Introducing Danika Dwyer

Danika has recently joined the ADHD Association as a part-time marketing and comms person. She comes to us with many years experience in the corporate world, but has recently switched gears and dedicated much of her time to studying holistic health as a yoga therapist. That’s why you may recognise her name from our new yoga column.

Danika has a passion for helping people with ADHD achieve their potential and therefore fits very well into our organisation.

Please say hello if you see her around at our events and on Facebook.

New stuff we are doing

Now that we have 3 part timers employed by the association: Diane (helpline), Danika (comms) and myself (dogs body) - (the 3 D’s) we are happily making progress with small steps.

Website: This is now regularly updated with new research, news and events.

[www.adhd.org.nz](http://www.adhd.org.nz)

Library: Our books/dvds will be available via a website link. You will be able to browse the list and easily connect to the office to send them out.

ADHD Awareness Day: 30 October. We are planning a day of workshops in Auckland (podcast/webcast for those unable to attend).

Awareness Day Topics: Research around ADHD; Complementary therapies; Parenting Tips; Managing Anxiety; Managing Frustration, Anger & Aggression.

Please feedback which of these would interest you, and/or ideas of further topics or speakers. adhd@clear.net.nz

Summer BBQ

We had a lovely day for the summer BBQ this year and enjoyed meeting up with other families in a relaxed and informal way. Thanks to those who came, a particular thanks to Julie for providing the actual BBQ to cook on and Sarah for organising all the fun games!

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Look out for this event next February as we will make it an annual fixture.

Marceline & Danika
Thank you to the
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A special thanks to
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ADHD HELPLINE
Diane Wellacott is available for enquiries on Wednesdays
between 10am and 2pm. Please phone the office on (09) 625 1754

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:

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Please email/ring Marceline for more
details on adhd@clear.net.nz 09-6251754
Imagine sitting a young child in a room with a plate of marshmallows—one marshmallow on one side of the plate and two on the other side. Beside the child is a bell. The child is asked whether he would prefer one marshmallow or two. And most children say, “Two!”

The adult then says:

Here’s how we play the game. I am going to leave the room. While I’m gone, if you can wait for me to come back, then you get two marshmallows. If you don’t want to wait, you can make me come back right away by ringing the bell, but then you get one marshmallow, not two.

Do you think the child will be able to wait as long as 15 minutes?

That’s the experiment that psychologist Walter Mischel of Columbia University conducted in the late 1960s with 4-year-olds at Stanford University’s Bing Nursery School. It’s called the Marshmallow Test. Mischel was trying to figure out if kids could wait a longer time for a bigger reward.

The results of the Marshmallow Test weren’t too surprising. Some kids could wait a long time, while others couldn’t. What was surprising was what Mischel found when he followed up with the children years later. He explains:

The longer the young children were able to wait at age four, the better the SAT scores, the better the ratings of their ability to control themselves and to pursue their academic and other goals successfully, and the better they were doing as people in their early thirties.

In other words, greater self-control as a child meant greater success as an adult.

Now, if you have a child with ADHD or a child who struggles with impulsivity or self-control, you might be thinking, “My child could never wait 15 minutes for two marshmallows!”

Does that mean my child is destined to fail?

The answer is an emphatic no.

The Marshmallow Test can’t predict a child’s future. Many kids who have ADHD and are impulsive when young go on to become very successful adults.

But just as importantly, when Mischel looked more closely at the kids who waited a longer time, he discovered something interesting. The kids who were able to wait weren’t just sitting there. They were using specific strategies to help them wait.

Some pretended the marshmallows were fluffy clouds. Some walked around the room. Some even talked out loud to themselves or grabbed their own hands.

This suggested there were self-control skills that helped the kids who had waited. These skills fall under what’s called executive functions, a sort of CEO for the brain. Executive functioning skills help with planning, organization and time management.

The good news is that these skills can be learned. In other words, kids who have self-control and impulsivity issues can pick up strategies to manage their behaviour.

But how do you promote these skills with your child?

Some people think that when we talk about self-control, we’re talking about strict discipline or sitting still for long periods of time. That’s not really correct.

Research shows that self-control is learned best through play and physical activity. Playing games promotes self-control, especially games where children have to listen to the rules, pay attention when the rules change and not act on autopilot. Two great examples are Simon Says and Red Light/Green Light.

There are other ways to foster self-control in kids, too. One way is to encourage kids to set personal goals based on their interests. Another is to have kids come up with their own strategies for managing down time—such as times when they have to wait. But they need lots of chances to practice those strategies and improve on them.

To me, this is a very hopeful takeaway from the Marshmallow Test. And it’s one that is especially important for kids with ADHD.
It is important to alert non-ADD spouses and parents to the idea that because the ADD brain functions quite differently from the non-ADD brain, it is wrong to assign their personal motivations to their partner’s or child’s behavior. For example, it is frequent that non-ADD people believe:

• that their ADD partner does not care about them when they do not arrive at an important date on time.

• that their ADD child is being lazy when they step over things lying in the room rather than pick them up.

• that their ADD partner is “lying” when they make up stories to fit events for which they have no other explanation or patently did not occur.

• that their ADD child’s frequent interruptions are the result of the need for instant gratification or just plain poor manners.

These assumptions assign a moral shortcoming to the ADD person, which is both incorrect and hurtful. To make these assumptions would be to miss important facts about how the ADD brain works. Russell Barkley argued in 2003 that inattention is likely the result of working memory, rather than poor attention, per se. As I work with people with ADD, I see that this manifests itself in a number of ways. Take the adult who blurts out the first thing that comes to their mind. This may make a person very funny, but it can also make them tactless. This blurring out has to do with an inability to inhibit their responses. Family members must learn that this is not intentionally hurtful behavior as all concerned work to get it under control. Children with ADD often cut into conversations. But I don’t see this as the result of needing instant gratification. I believe it is better explained by one of the difficulties with working memory, which is an inability to hold information/events in their minds. By the time people have become adults with ADD they have often learnt ways of dealing with this difficulty. They may sit rehearsing in their mind what it is they want to say (this of course makes them miss out on what is being said, and increases their apparent difficulty with attention); they simply give up trying to contribute and sit and listen as well as they can; or, of course, they may still cut in.

It is easy to understand how people with attention problems may miss out on information. It is less easy to understand why they make up information and, therefore, are frequently accused of lying. But the literature on remote memory tells us that memory works by remembering a few salient points and ‘filling in’ the rest of the information with what is likely to be the case. The reconstructive nature of memory is likely to be influenced by people’s desires, beliefs and the emotions associated with these events. This may give us some insight into the problem of the ADD adult “making up stories”. It is important to remember that when we do this ‘filling in’ we are not aware we are doing it - we believe we are remembering it (confabulation). The threshold at which this “remembering a few points then filling in the rest” occurs appears to be different for the ADD person - they appear to do it for immediate memory as well as longer-term.

Research suggests that children with inhibition control problems are more likely to have false memories than children without this problem. From my work with adults with ADD I have also noticed that not only do they seem to create ‘false memories’ more than non-ADD people but they appear to be more sure that they are right about this memory. It is easily seen how this creates huge problems/arguments in relationships. Couples frequently report to me that their ADD partner not only forgets to tell them important things but that they are convinced that they have told their spouse and can recite the situation where and when they passed on this information. Unfortunately, there are no specific solutions to these issues. Rather, there are a host of tactics that families with ADD can try to figure out what works for them. It is critically important that non-ADD family members be aware that these issues exist so that they can avoid assigning their own motivation to their ADD partners, children and friends.

Bernadette Berry
Clinical Psychologist
www.deltapsych.co.nz

Don’t Make This Mistake
An article by Bernadette Berry, published by the Hallowell Center in the USA
Some recently published research from Dunedin regarding ADHD is causing major confusion. The researchers followed 1037 people for 30 years to see who developed ADHD. 61 children, 79% of whom were boys and 30 adults were diagnosed with ADHD. Their startling conclusion was that these were 2 almost completely separate conditions, in other words childhood problems did not usually continue into adult life, and adults presenting with ADHD had not normally had a childhood problem.

With all due respect this is not the real world! Over the last 24 years I have assessed some 3000 people of all ages, the great majority of whom had ADHD. The children have often remained in touch and still show signs of ADHD now as adults though a fair proportion have learned to manage their condition, no longer needing medication. The object in treating children is not just to put them on pills but to help them develop good life habits, manage without substance use, find good support from friends and family, and help in effective education. Often however I will meet them again 10 or 15 years later when they are facing greater demands for concentration in more study or greater job responsibility. They may then benefit from medication again for a while. When adults come for assessment for the first time it is important to do some detective work about their childhood. Many describe the nightmare of school where they were told they were lazy however hard they tried. Some eventually successful people had been told by teachers, “You will never make anything of your life!” School reports from 20 or 30 years ago are fascinating. They were more brutally honest than the politically correct comments of today. Some doting parents have preserved every school report from year 1 to 13 in which every page shouts ADHD, - “needs to concentrate, finish work, listen instead of talking, could do better.” But no-one put the pieces of the jigsaw together, often with tragic results.

It used to be said that the ratio of male to female ADHD was about 5 to 1, similar to the Dunedin study. It is now obvious that there is no gender difference. What happened in the past was that hyperactive boys were noticed but the inattentive ones usually were not. Hyperactive girls use their mouths more than their fists or dream away at the back of the class so no-one picks up their problem.

ADHD is recognised now to be overwhelmingly a genetic issue. I ask parents who have come with their child for help, “Which one of you did he or she get this from?” Nearly always a finger points one way or the other or sometimes both ways. When I ask new ADHD adults how their children are doing, if they have several kids there will always be at least one about whom they are becoming concerned. There are many families I care for in whom there are two or even three generations needing help with ADHD.

Part of the problem these researchers will have faced is that childhood ADHD had only a limited recognition 30 years ago and that acknowledging the problem in adults came much later. Even now there are far too many parents, teachers and even medical professionals who still deny the existence of ADHD. They probably also think the earth is flat and that no-one really landed on the moon.

If you’ve looked into the diet ADHD link online or at your library, chances are you’ve found some inspiration and maybe felt some confusion. One source tells you about lead, another about gluten intolerance, a third about the virtues of zinc and magnesium supplements and so on. Some of this advice is based on personal experience, some on the experience of health professionals, and some on research findings. Maybe you tried some of the suggestions. If you’re lucky, you got some positive results. If you were very unlucky, things got worse on one or more fronts. So what gives?

It’s really quite simple, even logical, just not very appealing to many people – the question in this article’s title is unhelpful. Of course heavy metal poisoning is bad, as are nutrient deficiencies, and hypersensitivities. They may even contribute to, and in some cases be the main cause of, ADHD symptoms. The big but is that any of these will only affect a portion of people with ADHD. Some will be common, others rare, but none are likely to be universal.

Sticking just with diet, i.e. what we eat and drink, we have to ask ourselves what a diet needs to do to keep us the healthiest and most functional we can be. The theory is simple – a good diet will provide enough of all the things we need, e.g. vitamins, minerals, protein, etc., but not so much that we get unwell, and not more of what we don’t need than our bodies can safely and effectively deal with.

The practice is less straightforward as we vary in what we need from person to person. The reasons are many with genetics, health, lifestyle, and our environment all having a major influence on how much we need of each nutrient to be healthy, and how much we can tolerate before getting sick. Having ADHD can influence what we need from our diet, but it’s only a part of the picture.

Given that our many differences make the question in the title of very limited practical value, what should we be asking? A simple question with a potentially complex answer – what is the right diet for: me / my child / [insert person here]?

Luckily, there is a limit to our uniqueness. We all need the vitamins and minerals recognised as essential to human life. We also all need the essential amino acids found in protein, and the essential fatty acids (not essential oils). Where we vary is in how much of each of these is best for us, what of the many non-essential nutrients are most beneficial, and what, if any, food components/ingredients we are hypersensitive to.

If you’re thinking this still leaves things wide open, you would be right. You would also be right to wonder if the diagnosis of ADHD gives us any clues as to where to start. The answer is yes. Published research and the experience of others gives us some options to explore first.

Where do you start?

The first thing to ensure is that any diet you plan to try is going to provide enough of the essentials. People can live with chronic diseases for years, even decades, but that can’t be said for overt nutrient deficiencies; essential nutrients are exactly that – essential to life. It’s easy to get too focused on what to avoid, or on taking a single nutrient supplement with too little attention on the whole diet. Throw in a picky eater, and nutrient deficiencies become a very real risk.

The second thing to be aware of is the problem of food/ingredient hypersensitivities. These are often not as straightforward as even some professionals make out. For starters, there are four types, imaginatively called type I, II, III, and IV hypersensitivity.
They all involve the immune system, but all in different ways. Type I is what many people might think of as a classic allergy – runny nose, itchy eyes, skin reactions etc. Type I usually comes on fast, although sometimes it takes a few hours. Most importantly, type I is easy to test, usually with skin pricks.

Types II–IV hypersensitivity reactions are more problematic. They can come on with a delay of hours to a few days, and a simple skin prick test doesn’t offer a reliable diagnosis. Even though there are blood tests available for some ingredients and some types, the only widely acknowledged way to accurately assess hypersensitivities is an elimination diet. Because that approach involves exactly what it sounds like – the elimination of several foods and sometimes food groups from the diet – not getting enough of the essential nutrients is a real risk if the base diet isn’t well formulated.

Although this is a personal choice, I like to be pragmatic. Unless you have good reason to suspect a specific hypersensitivity and want to test that, try switching to a diet that is 90% or more fresh food and meals prepared from scratch, or what I and many others call a real food diet. That means, as a rule of thumb, if it comes in a packet and has an ingredient list, don’t eat/drink it.

A real food diet rich in fresh vegetables, fruit, seeds, nuts, healthy fats, meat, fish, seafood, poultry, eggs, and minimally processed dairy can go a long way toward removing many of the more common triggers of food hypersensitivity, and supplying a bounty of nutrients. The beauty is that the health benefits are virtually universal and not just for those with ADHD.

Such a way of eating also works perfectly well even if you have reason to keep some or all grains/gluten and/or dairy out of the diet. Herbs and spices allow you to add preferred flavours, and cooking methods along with a food processor allow you to control textures.

If this shift doesn’t pay major dividends, first check that you really have removed processed foods, then consider looking into trying an elimination diet. That’s where the detective work really begins.

About the Author: 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.

**Generic vs. individualised approaches to ADHD and Dyslexia**

University of Auckland’s Dr David Moreau and Associate Professor Karen Waldie recently wrote about the future of approaches to ADHD and dyslexia in their recent mini review written for Frontiers in Psychology. Their article acknowledges the important point that ‘neurodevelopmental disorders cannot be explained by intellectual ability or inadequate learning environment, but instead appear to be differences in brain function’.

Although the specific neural networks and brain regions that are changed in ADHD and dyslexia are becoming better understood, ‘normalising’ these networks may not necessarily improve performance, and should not always be the goal.

Instead, sometimes strengthening compensatory pathways may be a good option.

The paper briefly touches on the broad benefits of ‘ecological remediation’ including physical activity/exercise, learning to play a musical instrument, and being active in nature. All of which have long-lasting effects on brain structure and function, as well as benefits beyond simply addressing neurological differences. Despite broad benefits, the article notes that these more generic approaches may fall short when it comes to addressing specific functions, e.g. short-term memory, which are likely to require a more targeted approach.

Their advice is to develop individualised training programmes that are based around a well established and research supported core with supplementary activities that are tailored to individual needs. The final component being regular assessment to see if the desired outcome is being achieved.

http://www.adhd.org.nz/research/
ADHD became a buzz-word in households and schools about 20 years ago. Now it seems that Sensory Processing is the buzz-word to know about. So what exactly is it and how does it relate to ADHD?

Sensory processing is the process of our bodies taking information in through our senses, our brain registering and processing that information, and then reacting to the information accordingly. For example, when we move our hands towards a hot stove our touch receptors in our skin send a message to our brain to say that it is hot and our brain then tells our hand to move away as the heat could hurt us. Another example is walking on a footpath. Our eyes tell us where we are going and if there are changes in the gradient of the path. This is our visual sense working. Our vestibular sense, or balance sense, tells us how to control our bodies so we don’t fall over. The balance and visual senses work tougher in this case to keep us upright without hurting ourselves. This is sensory processing.

We in fact have 7 sensory systems – touch (tactile), vision, hearing (auditory), smell (olfactory), taste/mouth (gustatory and oral), body awareness (proprioception) and balance/movement through space (vestibular).

We all experience sensory processing – everyone. Some of us are in tune with our sensory needs but others are not as aware. Surfers and skaters tend to crave a sense of movement, which the experience of surfing and skating provides them very well with. Some of us are very sensitive to movement and prefer to sit and read a book or watch TV. Usually by adulthood, and if our sensory systems have developed as they should, we are aware of what works for us to keep us regulated.

When the sensory systems don’t register, process and produce reactions as they could, we term this sensory processing difficulties of Sensory Processing Disorder if diagnosed by a trained professional (typically an OT with sensory processing training). SPD displays itself in various ways and is different for a lot of people. Here is what is might be like for some people.
I am often asked what the difference is between ADHD and SPD. Dr Sidney Chu of Kid Power Therapy sums it up well: ADHD stems from a difficulty in the frontal cortico-striatal pathway meaning that executive function and behaviours are not regulated. SPD is a difficulty in the brainstem and limbic system leading to problems with modulation and discrimination of sensory information. So a person with ADHD has trouble with controlling their behaviours. A person with SPD has problems understanding sensory information around them. Many people I have worked with that have an ADHD diagnosis also have an SPD diagnosis and the resulting behaviours look very similar to the untrained eye.

So, what can you do about it?

For those of you who use or are thinking of using medication, this will help with those brain waves which aren’t quite firing as they should be. Make sure that whoever is prescribing the medication knows you or your child well to ensure the correct dosage. Never feel like you cannot speak up if you have that gut instinct that something isn’t quite working as it should be – especially with medication.

From a sensory perspective, a trained sensory processing specialist (most often an OT) would look at what type of sensory information a person needs to stay regulated in a functional way. By regulated I mean able to focus in an appropriate state for the activity being done.

When you think of your typical ADHD person, you picture them constantly moving around or talking or fidgeting. This is because their body needs extra information for them to feel comfortable in their own space. This is fine if you are a six year old playing in a treehouse, but not so great when you need to sit still for mat time in the classroom.

You will most likely have a sensory diet put in place. This means looking at what type of sensory information is needed during different parts of the day to regulate.

As an example, I would often recommend using a drink bottle with a straw to sip through as the sucking motion is calming and regulating to the body. I would recommend for a child to carry their own backpack to and from school to activate their muscles, therefore know where they are in space, therefore need to fidget less.

It will take a little while to get to know what works for you or your child, but once you have an understanding of sensory processing, it will change your perspective on daily living.

If you know someone who could benefit from help with their sensory processing, be sure to get in touch with a Sensory Integration trained Occupational Therapist.

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**Learning Through Living**
Breathing is one of the most universal and habitual practices that we do, and conscious breathing is also one of the most powerful ways to change your brain. We need to breathe in order to live, so it's no wonder that this vital act happens automatically. Just imagine how hard life would be if you had to think about every breath and risk suffocating every time your mind wandered!

Like other automatic things such as your heart rate, your blood pressure, and your digestion, breathing is controlled by your autonomic nervous system. This part of your nervous system controls the many processes in your body that just happen without you thinking. It's also the part of our nervous system that determines whether we are more in fight/flight/fright mode (think stress or adrenaline rush), or in rest and digest mode (think calm and relaxed).

What makes breathing so special is that while it's often automatic, we can control it if we choose to and with no special training. The wonderful thing is that while the autonomic nervous system normally controls breathing, by controlling your breathing, you can get some control of your autonomic nervous system and thereby everything it controls, from heart rate to how stressed or calm you feel.

Ancient yogis, through careful experimentation and observation, unlocked many of the secrets of breathing that scientists continue to investigate. They noticed things such as a natural nasal cycle in which our more open nostril switches from left to right and back again several times a day. They also noticed that which nostril was more open had an effect on cognitive functions, and they developed techniques for changing which nostril is more open.

We now know that the nose contains erectile tissue that it uses to block off one or the other nostril, and that which nostril is more open is directly linked with which brain hemisphere is more active, and therefore which cognitive functions are turned up and which turned down. We'll explore some very helpful breathing techniques that help enhance different mental tasks in future articles.

Let's keep it simple for now and touch on a huge problem our society has these days – over-breathing. In old medical textbooks you'll see 8-10 breaths per minute at rest described as normal, newer ones often mention 12-15 as normal. This isn't because we know more now, but because hardly anyone breathes well any more. The faster we breathe at rest, the less efficient each breath is, and the more it stresses our body. More rapid breathing tends to come more from movement in the upper chest, with each breath being both shallow and a little strained.

This more rapid chest breathing sets off a vicious anxiety producing cycle that reinforces faster breathing. Such rapid shallow breathing is associated with everything from muscle pain and dysfunction in the breathing muscles of the neck and lower back, to problems with pelvic floor and kidney function. Most importantly, this type of breathing, especially common in those with ADHD, pushes us into fight/flight/fright mode, which we all know makes it difficult to concentrate.

The biggest issue here is the vicious cycle of anxiety and/or stress. So we'll finish this article with an easy technique you can use to break the cycle and restore some calm. The ancient (and modern) yogis recognised that there were four parts to each breath. Of course we all recognise in and out, but they also noticed that resting healthy breathing involves a slight pause after the inhalation and after the exhalation. Try practicing rested healthy breathing by:

1. sitting or lying comfortably with your belly free to expand as you breath in;
2. breathing in through your nose for 3 seconds;
3. holding for 1 second;
4. breathing out through your nose for 3 seconds;
5. holding for 1 second, and repeating the cycle 6–10 (or more) times

With practice, the duration of breath can be extended. Avoid holding your breath to the point of discomfort.

Danika is a registered Yoga Therapist and the founder of: www.SquirrelYoga.co.nz (for the turbo charged brain) and www.YogaWellnessClinic.co.nz

Change your breathing to change your brain
By Danika Dwyer DipYoga, DipYogaTherapy
Bouncy Bands

These bands have been developed by Scott Ertl, an elementary teacher in America. They are for use in the classroom, but will also be helpful at home. The bands are attached to a child’s chair or desk so they can move their feet while working; there is no noise and little bother to others. Scott originally used old inner tubes obtained from cycle shops in his classroom, but as they fell down and wore out they became a distraction to his students. So he has found heavy duty material and fasteners which eliminate the problems and voila! It is difficult to find a New Zealand supplier; when in stock Fishpond sells the chair bands for $47.95NZD including postage. Alternatively you can order them from www.bouncybands.com. They are reasonably priced at $11.95USD but the postage is very expensive, at $46.50USD. Australian supplier www.elizabethrichards.com.au sells them for $30AUD + $14AUD postage. You could also consider making your own version, and you will find very helpful tips from Scott for doing this on Pinterest at http://ncaee.blogspot.co.nz/2013/08/bouncy-bands-help-students-stay-on-task.html.

A day without laughter is a day wasted.
- Charlie Chaplin

So don’t waste another day. Check out www.laughteryoga.org.nz/club-details for a list of laughter clubs throughout the country. The organisation describes itself as “a loosely organised group of volunteers whose aim is to teach you how to laugh for no reason, so you always have a laugh ready inside, for those moments when you really need one.” Attend sessions near you for a small donation and reap the benefits, which include, but are not limited to: an aerobic workout, better cardiovascular health, reduced blood pressure, energy and immune cell boosts, endorphin release, stress relief and improved mental outlook. Best of all is the strengthening of facial muscles which reduces wrinkles!!!
**Activities and Events**

**Brain Day** Auckland 2016, Saturday 12 March, 9am – 3pm at the University of Auckland Tamaki Innovation Campus, 261 Morrin Road, St Johns.

A FREE day of brain research and health workshops, talks from experts, interactive research labs, brain activities for all ages, science experiments for children, community groups expo. Details at www.brainweek.co.nz. There will also be three talks at Auckland Grammar School in Mountain Road, Epsom, in the week after brain day. Karen Waldie will be at “The Young Brain” discussion panel on Tuesday 15 March, 6pm – 7.30pm.

**Auckland Arts Festival**, 2 – 20 March. Great events for the kids are: **The Science Show: Big Bang, Little Bang**! Nanogirl (Michelle Dickenson) blows things up at the Bruce Mason Centre, Sunday 13 March, 5pm. Adults $20 - $40, Children $12 - $20. www.ticketmaster.co.nz

**Family Day**, Aotea Square, Sunday 13 March. FREE family performances/workshops/art activities; face painting, ink printing, art board, ACE Crew Korean music/dance, clowning. www.aaf.co.nz

**Full Moon Kingdom**, magical nightlife of Auckland Zoo – photography, poetry, lighting, nocturnal soundscape, on until Sun 20 March, times vary, FREE, Silo 6 at Silo Park, www.aucklandfestival.co.nz

**White Night**, www.aaf.co.nz/whitenight Art and culture throughout the city 6pm – midnight on Saturday 12 March, events, activities, entertainment and art.

For a healthy dose of Green Space head to Cornwall Park, www.cornwallpark.co.nz. There is a huge range of activities and events going on here throughout the year, including art exhibitions, guided walks, children’s workshops, family fun days, summer music at the band rotunda, a Bistro, a Café and Creamery for ice cream, wood and gas barbeques, children’s playground, Stardome, a regular free 5km run (8am Saturday mornings), clubs for tennis, cricket, rugby, rugby league, bowls, archery.

**Waterview Coffee Project** at 29 Daventry Street, a drop-in place for locals which supports local initiatives. They serve barista-made coffee, hot chocolate, Dr Feelgood iceblocks and baked goods. Open Mon-Fri 7am-Noon, Sat-Sun 8am-1pm. Check out their facebook page for up-to-date info.

A fantastic new playground for kids is the **Waterview Reserve** at 19 Herdman Street. It’s near the Waterview Connection motorway project. Take togs as there is a water-play area (not a pool), sandpit, a large slide, swings, roundabouts and sports courts, and “risk-taking” areas. Future developments to come are a skate park and BMX track. Just around the corner in a shipping container is the...