of the FSL program. She says this program has "helped her become more informed about disabilities and how certain disabilities affect people, especially at a young age."

She began looking for a summer job like many other high school students when she was 16-years-old.

"When I applied for a city of Markham job I was just turning 16," D'Souza remembers, "and overwhelmed to have so many kids in my care, so I thought a 1:1 counsellor to camper ratio would better suit me."

Soon after, she sent in her resume letter accompanied with a cover letter and was soon invited for an interview. Within a month, she was preparing herself for counsellor training.

D'Souza remembers that her training was at least twice the amount of hours as a camp counsellor's training. In addition to the City wide training that all counsellors attend, inclusion counsellors must also be present for training sessions that were located at Vaughan Mills.

"The sessions involved learning how to feed others without being demeaning, how to deal with toileting and changing needs, as well as how to adapt games." D'Souza explained. "Another session of training involved the different disabilities we would be adapting for. They involved; mainly autism, Down syndrome, ADHD, ADD, Asperger's, as well as multiple physical disabilities."

Throughout the course of the summer, D'Souza had to deal with a wide range of cognitive and physical disabilities in her campers. In the case of the camper who was diabetic, "she was too young to remember to administer insulin" D'Souza recalls. For that week, her main job was to focus on the camper's medication. But some weeks are a little tougher. Children with a physical disability or who have social anxiety tend to stray away from "camp wide activities." Camp wide activities are games that involve everyone in that particular camp. The campers are no longer with their group (of 10) and their respective counsellors, instead, they are with the other 4 or 5 groups within the camp and they partake in a giant game. It may sometimes be dodge ball, or it may be soccer-baseball, but nonetheless incorporating a child with a physical disability into a camp wide sport is no easy task.

"I had a camper who was blind so I had to be his guide," D'Souza recollects, "He had to put his hand on my upper arm and sometimes he would pinch me. He would just be bored but he would want to pinch me. So I would have to tell him 'No pinching.'"

> **"Inclusion counsellors are different.... they are paired up with one camper and they are responsible for them throughout the entire day."**

"With games, I was kind of the narrator, I had to say things like 'One kid is running around, he gets tagged by another kid' but he was a really good sport." D'Souza said. "He doesn't really like the camp games but he actually puts an effort towards it. And he really loved to go around and feel the room and see what kind of setting he was in."

City of Markham camp volunteers posing for a photo

Micael Thompson, a camp counsellor with the Dance and Drama camp agrees on the importance of inclusion counsellors. "[They] were incredibly helpful to the camp as it is difficult enough to split your attention between so many kids as it is, and even harder when certain campers require more attention and all of my focus." Thompson states. "So, having an inclusion counsellor is really handy in helping defuse a tough situation, getting campers involved in games and also making camp run smoothly and safely."

Although some weeks can be all fun and games, there have been several accounts of campers being overly aggressive with their inclusion counsellors.

"We had some campers who were biting counsellors. One of them tried to bite me, if it breaks skin you have to go to urgent care, because of the saliva entering your skin." D'Souza stated. "We had a few counsellors who were bitten, and it broke skin so they had to go to urgent care which sucks because the camper has to go home early or get accompanied to urgent care with the camp counsellor and the camp supervisor."

D'Souza says that most campers who get violent or angry just want to go home. The camper gets accustomed to biting followed by going home, thus every time they want to go home, they resort to biting.

"One of our campers would only stay for a short period of time. He would only be at camp for a few hours," D'Souza remembers, "His parents would literally stay around the community centre and wait for them to call and pick him up because he gets violent really easily."

"And I think that sometimes when he was trying to bite, it was just to say 'I want to go home, I don't want to be here', and it doesn't take 2 seconds for the parents to get here, it takes some time, so that's when he would get frustrated and start to bite."

Although being an inclusion counsellor was a tough and taxing job on both D'Souza's mind and body, she's definitely enjoyed the experience and learned a great deal from it.

"I've gathered a lot of stories from this job, most of them you have to laugh rather than." D'Souza recalls with a smile. "One was when a camper and I were canoeing, she got overexcited and we ended up falling into the river at [camp] Chimo. We had to swim all the back to the dock but she wouldn't stop talking about it and smiling, then she hugged me and said we should do it again tomorrow."

For parents who are interested in these summer camps, you can visit www.markham.ca. It is also recommended that the parents meet up with the director of inclusion to figure out strategies and adaptation techniques to get their child involved. Parents are generally deterred from getting an inclusion counsellor as prices double when an inclusion counsellor is required but D'Souza wants to remind parents that funds and grants are available for most parents whose children have disabilities.

JAMMING FOR EDUCATION WITH SASHA B

Discovering how music and movement can help families engage and connect in a stress free way

By: Brittney Rogers

For a moment, despite the presence of six children on six drums, the room was silent, in a pause.

One of the drummers, 12-year-old Christopher (not his real name), seemed lost in his own world. Then his hands likely beat the drum, repeating the rhythmic pattern of his instructor, Sasha Brathwaite. And Christopher smiled briefly at the group before carrying on.

"It's moments like (these) that feed my soul and validate what I do," Brathwaite said.

Brathwaite, the creator of the therapeutic based musical program, Let's Jam: Percussive & Creative Movement is running one of her many special need sessions and after many weeks of segregation, Christopher has finally engaged with the group.

Having run the program now for around four years, she says that she's experienced small victories likes these a hundred times over.

Brathwaite herself was thrust in to the special needs community at a young age when her younger sister Camille was diagnosed with autism. Sasha's found that music connected her with her sister in a way nothing else could.

"Camille was more focused, she would follow directions, was attentive and overall just more calm," Brathwaite remembers. "I saw how much music benefited my sister and I thought I could share this with other families."

Brathwaite's classes are designed to enhance relaxation and create the ultimate sensory experience. The focus is to regulate positive behaviours, active listening, turn taking and social interaction.

While some may not think much of music therapy, there is proof that with every musical note, every beat of a drum, every pluck of a guitar string, a complex neurological process occurs before we can even hear sound.

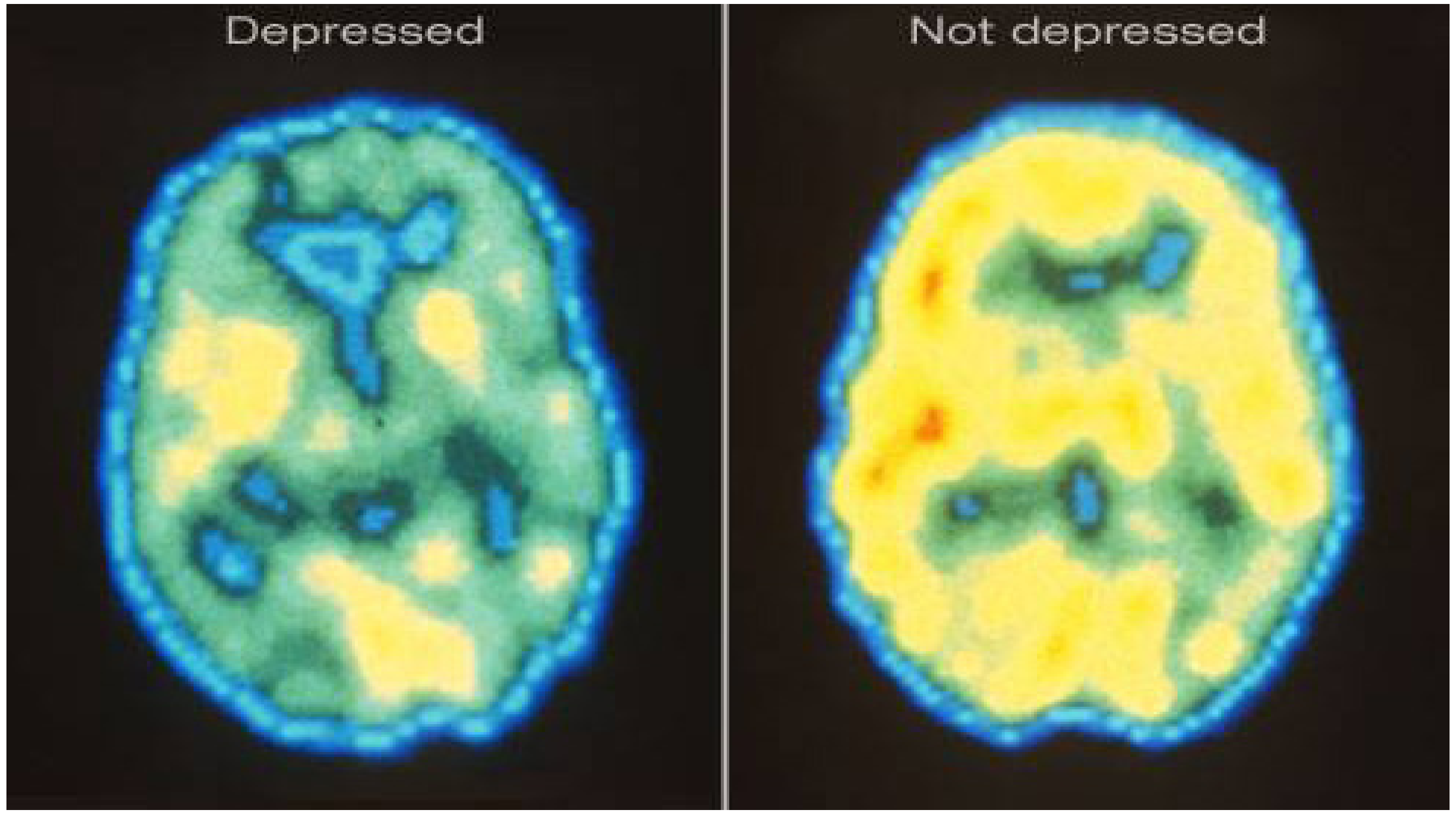
Melissa Ngo, the founder of Hand Over Hand, a Markham based special needs social group also understands the far reaching benefits of music. She recently employed Brathwaite's for her organization's first ever special needs 100 per cent accessible family music festival.

"Looking around the circle, every person was provided with something that they were able to use as an instrument, creating a completely accessible, musical, sensory and movement experience. The great thing about Let's Jam is that it can be taken anywhere, which allows for Sasha to create a totally inclusive environment anywhere she goes. Her experience and work in the field show that she is committed, creative and enthusiastic about her program and the people it benefits."

And Let's Jam is only Brathwaite's weekend job. When it comes to her professions credentials, she has over 15 years of experience working with children and adults with developmental disabilities. She has an extensive background in social work and is currently working for the York Region Catholic District School Board in the Special Education and Functional Life Skills Department.

For now Brathwaite runs her company out of her van. Her goal is to eventually find a space that her clients can come to and partake in group or individual sessions. With the growing interest and awareness in the benefits of musical therapy she hopes to reach her goal someday soon.

Childhood Depression



PET scans of two brains showing activity levels between a depressed brain and a not depressed brain

By: Jeremy Hon

Can children really have depression? Are they just moody and upset or do they have the toddler 'blues'? Modern research has found there may in fact be a link between children and depression. It is, however, extremely difficult to differentiate between normal behavioral changes that come from age changes and a diagnosable depression disorder.

According to the World Health Organization, major depressive disorders are one of the leading disabilities among North American children ages 15 to 44. Approximately 11 per cent of adolescents have a depressive disorder by age 18 with girls at a higher chance of experiencing depression than boys. Prior to puberty, the likelihood of boys and girls experiencing depression is equal, but after the age of 14, the chances of a girl experiencing depression doubled compared to the other gender.

Beyond just adolescence and preteens, the amount of college and university students that need to be treated for anxiety and depression has increased substantially in the past decade according to the Anxiety and Depression Association of America (ADAA). Modern students are reporting more feelings of stress and roughly 75 per cent of adults with anxiety experience their first attack at age 22.

> “According to the WHO, depression is one of the leading disabilities in childrens 15 to 44.”

Sean Menezes is a fourth year student studying Occupational Health at Ryerson University. As a child, Menezes was diagnosed with childhood depression.

“When I was about 11 or 12, I just remember being really upset and angry all the time. At school and at home,” he said. “I stopped playing video games and playing sports. I just wasn't interested in much.”

His parents noticed these changes in their son accompanied with sleeplessness, low energy and a lack of focus. They brought him to the family doctor who referred them to a child psychologist.

“I was diagnosed with mild depression, it wasn't something really severe, so my parents wanted to take care of this in-house.” Menezes said. “We had more 'family time', we would watch more movies together, go out for dinner, we spent more time playing sports or board games. I guess it helped a bit because I received more attention.”

For many parents with children who have depression, promoting good health and spending quality time with their children can be enough to help ease the symptoms of depression.

By incorporating a good diet with adequate sleep and exercise, parents can greatly reduce the chances of a child experiencing depression according to the Canadian Mental Health Association. Keeping track of the amount of time children spend in front of electronic devices and partnering that with physical activity will not only promote a healthy lifestyle but also good social behavior.

Partaking in team sports or simply playing catch with mom and dad can build good behavior. This helps promote teamwork, social skills, etiquette and a healthy lifestyle. These skills will translate from the home, to school all the way up to adulthood and into the workforce.

But in Menezes's case, things went a little differently.

“Spending time with my family and friends helped, but it was hanging out and working with my younger brother [Keith] that helped the most. Or at least, I think it did.” Menezes reminisces. “He started messing around with these toy robots, just tinkering with simple mechanics, and I started to join him.”

> “For parents with children who have depression, promoting good health and spending time with their children can be enough to ease the symptoms of depression”

“Now, I'm not saying my brother and I weren't close before but having a hobby that we both stuck to for hours helped me stay focused,” he added.

“He started to become interested again. He started by reading the manuals and asking questions, which was really annoying at first, but then he started to learn a couple of things,” Keith recalled. “We went from playing with Legos, to building Bionicles, to assembling Gundams and small bots [robots.]”

“I think just doing things with his hands and hanging out with the family helped him the most.” Keith said in a Skype interview. “I don't think they [mom and dad] really wanted him full of medication.”

For some parents, over the counter prescription medicine may do the trick but in certain cases, holistic and natural methods may be better suited for both the child and the wallet.

Antidepressants are usually prescribed to patients with moderate to severe depression but with the abundance of antidepressants that are currently flooding the market, parents must research the right one for their child beyond just the consultation of their doctors.

According to the Canadian Network for Mood and Anxiety Treatments, antidepressants are designed to affect neurotransmitters in the brain to elucidate or eliminate certain feelings. These drugs can have varying side effects depending on other medication that the child may be on, other health factors and the child's school or work schedule.

Thus, if parents choose to provide medication to their child to address their depression issues, parents must not only receive consultation from their family doctors or pediatricians but also cater to the specific needs and wants of their child.

DO YOU TELL THEM ABOUT THIER DIAGNOSIS?

I Have a Problem with Labeling Kids, Not with Diagnosing Them

By: Brittney Rogers

It's commonly said that people live up to their labels, or in many cases down to it. It's that specific concern that sparks the heated debate on whether parents should or should not reveal a diagnosis to their developing child.

On one side of the coin, if your child is starting to acknowledge that they are different from their peers a diagnosis might offer an explanation as to why they face certain difficulties. It could be a comfort and provide a community that helps them understand themselves better.

On the other side, some parent's believe it can be detrimental to label their child while they are still developing because it could result in a child living down to their diagnosis.

The word disability itself is defined as a physical or mental condition that limits a person's movements, senses, or activities[1].

So by not telling a child about their disability, some parents feel that it prevents their children from feeling different or limited. Maybe even preventing or prolonging a feeling of division between them and their peers.

David Lal, the former Recreational Programmer at Community Living York South feels that this is something each parent has to gage but overall it's a child's right to know.

"It all depends on the functional ability of the person. If someone has something apparent versus someone who has more of an intellectual disability then I think they have a right to know why they migwht look or act different than the rest of the people around them."

Lal adds that there is also a level of safety and advocacy involved in an individual knowing about their diagnosis.

If for some reason their parents are not around, [a person] needs to be able to tell others about themselves. They can't do that if they don't even know that they have a disability."

Samantha La Marche an Ontario Certified Special Education Teacher and former coordinator of the S.N.A.P. program at Brock University feels that the situation is complex and individualistic.

"I have a cousin who doesn't know he's special but all the other kids do. He only plays with younger kids because that's where he's at... There's no real point in telling him [about his disability] because he wouldn't understand. There needs to be some self-actualization where a child realizes they're different in order to be told that they have a problem."

However, she also sees the other side of the debate saying, "I do know a parent who told her child she has ADHD and when we spoke [the girl] said to me "my life changed today" and went around telling everyone she had ADHD. From then on it became a sort of learned helpless."

In the end La Marche felt that there were some factors to take into account. First she felt that it depended on a child and if they could handle knowing about their diagnosis.

Next, it depended on the parents and if they were capable of supporting their child though the process of accepting their disability. She felt that parents should honestly ask themselves, do I have the time, the means and a comfort level to deal with the hard questions.

Finally La Marche felt it also included the child's peers, saying, "If bullying is taking place because your child looks or acts differently then the situation needs to be addressed right away."

Consensus shows that telling your child about their disability is extremely subjective. There are a lot of factors to take into account. While there's no correct answer or right time there are some studies show that it isn't until around grade three that a child even recognises they have a problem, unless it's very apparent. With that in mind, a suggested time to talk to your child can be around the young grade school age.

Finally, the important thing to remember is that withholding a label is extremely different from denying a diagnosis. A disability isn't something bad or taboo and shouldn't be treated like it is. Your child's diagnosis is just one aspect of the many things that make them who they are.

> *"A disability isn't something bad or taboo and shouldn't be treated like it is. Your child's diagnosis is just one aspect of the many things that make them who they are."*

Let us know what you think by logging on to **groundworkmagazine.ca**

OVERDOSING ON DIAGNOSIS

The number of diagnoses in children has been increasing steadily over the past decade; are these diagnoses warranted or are children simply being stuffed into a box labelled ADHD?

By: Jeremy Hon

Over the past two decades, the number of children diagnosed with ADHD (Attention Deficit Hyperactivity Disorder) has increased substantially in North America. In a study conducted by the Center for Disease Control and Prevention, 'approximately 11% of children [in the United States] 4 – 17 years of age have been diagnosed with ADHD as of 2011.' The same study states that there is, on average, a three per cent increase of diagnoses per year from 1997 to 2006. It went on to indicate that boys were more than twice as likely to be diagnosed with ADHD than girls.

And it is not only the diagnoses of ADHD that has increased, but also in autism, depression, anxiety, and bi-polar disorder just to name a few. But it is ADHD, also known as ADD (Attention Deficit Disorder) that has been most prominent in young children.

> “There is a differnce between an active, sociable child and one with ADD”

According to Statistics Canada, 'ADHD is characterized by inattention, hyperactivity and impulsivity' and it is one of the most common mental health disorders in young children. Symptoms generally first appear between three to five years old, but tend to get more evident in elementary school and in some cases may last until adulthood.

Although the criteria for ADHD has not changed over the past decade, the number of people who can diagnose or suggest ADHD have altered. Janice Chin, a mother of two boys from Markham, Ontario believes that teachers and educators are much too lenient on suggesting that students have ADHD.

“I used to always get phone calls from Michael's [her eldest son] teacher [in grade 8] about his lack of respect for authority and hyperactivity,” Chin said in an email. “They said he wouldn't listen to instructions and had a tendency to stroll around the classroom and distract others. “In the parent-teacher interview, they suggested that Michael may have ADHD.” Chin remembers.

Although Chin remembers getting those same complaints from teachers in previous years, she never once thought that her oldest son would have ADHD.

“Michael read a lot of books, and liked to do puzzles.” Chin stated. “He also played a lot of soccer and badminton, he liked to stay active and he still does.”

“There is a difference between an active, sociable child and one with ADD.” Chin reiterates.

Although Michael, now 21, neer officially got diagnosed with ADHD, he feels like it was 'just a phase in his life that he grew out of.'

“I think they [the teachers] were a little keen on saying that I had this or I had that. At such young ages, a lot of kids are trying to get to know themselves.” Michael explained. “That was how I learned and made new friends, to walk around, talk to everyone and stay moving.”

“I must admit, I am much better now at staying in the library and just studying for a couple of hours, but I still need my breaks here and there.” Michael quickly added in. “But I don't think I really ever did have ADD because I loved reading books and I could always focus on a story, or a magazine that interested me.”

Assistant professor of behavioural disorders at the University of Toronto, Min Zhou believes that over diagnosis may be prevalent in today's society but it could be the excessive use of technology or the lack of greenery in a child's life.

“Kids are staring at computer screens more and more these days. Using an iPad, or a tablet just before bed, really affects sleep…especially those at a very young age.” Zhou stated. “As a result, children receive delayed sleep onset, melatonin suppression and less deep REM (Rapid Eye Movement) sleep.”

> “When you are running on little sleep, [you] cannot perform daily functions.... having enough rest is vital for the body and mind”

Zhou went on to explain that a lack of sleep not only prevents the body from growing, healing and resting from the daily tolls but it can also lead to a lack of focus and attention.

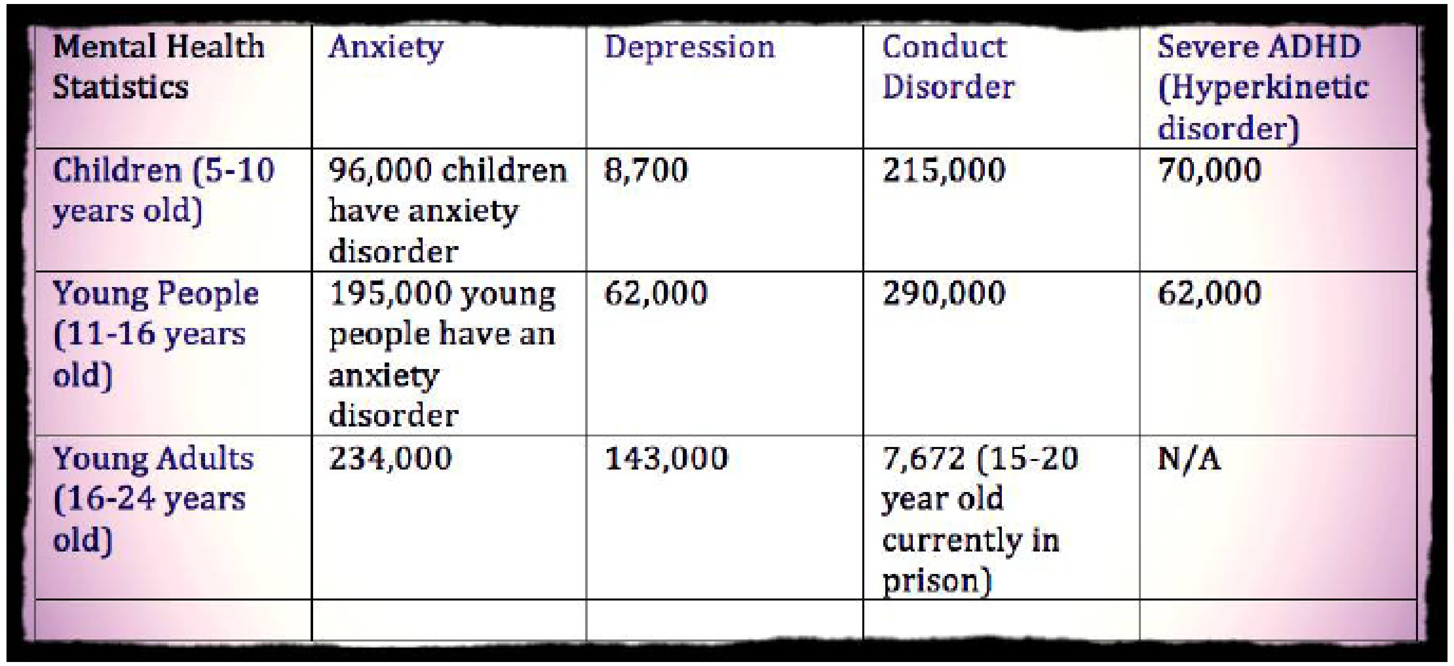
“When you are running on little sleep, or not enough sleep, you get tired a lot easier and a lot faster.” Zhou described. “Because your body didn't get sufficient the night before, it now cannot perform its daily functions such as reading that textbook, or being attentive in geography class. Having enough rest is vital not only for the body, but for the mind as well.”

An article in MNT (Medical News Today) shows that a lack of exposure to the outdoors can result in the development of ADHD. The research revealed that 'living in States with greater sunshine may protect against the development of ADHD.'

The article showcased that children with ADHD tend to do better when they play outside on grass as opposed to indoors or playing outdoors on concrete. By going outside, and staying active, whether it be partaking in sports or just frolicking in the rain, it allows them to expel some of that hyperactive energy and it provides them with that physical activity that they require. This then translates back into the classroom as students with ADHD can focus better as they know recess is just around the corner.

Aside from simply using up that stored energy, going outdoors and absorbing that sunshine helps in preventing or slowing down the development of ADHD. The research suggests that 'greater solar intensity may protect against the development of ADHD. There is a wide variation of reported ADHD from a low of 5.6% in Nevada to a high of 15.6% in North Carolina.'

Whether or not these children really do have ADHD, the unchanging fact is that there is an increasing number of diagnoses and it is up to parents and guardians to look after these symptoms and determine if their child really requires medication or not.



Mental Health Statistics	Anxiety	Depression	Conduct Disorder	Severe ADHD (Hyperkinetic disorder)
Children (5-10 years old)	96,000 children have anxiety disorder	8,700	215,000	70,000
Young People (11-16 years old)	195,000 young people have an anxiety disorder	62,000	290,000	62,000
Young Adults (16-24 years old)	234,000	143,000	7,672 (15-20 year old currently in prison)	N/A

FIND THE COMMUNICATION AID THAT SPEAKS TO YOU

With nearly 10 per cent of the world's population showing signs of a communication disorder, the communication aid market has completely blown up. The problem now isn't a lack of options, but rather an influx of them. With so many more options out there then ever before, it can be hard navigating what the best fit is for you and your family.

Below, we outline a snapshot look at the top three contenders in the communication aid market. This doesn't cover all that's out there but these are some of the most popular options. Broken up into cost, accessibility, pros and cons hopefully you can find the right fitand avoid the frustration of trial and error.

By: Brittney Rogers

1. American Sign Language (ASL)

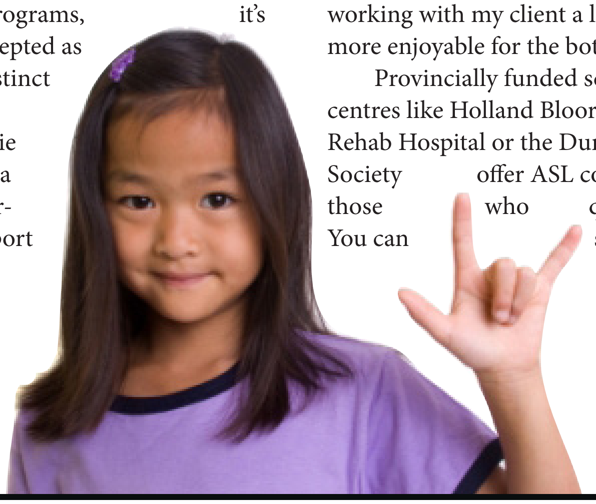
According to the Canadian Hearing Society, American Sign Language (ASL) is the language of most deaf Canadians. It is a visual language made up of specific gestures, hand shapes and facial expressions. It has its own unique grammatical rules and sentence structure.

When it comes to costs, ASL can be one of the cheapest forms of alternative communication aids. Not only is it one of the most publicly funded Ontario programs, it's widely accepted as its own distinct language.

Christie Ferguson, a former personal support worker for individuals with autism, worked closely with a client who went from having no communication, to learning and eventually mastering ASL.

"The changes were almost instantaneous," Ferguson gushed, "it was amazing really. His aggression lowered almost overnight. We were able to find out that he was constantly crying and upset because he had a toothache that we hadn't noticed… ASL made working with my client a lot easier and more enjoyable for the both of us."

Provincially funded schools and centres like Holland Bloorview Kids Rehab Hospital or the Durham Deaf Society offer ASL courses for those who qualify for it. You can see if you or



2. Alternative and Augmentative Communication (AAC)

AAC is a symbol supportive communication style that utilizes an iPad or tablet as well as picture software to help speak for you. The programs provide ways to choose words, symbols, and images to express moods, needs, and thoughts. Some AAC devices carry a text-to-speech feature that helps those who struggle with speech. ACCs can be used with people who have a physical or intellectual disability.

When it comes to costs, these devices can run you into the thousands. For those who qualify, the Ontario government provides funding for communication aids through the Assistive Devices Program (ADP), which absorbs some or all costs related to these devices.

A fantastic option on the market is the iPad software MyVoice TalkRocket, which is now government funded. For a 75 per cent discount, families receive the iPad along with the software.

If you already own an iPad or iPod touch and are just looking to download the software, Proloquo2Go is a popular option that costs $219.99.

There is also the DynaVox systems that range anywhere from $4,600-$17,000. While the cost may sound steep, DynaVox has created a program that makes renting the systems affordable.

"You can lease a DynaVox through the ADP for 10 per cent of the device cost a year," says Danielle Miller, the Ontario sales consultant for DynaVox. "The price caps at $800 a year per client, no matter how expensive the device is."

Miller adds that when it comes to payment, clients can opt for a lump some payment or a quarterly one.

For more on this story, head to our website groundwork.com

3. Speech–Langugage Therapy

Trying to sum up the job of a speech-language pathologist (SLP) seemed near impossible. The scope of their work is not only vast but far-reaching as well. They adapt to their clients providing a range of services.

A vague definition of a speech-language pathologists is a person who identifies, assesses and rehabilitates children and adults with communication and language needs. SLPs must hold a master's degree in speech-language pathology from an accredited university and belong to the College of Speech-Language Pathologists and Audiologists of Ontario, a regulatory body that protects the public.

Speech pathologists can be found in hospitals, schools, long-term care and mental health facilities, children's treatment centres, private clinics, private individual practitioners and rehab centres.

"We help stop frustration," says private speech-language practitioner Michelle Cheng. "If someone can't communicate ideas and thoughts, that can cause frustration. It can cause difficulties learning and be the root to why kids act out behaviorally."

OHIP covers public funded practitioners but the waitlists are long and private health insurance plans may cover private practitioners. There isn't a set fee for private SLPs but the Ontario Association of Speech-Language Pathologists recommends a rate of $180 per hour for one-to-one services and $90- $125 per hour, per client for group therapy.

There can be a long waitlist to see a publically funded speech-language pathologist. Also, once you've received your initial session, you may be placed in group classes rather than one-to-one sessions with the pathologist. A private one-to-one session is much more common in the private sector.

FAST FACTS

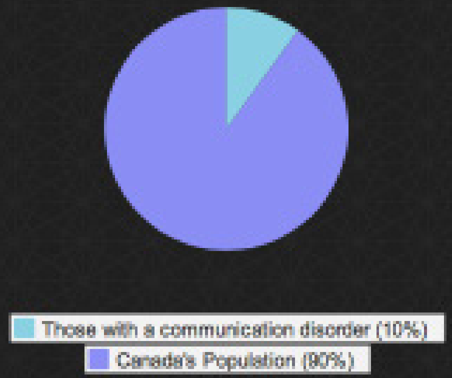
On Assistive Communication Technology

Snapshot

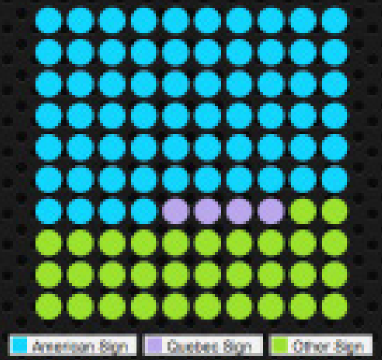
A quick look at some facts and figures on communication technology aids here in Canada

Who has a communication disorder?

More then 10 per cent of the world's population shows signs of a Communication disorder. Whether it be a stutter developed as a child, loss of speech as an adult or a need or a aid after an accident or illness during mid-life, this disorder shows no bounds.



Types of ASL Spoken in Canada



DID YOU KNOW?!?

Like any other language, sign-language is spoken in many different dialects. In Canada alone you can find Quebec Sign, American Sign and Modified sign.

What the DynaVox looks like

Image from DynaVox Website

"If someone can't communicate ideas and thoughts, that can cause frustration. It can cause difficulties learning and be the root to why kids act out behaviorally."

Presented by: Brittany Rogers

The Ketogenic Diet

It may be tough on some children and adults, but the results can save lives

By: Jeremy Hon

As many people who experiance seizures already know, not all problems can be resolved with prescription medication. For those who have tried but failed to control thier seizures, the ketogenic diet might just be the one for you. Its known for curing epileptic seizures and in some cases, even stopping the growth of cancer cells. Being in a state of ketosis is in indication that the human body is running on fat (or ketones) as fuel as opposed to the usual carbohydrates. The ketogenic diet is a high-fat, low-carbohydrate diet, that accompanied with a physician and dietician can help a child achieve ketos

> "For parents who want to avoud giving their child with epiliepsy any more seizure medication, the ketogenic diet is healthy and natural"

This diet is suited for children as it is harder for adults to stick to such strict and restricted food choices. (After all, there are carbs in everything.) Although, there have been several studies that have shown that this diet has been just as efficient with adults.

The ketogenic diet is especially suited for children with the Lennox-Gastut syndrome but it has also been shown to be helpful in many epilepsy conditions such as infantile spasms, Rett syndrome, tuberous sclerosis complex, Dravet syndrome, Doose syndrome, and GLUT-1 deficiency.

Due to the lack of carbohydrates and the increased number of healthy fats, the body begins to release ketones. These ketones are reported to be the reason behind the reduced number of seizures or even curing them altogether! The diet works best on children with focal seizures (seizures where electrical activity is limited to a certain part of the brain) but has been shown in small studies to aid in other seizures as well.

Although the use of this diet limits the amount of seizures a child experiences, parents are still required to give their children seizure medication. In most cases, the potency or amount of medicine is reduced and in several cases children do not even rely on over-the-counter prescriptions.

This diet can be used as long as there is no evident metabolic or mitochondrial damage. Some side effects may include kidney stones, constipation, high cholesterol levels in the blood, dehydration, slowed weight gain and/or bone fractures.

Some studies have even indicated that the lack of carbohydrates in the human body (accompanied with the release of ketones) has helped stopped the growth of cancer cells, and in certain cases, even helped reduce the size of the cancer cell itself.

For parents who want to avoid giving their epileptic child any more seizure medicine that doesn't work, the ketogenic diet is a healthy and natural alternative. Given that the body is used to running on carbs, the first week will be quite slug-ish, and it can be hard to follow such a strict diet as other children or members of the family may be on a 'normal' diet. Nonetheless, the ketogenic diet accompanied with a dietician and physician can greatly assist in reducing the amount of seizures a child can have.

www.groundworkmagazine.ca