

February 2007
Special Edition: Best
of TiyoSpaye News

Miniwakan TiyoSpaye News

A publication brought to you by the Disability Access Project at Spirit Lake Consulting, Inc.

Dibaajimowin Siipiising: News from The Little Creek that Sings

Guest Column by Jordan Laducer



**Jordan Laducer,
Guest Columnist**

Hello, my name is Jordan Laducer. I am 18 years old and I go to school at Turtle Mountain Community High School. I was asked to write this letter to share my side of the story on how modifications helped me.

When I was born I was 42% deaf in my left ear. Because of this, I did not pick up on things fast and really did not know how to read or how to spell.

Later in life when I was in middle school and even before middle school, I had so many problems in comprehending things that it was really a struggle for me to because I was learning things at a slower rate than my fellow classmates.

My family always brought me up with the attitude that when life gets hard, keep your head up and keep trying till you succeed. Knowing that my parents were with me every step of the way, I knew that I could do whatever I wanted to do if I set my mind to it.

Now that I am in high school, things have changed for me so much. When I was a freshman in high school, I pushed everyone away because I thought that I did not need anyone to help me. I figured since I really did not get any help before that I did not need help now.

As I grew older and more cautious with my disability, I understood that nobody can help me unless I myself am willing to trust someone to help me and to help myself in the process.

The reason why I say this is because so many times people have helped me, and once I started to get comfortable with them and started to trust them they then left because they either found a different job or they felt that I did not need any more help.

Now that I am a senior in high school, I have come to realize that the only person that has stuck with me-- besides my parents -- was Duane Foss, a local teacher at my high school who specializes in helping people who need modifications. I would really like to thank Mr. Foss for really helping me in the long run.

In the future, I would like to go to college for business because this was one class that was very easy for me and the only class that I really understood. My plan is to go into business and earn a business major with minors in advertising and law.

News From the Little Creek (continued)

For the people who are struggling with their disabilities I would *like* to tell them that it gets easier in the end, but it never really is easy. You have to learn to live with it. And yes, you have a hard road ahead of you, but like my parents have said, "Keep your head high because when life gets hard you have to keep strong and keep fighting because you will succeed in the end."

I mean look at me, I am a prime example of a person who succeeded. I am a person who really did not know how to read or spell even entering high school and am now a person with a 3.5 GPA. I am a member of an honor society, three-year member of student council, and a four-year member of FBLA (Future Business Leaders of America).

Remember this, anything can happen if you put your mind to it.

Childhood Asthma

By: Dr. AnnMaria DeMars, SLC Vice-President



Asthma has become the most chronic health problem among children, and the number of affected children is growing rapidly. **This national trend is even more pronounced on the reservations.** When a child has an asthma attack, he/she has trouble breathing due to swelling of the air passages of the lungs and a build-up of mucus. It can be triggered by a common illness, too much strenuous activity, or an allergic reaction.

The first asthma attack is generally terrifying for both parent and child alike. You see your child fighting for breath. As one small child described an asthma attack, "It's like being a fish out of water." While asthma can develop at any age, most people with asthma have had symptoms before age five. This means that early childhood providers definitely need to have knowledge of triggers and treatment for asthma.

Most children with asthma can participate normally in activities, but some cautions and restrictions may be necessary, such as having more rests and breaks than other children. Most children with asthma will have some medication, typically in the form of an inhaler, that is either taken regularly or when an attack occurs.

One of the biggest problems with young children is forgetting to take their medication with them wherever they go. You and the child's parent must assist. As with all medications, make sure you have clear directions on its dosage and use and a phone number to call with any questions. Exercise will often be a trigger for an asthma attack, but may be preventable in many cases by having the child use his or her inhaler before exercise.

A bronchodilator is a drug that relaxes and dilates the bronchial passageways and improves the passages of air into the lungs. It is inhaled through a device called an inhaler. A good description of how to use an inhaler can be found here:

<http://lungdiseases.about.com/od/asthma/ht/bronchodilator.htm>.

Each child with asthma should have her own written plan that is kept in her file (and taken on field trips) describing potential triggers, what to do in case of an attack, and other pertinent information. As the child's teacher you should know this and not have to rely on looking at the file.

"Asthma has become the most chronic health problem among children, and the number of affected children is growing rapidly."

Childhood Asthma (continued)

Adults who interact with children with asthma need to know how to use the child's inhaler, nebulizer, or other equipment. If a child has an attack, help her stay calm by being calm yourself and talking in a soothing voice. Have her sit upright and rub her back as you implement the treatment plan and get any necessary help. Make sure other staff members know how to access information about what to do if a child has an asthma when you are absent or away.

Common triggers for asthma are allergies, infections, exercise and irritants. The most common irritant is cigarette smoke. According to the American Lung Association, between 400,000 and 1 million children with asthma have their condition worsened through second-hand smoke. They also note that, when the parents of a child with asthma quit smoking, the asthma often improves.

Is it true that cigarette smoking causes asthma? I read some statistics that said thousands of cases of asthma each year were caused by smoking. I also read a couple of articles that said this was just a 'politically correct' blaming of smoking. One nice thing about Spirit Lake Consulting is that we do have people with doctorates on staff with a variety of specialties. One of mine is applied statistics.

So, I went back to a number of the original research articles and this is what I found. Every article I reviewed that studied this question agreed that children who already have asthma do worse if their parents smoke. "Do worse" was defined various ways. Some studies looked at the number of schooldays the children missed, some looked at the number of asthma attacks or the severity of those attacks – you name it. Every time, the conclusion was the same, exposure to second-hand smoke was related to worse outcomes for children with asthma. Some studies found that parents who smoked were more likely to have children with asthma, and some did not.

Whether or not tobacco smoke causes asthma may be open to debate. That it makes children who already have asthma worse seems to be very well established. Given that the incidence of asthma on the reservation is high, that it develops in most people by age five, the prescription is clear – don't smoke around children with asthma.

"Given that the incidence of asthma on the reservation is high ... don't smoke around children with asthma."

Occupational Therapy Services for Children

By: Dr. Lavonne Fox, University of North Dakota

Occupational Therapists (OT's), who work with children, are knowledgeable about the different stages of development and the appropriate milestones in a child's physical, mental and behavioral development. Occupational therapy is an important service for children with a variety of conditions such as: premature birth, congenital anomalies, neurological disorders, sensory processing difficulties, neuromuscular diseases, prenatal drug exposure, autism, cerebral palsy, abuse and neglect, down syndrome, fetal alcohol syndrome, learning disorders, hearing disorders, and vision disorders; just to name a few.

Occupational Therapy Services cont.

“Occupational therapists support the achievement of developmental and learning outcomes for children with disabilities.”

Occupational therapists have expertise in evaluating a child’s neurological, muscular, and emotional development; and determining the effects of infant and childhood illness on the child’s growth and development. A child with delayed development may not show behaviors and abilities that are typical for the child’s age. A child may have difficulty with coordinating his tongue movements for swallowing, chewing or speech; may not yet be independent in feeding, dressing and using the bathroom; may not understand relationships between people and may not demonstrate the development of problem-solving and coping skills when they become upset or frustrated.

In Head Start and other preschool settings, occupational therapists use their unique expertise to help children prepare for and perform important learning and developmental activities. In these settings, the occupational therapists support the achievement of developmental and learning outcomes for children with disabilities.

This is done by facilitating the development of social skills, motor (movement) development, emergent literacy (preparing for reading and writing); and the development of adaptive and self-care skills (using the bathroom, eating, using a wheelchair/walker or other adaptive devices). Occupational therapists are very skilled in helping children access curricular activities by contributing to the design and planning of activities, which includes identifying any needed accommodations or modifications.

Often, the occupational therapists will use play as a vital part of therapy in order to facilitate the development of social skills, motor development, emergent literacy and the development of adaptive and self-care skills. The main goals of childhood are to grow, learn and play -- and playing is an important activity that influences a child’s life. It is often through play that children learn to make sense of the world around them. It is a child’s “job” to play and develop their physical coordination, emotional maturity, social skills to interact with other children, and self-confidence to try new experiences and new environments.

Another growing area is handwriting. Handwriting is a complex process of managing written language by coordinating the eyes, arms, hands, pencil grip, letter formation and body posture. The development of a child’s handwriting can provide clues to developmental problems that could limit a child’s learning because teachers depend on written work to measure how well a child is learning. Occupational therapists can evaluate the underlying components that support a child’s handwriting such as: muscle strength, endurance, coordination, and motor control. Parents can encourage activities at home to support good handwriting skills.

“It is often through play that children learn to make sense of the world around them.”

Occupational therapists can:

- Evaluate the child’s ability and level of performance in critical developmental areas such as: a child’s motor (movement), cognitive (thinking, reasoning), social-emotional and behavioral development, feeding skills, sensory integration, play skills the child’s posture, physical strength and endurance, and visual and perceptual ability;

Occupational Therapy Services (continued)

- Recommend toys and play activities that promote health development and provide stimulation to the child;
- Develop age appropriate self-care routines and habits, play skills, and social skills;
- Observe the child's home and school environment and determine how it may be modified to promote better development;
- Develop a plan of treatment along with other healthcare professionals who are providing services to the child;
- Provide strategies to help the child fully participate in all of the tasks they need to do in their daily routines;
- Train and support parents so they can provide the needed support for their child's development and learning;
- Train and support teachers to learn how to plan and develop activities and environments that include ALL children and are developmentally appropriate;
- Identify and reduce barriers that can limit a student's ability to participate in learning activities;
- Recommend needed equipment and assist with modifying existing buildings and curriculum to allow access for ALL children;
- Help plan and prepare preschoolers for the transition to kindergarten.

What can Parents and Families do?

- Stay educated about the child's treatment plan and stay actively involved;
- Follow up with the health professionals who are providing treatment to their child so they have a clear understanding of what they are doing and how you can help your child at home;
- Make the healthcare professional explain things in terms parents can understand and keep them informed of changes;
- Encourage their child to participate in sports and games that improve their visual, motor and coordination skills such as playing ball, jacks, marbles, and outdoor sports;
- Encourage writing handwritten letters and notes to grandparents and friends;
- Encourage exploratory play (where children use their senses as they explore, discover, examine and organize their activities) such as using balls, sand, water toys, slides, swings, and finger paints;
- Encourage manipulative play by asking the child to slip coins in a piggy bank or play with a deck of cards. Handling items such as puzzles, beads or lacing helps the child's eye and hand coordination and dexterity improve;
- Choose toys that are appropriate for the child's age. They don't have to be expensive or complicated to help your child. Common objects such as pots and pans, empty boxes, spools of thread, shoelaces and wooden spoons can stimulate activity. The best toys will require active participation by the child. Remember when choosing a toy consider whether a child must be supervised while playing with it. Toys should not have small parts the break easily or can be swallowed.



“Stay educated about the child's treatment plan and stay actively involved.”

“Ones’ ability to self-advocate can take on personal meaning and great significance in your life after high school ...”

Self-Advocacy for Persons with Disabilities or Special Needs

By: Willie Davis, Turtle Mountain Ojibwe Member, SLC Consultant

I have been disabled (paraplegic) for 25 years as a result of a car accident that involved teenage drinking and driving. I often speak to schools and communities about my experiences living as a disabled individual and provide the message that there are “consequences for our actions”. By providing this service to the community, I am promoting self-advocacy through my presentations and messages. Many of these individuals also see me involved in causes in our community.

Throughout these 25 plus years, I have also established myself at the local, state and national levels as a crusader and person who fights for disabled causes. There have been many disabled organizations, committees and groups that benefit and assist persons with disabilities that I have worked with previously and currently work with. They would be too numerous to list, but my point in bringing this up is that in order to be heard you have to be active and well known in your community or at other levels that bring recognition to your cause.

One’s ability to self-advocate can take on personal meaning and great significance in your life after high school. It may help you develop the ability to self-advocate on a job and/or vocational or post-secondary training. Believe me, I have been there and I did it before the Americans with Disabilities Act (ADA). The other thing that most people with disabilities can reference regarding promotion of causes are the Rehabilitation Acts (apply to secondary school or training needs only), Civil Rights Acts and IDEA (Individuals with Disabilities Education Act).

My personal experiences on self-advocacy began while I was in college during the early 1980’s. I saw many issues affecting people with disabilities on campus. For example, there were limited handicapped parking spaces, so I lobbied the campus parking office and university administration, not only to make more spaces but also to provide them in locations that were conducive to parking needs of persons with disabilities. I also was the first disabled Student Senate member of the Social Work Club and was nominated Co-President for one year. These opportunities allowed me the ability to begin my self-exploration in identifying what my purpose and what types of causes I would work and fight for. This is one of the first steps in developing self-advocacy skills and self-knowledge.

I did the same lobbying at the local level in my own community on the Turtle Mountain “Ojibwe” Reservation. I re-wrote the Tribal Code for “Mobility Impaired Parking”, which got adopted by the Tribal Council in 2002. More recently, I have been advocating for various disability issues. For instance, I am the project coordinator for the development of a group home for developmentally disabled tribal members that we are hoping to have built on the reservation.

Self-Advocacy (continued)

Once this project is complete, I would like to advocate for the need to develop an assisted living facility for other disabled tribal members. I have found that to be a self-advocate you must become an example for others to follow, and if you are organized and bring people together for causes of your community, your impact will have enormous results and a positive outcome.

Remember that there is no substitute for hard work, especially from those “grassroots” people. In “Indian Country,” there are few of these individuals, and those who are available are often overburdened and very busy. This is where you need to learn to distribute tasks when working on projects and learn that self-advocacy means the ability to provide equity and the ability to share.

For an individual to be a self-advocate, one must first be willing to sacrifice his/her time to work for a cause. It is my belief that people need to conduct themselves in a manner that allows them to ability to speak, plead or often argue in favor of a cause. I often say to those grassroots people who perform self-advocacy roles, that they should be more concerned about the cause, rather than the applause.

It takes a special person or persons to have the ability to perform these functions.

Listed below are some suggestions I have if you think you may be or have what it takes to be a self-advocate:

- Must be able to take the time to work and put an effort into cause.
- Need to familiarize yourself with issues affecting the cause you are fighting for.
- Develop contacts or resources of people you can work with to assist you with your cause, both on the political and grassroots levels.
- Prepare yourself with individual priorities in your daily, weekly and monthly routines to include projects you are working on for the cause. (It helps to use a daily planner if you are really busy.)
- Constantly update yourself with information on the subject and/or cause you are working for.

Many times you are working toward a cause that is on behalf of another individual or organization. This cause should be dear to your heart, meaning you should give it your all, as if you were doing it for yourself. There is no more satisfaction than seeing the results of your hard work paid off when you reach the climax of your objective or project.

I feel that self-advocacy not only involves the ability to work on behalf of yourself, but to work and promote for others. For example, when it comes to planning your cause, not only should you involve other key players, you need to follow up and demonstrate the ability to follow through with tasks.

Treat work for your cause as you would with concerns of your own and decide what choices to make and what would be the best results.



Willie Davis, SLC
Consultant

*“Remember there is no
substitute for hard
work.”*

Spirit Lake Consulting, Inc.

314 Circle Dr
P.O. Box 663
Fort Totten, ND
58335

PHONE:
701-351-2175

FAX:
800-905-2571

E-MAIL:
info@
spiritlakeconsulting.
com



We're on the Web!

See us at:

www.
spiritlakeconsulting.
com

Upcoming News and Events

CANAR – Consortia of Administrators for Native American Rehabilitation:

Spirit Lake Consulting, Inc. will be an exhibitor at the Consortium of Administrators of Native American Rehabilitation meeting in Washington, D.C. on February 19-21. We will be demonstrating our Disability Access, Caring for Our People and Leadership Training CDs. We will also be giving out free samples of all our latest products. Stop by and see what SLC can do to make life better for you, your family and those you serve.

Altering your Perspective – 9th Annual “Educating the Bilingual Student” Conference:

We will also be presenting at this conference on May 9th, 2007, at UC Riverside, sponsored by the Language and Learning Institute. This conference will provide information on successful practices of educating English language learners.

About Spirit Lake Consulting, Inc.

Miniwakan Tiyospaye directly translates to “Spirit Lake Family” in Dakota, the native language of our base on the Spirit Lake Reservation in Fort Totten, ND. This newsletter and Miniwakan Waonspekiye are sent out monthly.

Our corporate newsletter, the Miniwakan News, is distributed once every 3 months to the clients on our mailing list, who include VR counselors, University employees, Head Start workers, and people who reside on nearby reservations who have requested to receive information.

Spirit Lake Consulting, Inc. is an Indian owned business; our mission is to be a resource to American Indian and other disadvantaged communities by providing training, evaluation, grant writing and planning services. We sponsor three projects: Caring for our People Training, which serves staff members working with people with disabilities, Leadership Training, which educates members of the reservation on business and entrepreneurship skills, and Disability Access.

Disability Access is a computer-based instruction package designed for people with disabilities and chronic illness and their families residing on or near Indian reservations. The instruction covers not only general information such as developmental disabilities, coping with diagnosis, legal rights, etc. but is also uniquely designed for the reservation environment. Given the relative rarity of high-speed Internet access, users receive a free CD-ROM that has most of the web pages and documents reproduced so that it can be accessed quickly on any computer. Extensive information is provided on diseases such as diabetes, which are disproportionately prevalent on the reservations. Cultural competence links are included throughout on everything from traditional views on death and dying to tribal resources for disability access services.

Disability Access will be part of the exhibit presented by Spirit Lake Consulting, Inc. at the Consortium for Administrators of Native American Rehabilitation to be held February 18-21 in Washington, D.C.

Did you get this newsletter forwarded from a friend or colleague? Want to get your own copy every other week? Email

Jessica@spiritlakeconsulting.com to be added to our mailing list.