ADHD Awareness Day
To provide value to our members, ADHD Association created an Awareness Day event to dispel some of the myths and educate ADHD’rs, family members, teachers and others about ADHD, what it is and how to manage (with) it.

The event was held at centrally-located Ellerslie Convention Centre, and around 180 attendees (mainly community and some from the education sector) came to listen to the five speakers on Sunday 30 October 2016.

The first ADHD Awareness Day received overwhelmingly positive feedback and some good learnings for next time.

The Association would like to thank our speakers, Dr Sarah Watson, A/Prof Karen Waldie, Wildboy Brando Yelavich, Dr Simon Bainbridge and Dr Christian Thoma for their great presentations, which will be available on our website shortly.

Also thank you to our wonderful board and volunteers who put in so much of their own time to make this event a success, Chris Thomas, Darrin Bull, Heidi Nilsson, Leeanna Kohn, John Miller, Michael Schneider, Brett Harrington and Danika Dwyer.

“The Report is out”
Recently you may have noticed a Report from the Education and Science Select Committee with the catchy title “Inquiry into the identification and support for students with the significant challenges of dyslexia, dyspraxia and autism spectrum disorders in primary and secondary schools”. For ease of reference, let’s call it ‘the Report’.

The report origination came from Government concern about the quality of education for those with learning difficulties and / or autism. Well, our first concern was why ADHD was not included within the inquiry, and when we presented to the Select Committee in August 2015, that was a key point we made. Having read the recently released report, there is acknowledgement of the difficulties children with ADHD have in the education system- a great start.

Submissions made from several hundred organisations and individuals highlighted three key themes:

• Parents need more information about what support is available, and assistance with accessing that support.
• Schools are inconsistent and variable in their approach to supporting students with learning support needs.
• The capability and capacity of teachers, teacher-aides, and other specialist support providers varies widely between schools.

From the submissions I listened to, these were themes that were repeated time and time again and it was quite clear to me that there are real issues out there. (I don’t need to tell you that!!)

The Select Committee report made 46 recommendations, and some of the highlights included:

• Asking the Government to consider increasing the funding of Wraparound services to meet student needs.
• The Government consider developing consistent education pathways for students with ADHD
• The Government consider strengthening teaching for all students including those with ADHD which also covers communication, reading programmes and the like
• The Government consider for schools of more than 200, to appoint a special needs co-ordinator
• The Government improve training for teachers and teachers-aides.

I think this is a good step forward, with the Select Committee clearly listening to those who presented. It remains to be seen if funding will become available to implement the recommendations. But understanding what problems need to be solved, is the first step.

If you are interested in reading the report and associated articles, check out our website www.adhd.org.nz

Darrin Bull, President
PARENT SUPPORT IS A PHONE CALL AWAY
Member Contact People are:

**Auckland East**
Lisa 09-537 3044

**Franklin**
Melissa 09-236 3141

**North Shore**
Bridget
bridgey.swan@gmail.com

**Diet**
Linda 09-416 9438

We have contact with:

**Hawera**
Leanne 06-278 1069

**Christchurch**
Whakatata House 03-364 0050

**Dunedin**
Nicole
Nicole.broekhuyse@hotmail.co.nz

**Christchurch**
Robin
addinfoservice@gmail.com

**Rotorua**
Kirsty 07-3481946

**Rodney**
Tracey
info@adapt.net.nz

**New Plymouth**
Tarryn 06-758 9339

**Wanganui**
Sharyn 06-345 8393

**Invercargill**
Rachael 03-2172191

**Whangarei**
Shirley 09-438 2954

**Nelson**
nelson@parent2parent.org.nz

Please email/ring Marceline for more details on adhd@clear.net.nz
09-6251754

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A special thanks to our sponsor ENZO
Nutraceuticals.
Without their support this newsletter would not be possible.
The Government allocates more than $600 million each year for direct and indirect support for students with learning support needs. Funding and services are provided through a mixed-funding framework and are distributed in several ways, including the following:

- **The Special Education Grant** provides funding for students with learning support needs. Schools receive this grant as part of their operational funding. The grant is paid on a per capita basis according to the total roll of the school and varies according to the decile rating of the school.

- **ORS** provides resources for students with high and very high needs that are likely to be ongoing during their school years. Students who meet the criteria can receive funding for specialist support, specialist teacher time, teacher aides, and equipment.

- The ministry provides **specialist services** in Communication, Behaviour, and Early Intervention.

- Staffing and funding are allocated to clusters and groups of schools, and children identified for additional support are prioritised within the cluster. These include **RTLB and RTLit** services.

- **The Intensive Wraparound Service** is provided to students with highly complex, challenging behaviour at school, in the community, and with family. The challenging behaviour could be social, emotional, and/or educational, and its cause may involve a learning difficulty.

**What is an Individual Education Plan?**

An IEP is a written plan for children with additional education needs that outlines your child’s current skills, important goals, teaching steps to achieve those, equipment or support needed, how progress will be measured and when this will be reviewed.

This plan is created by you, your child’s teacher and support people (teacher aides, deans, DPs). As a parent you play a very important part in this team, you can decide where the meeting is held and who can attend. It can be a good idea to bring your own support to this meeting also.

**Special Education Needs Coordinator (SEnCO)**

Part of the school teaching staff and manages the Individual Education Plans. They work with school staff to set targets for individual children and advise staff and parents in the ways to tailor the school curriculum to meet your child’s needs and support any behavioural issues.

**Resource Teachers Learning and Behaviour (RTLBs)**

All schools have access to one or more RTLBs. They are especially trained to work with schools to help students who have moderate learning and behaviour needs. They can work with teachers, giving them special training, or they can work with individual children or groups of children.

(as per MOE website: http://www.education.govt.nz/)
LIVING WITH A YOUNGER CHILD WITH ADHD IS CHALLENGING FOR PARENTS

or having a child with ADHD in a kindergarten or a classroom can be challenging and we as adults sometimes have to change what we are doing to help a child change their behaviour. Quite often there can be a disturbing overlay of emotional distress and/or often developmental or learning differences and difficulties. We as parents and teachers do not want any of our children to be continually unhappy, miserable, upset or angry like so many ADHD children are when they live in a world where they are expected to behave like children who are not ADHD. Our expectations of them, although well-meaning can be counterproductive. Why keep doing the same thing if it doesn’t work? Why do we too often try banging a square peg into a round hole?

Most parents living with a younger child with ADHD would immediately connect with the behavioural challenges and the distress suffered by the child with ADHD. Children with ADHD do not ‘fit in’. A child with ADHD is more likely to be seen as misbehaving. When their hyperactivity is combined with impulsivity they act before thinking which results in them getting in trouble more often. A child with ADHD can be a square peg banged into a round hole.

So often when looking at ADHD particularly as a parent, teacher or as someone with ADHD we focus on the ‘problems’. For example hyperactive, impulsive, careless, doesn’t listen, difficulty with starting and finishing anything, forgetful etc. etc. David Walliams writes a story about ‘Miss Petula Perpetual-Motion’ that captures the pandemonium and trail of destruction caused by accidents. (to be found in the book “The World’s Worst Children”). Evan Kirsten (N.Y. ADHD Coach) says ‘by the time I was 6 I was known for being lazy, a daydreamer, short tempered, unprepared, forgetful, a troublemaker’ but now he can say ‘ADHD is a part of me and now it’s the best part’. Brando Yelavich describes his childhood and teenage years as ‘seemingly being out of control’ and the title of his book is “Wildboy”. He states clearly that now as a young adult that being ADHD is just being different. ‘You don’t grow out of it but you grow into it and you learn to manage it’.

We need to develop a positive perspective on challenging behaviour and focus on positive behaviours. We can start by focusing, developing and celebrating the strengths our children have. It is not often helpful to compare our children with other children with ADHD or without ADHD. Each child is unique in their brain wiring. What works for our friend’s ADHD child when they won’t go to sleep may not work for us or for our child with ADHD. It can be helpful to explore resources and read what experts say, e.g. Dr Frank Lawlis in his book “The ADD Answer” talks about ‘The Healing Home’ and ‘Parenting the Child, Not the ADD’. “Turning the Tables on Tiny Tyrants” by Teri Hardwick focusses on ‘How to be the big person your little person needs’. “Parenting Tough Kids” by Mark Le Messurier gives ‘simple strategies to help kids succeed’.

For a parent and a teacher it means focusing on the strengths of a child with ADHD and giving positive feedback, praise and rewards. “Five positive comments for every negative one will have the most significant impact on changing behaviour” (Harvard Business Review March 2013). Most children with ADHD have no idea about consequences.
They are not wired to connect with consequences and they are wired to connect with rewards. It is important to find out what the ADHD child finds rewarding.

We are learning about the neuroplasticity of the brain and these studies will more and more move towards exploring what can be done to minimise the daily stress and anxiety of living with ADHD limitations and how to maximise ADHD strengths for those with ADHD and for those who live with ADHD.

Dr Sarah Watson emphasized when she spoke at the ADHD awareness day that only 1 part of the brain is affected and that it is ‘different not less’. She spoke about delay not deviant difference in the pre frontal lobe. Children with ADHD are often 3 years behind in their emotional responses, attention, behaviour and judgement development. As parents and teachers we naturally want 4 and 5 year old children to act as 4 or 5 not 1 or 2 years old. What has been discovered and is being explored is actually good news – eventually many do catch up.

Dr Sarah Watson also made the point in her talk that ADHD is still fundamentally misunderstood. We really need to start with identifying and clarifying what underlies what a child does and doesn’t do. It can be practically helpful to have a specialist diagnosis of ADHD – this can open the door to considering whether to trial a prescribed medication and/or change a diet and/or change a school. Having a diagnosis of ADHD helps us to understand a child’s behaviour. Remembering if we want to change a child’s behaviour we need to do some things differently and a greater understanding of the why behind behaviour can be hugely helpful. Labels can also be helpful. It may be worthwhile to consider a full cognitive and educational assessment, an occupational assessment, an auditory processing assessment, a vision assessment. Being ADHD can mask other difficulties such as dyslexia, dyspraxia etc. Ask yourself is a child a worrier and anxious just because he or she is ADHD? Having a professional’s report, with recommendations as how to best meet a child’s current learning, behaviour, social and/or emotional needs can be extremely beneficial for those caring for a child in a Day Care, Kindergarten or School. Caregivers and Teachers need information so they can understand and help. They will want to be helpful but sometimes extra resources are needed. Outside of schools, medical practitioners and health professionals can recommend family therapists, counsellors and/or programmes. In schools, an ADHD child may have a teacher aid or special small group learning. Parents can pay for a teacher aid in a classroom. Schools seem to have minimal resources to provide what can seem obviously needed for individual assistance. Schools do have SENCOS and these are teachers who have a responsibility for caring for the children in their school with special needs. They will try to be practically helpful and they can ask for special wrap around services for extreme behaviours. This has to be asked for by the school not the parent.

Don’t ever give up – there are a growing number of resources – a good place to start is the ADHD Association’s website www.adhd.org.nz. Let’s put our square pegs in square holes.

I wish to acknowledge the help I received from some of my colleagues at our Indigo Assessment and Counselling Centre.

Lynn Beresford  M.Ed (Hons) Dip Tchg, Registered Psychologist
How to Help Your Relationship

AS A COUNSELLOR AND A GROUP FACILITATOR working with adult ADHDrs and their wider familial members, I often hear complaints from "Neuro-Typical" partners about the difficulties of maintaining a long term relationship with their other half. This is sometimes difficult for me to process as I too am an ADHD partner to a neuro-typical other half. And so often, everyone launches into how the neuro-typical partner can support their ADHD partner, endorsed by many articles on ADDitude, CHADD and other ADHD related media, giving the neuro-typical partner advice.

However, today, I’m standing up for the neuro-typical partner and saying to my fellow ADHDrs, it’s not just up to your partner to do all the hard work!

Before looking at the relationship, first I’d like to look at one critical issue that may sit at the core of the ADHDrs instinctive reactions and responses, or an apparent lack thereof. Rejection Sensitive Dysphoria (RSD) was introduced in a recent ADDitude article which is well worth a read - http://www.additudemag.com/adhd/article/12114.html. Defined in the article as an extreme emotional sensitivity/pain triggered by perception that a person is being rejected, teased or criticised by someone important. It may also be triggered by a sense of failure/falling short of their own high or someone else’s high expectations of them. Unfortunately, at the end of the article, it says that RSD is difficult to treat, and only medication can help – that is not my belief at all, I have seen people make massive changes. It just means you have to work hard at it.

Understanding RSD for this discussion is not to encourage the neuro-typical partner to walk on egg shells. But rather for the ADHDr in the relationship to get to know that ADHD has an automated neurological impact on your thoughts and feelings, and the way you process incoming information. The intention of this article is to consider how RSD might be interfering in the day to day interactions with your other half, and how you, the ADHD partner, might be able to change it.

RSD is like an annoying internal bully that follows the ADHDr around, dormant, waiting for the next thing to go wrong; to remind them that they aren’t good enough, smart enough or clever enough. That on top of the external symptoms of ADHD that everyone is familiar with, this internal bully constantly reminds you that you are useless, and it’s not worth it. And unfortunately, the ADHDr is often influenced by this bully, and truly believes that this internal voice is reality.

It is not!!

A person living constantly with this voice may have different responses. They may learn that it is easier to give up and not try and therefore they don’t have to fear rejection, as it is already expected. They might leave everything for their partner to do, rather than failing their other half once again/or not even meeting their own personal (and often to high) expectations of themselves. They may flip and fight any interaction that they perceive as hostile in order to protect their innermost thoughts/feelings. There are many outcomes that might
lead to the deterioration of the relationship.

However, there is hope. The first step is becoming aware that you might perceive the world in this way. I know that ADHDrs might forget things, but I also know that we can examine and analyse aspects of ourselves deeply. Therefore, this is one area of internal function that is worth examining. RSD, or that ‘internal bully’ is attempting to affect the automatic ways we think and feel, which in turn affects the way we respond to an emotion or situation. Taking a step back and recognising that RSD is an automated response that with some effort can be modified, may change the way you interact and respond in your relationships. Often you might physically or emotionally feel an over riding negative response to a situation, or the desire to escape/shutdown, or to fight, or make excuses, etc.

Once you know there is something different about the way you think/process perceptions, you are then armed with this awareness, so that when you notice these thoughts/feelings, you have something to work on, and change. As you start to notice the negative internal responses you are having to a situation, or in retrospect - as might be the case with many ADHRS, you can then decide whether you are going to allow the negative response to decide the outcome. A rationale to think about your response might be something like this,

- Where is this thought/feeling coming from?
- Do I want to carry on responding like this?
- How about if I tried a positive spin on this, how would that change the outcome?
- I am good at this, this and this!
- Is it that important that I need to think/feel like this?
- What happens if I don’t avoid this, and say so rry/go back and discuss/work out how together we might both support each other and attempt to change this happening?

The idea is to stop and think about a preferred result, rather than just carry on blindly allowing those thoughts and feelings to define your outcomes.

Sounds like hard work? It is! But don’t tell me that because you have ADHD you can’t learn new things because you forget or can’t pay attention. What’s something you’re good at? Did you have to practice? I bet you did. Well this is something you have to practice, because you’re doing it for something you love or at least would like to love. That something is you…and your partner. Even if you have to set a reminder on your phone every morning, or change you computer password to say something like ‘StopTheBully’, you need to practice standing up to that internal bully and change the way you act and respond in your relationship. I do advise all my ADHD clients to focus on just one thing at a time.

Don’t try to change everything. This one’s big, so make it your only goal, and give yourself 6-12mths to get the anti-bully strong and fit! And ask for help from someone who cares.

I suspect you do love your partner, there was a reason you two decided to be together and stick it out this far. Imagine how the relationship could improve if you could feel more positive about yourself, and stop allowing that internal bully to beat you up and control your outcomes.

Anna Redgrave: Coaching & Counselling
BA Psych & Educ. MCouns
AS MANY PARENTS AND ADULTS WITH ADHD KNOW, making treatment decisions can be difficult. On one hand, prescription medications may help improve symptoms like hyperactivity, inattentiveness, and impulsivity. Unlike antibiotics taken for an infection, however, these medications will not suddenly fix all of your or your child’s issues.

Even when the medicine is working, your child might still struggle with forgetfulness, emotional problems, and social awkwardness, or you might find yourself dealing with disorganization, distractibility, and relationship difficulties. It is important to know, though, that ADHD medications are not the only treatment option. There is now a consensus among experts that regular exercise is one of best things you can do to treat ADHD.

ADHD starts in the brain

ADHD stems from a glitch in the brain’s attention system, which is made up of an interconnected web of neurons that are spread throughout various areas of the brain, from areas that control arousal, motivation, and reward, to those involved in executive function and movement. These attention circuits are regulated by neurotransmitters such as norepinephrine and dopamine, which help usher messages from one part of the system to another.

Broadly speaking, the problem for people with ADHD is that communication within their attention system is often patchy and disconnected (Mazaheri, 2010, and Pliska, 1996). Therefore, the goal of ADHD treatment is to fill these gaps in order to decrease distractibility and any other symptoms that might be present. And this is just what exercise does.

A recent study published in the Journal of Attention Disorders (Verret, 2012) showed that doing moderate to vigorous intensity exercise forty-five minutes a day, three times a week, for ten weeks improved cognitive function and behaviour in children with ADHD. Specifically, it seemed that the children who followed the exercise program were more efficient at processing information, as demonstrated by faster speeds of visual research and better sustained auditory attention.

Exercise has similar effects as medications

Although most of us equate exercise to changes in our waistline, physical activity also has a profound effect on the brain. Early brain and exercise research has indicated that exercise results in the growth of new nerve cells (neurogenesis), increases in the levels of several different neurotransmitters, and vascular (new blood vessel) adaptations (van Prag, 2009). In fact, scientists have found that moderate to intense exercise actually provokes changes in many of the same neurochemicals and brain structures as popular prescription ADHD medications.

Whenever you walk, run, bike or swim, your brain releases lots of these neurotransmitters, which increases the attention system’s ability to be regular and consistent by spurring the growth of new receptors in certain areas of the brain. This has many good effects like reducing the need for new stimuli and increasing alertness. For example, John J. Ratey says in his book Spark: The Revolutionary New Science of Exercise and the Brain (2008), that exercise increases dopamine levels in the rat equivalent of the basal ganglia (which is responsible for the smooth shifting of the attention system and the key binding site for methylphenidate) by creating new dopamine receptors.

In Spark, Ratey described the results of one study that examined the effects of exercise in kids with ADHD by using motor-function tests, which provide indirect measures of dopamine activity. In boys, rigorous exercise improved their ability to stare straight ahead and stick out their tongue, indicating better motor reflex inhibition. Girls, on the other hand, didn’t show any improvement, which may be because of a lower incidence of hyperactivity in girls. However, both the boys and the girls improved according to another measure related to the sensitivity of dopamine synapses, although boys fared better after vigorous exercise and girls after moderate exercise.

Another common symptom in children with ADHD, fidgetiness, has been linked to an overactive cerebellum. While recent studies have shown that ADHD drugs that elevate dopamine and norepinephrine bring this area back into balance, exercise has also been shown to be effective, and the more complex the exercise, the better.
Obviously researchers can’t teach lab rats to do martial arts or ballet, but they did look at the neurochemical changes in their brains after periods of acrobatic exercise, the closest parallel to these sorts of activities that you can replicate in a lab. Compared to rats running on a treadmill, the rats that practiced complex motor skills had more dramatic improvements in levels of brain-derived neurotrophic factor (BDNF), which suggests that growth is happening in the cerebellum.

**What type of exercise is best?**

While most clinical studies researching the effects of exercise on ADHD have utilized running on treadmills, you don’t have to be a marathoner, or even a jogger, to benefit from exercise. In fact, challenging the body as well as the brain with complex activities like martial arts, ballet, ice skating, gymnastics, rock climbing, and mountain biking seems to have a greater positive impact on children with ADHD than aerobic exercise alone.

One small, unpublished study by a graduate student at Hofstra University (Morand) found that boys with ADHD who participated in martial arts twice a week had greater improvements in behaviour and performance on a number of different measures than those who participated in a typical aerobic exercise program (although exercise in general led to dramatic improvements compared to nonactive controls). The kids involved in martial arts finished more of their homework, were better prepared for class, showed greater improvement in their grades, broke fewer rules, and jumped out of their seats less often.

Why is this? Experts don’t know for sure, but it is probably due to a number of different factors. According to Ratey, "The technical movements inherent in any of these activities activate a vast array of brain areas that control balance, timing, sequencing, evaluation consequences, switching, error correction, fine motor adjustments, inhibition and of course intense focus and concentration." And, of course, these activities also generally take place the aerobic range, which would boost cognitive abilities and attention in a similar manner to running.

The most important thing to consider when starting an exercise program is to find something you enjoy doing or that your child enjoys doing. That way you or your child will stick with it. Team activities or exercise with a social component can be especially beneficial.

**Developing a successful prescriptive exercise program**

The general guidelines for using exercise to treating ADHD are to do moderate-intensity cardiovascular activity (65-75 percent of maximal oxygen). The general consensus is that exercising for ADHD must be done frequently, with occasional bursts of intensity.

In my practice I frequently recommend exercise therapy for my patients that incorporates cardiovascular training and strength training within a structured program. The program also includes a variety of functional movements that require coordination, balance, and flexibility to boost behaviour and performance even more.

However, like medication, exercise only works if you take it. As a result, it is important to work with the ADHD brain (rather than against it) when designing an exercise routine.

**What about medication?**

For a very small handful of people with ADHD, exercise may serve as a viable replacement for prescription medications. For most, however, it is complementary to their treatment—something you or your child should absolutely do, along with taking meds, to help increase attention and improve mood.

I typically tell my patients to exercise in the morning, before they have taken their medication, to benefit from the increased amounts of neurotransmitters that are produced in response to exercise... I also advise my patients to take their stimulant medication about two hours after they finish their workout to take advantage of the cognitive boost provided by exercise. Some patients find that they can eventually lower their dose of stimulant medication as long as they stick to their exercise program. However, this is definitely something you need to discuss with your doctor.

*Michael Lara, MD, is a board-certified psychiatrist who practices in Belmont, California. He combines his interests in nutrition and exercise therapy with traditional therapies to treat a spectrum of mood, anxiety, and cognitive disorders.*

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Headspace – meditation

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Practice breathing at 6 breaths per minute for 5 minutes (or more) each day and you will learn how to switch off your flight – fight system.

Slowing down your breathing helps you improve your heart rate variability which will then enable your brain to deal with stress more effectively.

Buddhify – mindfulness to go

Costs USD$2.99. A meditation app for people to use on their way to work.
Short Takes making cooking simple by teacher Jenny McClure sounds great. Take a look at this review on Amazon by Dr John Davison, a NZ Clinical Neuropsychologist.

“Short Takes is a brilliant cookbook focused on making cooking simple and engaging, without compromising taste, health or style. Short Takes has a number of features that would make it an ideal cookbook for people presenting with cognitive challenges, such as those with traumatic brain injuries, acquired brain injuries, developmental difficulties etc...or simply those of us who are feeling tired and distracted after a day’s work! Those with difficulties in attention, memory, initiation, processing speed, visuospatial difficulties, memory problems and particularly executive functioning will benefit from the uncluttered layout, one recipe per page, the use of both images and words for foods, short simple instructions, boldened verbs to draw attention to the key instructions, colour coding, common ingredients etc. Short Takes is deliciously simple and I can highly recommend it.”

You can purchase the book from Amazon, the Book Depository, iBooks, Kindle, Trademe, or email: mcclure@shorttakess.org

And did you know there is a group in Auckland for ADHD Adults? ADHD Adults Meetup, http://www.meetup.com/ADHD-NZ-Auckland-Adults-Meetup/ meets on the 1st Tuesday of every month, 7.30pm at The Paddington, Textile Centre, 117 St Georges Bay Road, Parnell. Adults also meet fortnightly in Wellington. If there is no group near you, you can set up your own meetup through the site!

Make your own?

It may be difficult to find these, and not possible to buy online, but it should be easy to make your own version. Wristlists™ are apparently all the rage. See www.wristlists.com to find out about the silicon bands + plates/badges which can be a great aid in reminding you – discreetly - of something very important.
For videos of more than 60 playgrounds in the Auckland area, check out Ethan Smith’s https://www.facebook.com/PlaygroundAKL/.

The site includes a posting on 03 October of the brand new Te Rangi Hiroa Youth Park in Ranui.

The redevelopment of Waterview Reserve has continued this year, with a skate park and BMX circuit due to open this summer. These will be world class standard; the skatepark will have a bowlled transition area, a three metre high quarter pipe, fun boxes, rails and stairs; the BMX track has consecutive jumps in a pump track style loop. Make sure the construction is finished before heading out there!


Find a toy library near you on www.toylibrary.co.nz. Contact your closest branch now to enquire about joining, as you may need to go on a waiting list.

You are able to borrow quality toys for 0 – 8 year olds, plus some items suitable for the whole family to enjoy. There are some toy libraries (e.g. CCS) which cater to special needs. Fees vary, but are cheap!

Head to Whakarewarewa Forest (or Redwoods), five minutes outside of Rotorua, for awesome mountain biking trails for all ability levels. By world standards this is a Gold-level centre. Check out www.riderotorua.com.

http://www.triplep-parenting.net/glo-en/find-help/triple-p-online/

Take a look at the Triple P Parenting Programme, available for $83.60 online. A recent University of Auckland trial indicated that this online intervention was effective in improving management of children’s ADHD symptoms and parent’s stress. See the full media release from the University of Auckland on the ADHD Association website.

Holiday Activities

ADHD Association

**Membership Benefits**

- **Resources**: Access to member-only resources
- **News**: Latest news stories
- **Networking**: Opportunities to network with others
- **Discounts**: Member-only discounts
- **Library**: Access to our comprehensive library
- **Helpline**: Free support and advice

*Our vision is for people affected by ADHD to live valued lives and realise their potential*

www.adhd.org.nz