A Message from Our President

By Beverly Boggess, PhD. 2012-2013 President

Thank you for being part of NHLDA. We need you! During these times of diminishing resources, the priorities of people with disabilities, including those with learning disabilities, may be overlooked or "lost in the shuffle" of shifting priorities and shrinking budgets. We need committed parents and professionals to stand up together and keep our voices heard.

The interests of students with learning disabilities need to remain in focus and not relegated to the "back burner." How can you help? Here are my suggestions: keep informed and use the resources of LDA of America (www.ldaamerica.org); and talk with your colleagues, friends, families, and others about what issues are impacting them. For example, here are some issues that have come up in recent discussions: seeking educational evaluations, connecting with services, achieving literacy, promoting healthy environments, behavioral concerns, adult supports, response to intervention, and common core standards. Learn more about initiatives underway to move these concerns forward. Suggest joining NHLDA and LDA. Our voices are more powerful together! Thank you for all you do to support people with learning disabilities!

This has been a busy year for NHLDA. Here are some of our activities:

- The new website www.nhlda.org was maintained by volunteer Craig Spara and the Website Committee (Nancy Charon and Trish Stansfield).
- The NHLDA Facebook page was developed, launched, and maintained by Melissa Wolfe with help from Lauren Pruneau.
- The NHLDA Fall Conference “Promoting Healthy Environments for our Children, Youth and Families” was held on October 25, 2012.
- Board member Melissa Wolfe and President Beverly Boggess participated in several educational activities and legislative outreach in 2012; Melissa represented NHLDA during trips to Washington, D.C. She participated in the Stroller Brigade in May, 2012 with Janet Groat of Safer Chemicals, Healthy Families, and was interviewed by Huffington Post. She and her husband, Seth, testified before a Senate committee in September, and met with the staff of NH legislators.
- NHLDA applied for and received a grant from the LDA Healthy Children’s Project to continue our efforts to promote healthy environments for New Hampshire’s children, youth and families.
NHLDA OFFICERS 2012-2013

Beverly Boggess, President
Nancy Charron, Vice President
Jennifer Spara, Secretary
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NHLDA BOARD MEMBERS NOVEMBER 2012-OCTOBER 2013

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Scenes from the Conference

NHLDA ANNUAL CONFERENCE SUMMARY

The Annual Fall Conference was held at the Grappone Conference Center in Concord, NH on Friday, October 25, 2012. Keynote speaker Maureen Swanson, Director of the Healthy Children Project of the LDA of America, presented the science and policy behind project initiatives. Amanda Sears, Janet Groat, and Melissa Wolfe presented sessions about their experiences and suggestions for taking action. They assisted Maureen in helping participants develop personal and organizational action plans. Speakers generously donated their time. The legislative aide of NH Senator Jeanne Shaheen came to read a letter of support for the Healthy Children Project and stayed to hear the morning speakers.

New members, including students, were welcomed as new leaders interested in promoting the Healthy Children Project. Exhibitors from three NH universities (Rivier, Daniel Webster University, Southern NH University) and one private special education placement (Parker Education) were on hand for professional development networking. Each participant received a conference program and resource packet.
Announcing This Year’s Conference...

“Promoting Emotional Wellness for Safer Schools and Communities through Collaboration and Communication”

We are pleased to announce the theme for our 2013 newsletter and conference. We listened to your suggestions over the course of last year. This time there seems to be a strong preference for a school-related topic directly relevant to those "in the trenches"—the school personnel, parents, and families supporting students with learning disabilities. Distressing and heartbreaking events related to school violence and bullying continue to be prominent in the news these days. Our focus is exploring mental health issues from a variety of viewpoints: teachers, parents, mental health professionals, school psychologists, therapists, law enforcement personnel, and others. We are especially interested in available resources for treatment and prevention. We want to consider options and partnerships for action planning to address these concerns. Please consider the articles we have prepared and gathered for you about this thought-provoking topic. Watch for details about our October 4 conference speakers and program. Specifics will be emailed/mailed out to you and posted on our website www.nhlda.org.
Spotlight On: Emotional/Behavioral Disabilities

Meeting the Needs of Students With Emotional/Behavioral Disabilities  
By Nancy Charron, EdD

The relationship between students with disabilities and corresponding dropout rates is significant. “The majority of students with disabilities dropping out of high school tend to have emotional/behavioral disabilities (52.3 percent), speech or language impairments (29.4 percent) and learning disabilities (29.1 percent). Increasing the graduation and college matriculation of male students by five percent could lead to a combined savings and revenue of almost $8 billion each year in reduced crime-related costs” (http://www.whocaresaboutkelsey.com/the-issues/statistics). The monetary costs of school districts’ failure to meet the needs of students with disabilities is significant; but what about the personal costs to each individual student and his/her family? How can school districts and families meet the needs of students with emotional/behavioral disabilities?

What Can School Districts Do?
Students identified as having an emotional/behavior disorders have behavior that goes to an extreme with chronic unacceptable behaviors (Hallahan, Kauffman & Pullen, 2012). School districts have an obligation to meet the needs of ALL students with disabilities. Administrators, teachers, parents, and police officers need to be trained in understanding the needs of these individuals.

Types of Emotional/Behavior Disabilities
Students with Emotional/Behavioral Disabilities are usually classified as having internalizing behavior (depression, anxiety) or externalizing (striking out against others) behavior problems. Often, students exhibit both types of behaviors depending on the situation (Hallahan et al, 2012). These characteristics are different for each individual student, so they cannot be generalized to all students. However, understanding these characteristics can help us better meet the needs of individuals with this type of disability.

Students presenting with ‘internalizing’ issues are often quiet and withdrawn. These students may present as ‘loners’ who have very few friends. At home, these students may prefer to stay isolated from their families by spending much time alone in their bedrooms. At school, these students may appear shy and with-

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Supporting Students with Emotional Disabilities in the Classroom

By Trish Stansfield, M.Ed.

Students with emotional issues can exhibit challenging and disruptive behaviors in the classroom environment. In an attempt to curb some of these behaviors, educators need to take a positive approach to reach a successful resolution. The use of positive reinforcement in a structured classroom where students clearly understand what is expected of them is absolutely essential. It is also important to embrace student diversity, encourage cooperation, emphasize acceptance and teamwork, and provide quality instruction that allows all students to succeed. Creating an atmosphere that encompasses the inclusion of both academic and nonacademic instruction, teaching students appropriate social skills through modeling and role-rehearsing, and encouraging them to be a part of the rule-making process can increase their self-esteem.

See “Helpful Strategies” on the next page
Helpful Strategies

By Trish Stansfield, M.Ed.

Both general and special educators can use the following strategies to support students with emotional disabilities:

- Learn as much as possible about students’ emotional disabilities. Read their Individualized Education Plans (IEPs), research cumulative folders for student history, and review medical and educational assessments.
- Provide a safe, structured, stable learning environment. Students with emotional disabilities need structure. They need to know what to expect during the school day and, whenever possible, be given advance notice on any schedule changes/transitions, etc.
- Classroom rules and clear expectations should be followed consistently. Students with emotional disabilities will not thrive in an environment where the rules change on a daily basis.
- Get to know your students and their parents. Establish a positive relationship, make frequent contact, take the time to listen, and share your knowledge with other teachers who have contact with your students. Parent support is an invaluable resource when it comes to student success.
- Use positive reinforcement utilizing intrinsic and/or extrinsic rewards. Consider instituting a reward system that will support and promote appropriate behavior and then slowly fade as more appropriate behavior becomes secondhand.
- Have patience. Students with emotional disabilities will try to “push your buttons” whenever they can. Remember that what they say is not directed at you personally. Do not lose control or be adversarial because it will escalate behavior.
- Seek help when necessary. Some students with emotional difficulties can be very complicated. Consult the school psychologist, guidance counselor, administrators and others who may be able to help.
- Ask for a more thorough assessment by the school psychologist. A Functional Behavior Assessment (FBA) followed by the development of a Behavior Intervention Plan (BIP) may be needed.
- Be a strong advocate for students. Always question decisions that may be detrimental to their welfare. Remember that your job is to fully support students and not to worry about how you are perceived by others.
- Find alternative ways for students to learn. Offering choices on how they can show what they have learned will minimize or eliminate work refusal. Consider project-based learning.
- Collaborate with others to find solutions. Another educator may have experience with a new strategy that you have not yet considered.
- Show students that you care. Make connections with students and take an interest in their lives. Be available to lend a listening ear whenever necessary.
- Don’t give up. Some students have already experienced great disappointment. They will expect you to give up on them just as others have. Let them know that you will be there for them no matter what.

Professional development/training is necessary in order to effectively implement some of the strategies listed above. Given the appropriate programming, educators can help students with emotional/behavioral disabilities be successful in the classroom environment.
Isolating Behavior: The Signal Symptom

Stephen Soreff, MD

Bill Johnson, age 17, was a junior at Rocky Hill High School who enjoyed school, played on the varsity baseball team, planned to go to college, and often attended church with his family. Although he had no steady girl friend, he was popular with many of the girls in the school. However, in early February, he began to slip away from friends and family. He began eating alone in the cafeteria. When his friends asked him to join them, he said he 'had things to think about'. He told his coach that he decided not to go out for the baseball team, ‘so I could concentrate on my school work.’ He tried to eat supper in his room at home but his parents insisted he join them at the dinner table. He begged off church because he had ‘too much school work to do’. He used to joke with others and smile. He did neither now. He did not care about the Red Sox anymore, although usually he could not wait for opening day at Fenway Park.

In this article I plan to acquaint you the ‘symptom’ of isolation, its meaning, and ways to intervene. What am I depicting can be seen in anyone: patients, clients, friends, co-workers, staff, family members, partners, and even in yourself. In fact, when I discover I am isolating myself (which I have been known to do), I realize that it is a big, red flag and warning signal.

Let me start with the term isolation and apply to it the psychiatric description. When people start to isolate themselves, they show a number of behaviors. They stop socializing as they had in the past with their friends. They decline invitations, and spend more time by themselves. Remember, I am not talking about a generally reclusive person; I am discussing a change in their regular routine.

Other terms which describe this behavior include disengagement, withdrawal, removal, being on the outside, pulling back, becoming remote, and distancing others. Here are some examples of isolating behavior: some students sit alone in the classroom while others are congregating and sharing stories; other students drop out of school activities and teams; some individuals stop to going to church, synagogue, or mosque; where they used to eat or take coffee with the gang, they now sip it alone; if they used join the office folk for a TGIF get together, they no longer do; people stop taking ‘breaks’ or lunch with others, and prefer to be alone at their desks. Again, I am not talking about a once-in-a-while situation; the isolating behavior that I am concerned with is that which has emerged as a protracted, persistent pattern.

So what does that behavior indicate? Years ago organizational studies talked about the ‘burn-out’. No, I am not describing Smoky the Bear. What happens here is that the person is tired, frustrated, and no longer cares about school, the job or relationships. When clinicians studied this phenomenon, they found the cardinal symptom of ‘burn out’ was isolation. Nowadays, we talk about stress-management. When I see this behavior, it suggests that the person is under stress. And too much stress translates into being depressed for many people. The behavioral is the message of disengagement. The visual message to others is ‘leave me alone!’

Now, since I translate isolation into depression, the question becomes what to do about it. I am reminded of the inquiry: “How many psychiatrists does it take to change a light bulb?” And the answer is, “one, but the person needs to want to change.” A similar idea is that a person with an alcohol problem must first hit bottom before they can be helped. I disagree with both. Once people enter into depression, they often cannot find their way out. Too often it is said, ‘just give depressed persons the number of the mental health clinic. When they are ready, they will make the call.” Yes, for some, this works. Yes, for some, this works. But, for others trapped in despair, helplessness and hopelessness, making such a call for an appointment is too much for them to do.

Continued on next page
I will present two scenarios for Bill Johnson. In the first one, he starts to think about dropping out of school and getting a job. His grades suffer, and he has fewer friends.

In the second scenario, his old baseball coach, Sam Wilson, privately sits down with him. Out of concern, Sam asks him what is happening. Initially, Bill is reluctant to talk about anything, and says that everything is fine. Over time, Sam has a number of short conversations with Bill. Sam relates how a friend of his was becoming withdrawn and distant. Finally, that friend—with much encouragement from his family—sought professional help. It turned out that the friend had a Major Depression with a biochemical origin. In our scenario, Bill ultimately does seek and get help with the support and encouragement of the school and his family. He, too, like Sam’s friend, has a chemical imbalance causing a depression manifested in his withdrawal. With therapy, Bill slowly returns to his old self.

In the second scenario, an underlying, chemically-inherited imbalance results in the depression, and leads to the symptoms of isolation. There could be other root causes—it could an alcohol or drug addiction generating the withdrawal. In some cases, the emergence of a childhood trauma can produce protracted but now surfacing symptoms of Posttraumatic Stress Disorder (PTSD). Such intrusive thoughts and flashbacks can prove to be the underlying cause of the seclusion. In still other situations, youngsters start to hear voices or develop false beliefs of people being after them or controlling their minds. They withdraw from others. In those cases, early signs of schizophrenia have precipitated the isolating behavior. The point here is that for many people isolating behavior represents the symptom of an underlying issue. And that issue can be addressed.

So when you find students, friends, clients, family members, or colleagues isolating themselves, gently reach out to them. Do not call public attention to it, but rather quietly engage them. Help begins when you recognize that the isolating behavior is a symptom of a deeper problem.

Autism: The Parents’ Experience

Melissa Wolfe, M.Ed.

When a child is diagnosed with a disability, it can be devastating. This is especially true if your child has been diagnosed with a lifelong, life-changing disability such as autism. Oftentimes, the focus is immediately put on the child; getting him or her services, making appointments, talking to the school, etc. When the child is young, chances are he or she is not even aware there is a difference between himself and other kids. During this period of transition, parents tend to forget that the disability has a profound effect on their own health as well. Did you know it is common for parents of children with autism to undergo a grieving process? “Parkes and Weiss’ (1983) four phases of mourning have been used to describe the grieving process that parents go through upon hearing that their child is diagnosed with autism. The four phases are shock and disbelief, expression of grief, disorganization and despair, and reorganization.” (Serrata, 2012). For me, this was true when my son was diagnosed with autism. There is so much to learn about, and so many treatments that are offered for autism these days, I just felt overwhelmed.

That early period after the diagnosis is a huge transition and high emotional period for parents. It is exhausting and all-consuming. The phases of grief can last for a very long time; weeks, months, even years. I would even venture to say that it really never ends. Those emotions can crop up years after the diagnosis, and be triggered by a variety of things— a seemingly innocent comment by a child (“I don’t want to play with that boy”), a realization that summer camp probably won’t happen, or an especially difficult meltdown. It is easy to feel different than other parents, and to allow yourself to become isolated. This is not uncommon.

It is absolutely crucial parents seek out time for themselves. There are community programs that pro-
Nurtured Heart Approach  
*Bethany Bilodeau, MBA, CESP, ABD*

**What is the Nurtured Heart Approach?**

The Nurtured Heart Approach (NHA) is a social-emotional curriculum developed for building relationships in which students are intrinsically motivated both academically and pro-socially. With NHA, teacher/student relationships evolve into a mentoring culture in which students become invested and engaged in the learning process. At its very core NHA creates intense positive relationships within the academic context. While there are many similar programs that promote positive language, NHA focuses on the use of language as the scaffolding to build “inner wealth” through every day interactions. Through firsthand experiences of success these relationships provide immense opportunities for social-emotional development and building self-confidence. On a broader level, NHA shifts classroom culture via radical appreciation and healthy relationships, thereby creating a safe and connected environment for its students.

The Nurtured Heart Approach began in 1992 as a therapeutic intervention for treating intense and difficult children in family therapy. In the past decade, it has evolved to become the primary approach in an estimated 10,000 classrooms and schools across the United States, South America, the United Kingdom, Belgium, Israel, Germany, South Africa and Australia. It is also used as the foundational approach for thousands of therapists as well as residential treatment programs and therapeutic foster care programs across the country. Illinois and Washington State are among the first locations to adopt the approach in district wide applications and in their foster care programs. The Nurtured Heart Approach Association has begun the process to become federally recognized as evidence based.

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**Special Thanks to Craig Spara**

*Web Designer for New Hampshire Learning Disabilities Website NHLDA*

Craig Spara is a talented web designer who graciously agreed to create our [NHLDA website](#) pro bono. Thanks to Craig, NHLDA now has an informative website with an extensive [Resource Section](#) for individuals with learning disabilities, parents, and professionals! Not only did Craig format the NHLDA website, he also designed our 2012 [newsletter](#), and the NHLDA logo! The New Hampshire Learning Disabilities board and members would like to thank Craig for ALL of his hard work!
“Nurtured Heart” continued from previous page

**Why Use it in Your School?**

Smith Elementary in Virginia implemented the approach in 2008. After 1 year, they showed a 32% reduction in school suspensions, 83% decrease in administrative/parent conferences. The severity of infractions decreased significantly and overall infractions decreased by 39%. Classroom disruptions decreased by 68% and bus misconduct decreased by 83%. Truancy conferences decreased by 83%.

The approach was implemented in 2007 at Champaign Unified School District, Jefferson Middle School, Champaign, Illinois. Overall reading scores (ISAT) improved 4.6 points and math improved 1.7 points in a 1 year time frame. In 2007 there were 125 discipline referrals for behavioral misconduct. In the 2008 school year there were only 21.

**What do Nurtured Heart Approach Classrooms Look Like?**

- Increased teaching time
- Teachers have a unique influence on children
- Students develop better social skills
- Students demonstrate increased coping skills
- Results are almost immediate
- Students collaboratively support one another to make good choices and use good judgment
- Students have a greater sense of empowerment and personal responsibilities

**What should school administrators expect to see?**

- A positive shift in school culture
- Schools become the center of the community
- Students demonstrate better social skills and are better prepared for the norms of society
- Fewer children are referred for special education or to the mental health agencies
- Children who are “seen” in greatness, “act out” greatness
- Parental involvement increases as parents witness their children thriving

To learn more about the Nurtured Heart Approach please visit the following websites:

- [www.difficultchild.com](http://www.difficultchild.com)
- [www.energyparenting.com](http://www.energyparenting.com)
- [www.nurturinggreatness.net](http://www.nurturinggreatness.net)
“Meeting the Needs” continued from page 4

drawn, rarely speaking in class, walking alone in the hallways, or sitting alone in the lunchroom. As these students often present as ‘different’, they may be at increased risk of ‘bullying’ in all settings. Suicide may also be a concern for these students.

Students presenting with externalizing issues generally present as aggressive. These are the students who are more likely to be serviced as they present as problematic in all settings. They may ‘act out’ and are often viewed as exhibiting inappropriate verbal and nonverbal behaviors by administrators, teachers, parents, and law enforcement. Teachers may view these students as disrespectful to teachers, other students, and administrators.

What can educators do to meet these students’ needs?

Teachers need to bring these students’ names to the Response to Intervention/Multi-Tiered Support Team in their respective schools. These ‘teams’ generally consist of: School Administrator (principal/vice principal), school counselor, school psychologist, special education teacher, general education teacher, and related service people as needed (speech pathologist, occupational therapist etc.) School interventions may include:

- Regular in school sessions with the school psychologist
- Regular in school sessions with the school counselor—parents may have their child receive out of school counseling. They may also sign a permission form so that the in-school counselor or psychologist may communicate with the out-of-school counselor or psychologist to coordinate an effective program for the student.
- Providing a safe ‘in school’ setting that the student is allowed to go to when upset—may allow this child to use strategies to ‘pull himself/herself together’ before going back to a class setting
- Entire school professional development should be conducted so that all adult school members understand emotional/behavior disabilities. It is especially important to make sure no school personnel takes any of these students’ actions or comments personally!
- Clear school and classroom rules need to be made evident to all students and posted where students can see them. Rules and schedules need to be predictable and structured. When needed, these rules should be stated succinctly to the student in an unemotional manner, with consequences clearly understood by the student ahead of time should he/she choose to disobey the rules. Consequences need to be consistently followed through on.

Student strategies should be directly taught to the student by a trained professional who sets up a program where the student’s behaviors are continually assessed and monitored. Each student needs time and space to ‘practice’ the strategies. For instance, if a student is taught a strategy such as ‘Count to 20 before you say anything when you are angry’, then the student needs to practice this in simulations with the school counselor, psychologist, or special educator. Students may practice ‘social skills’ conversations with the speech pathologist and ways to remember to use strategies with the school psychologist. This may, at times, be combined with medication taken in the school nurse’s office, and coordinated family training with an out of school counselor or psychologist. These data driven interventions may need to take place over an extended period of time and should be implemented and monitored by a team of well trained professionals who effectively communicate with each other.

See “Emotional/Behavioral Statistics” on next page
Emotional/Behavioral Statistics

The following statistics on students with emotional/behavioral disabilities are truly alarming (http://www.whocaresaboutkelsey.com/the-issues/statistics): These students:

- Have the worst graduation rate of all students with disabilities. Nationally, only 40 percent of students with EBD graduate from high school, compared to the national average of 76 percent.
- Up to 85 percent of children in juvenile detention facilities have disabilities that make them eligible for special education services, yet only 37 percent had been receiving any kind of services in their school.
- Youth with emotional disturbances are 13 times more likely to have been arrested while still in school compared to students with other disabilities.
- These students CAN be successful in school and life when ALL educators are exposed to effective data-driven professional development programs with supported implementation in school districts. Professional Development must also be presented to parents and law enforcement professionals to ensure proper treatment of individuals with emotional/behavior disabilities are effectively supported in out of school settings.

Meet the New Board Members!

Lauren Pruneau, M.Ed.

Lauren Pruneau received her Master’s Degree with dual certification in Elementary Education/General Special Education from Southern New Hampshire University. She received her Bachelor of Arts in Business Management from Keene State College in Keene New Hampshire. Being a mother to two young children also fuels her passion for education and ensuring students are given the necessities they need and deserve. Having a child with speech and language disorders, Lauren has firsthand experience in working with special educators and understanding the pros and cons of the system currently in place, and is very excited to be on the board of NHLDA to do what she can to help children grow in the best environment and have the best tools and guidance possible. Lauren is looking forward to teaching first and/or second grades and helping them achieve their academic, social and emotional dreams and goals.

Randolph Brown

Randolph Brown is currently pursuing his undergraduate degree in History and Social Studies Education at Southern New Hampshire University. He works at SNHU’s Disability Services, and as a tutor at the Learning Center. Teaching is his passion, and it’s in his blood, but it has taken over a decade to find his way back to college where he can finally pursue his calling. He brings a varied skill set to the NHLDA, having worked in the bookkeeping and marketing fields. He hopes he can make a positive impact through the NHLDA as equal access to education is one of his most cherished principles. Randy also volunteers at the Manchester Boys & Girls Club where he teaches board games to middle school aged children to encourage them to develop critical thinking skills in a social environment.

“Autism” continued from page 7

vide respite reimbursement (money for babysitting), community support groups, and mental health providers. Even if parents do not have insurance, there are groups that exist to help provide counseling on a sliding scale-sometimes even free! It is hard to find other parents with a child with the same disability as yours. You may not even find one. However, ask your child’s service providers (OT, PT, Speech, etc) and teachers if they might know of someone who could use a sympathetic ear. Us parents of children with disabilities tend to bury ourselves in our child’s world, and focus so much on being the best caretaker we can be that we neglect ourselves. I know this; I do it all the time! Just remember, you are NOT alone out there. I adore my son, and am always willing to talk about him and my experiences mothering him and his siblings. Other parents are the same. Reach out and find that parent who looks frazzled. Chances are she just had a rough morning and could use a friend going through the same thing. The important thing to remember is that in order to take care of your child, you need to also take care of yourself.
Shared Gifts

Shared Gifts, established in March of 2009, is a non-profit public charity located in Hopkinton, New Hampshire. The organization is dedicated to helping people with life challenges and/or disabilities gain confidence, find acceptance and experience the joys of life through the love, care, and riding of retired horses, and to providing shelter, humane care, and a special purpose for those elder or abused horses that were no longer considered useful.

The 4-H Easy Riders program (40 years) and the Merrimack Valley Equestrian Special Olympics program (20 years) were both initiated by Marcia Evans, owner of DawnMar Ranch Riding Academy (since 1960).

For many years Marcia has selflessly given her time and talents to children who needed encouragement and direction to achieve their full potential, and to aged and/or infirm horses that were unwanted and neglected, but are now thriving due to her loving and patient rehabilitation. Together the children and the horses share the gifts of love, respect, understanding, commitment, and the mutually beneficial goal of helping each other succeed. Indeed, Marcia is the heart and soul of Shared Gifts.

Horseback riding helps a person physically by strengthening muscles and improving coordination. Therapeutic riding also contributes to the emotional and social well-being of the student by building self-esteem, patience, and confidence. Individuals with almost any cognitive, physical, and/or emotional disability can benefit from their physical and emotional connection with a horse.

The children in the program have a wide range of disabilities including Autism, Muscular Dystrophy, Down Syndrome, learning disabilities, and physical handicaps, but the focus is solely on each student’s abilities, and their individual progress is amazing. A few years ago four students from our combined programs qualified to represent Merrimack County at the 4-H State Horse Show at the Deerfield fairgrounds. They were extremely proud to bring home numerous ribbons in various events. Eighty seven riders competed at the state level, and one of our kids, Kelly, ranked in the top fifteen overall. In the past our equestrians have competed in the World Special Olympics in Connecticut, bringing home two silver and three gold medals for New Hampshire.

We love our horses and are always anxious to introduce them to new friends. Even visitors who choose not to ride can benefit from an equine relationship. The best way to befriend horses is to show them kindness. Carrots or apples, a scratch in just the right spot, or a gentle brushing are always appreciated.

Expenses for Shared Gifts are substantial. We are reliant on and are grateful for any outside support we receive. Many of our seniors require special diets to aid in digestion and allow nutrients to be absorbed. Some actually have no teeth and therefore require a very personalized feeding regime. Many of the horses have special shoeing requirements, and special medications are necessary to keep weight on, help with sore, arthritic joints, treat allergic reactions, and soothe one chronically irritated eye. Even keeping up with ordinary inoculations is a tremendous financial responsibility. Senior horses generally have more medical emergencies and we have our share. We depend on our veterinarian to answer any and all calls for emergency assistance.

On March 9, 2009 Shared Gifts became a non-profit public charity (now designated as a 501(c)(3)), making donations tax deductible. We are counting on grants and individual donations to keep our horses safe and healthy so they may continue to befriend children, and in return, receive the love and respect they deserve. To find out more about Shared Gifts or to make a donation please visit the website at: www.shared-gifts.org
Benefits Of Membership In LDA Of America

LDA is the voice for people with learning disabilities of all ages and their families; the leading advocate for laws and policies that create opportunities for people with learning disabilities; a leader in promoting research into the nature and causes of learning disabilities.

LDA offers cutting edge information on learning disabilities, practical solutions and a comprehensive network of resources to support people with learning disabilities, their families, teachers and other professionals.

LDA Membership offers:
1. Support through groups and workshops
2. Advocacy through assistance, training and information
3. Information via a toll-free call-in line 888-3000-6710
4. Resources on the LDA website (www.ldaamerica.org) for parents, teachers, professionals, adults and those new to learning disabilities
5. Exclusive members area on our comprehensive website
6. News briefings of the week’s top stories on learning disabilities and related topics via THE LD SOURCE, a free, “opt-in” email resource
7. News from Washington monthly reports on legislative issues via News-in-Brief
8. Discounts on registration for state and national LDA conferences and workshops
9. Discount subscription to Learning Disabilities: A Multidisciplinary Journal, a peer-reviewed journal published three times a year
10. Access to Professional Liability, General Liability and other coverage at a reduced rate for members in private practice.

Together We Can Make a Difference. Become a part of Something Greater!

LDA:
1. Unites individuals, families and professionals who have a shared commitment to individuals with learning disabilities
2. Raises awareness about learning disabilities among policymakers and the public at large
3. Advocates to preserve, enhance and expand access to services for children and adults with learning disabilities
4. Represents the needs and interests of children and adults with learning disabilities to regulatory and policy-making entities
5. Creates and distributes policy and position statements and public testimony on various aspects of policies that impact the lives of children and adults with learning disabilities
6. Develops Action Alerts on crucial national legislation
7. Collaborates with professional and advocacy organizations on public policy on a national level.

Note: LDA never shares or sells membership information.

Join Us!

The NH Learning Disabilities Association is a private, non-profit, volunteer organization of parents and professionals dedicated to promoting better understanding, education and services for individuals with learning disabilities.

NHLDA is the State affiliate of LDA of America, Inc. A grassroots organization, NHLDA provides programs, practical information and support for parents, professionals and individuals with learning disabilities.

Send check or money order, payable to NHLDA, to the address below. Or join online by credit card at www.ldaamerica.org