ADHD Awareness Day
Save the Date!

Remember to mark your calendars for our inaugural ADHD Awareness Day on Sunday 30th October 2016. We will be running a full day of workshops in Auckland on this date, with some excellent speakers such as A/Professor Karen Waldie, Dr Simon Bainbridge and Dr Christian Thoma to name a few.

If you are unable to make it to the event in Auckland, we will be making these talks available on the Internet via podcast or webcast. If you would like to organise an event in your area to celebrate ADHD Awareness day, please let us know your ideas and we can help you to promote it!

ADHD Facebook
The ADHD Association’s Facebook has 3 closed groups which offer fantastic support to our busy parents, adults and youth. The groups have grown significantly since start up a year ago and are now facilitated by a wonderful team of volunteers who aim to keep them NZ focussed, safe and predominantly positive.

They are an excellent source of local information as members help each other with contacts and referrals. Shared experiences result in non-judgemental discussion and problem solving.

Facebook contact can also lead to casual meet ups and more regular support group start-ups which can be so important, especially for our more vulnerable or isolated members.

Closed support group for parents of child(ren) with ADHD:
www.facebook.com/groups/ADHDNZ/

Closed support group for adults with ADHD:
www.facebook.com/groups/29740550457603/

Closed support group for partners of adults with ADHD:
www.facebook.com/groups/375001872693382/

Tell Your Story!
Here’s an opportunity to share your ADHD story and help to raise awareness of ADHD in New Zealand.

We are currently seeking stories to share for our upcoming ADHD Awareness campaign and would love to hear from you. You may wish to focus on your or a loved one’s journey with ADHD, or tell us one thing you want the world to know about what it’s like living with ADHD. You can choose to be anonymous.

We will be using some of the stories and quotations in our upcoming ADHD Awareness Day campaign.

Visit this link for ideas and to send us your story:
https://www.surveymonkey.com/r/KPWJL68 or email your story directly to info@adhd.org.nz
### PARENT SUPPORT IS A PHONE CALL AWAY

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

### ADHD HELPLINE

Diane Wellacott is available for enquiries on Wednesdays between 10am and 2pm. Please phone the office on (09) 625 1754

### Thank you to the ADHD Association Funders

- Lottery Board
- COGS
- Foundation North
- Sky City
- Community Post
- Enzo Nutraceuticals

### THANK YOU SO MUCH

To the following for their donations:

- A Stewart, R Gilchrist,
- B Malatios, K Crutchley,
- MJ Lendich,
- S McArthur, B Tate,
- Rojolie Clinic

### A special thanks to our sponsor ENZO Nutraceuticals.

Without their support this newsletter would not be possible.
Decluttering: 7 Simple Steps To Get The Job Done

We live in an overstuffed world and the interest in tidying is at an all time high. Marie Kondo’s book ‘The Life-Changing Magic of Tidying Up’ is an international best seller and the waiting list for Marie’s services, once three months long, is now so extensive that she has stopped accepting anymore clients. Clearly, getting rid of stuff is easier said than done. Even more so for people with AD(H)D.

Why do people have so much trouble throwing things out?

Many of my clients have tried to declutter on their own before they called me. They understand that organising is liberating and an enlightening experience that can lessen your everyday stress and are aware of the distraction and pain their clutter causes. They know what their ideal home or office looks and feels like, but just don’t know how to tackle the job.

My clients don’t lack willpower or discipline; they simply don’t follow the right steps or ask themselves the right questions.

Here are seven simple steps to get the job done:

1. Get a ‘clutter companion’ (family member, friend or professional organiser) to help you get rid of the clutter in your house.

2. Get a box for things to ‘keep’, a rubbish bag for items to ‘toss’, and a cardboard box for items to ‘donate’.

3. Start in the area that bothers you the most. This could be a room, a cupboard or only one shelf in a cupboard.

4. Take each item and ask yourself the following questions:

   Is this item useful? Can it save time, energy or money? Does it make my life easier? If not, let it go.

   Does this item give me a feeling of love, joy or adventure and do I like it? If not, let it go.

   Do I already own something similar? If so, let it go.

   Am I holding on to it out of guilt? If so, let it go.

   Is it broken beyond repair or damaged in some way? If so, let it go.

   Have I worn it, used it, found pleasure in it or looked at it in the last year? If not, let it go.

   Is the information it provides outdated (e.g. old books, manuals, magazines, videos)? If so, let it go.

   Have I finished using it and will not use it again? If so, let it go.

   Do I love working on this project (e.g. scrapbook, an unfinished book)? If not, let it go.

   Does this have any historical or potential financial value (e.g. an item passed down for several generations)? If not, let it go.

5. If you get stuck and still can’t make a decision, use your feeling as guidance. Still stuck? Create a ‘maybe’ box and toss the item in there. Write the date on it. Keep the box for a year; if you never open it, let it go.

6. Bring the ‘donate’ box to the nearest donation bin and throw the rubbish straight away.

7. Place items you want to keep where you use it the most.

Repeat this process a few times per year to stay on top of the clutter. Remember that small changes can bring big improvements in your life.

Nathalie Brantsma
Professional Organiser

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M: 021 052 6030
Facebook: https://www.facebook.com/iOrganiseConnect/
Anxiety can be a masterful imposter. In children, it can sway away from the more typical avoidant, clingy behaviour and show itself as tantrums, meltdowns and aggression. As if anxiety wasn't hard enough to deal with!

When children are under the influence of an anxious brain, their behaviour has nothing to do with wanting to push against the limits. They are often great kids who don't want to do the wrong thing, but they are being driven by a brain in high alert.

Once kids have a more solid understanding of why they do what they do, they will be well on their way to finding a better response. Here's where the adults in their lives will make a critical difference. Parents, grandparents, teachers – anyone who is able to understand and respond to their behaviour as something driven by anxiety, rather than 'naughty' behaviour, will be helping them to find healthier, stronger, more effective ways to respond to the world.

Anxiety or Aggression?
Anxiety happens when a part of the brain, the amygdala, senses trouble. When it senses threat, real or imagined, it surges the body with hormones (including cortisol, the stress hormone) and adrenaline to make the body strong, fast and powerful. This is the fight or flight response and it has been keeping us alive for thousands of years.

An anxious brain is a strong, healthy brain that is a little overprotective. It is more likely to sense threat and hit the panic button 'just in case'. For kids with anxiety, any situation that is new, unfamiliar, difficult or stressful counts as a potential threat. Every physical symptom that comes with anxiety – racy heart, sick tummy, clammy skin, vomiting, shaky arms or legs – is because of the surging of neurochemicals. When there is no need to fight or flee, there is nothing to burn up the neurochemicals and they build up, causing the physical symptoms of anxiety.

If anxiety is having a hand in the angry behaviour, the signs of anxiety will still be there in some way. Look for any type of avoidant behaviour, sick tummies, headaches, sensitivity to new or unfamiliar situations. Take note of when the meltdowns or tantrums happen. Is there a pattern? Do they seem to happen more in unfamiliar situations or situations that might overspend your child's emotional resources?

Why do some kids show anxiety as anger?
Anxiety is often associated with avoidance or clinging but it doesn’t necessarily always present itself primarily in this way. The physiological driver is the same – a brain under threat – but instead of flight, it initiates fight. This could happen in response to unfamiliar situations or people, playground scuffles, criticism, disappointment, threat of embarrassment or failure – anything that could potentially trigger the feeling that something bad may be about to happen.

The fight response is the brain's adaptive way of giving a young body the physical resources it needs to deal with a situation that feels potentially harmful. Remember, this reaction happens automatically and instantly. It's so quick that there's no time for any conscious consideration as to whether or not the threat is real. Like the flight response, the fight response is an automatic, hardwired response from a brain that thinks it's under threat. That doesn't mean that kids can't be taught to control it – they absolutely can – but first they need to understand what's happening.

As the adults in their lives, it's important to be open to the possibility that beneath an aggressive, disruptive child, is an anxious one looking for security and comfort. If anxiety is at play, dealing with aggression as bad behaviour will always inflame the situation. On the other hand, dealing with it as anxiety will give them the strategies and support they need to find their way through, as well as teaching them vital skills that will hold them strong for the rest of their lives.

Practical ways to deal with anxiety-driven aggression.

What kids need to know.

• Explain where anxiety comes from. Kids can do amazing things with the right information, and it's important not to underestimate their potential for understanding.

'Those times you get really angry are probably confusing for you. I know you don't want to do the wrong thing and I think it will help if I explain what happens when you get angry like that. First of all, you need to know that everyone gets angry for all sorts of different reasons.
Anxiety or Aggression?
When Anxiety in Children Looks Like Anger, Tantrums or Meltdowns

An article by Hey Sigmund

Your reason is a really good one – it’s because your brain is working hard to protect you. There’s a special part of your brain called the amygdala. We all have one. The amygdala’s job is to warn you of danger and keep you safe. And that same part of the brain also deals with your emotions. When it thinks you might be in danger, it switches on. When it’s on, your emotions will be switched on too. Sometimes they will be switched on big time! This is why you might feel like you want to burst into tears or get really angry.

There’s something else about brains that you need to know. Brains change. They’re pretty amazing like that. At the moment, your brain tends to be a little overprotective of you but you can train it so that it doesn’t react as much when there’s no danger about. It will still protect you by letting you know when there’s trouble and it will still be awesome at getting you ready to deal with it, but it won’t do it as much when it doesn’t need to. There are a few things you can do to be the boss of your brain and train it to relax more. It will still be ready to fuel you up if there actually is danger, but if you’re the boss of your brain, you get the final say. What this means is that when there is no danger, you’ll be able to settle your brain much quicker. Let’s talk about some ways to do that.'

- **Breathe**
  ‘Strong deep breaths will always calm an anxious brain (and an angry one!) This is really important. The front of your brain is great at calming your amygdala – the part that’s triggering your fight and the angry feelings. How do you get the front of your brain involved? By breathing. Breathing is like a lullaby for your amygdala. But – you have to practice breathing when you aren’t angry. It’s too hard to do new things when you’re really upset. We all struggle with that! Breathing strong breaths is like any new skill. The more you do it, the better you’ll get.

- **Mindfulness**
  Anxiety happens when the brain spends too much time in the future. Mindfulness strengthens it to stay in the present. Mindfulness is about stepping back and seeing thoughts and feelings come and go, without judgement, but with a relaxed mind. It has been shown to strengthen the connection between the instinctive, emotional back of the brain (the heartland of the fight or flight response) and the pre-frontal cortex (the part of the brain that soothes it back to calm). Mindfulness for children generally works best when it’s kept to about five minutes or less but let them keep going for as long as they want to.

- **Name it to tame it**
  For kids, a powerful way to bring calm when they are in the midst of a big feeling is to name the feeling. When your child is in the thick of a big, angry feeling, name the feeling you see. ‘I can see that you’re really angry right now.’

Hearing the words that fit with their feelings will help to strengthen the connection between the right and left sides of their brain. It will also help to expand your child’s emotional vocabulary. This is a powerful part of developing their emotional intelligence, which is vital for any child as they grow.

- **Lift them up**
  Kids who find themselves regularly throwing tantrums or being aggressive will probably have a lot of focus put on their bad behaviour. Lift them up by focusing on their strengths.

**And finally …**
If your child seems quick to anger, be open to the possibility that anxiety might be the culprit. The most powerful way to turn any type of anxiety around is to explain to children the driving force behind their behaviour. This will help to empower them and put the focus on their strengths in managing their behaviour.
A multi-modal approach is recommended for the management of attention deficit hyperactivity disorder (ADHD). For many people with the condition, treatment will include prescription medication to address some of the symptoms. Any medication will be selected on the basis of the underlying differences in brain structure and function, how the person with ADHD presents, and how they respond to the specific medication(s) selected. The type and dose of medication is determined by a specialist such as a paediatrician or psychiatrist.

In some cases different medications and doses will need to be trialled to find the best approach that achieves a good response with minimal to no unwanted side effects. Parents/caregivers, and/or the person taking medication, can help the medical professional determine the appropriate medication and dose by being aware of potential side effects and reporting if and when any occur.

Medications are always begun as a ‘trial’. The kind of medications used in the treatment of ADHD are usually started with a very low dose, so any unwanted side effects will be equally minimal. The dose is then gradually increased over days and weeks until the most effective dose is found using the least amount of medication.

The majority of the medications for ADHD are in the stimulant category. Stimulants fall under some special rules. For example, only certain specialists can apply for or authorise your doctor to prescribe stimulants. Because stimulants are so tightly regulated, no repeats are available, so only 30 days worth may be given at a time. You/your child are entitled to a specialist opinion, and District Health Boards can provide access to this for free.

Although stimulants get their name for their capacity to cause physical and mental stimulation/arousal, their use in medicine, including in the treatment of ADHD, is due to their capacity to induce calm and promote the ability to focus in certain groups, including those with ADHD. Stimulants basically help to promote a physiological state that helps concentration in those who otherwise have trouble achieving this state.

There are several forms of this medication, each of which are specifically selected by the specialist according to the individual’s needs and response. Typically, methylphenidate is prescribed first. If methylphenidate does not work, dexamphetamine is often trialled next. This is not available in slow-release formulation.

Medication is usually given in the morning with breakfast. ADHD medication (methylphenidate) works only on the day you take it, so a lot of parents/caregivers and adults prefer to only use it when needed. For children, that can mean use on school days only to boost concentration and control (leaving weekends and school holidays medication free), and adults just for work. Some high school students who have learnt to manage a lot of their symptoms with behavioural strategies only use medication for particularly difficult times such as large assignments or long assessments that would otherwise leave them at a disadvantage.

As previously mentioned, there are several forms of the medication, especially methylphenidate. There are forms that are effective over short periods, right through to others that extend over an entire day. You can discuss your needs with your specialist during you or your child’s regular checkups.
**Common Side Effects**

Some people will experience reduced appetite while the stimulant is active. Most will compensate for this during periods when the effects of the stimulant have worn off. Other side effects that might happen include mild tummy ache, headache, and/or dizziness, but these usually pass after the first few days on the medication. Some people may become more anxious, and if they have nervous habits (such as tics), these may get worse. There are also those who may become ‘zombie-like’ while on medication, but this is rare. Others may experience a rebound to more emotional symptoms when the medication wears off. Medication may also help poor sleepers, or make the problem worse. If any of these side effects do occur they should be discussed with your specialist. Keep in mind the medication only lasts for its prescribed time, so if it lasts only 3 hours then so would any side effects, and it can be stopped that day if needed.

Dosage, timing, and even type of medication may need to be changed as and when appropriate after it is first prescribed. Always discuss medication type(s) and dose with your specialist, and report any side effects that may be the result of the medication as soon as you become aware of them.

Regular reviews of medication are required at a minimum of every two years, and with children and adolescents this may need to occur more frequently as the dosage is partly determined by weight and height, which of course fluctuate with growth. This can also extend to adults in that significant weight loss or gain can affect the dosage required, so again regular checkups are advised.

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**Medications available in New Zealand for the treatment of ADHD**

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Fish oil supplements are popular for cardiovascular health, reducing inflammation, and even brain development. Although not conclusive, there is research to show that blood levels in ADHD are reduced, and that fish oil supplementation can help reduce symptoms of ADHD. Which symptoms are altered varies from study to study, and not all show clear effects.

What is fish oil and where can you get it?
Fish oil, sometimes also called marine oil, or ω fatty acids, really refers to two fatty acids (what fats are made of): 1) eicosapentaenoic acid or EPA; and 2) docosahexaenoic acid or DHA. These fatty acids are actually made by algae, but we tend to get them from fatty fish such as wild salmon, trout, tuna, mackerel, sardines etc.

The obvious way to get EPA and DHA then is to regularly eat fatty fish. If that doesn’t work for you then fish or krill oil supplements are an alternative. There are some problems you need to be aware of though, so keep reading.

What is in a capsule?
Supplements tend to give you a total amount of oil per capsule, e.g. 1000 mg. Some claim to be ‘high potency’ by using larger capsules, e.g. 1500 mg. What you are really interested in is how much EPA and DHA each capsule is likely to contain, because that’s why you’re taking them in the first place, so compare labels.

Is quality and quantity guaranteed?
No, and that’s the problem. A recent independent analysis of 32 fish oil supplements available on the New Zealand market showed that:

1. on average they contained only 68% of the EPA and DHA on the label;
2. only 3 of 32 contained the amount (or more) of EPA and DHA on the label;
3. only 3 of 32 met the recommended levels for oxidation (rancidity), the others were all high.

It’s the last one that is the most worrying. One thing you don’t want to be doing is eating oxidised/rancid oil as this is worse than not having the oil in the first place. Nothing is going to guarantee content (not price, country of origin, or manufacturer), but you can at least check one capsule in every batch by cutting it open and smelling it – it should smell like fresh fish, but not fishy or in any way off, if it does throw out the batch. Yes, it’s a problem, so consider getting fish oil from fresh fish if you can.

What is fish oil and where can you get it?
Although we know EPA and DHA are found in different body tissues and have different roles, there is no definitive research that shows an optimal ratio, nor is there likely to be as people will vary in how they metabolise these oils. For now, look for the supplement with the highest proportion of EPA and DHA to other oils, and test for rancidity as described above.

One major weakness of the research done to date is that it did not account for the background diet, so we have no idea how much total (food + supplement) EPA and DHA people were getting. It’s therefore best to be prudent and stay with the manufacturers recommendation unless advised otherwise by a health professional.

Dr Christian Thoma is the nutritionist at www.squirrelyoga.co.nz. He has a PhD in clinical exercise physiology from Newcastle University (2013), and an MSc in human nutrition (2004) and a BSc in microbiology and immunology (1998) from Otago University. He has a wealth of experience helping people with complex needs by applying his extensive training as a scientist to help each client develop their unique blueprint for better health and function.
Anyone with a turbocharged brain knows what it’s like to desperately want to relax and yet be frustrated by all the techniques that basically require sitting still. Luckily, there are some more active ways to get some relaxation. In this issue I’ll give you one that can be really handy – progressive muscle relaxation, because sometimes you have to squeeze out the tension before you can let in the relaxation.

People with ADHD and/or anxiety are often so tense throughout the day that tense feels normal, and relaxed is a distant memory or even foreign sensation. By increasing the tension a little more, it becomes easier to recognise the tension that is already there, and then let it go. Progressive muscle relaxation therefore has two parts: contracting the muscle, and relaxing it. The simplicity makes it versatile, and the active component makes it easier for the fast-paced thinker than many alternatives.

By practicing regularly, you will become more aware of any tension, where it is, and when it increases; most importantly, you will become more skilled at letting the tension go. You can even use this technique multiple times a day. It’s best practiced by contracting small groups of muscles at a time, as in the example to follow, but it can also be done by creating tension and then allowing relaxation into larger areas, e.g. both legs, or the whole torso. The technique works best when guided, so we have also prepared a free audio recording for you, see details below.

How To Do It
Begin by finding a quiet comfortable place to sit or lie down, then close your eyes and let your body go loose. Wear comfortable clothing and don’t forget to remove your shoes.

Take five slow deep breaths before you begin, focusing on relaxing your body with each out breath.

Tense and Relax
As you breathe in slowly, contract/squeeze the muscles of a specific part of your body (see example sequence below). Gradually increase the tension, within comfortable limits, and hold the tension and your breath for a few seconds. Then let the tension go completely, and breathe out as slowly as you comfortably can.

It’s important to really feel the tension in the muscles while contracted, and also important to try to avoid accidentally tensing other surrounding muscles. Tensing only the target area will become easier with practice.

When relaxing, visualise the tension leaving your body. The muscles should become loose and limp as they relax. The most important part of the whole exercise is to focus on feeling the difference between the tension and relaxation.

Note: it can take time to learn to relax the body and notice the difference between tension and relaxation. At first, it can feel uncomfortable to be focusing on your body, but this can become quite enjoyable over time.

Spend at least 2 slow deep breaths in this relaxed state, and then move on to the next muscle group. Repeat the tension-relaxation steps. After completing all of the muscle groups, take some time to enjoy the deep state of relaxation.

1. Feet (curl your toes downward)
2. Lower legs (tighten your calf muscles by pulling toes toward your knees)
3. Upper legs and buttocks (squeeze thigh muscles and buttocks)
4. All the muscles in your lower body (feet, legs, buttocks)
5. Abdomen (brace your core and tighten your pelvic floor muscles)
6. Back (arch your back slightly)
7. Neck and shoulders (shrug your shoulders up to touch your ears)
8. Hands and forearms (clench your fists and forearms)
9. Upper arms (squeeze both the back and front – biceps and triceps)
10. All the muscles in your hands and arms (squeeze your hands and arms)
11. Mouth (open your mouth wide enough to stretch the hinges of your jaw)
12. Whole body (tense your whole body)

*Be careful not to hurt yourself while tensing your muscles. You should never feel intense or shooting pain while using this technique. Make the muscle tension deliberate yet gentle. If you have any problems with pulled muscles, broken bones, or any medical issues that hinder physical activity consult your doctor first.

To receive your free 8-minute audio recording, simply email squirrelyoga@gmail.com with ‘free audio recording’ in the subject line.
Also called EEG Biofeedback, Neurofeedback (NF) uses an electroencephalogram (EEG) to measure electrical activity in the brain. The test reveals information about the ebb and flow of key brainwave frequencies, such as alpha, beta and theta waves.

As EEG studies in the early 1980s began to indicate that children with ADHD can exhibit abnormalities in the frontal cortex region of their brains, NF training was developed as an additional (or alternative) treatment option for this disorder (Bakhshayesh, Hänsch, Wyschkon, Rezai, & Esser, 2011).

The common picture in ADHD children is:
1. Increased theta waves – associated with creative, dreamy mind space.
2. Decreased alpha and beta waves – associated with hyperactivity and anxiety.

Beta waves increase when concentration is required or when activity has to be voluntarily suppressed. Most ADHD children present with too little beta activity in the brain, while some present with above normal beta activity, suggesting issues with inhibition rather than attention (Bakhshayesh et al., 2011).

ADHD children can be very creative, but are often unable to switch from theta to beta when focus and concentration are required. This explains why they often have learning deficits, further compounded by anxiety, frustration, and an overactive mind. NF training effectively ‘exercises’ the brain so that, over time, the EEG patterns of the ADHD children may come to resemble those of typically developing children. Improvements in attention, behaviour and impulsivity are expected as a result.

NF training usually involves 30-60 sessions of computer-based theta/beta-focused exercises, while monitoring EEG patterns for improvements.

Expected improvements would be decreasing theta waves and increasing beta waves to activate and maintain arousal of the frontal cortex. As part of the training, the children are shown their theta/beta waves before and after treatment. A reward is earned if they manage to improve their theta/beta ratio scores by concentrating on the set task. Much of the treatment’s efficacy is due to the child not only understanding the mechanism underlying their disorder, but learning to self-regulate their own symptoms through perseverance.

A comprehensive review of the NF training studies conducted over the past 30 years, undertaken in 2012, found that the vast majority support the efficacy of NF training. About 50% of the children showed at least 25% improvement in symptoms following NF training (Moriyama et al., 2012). Of significance is the fact that effects are usually sustained – the children do not lose their ability to self-regulate.

In a two-year follow-up of 23 children, behaviour and attention improvements were maintained and some additional gains were made, suggesting the children were improving even after the treatment ended (Moriyama et al., 2012). Similar results were seen in other follow-up trials.

As with any treatment method, NF training doesn’t work for everyone. Different ADD & ADHD subtypes respond well to different treatments and EEG studies confirm that not everyone is able to gain control over brain activity with NF training. However, some predictors of success are evident in the literature. Age and IQ affect success rates with older, more intelligent children more likely to respond to NF training.

Parents’ attitudes were also a predictor of success. Participants whose parents used reinforcing strategies had significantly more reductions in symptoms following NF training. Just as the children are encouraged to actively improve their theta/beta waves during the session, parents can encourage sustained focus at home and at school using a similar reward system.

There are few scientifically validated treatments that can claim to be completely safe, with improvements that are sustained into the future. However, having a child with a learning disorder is costly. Parents need to weigh up the pros and cons in terms of financial outlay, the time investment and the likely benefits for their child.

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References
Dyslexia Potential
www.dyslexiapotential.com
and www.facebook.com/Dyslexiapotential

This is a website and club set up by Matt Strawbridge in 2012 at the age of 13. He has dyslexia and started the website to pass on what he has learnt in order to help other kids. There are numerous video clips, with step by step guides, shortcuts, learning strategies for reading, writing, spelling, eye-tracking and so on. There are also inspiration and bullying videos and Matt demonstrates his method for making a vision board. The Facebook page has details of workshops which Matt runs in Karori, Wellington, i.e. Leadership Programme for Teens, Technology for Dyslexic Kids, and a Parents Workshop.

Just Breathe
www.youtube.com/watch?v=RVA2N6tX2cg

Youtube clip “Just Breathe” by Julie Bayer and Josh Salzman (Wavecrest Films) is a short film, 3 minutes and 41 seconds long, showing young American children talking about difficult emotions and how to calm down. The film was unscripted, and features the makers’ daughter and classmates who had learnt mindfulness at kindergarten. Thanks to ADHD Association member Sue McArthur for telling us about this.

Understanding Anxiety in Young People
www.youtube.com/watch?v=FbEAnDrT5foDid

You know that 5 – 10% of young people experience anxiety disorder? This is an enlightening and useful presentation by Professor Jennie Hudson from Macquarie University in Sydney, who presents strategies to help children face their fear and improve their emotional health. She covers what anxiety feels like, describes the common types of child anxiety (social, generalised, separation, specific phobia), how anxiety manifests itself (perfectionism, obsessiveness, skipping school, trouble in class/social/test situations), and how to recognise anxiety. Why anxiety occurs, how it develops, and the short-term and long-term consequences are all covered, topped off with this sensible advice – pay attention to courageous behaviour, take risks/make mistakes, and be a coping model. (42 minutes, 31 secs)
Janet McVeagh Recreation  
**[www.facebook.com/imrecreation](http://www.facebook.com/imrecreation)**  
(no website) runs camps for children and adults of all abilities, at Auckland venues and further afield – MERC (Long Bay), Hunua, Matamata, Blockhouse Bay, Waitomo, Waihi, Girls/Boys only at Orewa and more. For info contact Kerrie O’Hara on 021-211-9882, jm.recreation@ihug.co.nz. Carer Support can be used for payment.

SOS Survival Training  
**[www.sossurvivaltraining.com](http://www.sossurvivaltraining.com)**  
Specialises in wilderness, sea and aviation survival training for children and adults. Their overnight Bush Survival programme for kids aged 7 – 17 years is led by a military-trained specialist who will teach real survival skills – knife skills, shelter building, lighting fires, making traps, hunting, water sterilisation, open-fire cooking etc. Max group size is 8 and cost is $220 per person. There is also a family overnight option. Phone: 09 – 213-3938.

Winter Kids camp  
11 – 15 July, Space Theme, phone Jen (07) 888 4700 ext 217, jen.burt@totarasprings.org.nz,  
[www.totarasprings.org.nz](http://www.totarasprings.org.nz)  
Run a five day OSCAR-funded camp every school holidays for 9 – 12 year olds. Activities include hydroslide, rock climbing, kayaking, archery, go-karting, team games, daily devotional/Bible time. The Winter Teens camp 20 – 23 July is for 13 – 17 year olds, phone Toby on (07) 888 4700 ext 224, toby.young@totarasprings.org.nz. Auckland bus available for transport to/from the camp (additional $30 each way), which is located at 288c Taihoa North Road, RD3 Matamata 3473. Cost is approx. $195. Shorter camps are run for 6-8 year olds.

Adventure camps  
[www.lakewoodlodge.co.nz](http://www.lakewoodlodge.co.nz)  
Mon 11 – Fri 15 July or Mon 18 – Fri 22 July, both for 8 – 14 year olds; also week-long Horse Camps but these are already full for the July holidays. Enquire re price to jeff@lakewoodlodge.co.nz. May provide additional transportation from Auckland.

Finlay Park Adventure Camp, beside Lake Karapiro, RD2 Cambridge,  
[www.finlaypark.co.nz](http://www.finlaypark.co.nz)  
Camps for children aged 8 – 14 years run every school holidays, Sunday – Friday. Activities may include, flying fox, waterslide, go karts, animal survival, rock climbing, kayaking, rocket, swimming, banquet, weird and wacky games, religious teaching speaker. Phone: (07) 827 2847.

YMCA  
[www.ymcauckland.org.nz](http://www.ymcauckland.org.nz)  
For information about Camp Adair (Hunua) and Shakespear Lodge (Whangaparaoa), click on “outdoors”, then select them from the menu on the left. This July there will be camps for 8 – 10 years/11-13 years at Camp Adair, and 9-11 years/12-14 years at Shakespear Lodge. To go directly to the winter camp information use [http://goo.gl/y8wIS2](http://goo.gl/y8wIS2).