



SUPPORTING THE NETWORK OF OUT-OF-SCHOOL PROGRAMMES
ISSUE 85 TERM 2 2015

OSCAR Network
Christchurch

**HOW TO GET KIDS TO TELL THE TRUTH? IT'S NOT ALL ABOUT CARROT
OR STICK THE CRITICAL DO'S AND DON'TS OF NOT FOR PROFIT BOARD
RECRUITMENT RESEARCH IMAGINING WALKING THROUGH A DOORWAY
TRIGGERS INCREASED FORGETTING 10 COURAGEOUS THINGS YOU CAN
DO TO BUILD COMMUNITY FETAL ALCOHOL SPECTRUM DISORDER**



ENHANCING CHILDREN'S PLAY : WHAKAREWA / TE TAAKARO TAMARIKI



THE OSCAR NETWORK

WE ARE AN ORGANISATION DEDICATED TO PROVIDING INFORMATION TO O.S.C.A.R. (OUT OF SCHOOL CARE AND RECREATION) PROGRAMMES.

Our aim is to support, promote and network safe quality, accessible OSCAR services which are professional and centre around the needs of the child and their whanau.

The OSCAR Network provides information on training, development, mentoring, funding & finances, research, advocacy, management and staff support, resources and the general running of an Out of School programme. The OSCAR Network encourages OSCAR providers to operate quality services, however it is not a function of the OSCAR Network to accredit or assess OSCAR services.

The OSCAR Network has a well-earned reputation for working co-operatively alongside other groups and agencies. We work as a team in an environment based on mutual respect and trust. It is the combination of skills, ideas and energy, which achieves results from the consensus decision-making process. We enjoy our work by 'thinking differently'.

THANK YOU

The OSCAR Network could not operate without the generous support of the following funding agencies:

Ministry of Social Development; Christchurch City Council; Canterbury Community Trust; Lottery Grants Board; Community Organisation Grants Scheme; United Way.

Sharon Williams
Liz Hawes
Pam Hughes
Amanda Murray

Office Hours

Monday to Friday: 9am-1pm

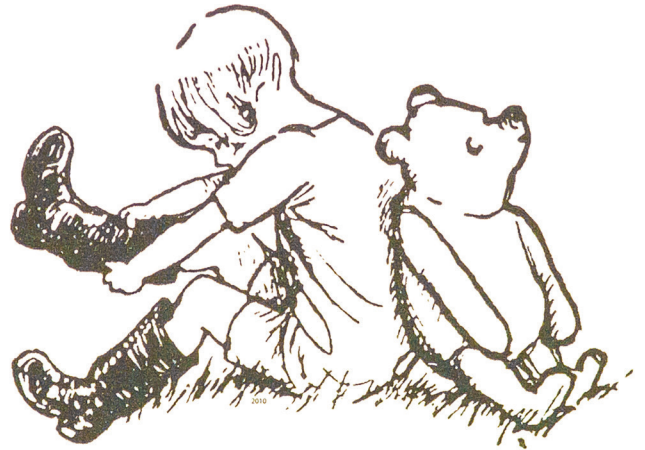
Network staff are available for appointments outside these hours

25 Disraeli Street
Christchurch 8240

Phone: 03 3793915
e-mail: admin@oscarnetwork.org.nz

www.oscarnetwork.org.nz

On Nothing “What you doing?” “Nothing.”



Nothing can be frustrating to hear, because it feels like a wall when we'd hoped for a window. But that wall is very clear. It means: nothing that concerns you, nothing you should concern yourself with. It means: nothing I want you to know about, nothing I care to discuss at the moment. Nothing means: none of your business.

“You are worried about seeing him spend his early years in doing nothing. What! Is it nothing to be happy? Nothing to skip, play, and run around all day long? Never in his life will he be so busy again.”

Jean-Jacques Rousseau, Emile, 1762

“Don't underestimate the value of Doing Nothing, of just going along, listening to all the things you can't hear, and not bothering.”

Winnie the Pooh

“It takes a lot of time to be a genius, you have to sit around so much doing nothing, really doing nothing.”

Gertrude Stein

GRATITUDE MIGHT BE THE BEST NINJA MOVE EVER

When depression chopped me in the back of the knee and sent me sprawling on the floor – well actually the couch – for a full year, I had to learn some brilliant ninja moves.

I learned moves that got me back on my feet and moves that keep sneaky saboteurs from whacking me so often. Easily, the most powerful of these moves is gratitude... in fact it worked so well for me that I was wondering if I'd now actually lost my marbles and that this period of sweet relief was really my final refusal to face the world. Could people create imaginary benefits and have a sort of positive emotional breakdown?

It turned out that I wasn't having a breakdown, I had simply started changing the way my brain processes the world. Fact: Gratitude changes the way your brain processes the world.

Now before you start thinking I'm some sort of Pollyanna type, let me lay it out for you. I'm more naturally your perfectionist, over-achiever, opinionated sort who has a very finely honed talent for finding something wrong in pretty much any situation. I can be judgmental, impatient and negative. I've rarely been accused of being 'nice' and gratitude doesn't come naturally to me. And yet, my life has been turned upside down by gratitude.

What I came to understand, and what has been so utterly life-changing, is that gratitude has nothing to do with feelings. It isn't an emotional response to something great happening. If I waited until I felt good about something before practicing gratitude, I'd be waiting a very long time.

Gratitude is a mental discipline, a daily, hourly, minutely (literally!) decision to take a second look, shut my inner victim up, find the gift, avoid self-pity, take a broader view and more. What is magical about gratitude is that it can be understood and applied by everyone very simply.



Here's three quick big ninja practices for kids of all ages:

1. On waking find one thing to look forward to. This starts training the brain to scan for good things.
2. When in the midst of the thing that you looked forward to, take a few moments to pay attention to the good things around you and say an inner 'thank you'. Neurotransmitters only fire when attention is paid to what is at hand. Merely being somewhere fun, or doing something enjoyable won't necessarily give you good feelings.
3. Write a 'thank you' each day – via note, email, or text. The more detailed this note is, the more thought you've put into it, the more effective it is for change. This helps you take stock of the good things happening to you – whether in the present or the past. This mental-movie rerun releases the feel-good chemicals and focuses attention away from you to something else, one of the proven ways to reduce depression.

Regular gratitude practice brings not puppies, sunshine and prancing Pollyannas, but something akin to steel reinforcing bars that run through a young person's life – making them strong, resilient, happier and better equipped to face the future.

Toni Powell, Generation Next Blog

CONTENTS

4
HOW TO GET KIDS TO TELL THE TRUTH? IT'S NOT ALL ABOUT CARROT OR STICK.

6
THE CRITICAL DO'S AND DON'TS OF NOT FOR PROFIT BOARD RECRUITMENT

8
RESEARCH

10
IMAGINING WALKING THROUGH A DOORWAY TRIGGERS INCREASED FORGETTING

11
10 COURAGEOUS THINGS YOU CAN DO TO BUILD COMMUNITY

12
FETAL ALCOHOL SPECTRUM DISORDER

15
GOOD TEAMS

SEE THE CALENDAR ON THE BACK COVER FOR TIME AND PLACE DETAILS OF OSCAR NETWORK TRAINING AND EVENTS.

How to get kids to tell the truth?

It's not all about carrot or stick.



All parents have to come to terms with the fact that their little angels will, from time to time, act like little devils. They'll throw tantrums over trivial issues, or they'll push, hit, bite or scratch other kids. And at some point they'll start lying about what they've done.

Lying is perfectly normal among children, not a sign of a sociopath in the making. Many kids start telling the odd fib around their second birthday, and by the time they're 4 or 5 they're even better at the art of manipulating the truth, and keeping it from us. So how can parents help their kids internalise the lesson that honesty is the best — or at least the socially preferred — policy?

A team of educational psychologists led by Victoria Talwar recruited 372 children aged between 4 and 8 years old, and put them through a “temptation resistance” task in which they were left alone in a room for one minute with a toy placed behind them and out of sight, and told not to peek at it. When the experimenter returned, the kids, who were being filmed by a hidden camera, were asked whether they looked or not.

Previous studies using this set up found that 72–93 per cent of children under 8 years of age looked at the toy and then lied about it. Out the 372 children in this new study, 251 (67.5 per cent) looked at the toy, though older kids were less likely to peek. Of the peekers, 66.5 per cent lied about doing so,

again with older kids being less likely to lie about it.

The new study, however, didn't just look at levels of lying, but also at how appeals to honesty influenced lying, and whether the threat of punishment promoted or hindered truth-telling. To probe these questions, kids were split into six groups who were told different things when the experimenter returned to ask whether they had snuck a look — and in one group the peekers showed an impressively low rate of lying of just 35 per cent.

What was the secret? The researchers encouraged honesty in these children with a two-pronged pronouncement. First they told the children “If you peeked at the toy, it does not matter” (the no-punishment condition), and then they gave them an explicit “external” reason to be truthful (“If you tell the truth, I will be really pleased with you. I will feel happy if you tell the truth”). In the absence of punishment, an alternative, “internal appeal” for honesty (“It is really important to tell the truth

because telling the truth is the right thing to do when someone has done something wrong”) was not quite so effective — lying rates only dropped to 45 per cent.

It might seem that the increase in honesty was driven by the absence of punishment — after all, if you won't get in trouble, why bother lying? Yet this can't be the whole story, as kids in a no-punishment condition that did not include any kind of appeal to truth-telling still lied more than 85 per cent of the time, showing that appeals for honesty had a powerful effect.

At the same time, the threat of punishment worked against both kinds of appeal: when kids were told they would get in trouble for lying, and were then given either an external or internal reason to tell the truth, lying remained high, at 60 and 86 per cent, respectively.

So while many parents looking to increase their children's honesty might opt for one of two diametrically opposed options — the carrot of reward, or the stick of punishment — this new research shows there's an

important third route to take: appealing to the better angels of kids' nature, and encouraging honesty because it will make others happy.

These findings also have obvious relevance for people who work with children in a range of professional roles and who want or need to encourage honesty and accurate reporting of events. "Positive consequences

resulting from truth telling should be emphasized and negative consequences for transgressing should be avoided in order to promote honesty in young children," the researchers write. Looking to the future, they suggest that further studies should explore whether the same dynamics apply to children when it comes to telling the truth about the transgressions of other people, and also whether adolescents are susceptible

to the same appeals to honesty and threats of punishment.

Talwar, V., Arruda, C., & Yachison, S. (2015). The effects of punishment and appeals for honesty on children's truth-telling behavior. Journal of Experimental Child Psychology, 130, 209-217 DOI: 10.1016/j.jecp.2014.09.011 Dan Jones (@MultipleDraftz) for the BPS Research Digest

Shock result! Asking children and teenagers to promise to tell the truth actually works!

When teenagers are asked to provide testimonies for use in court, how do you increase the likelihood that they'll tell the truth? It may sound twee, but a North American study claims that merely asking them to promise to tell the truth can be surprisingly effective.

Angela Evans and Kang Lee had just over one hundred 8 to 16 year olds complete a 10-item trivia test, which unbeknown to the youngsters featured two impossible questions ('Who invented the hair brush?' and 'Who discovered Tunisia?'). A little entrapment never hurt anyone: the participants were promised a \$10 reward if they got all 10 answers right and told to refrain from peeking at the answers located on the inside of the testing booklet. For 54 per cent of the sample, the temptation proved too great and hidden cameras caught them peeking.

Next, the youths were interviewed. 'While I was out of the room, did you peek at any of the answers?' an experimenter asked. Eighty-four per cent of the peekers lied and said they hadn't peeked. Next they answered some questions about their understanding of truth and lying and the morality of dishonesty. Finally, all the participants were asked to promise to tell the truth in answer to the next question. This was a repeat of the question about whether they'd peeked at the answers. This time just 65 per cent lied - a statistically significant improvement.

Of course this first study doesn't show that the promise to tell the truth was the active

ingredient in reducing lying - perhaps it was the discussion about morality or merely the act of being asked the same question twice.

A second experiment with another forty-one 8 to 16 year olds was identical to the first except the bit about promising to tell the truth was omitted. They still had the morality discussion and they were again asked twice whether they had peeked at the answers. Eighty-two per cent of peekers lied when first asked if they'd peeked. When asked again after the morality questions, 79 per cent still lied - no change in terms of statistical significance.

The lying youngsters in the first experiment who were asked to promise to tell the truth were eight times as likely to switch from lying to truth-telling than were the liars in the second experiment. 'When conducting forensic interviews with child and adolescent witnesses, police officers, social workers, and lawyers could use the honesty-promoting technique of promising to tell the truth,' the researchers said. 'In turn, the likelihood of obtaining truthful statements may increase.'

Evans AD, and Lee K (2010). Promising to tell the truth makes 8- to 16-year-olds more honest. Behavioral sciences and the law PMID: 20878877





THE CRITICAL DO'S AND DON'TS OF NOT FOR PROFIT BOARD RECRUITMENT

BY CHRIS FRANKS

We have all struggled with recruitment and we know that the smaller our organisation the greater our responsibility to get it right. We also know that many more people today are keen to find a board role so identifying the right candidate is even more challenging.

In my experience there are a couple of overarching principles that guide the appointment of directors:

- First, candidate skills and experience must closely match the position requirements without compromise, as your board needs the best new director available.
- Second, is the need to appraise carefully the candidates working style and likely 'fit' with the board team – will they work in a collegiate way and enhance board culture and discussions?

So how to approach this pivotal task with confidence and ensure it is both effective and successful? Here are a few ideas.

The Essential Do's

Be Prepared

Establish a board committee to oversee

the process and take a long-range focus on succession over two to three years.

Undertake an annual board review and look at the terms of each board member and their retirement plans. Evaluate those contributing, asking useful questions, delivering for stakeholders in the boardroom and those underperforming who may need to be replaced.

Review and revise board selection criteria and position descriptions and use an open and transparent process to assess every potential candidate. This includes any known to the current directors. A board composed of 'good mates' may be seen as a clique, or less accountable and therefore less attractive to a new independent director.

Regularly review your board skill matrix and board charter to ensure you are ready to recruit. Don't have them? Draft today!

Find the best candidates

Consider your strategic plan and the board skills and experience that will bring knowledge and value to board deliberation and assist in achieving your goals.

Prepare interview questions to enable you to appraise fit just as you do with a new employee and have key information at hand to inform them of the role.

Consider people already committed and involved with your cause, for example, those serving on committees, major supporters or key volunteers.

Be honest with the candidates

Be open and direct about the opportunities the organisation is pursuing as well as the challenges facing the organisation. There is nothing worse than finding the organisation you were recruited to, bears little similarity to the one you discover at the first board meeting.

Always understand candidate motivations

Endeavour to understand motivations of candidates and their interest in your cause. Why do they want to join your board? What will they bring to the board? What would they like to get from board membership? Are they personally connected to the cause, involved in another organisation, looking for their first board role, or adding to a portfolio of executive roles?

Find out how long they plan to stay with you and their level of commitment – Several terms or only until other roles come along? Are they committed to attend meetings or will other obligations take priority.

Be sure to check for values and culture alignment – how do they believe they will help deliver a positive and constructive board culture?

Always undertake formal reference checks and ideally informal references too. (Informal references usually confirm formal ones but sometimes they may avoid an issue)

The Absolute Don'ts

Don't take shortcuts

Don't forget to prepare!

Don't delegate the task to the chairperson or staff – what they look for may differ significantly from that of a board.

Don't try to rush or compromise on the quality of the candidate. You need the best person possible so 'decide in haste and repent at leisure' as they may be a board member for ten years.

Don't be seduced by someone who offers, as they may not have the team skills, interest or time required. Perhaps they can contribute more as an ambassador or patron.

Don't forget to check for conflicts of interest. Candidates with close relationships to other board members, a supplier, major donor or those who already hold other directorships may find themselves in a position of conflict.

Don't select a candidate on the basis of specific expertise if they have no interest in governance – they are unlikely to stay long or be able to contribute broadly – instead ask these candidates to contribute to a

specific project or advisory group.

Don't mislead

Don't let potential candidates underestimate the complexity of an NFP board role. When compared to a corporate or commercial organisation, NFPs usually involve a higher level of compliance, more challenges in securing revenue, less access to capital and fewer staff with fewer skills and stakeholder expectations on performance are a lot higher.

Don't mislead candidates about the time required to do the role well. Ensure candidates can commit to attend meetings and manage the role with the attention it deserves. If time is an issue consider a committee or ambassador role instead.

Don't raise expectations about appointment until everyone has been interviewed, reference checked and received final board sign off before letting a candidate know the outcome – things can change.

And one last vital step

Have a formal induction program ready when your candidate is selected to smooth their entry into the organisation. Prior to the first board meeting, get them fully briefed on the organisation, its market position and current plans.

www.associations.org.nz

 New Zealand Association
Resource Centre Trust

IS TAX EXEMPTION A PRIVILEGE?

The fact that charities and other Not-For-Profits are exempt from income tax is a bone of contention for some, and is often given as the reason why Not-For-Profits should be publicly accountable. It is considered a special privilege granted to those who want to do good or something useful for another reason than money.

NFPs that run high surpluses and have a lot of cash are therefore eyed with suspicion, and occasionally there are calls for this income to be taxed because it is not being applied for 'good'. Personally, I think that we need legislation to deal with excessive reserves and force such Charities or NFPs to apply them – but taxing this money is still wrong.

A Not-For-Profit is not comparable to a for-profit company. The profits and reserves (equity) of a company sooner or later must end up in the hands of private individuals, because that is the whole point of doing business or investing in them. Company income tax prevents income to make it into the pockets of private individuals tax-free. Company tax is reclaimable by the individual when they receive a share of the company's profit (called 'imputation credits' on dividends).

The surpluses and reserves of charities and tax-exempt Not-For-Profits can never make

it into the hands of private individuals. The only way of distributing money to private individuals for a NFP is through wages/salaries or contracts, all of which are taxed. Picture yourself and a group of friends paying money regularly into a joint bank account to save up for a trip away together. Come 31 March, you've saved up a lot of money, but haven't spent any yet. Nobody would advocate that this 'profit' should be taxed. You're already taxed income would be taxed again because you're not spending it right away. And, unlike company tax, it would not be reclaimable.

NFPs are about collecting money from a variety of sources to put towards a certain project, activity or outcome. 'Surpluses' and 'reserves' are temporary accumulations of money that, by law, cannot ever be income for a private individual. This is not a privilege, it is avoidance of double-taxation, and it's time to put that one to bed.

 Christchurch
Community
Accounting

RESEARCH

NEW RESEARCH RAISES IMPORTANT QUESTIONS ABOUT KIWI KIDS

Superu (formerly the Families Commission) welcomes the release of the latest report from the Growing Up in New Zealand longitudinal study. Chief Executive Clare Ward says the findings from the report called 'Residential Mobility Report 1: Moving House in the first 1000 days' has the potential to change the way the social sector delivers services. The report found that between birth and two years of age, just under half of the children had moved at least once, and over a third had moved twice or more. A small number of children had moved house up to eight times before they turned two. "Moving from house to house over a short period of time means it's harder for service providers such as nurses and other healthcare professionals to keep an accurate record of where young children live," says Ms Ward. "The risk is that some children aren't receiving the help and support they need to grow into healthy kids." The report points to housing tenure as the key reason why households move often. "Families living in private rental accommodation are the most likely to move, and generally they'll move into another private rental," says Ms Ward. "Some families are moving to a bigger or better house but we fear that, in some cases, rising rents may be contributing to this mobility and pushing families into poorer quality homes." Children may also move to different homes due to the break-up of their families or the forming of new relationships by their parent. Children born to European or Māori mothers, a younger mother, living with extended families and in rental accommodation were most likely to move during their early stages of life. "The high level of mobility we are seeing in New Zealand is not seen in similar countries. We have to rethink how we keep track of families with young children," says Ms Ward. More research will be done into the wider impacts that moving frequently has on children and their families.

About Superu: The Social Policy Evaluation and Research Unit (Superu) is the operating name for the Families Commission. Our purpose is to increase the use of evidence by people across the social sector so that they can make better decisions – about funding, policies or services – to improve the lives of families and whānau.

About the Growing Up in New Zealand

longitudinal study: Growing Up in New Zealand is a longitudinal study tracking the development of approximately 7,000 New Zealand children from before birth until they are young adults. The contract for the study is managed by Superu and the research is led by the University of Auckland.

QUAKES DOUBLE NUMBER OF STRESSED, ANXIOUS KIDS - ASHLEIGH STEWART

The number of stressed and anxious children admitted for specialised mental health treatment in Canterbury has almost doubled since the earthquakes. Health officials say years of aftershocks, life disruptions and living in a highly strung environment have taken a toll on the region's children. Demand has skyrocketed since 2013, when the Canterbury District Health Board (CDHB) recorded a 27.7 per cent increase in referrals to its Child and Adolescent Family Service since the quakes. Now, figures show a 90 per cent increase, and a doubling of emergency child mental health cases in the same time frame. Mental health admissions for adults were up 30 per cent, and there was a 37 per cent increase in emergency cases. At last week's CDHB meeting, chief executive David Meates said the board was struggling with how to deal with the influx of mental health patients and the mounting costs. Dr Harith Swadi, CDHB mental health specialist and clinical director of the Child and Adolescent Family Service, said admissions were predominantly related to mood problems, particularly anxiety and depression. Young people were unable to

cope with the daily stress of relationships and education, and young children were presenting developmental problems. "Most of the difficulties are the indirect effects of the earthquakes, which are causing social and personal difficulties for families," Swadi said. An ongoing study of 5-year-olds starting primary school in east and south Christchurch found as many as one in three were exhibiting symptoms of post-traumatic stress disorder (PTSD). University of Canterbury Dr Kathleen Liberty used a pool of 212 children at five primary schools, with roughly half starting school in 2013 and the other half in 2014. She found symptoms in 11.8 per cent of 5-year-olds who started school in 2013, and 29.1 per cent of those who enrolled in 2014. Liberty was able to use an earlier study she conducted in the same area of Christchurch to compare pre-quake PTSD levels. Baseline data taken from this earlier study showed 8.8 per cent of children presenting with high PTSD. "These children have had neural, biophysical changes as a result of dealing with so much stress at such young ages." Preliminary findings from the study suggested there was a high number of "rebound children" though - those who had exhibited PTSD symptoms and were "gradually recovering". "They're very young, they need a long time to recover and they are getting that in schools now," Liberty said. Swadi said there was no sign in mental health demand for children decreasing. "Time is a natural healer and, with support, we expect many children to recover," he said. - *The Press, Feb 2015*





PEOPLE LIKELY TO BE HEALTHIER LIVING NEAR PARKS

University of Canterbury media release: 5/2/2015
New Zealanders who live close to parks or green spaces are less likely to be overweight or suffer from obesity, a University of Canterbury research project has found. The researchers say there is potential benefit in featuring green spaces in health promotions in both urban and deprived areas of New Zealand. The prevalence of adult obesity in New Zealand is high (28 percent in 2011/12) and rising, leading to escalating health care costs, especially for associated conditions such as Type II diabetes. About 11 percent of New Zealand children up to the age of 14 are considered obese. Another 20 percent are overweight and at risk of obesity. University of Canterbury research, headed by Professor Simon Kingham, explored private and public green spaces and people undertaking physical activity. It analysed the activities of 12,500 New Zealanders, including 2500 Aucklanders, and found green spaces influenced their physical and mental health. "Park creation

and planting in existing public spaces may serve as low-cost disease prevention options. Our results also indicate the potential benefit of targeted health promotion in both urban and deprived areas in New Zealand. "We found associations between neighbourhood environmental characteristics, obesity and related behaviours among adult New Zealanders. There is a growing recognition of the potential role of environmental factors in reducing obesity and promoting physical activity and healthy diets. "We found that increased neighbourhood deprivation and decreased access to neighbourhood green spaces were both significantly associated with increased odds of being overweight and / or obese. Increased access to green space was associated with high levels of walking, while decreased access to green space was associated with low levels of walking. There was also a significant trend for low levels of walking to be positively associated with neighbourhood deprivation. Results for adequate fruit and vegetable consumption show rural people meeting recommended levels more than those in cities. Geographic access to supermarkets was better in deprived neighbourhoods than affluent neighbourhoods, but access was not associated with individuals' vegetable intake. This is probably the first study in New Zealand to evaluate the potential role of environmental characteristics in influencing obesity of becoming overweight, adding to evidence from the United States, Australia, Canada and Europe. "The fear of neighbourhood crime has also exhibited a negative impact on mental and physical



well-being in New Zealand and has been shown to reduce residents' walking within the local neighbourhood in Australia and the United Kingdom." Professor Kingham heads the University of Canterbury's spatial GeoHealth Laboratory, which researches in areas such as health geography, spatial epidemiology and geographic information systems. The laboratory has examined issues such as household crowding and infectious disease; monitoring people's health in cities; mental health outcomes following the 2010 and 2011 earthquakes; and travel, transport and health outcomes.

Contact UC Media Consultant Kip Brook for further information (027 503 0168).





Imagining walking through a doorway triggers increased forgetting

We've all had that experience of going purposefully from one room to another, only to get there and forget why we made the journey.

Four years ago, researcher Gabriel Radvansky and his colleagues stripped this effect down, showing that the simple act of passing through a doorway induces forgetting. Now psychologists at Knox College, USA, have taken things further, demonstrating that merely imagining walking through a doorway is enough to trigger increased forgetfulness.

Zachary Lawrence and Daniel Peterson divided 51 students into two groups. One group spent a minute familiarising themselves with a large, furnished room. The other group wandered round the same room, but this one was divided in two by

drapes, with a doorway connecting the two separated areas.

Next the participants were shown an abstract swirly image, and asked to remember it as they closed their eyes and imagined walking from the podium to the piano in the room they'd just experienced. For the second group only, this imagined walk meant passing through the room's doorway (but the walk was the same distance as the other group's). After imagining the walk in the room, both groups had to pick out the image they'd been shown earlier from an array of ten alternatives. The group who'd imagined passing through a doorway performed

worse at the task than the first group who didn't have to go through a doorway.

This result fits with the Event Horizon Model, which explains the forgetting effect of doorways in terms of the fact that we divide our memories into distinct events, that doorways trigger such a division, and that more forgetting occurs across event boundaries than within the same event. The new study shows that this event division effect can occur in our imagination and doesn't require literally seeing a doorway and passing through it.

The first experiment wasn't without issues - for example, the doorway group spent more time imagining their walk than the other group. Lawrence and Peterson conducted a second experiment in which two more groups of students were first exposed to a basic virtual reality room on a computer screen. One group saw a room with a partition and doorway; the other group saw the same room with no partition or doorway. Both groups were asked to imagine making a walk through the scene they'd been shown. This time both groups took the same time to complete their imagined journeys. But again, the group who imagined passing through a doorway performed worse when attempting to remember an abstract image they'd been shown before the imagined walk (roughly 18 per cent worse, which is comparable to the effect found for actually walking through a doorway).

"That walking through a doorway elicits forgetting is surprising because it is such a subtle perceptual feature compared to the rich environment in which it sits," the researchers said, "that simply imagining such a walk yields a similar result is even more surprising, particularly when compared with actually walking through doorways."

The effect of an imagined spatial boundary on forgetting is consistent with a related line of research that's shown forgetting increases after temporal or other boundaries are described in narrative text. It seems real-world influences on your memory also apply in imagined realms, whether they're of your own creation or someone else's.

Lawrence, Z., & Peterson, D. (2014). Mentally walking through doorways causes forgetting: The location updating effect and imagination Memory, 1-9 DOI: 10.1080/09658211.2014.980429

10 COURAGEOUS THINGS YOU CAN DO TO BUILD COMMUNITY

1. TAKE INTEREST IN OTHER PEOPLE'S PASSIONS AS MUCH AS YOU WANT THEM TO BE INTERESTED IN YOURS.

We all have ideas for how life should be but we are unsurpassed geniuses, we only see a small part of the picture. Asking others what they see enhances understanding.

2. BECOME A MENTOR TO OTHERS LESS INVOLVED IN THEIR COMMUNITY.

In every community there is a small, overworked group of leaders who try to figure out everything for everyone. They go to all the meetings and take on huge loads of work while others are silent—until it is time for them to complain. This will not do. If you are such a leader, mentor someone with less experience. If you are not, approach someone and ask them to mentor you.

3. SUPPORT A CAUSE WITH NO DIRECT PERSONAL BENEFIT.

We are involved with things we care about the most. That's natural. My experience tells me, however, that the most interesting and possibly most important discoveries happen in the spaces between interests and disciplines and ideologies. Step outside your natural zone—it's necessary for uncovering new solutions.

4. INVITE "THEM" TO YOUR MEETING.

It is convenient to show our importance by pitting "us" against "them." But "they" may have insights that will help us better understand the problem and appreciate the marvelous tensions that form a healthy community.

5. REJECT THE TENDENCY TO BLAME.

Everyone plays a role in the problem and everyone must participate in the solution. Practice compassion towards those who,

like ourselves, unwittingly contribute to the problem they wish to solve.

6. CONFRONT INTERNAL CONTRADICTIONS.

Claiming that the problem is someone else's doing, conveniently absolves us. If I drive my car to a transportation meeting and complain about traffic jams, it's necessary that I acknowledge my contribution to that traffic. At the very least, acknowledge the irony of the situation.

7. PRACTICE INDUSTRIAL-STRENGTH LISTENING.

Do not react until you've received.

8. RENDER UNTO COMMUNITY.

Shrink your home to what is necessary and conduct the rest of your life in the community. For example, resist a "theatre" room and visit your local theatre instead. Anytime you bump into others you make your community a bit stronger.

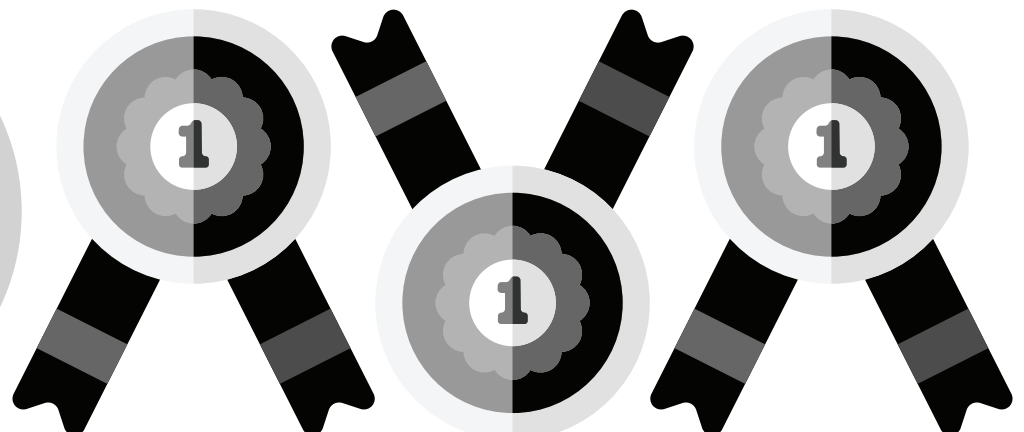
9. CLARIFY YOUR IMAGE OF THE FUTURE.

I find that most decisions we make are shaped by impulses so deeply ingrained we fail to be aware of them. Unexamined impulse is prejudice. Examined impulse, once confirmed, is guidance that leads to something better. Examine your embedded assumptions, embrace the relevant ones, and discard the rest. What remains is a clear intuition, an image of a possible future. Then engage with others to make it a reality.

10. RESIST THE TEMPTATION TO CHOOSE BETWEEN THE IDEAL AND THE REALITY.

Hold them both in your awareness. Learn to enjoy the creativity and humor this tension offers.

MILENKO MATANOVIC



FETAL ALCOHOL SPECTRUM DISORDER

No one's sure how many people are affected by foetal alcohol spectrum disorders, but the consequences for those who are can be devastating.

In a life too often measured by inability, Lola Miers has multiple roles. She is a daughter, sister, friend and mother of a six-year-old. She can cook and keep house, her simple life dictated by the tasks listed on a whiteboard by her stove. She is also a keen spender and master of rote learning. But mostly she is defined by what she cannot do - understand the consequences of her actions, for example, or love more than one person at once - and the explosive episodes that mark many of her days. "I get very overloaded in a short amount of time; if I burn my dinner, I slam it on the ground and then I start crying," she says matter-of-factly from the table in her tidy kitchen. "People look at me and say, 'You're so bright and bubbly. You don't look like you've got anything wrong with you.'"

Lola Miers lives with a foetal alcohol spectrum disorder (FASD), one of a range of incurable but preventable conditions caused by exposure to alcohol in the womb. Born midway through one of her mother's drinking binges, she arrived in the world suffering from alcohol withdrawal. But it was the silent symptoms of her belated FASD diagnosis - the brain damage that led to lifelong learning difficulties, the risky behaviour over which she has no control, her poor memory - that have endured.

At 33, she can rattle off rules without understanding them. Because she is unable to comprehend an abstract concept like responsibility, she is happy for her foster parents to raise her young daughter, whom she almost regards as a little sister. "Mum and Dad take us to the zoo, they have taken us to wildlife parks." And she is so easily overstimulated, by everything from background noise to crowds, that she had been known to walk out of a job just to quiet

her overwhelmed mind. "When there's all these people saying, 'We want this, we want that', it just feels like I am going to have a panic attack. I get quite short of breath, and chest pains, and I feel like everything is going to go 'bang'. I can't sort of relax and hold it together."

She seems to live in an endless teenage loop. But because she is the product of a largely invisible disorder, Lola passes through her adult years, as she did her childhood, behind a "veil of competency", a term her mother Sue has adopted in the decades since she fostered Lola as a baby and realised she was not quite like her other three children.

"My parenting wasn't working with her," says Sue Miers, a warm, capable grandmother who, at 63, still has to parent Lola as if she was an adolescent, making sure she attends appointments and providing her with constant reinforcement. "You tell other children not to touch a hot stove and they don't. Every day I would say 'hot, hot' and she would still go and do it again."

It took weeks before she wouldn't. And that was the same with everything. Eventually she might learn, but it would take weeks and months for her to learn when another child might learn in a week."

Aware of the traumatic circumstances of Lola's delivery, Sue wondered if her birth mother's drinking might have contributed to her ongoing difficulties. Lola did not socialise, became keenly upset if Sue varied her daily routine by, say, stopping at the shops on the way home from school, and always seemed to be in trouble. "She spent most of her very early primary school years sitting on the bench at recess time, to think about her behaviour."

But it wasn't until Lola was seven that Sue read about FASD. "And it just hit me in the face - not understanding cause and effect, having trouble with friendships at school, getting into trouble all the time - but I didn't think she was doing it on purpose." It would be another decade before Lola was diagnosed.

The term Fetal Alcohol Spectrum Disorder describes the range of effects that can occur in infants, children, youth or adults exposed to alcohol while in the womb. You might also hear phrases like pre-natal exposure to

alcohol, exposure to alcohol before birth or hear FASD described as occurring when a mother drinks while pregnant.

When a woman drinks alcohol while pregnant, her fetus is exposed directly to alcohol through her bloodstream. Alcohol can interfere with growth and development of all fetal body systems. The developing brain and central nervous system (CNS) are especially at risk to the harms of alcohol. In addition, because the brain and CNS develop during the entire nine months of pregnancy, the harm can happen over an extended time.

FASD is called a spectrum disorder because of the different effects and the different diagnoses within the spectrum.

These diagnoses include mild to severe disabilities. The disabilities can be a mix of cognitive (thinking), behavioural (actions), physical (body or health) or sensory (vision, touch, hearing) disabilities. Disabilities caused by direct exposure to alcohol in the womb are called primary disabilities. They are present from birth, permanent and are different for everyone.

FASD IS A LIFELONG DISABILITY

FASD is a disability that lasts through the entire lifespan. The primary disabilities linked with FASD are permanent. The damage caused to the brain does not lessen or improve, even as the person gets older. However, their behaviour may change with support, effective strategies and improved understanding.

FASD IS MOSTLY INVISIBLE

Some primary disabilities like facial characteristics, poor growth or obvious changes in brain functioning are visible in people affected by FASD. For most individuals, FASD is a disability that is hidden from others. At birth and throughout life it is often hard to see the range of permanent impairments caused by prenatal alcohol exposure.

Because we cannot see the physical changes to the brain or the changes in brain functioning, FASD is called an invisible disability. What is most problematic is that the invisibility of FASD creates a barrier to acceptance and understanding. As a result, children, youth and adults with FASD do not get the support they need.

FASD IS A BRAIN-BASED DISABILITY WITH BEHAVIOURAL SYMPTOMS

Even though alcohol can permanently damage the developing cells of every body system, the human brain is the organ most sensitive to the effects of alcohol exposure. Much of the injury linked with FASD occurs in the central nervous system which is comprised of the brain and spinal cord. Keep in mind that the brain develops throughout the entire pregnancy and is vulnerable to ongoing damage. The resulting physical changes and changes in brain functioning make FASD a brain-based physical disability. While we cannot see the physical changes to the structure, size or appearance of the brain we can see the permanent changes in behaviour. This wide assortment of behavioural signs and symptoms serves as evidence of prenatal alcohol exposure and is sometimes referred to as the neurobehavioural characteristics of FASD.

PRIMARY DISABILITIES

Living with FASD is about more than a diagnosis. It is also about living with strengths and struggles. It is about living with a disability. Primary disabilities are those disabilities caused directly by prenatal alcohol exposure. No two individuals experience the primary cognitive, behavioural, physical or sensory disabilities in the same way.

The common primary disabilities linked with FASD include:

- Cognitive Disabilities (thinking or learning)
- Behavioural Disabilities (actions)
- Physical Disabilities (body and health)
- Sensory Disabilities (information from senses)

Each individual with FASD is born with a unique set of primary disabilities and characteristics. However, there are some common disabilities and those disabilities are described below.

COGNITIVE DISABILITIES

Cognitive functioning refers to intellectual processes and mental tasks. We use many cognitive processes every day. For example, every day you likely take in, store, find and use information. You also learn from experiences and predict outcomes based on experiences, you pay attention to the world around you, make decisions and solve

problems. Each day you will use many more cognitive processes but from these examples you can see how important cognitive abilities are to our successful functioning.

Here are some examples of what impaired cognitive functioning might look like in everyday life for a person with FASD:

- Slower cognitive pace - needs extra time to process information
- Slower auditory (hearing) processing - understanding verbal information takes longer, responses may seem out of context or off topic
- Difficulty with prioritizing, organizing, reasoning, planning, initiating and following through, may start but not finish, set goals but not know how to achieve goals
- Trouble with abstract thinking - problems with math, time, money, emotions, etc.
- Problems generalizing - what is learned in one setting is not readily transferred to another
- Difficulty with memory - forgetful, loses items, repeats the same mistake
- Poor judgement - impaired decision making, inability to differentiate between safety and danger, trouble knowing what is important or not important, trouble with predicting outcomes
- Trouble with problem solving, making choices or making decisions - cannot think of possibilities or an alternative other than what is happening right then
- Confabulation and untruths - filling in the blanks and storytelling that might be perceived as lies, not understanding the difference between truth and fiction
- Inconsistency—varying learning abilities, personal changes from day to day
- Communication problems - speech and language problems, can repeat rules but does not understand what the rule requires, inaccurate or not logical responses to questions

BEHAVIOURAL DISABILITIES

Humans have many behaviours all controlled by brain functions. Much of our behaviour is linked to social and emotional development. Because our brain controls our behaviour it makes sense that a damaged brain creates disordered behaviours. Some examples of behavioural disabilities experienced by children, youth or adults with FASD are:

- Problems getting along with others
- Impaired ability to read social cues - cannot detect subtle, or even obvious, social cues and thus have disordered responses

- Impulsive actions and poor ability to delay gratification - lives in the moment and wants immediate results
- Grandiose aspirations and expectations - impaired understanding of what is possible or realistic
- Lack of inhibitions - may be overly friendly or too direct in approaching others
- Poor understanding and use of personal boundaries and personal space
- Struggles with regulating emotions - unpredictable mood swings, anger, explosiveness, violence possibly triggered by seemingly minor events
- Blaming others and defiance - struggles to see link between own actions and what has happened
- Impaired ability to recognize a range of emotions or articulate emotions so they may appear to be emotionless or have a flat affect
- Poor ability to express empathy - differences in bonding and attachment
- Perseveration - which is getting stuck on an issue, idea or place; extreme focus; rigid and inflexible behaviour patterns
- Being easily influenced, overly trusting, naive and gullible
- Dysmaturity (acting socially, emotionally and cognitively younger than one's chronological age)
- Vulnerable to peer pressure and influence - easily led by others
- Sleep problems and fatigue - seems to sleep too much or not enough, lacking an internal clock, disordered sense of time
- Being over active - inability to self-calm or regulate energy levels
- Easily overwhelmed and may shut down entirely as a response
- Change and transitions in activities or plans are hard - may seem confused or react badly to changes in routine

PHYSICAL DISABILITIES

From conception until death, each human physically develops and changes. Physical development includes growth of body size (height and weight) growth of body organs and body systems (sensory or skeletal) and changes in motor development.

While many people with FASD have physical symptoms not all individuals with FASD have physical signs, symptoms or medical issues. Some physical symptoms are listed below.

- Delayed motor development - slow to meet developmental milestones

- Problems with fine and gross motor skills - especially noticeable as children reach school age and begin classroom activities with their peer
- Poor hand/eye coordination
- Poor balance or coordination - appears clumsy or awkward
- Lower height or weight
- Distinct facial features
- Hearing impairments and auditory processing problems
- Poorer functioning or poorly developed body systems including skeletal, muscular, renal, circulatory, etc. This can lead to further physical health problems

SENSORY DISABILITIES

The sensory system is an important body system. Sensory organs develop in the womb and continue to develop throughout childhood. The human sensory system allows us to take in information about where we are in the world and what is going on around us. Our brains receive information from each sense. This gives us the ability to taste, smell, touch, hear, see, know our body position (called proprioception) and perceive movement sensations (called vestibular input) (Better Endings, 2009). Sensory impairments in individuals with FASD are often noticed during infancy and continue throughout the lifespan.

Taking in and knowing the meaning of this range of sensory information is sensory processing. The senses take in enormous amounts of information. We function best when all the senses work together. This process is called sensory integration (Better Endings, 2009).

Sensory processing and sensory integration help with successful functioning, responding and making sense of the world. With the presence of a brain injury resulting from exposure to alcohol in the womb, individuals may experience a variety of sensory issues and sometimes are diagnosed with a sensory integration disorder. Disordered sensory processing and integration can create difficulties for individuals with FASD and can impair learning, physical functioning and behavioural development (Better Endings, 2009).

SOME COMMON STRENGTHS FOR PEOPLE WITH FASD:

- Highly verbal, friendly, cheerful and affectionate
- Natural kindness with children and

- animals
- Fair and cooperative nature
- Caring, kind, concerned, sensitive, loyal, faithful
- Creativity, especially in art and music
- Manual and mechanical skills, good with repetitive activities such as cooking and construction
- Determined, committed, persistent and helpful
- Spontaneous, curious, and involved
- Problem solve with support

8 MAGIC KEYS TO SUPPORTING INDIVIDUALS WITH FASD

While there is no recommended cookbook approach to working with individuals with FASD there are strategies that work, based on the following guidelines:

Concrete – Individuals with FASD do well when people talk in concrete terms; do not use words with double meanings, or idioms. Because their social-emotional understanding is far below their chronological age, it helps to think younger when providing assistance and giving instructions.

Consistency – Because of the difficulty individuals with FASD experience trying to generalize learning from one situation to another, they do best in an environment with few changes. This includes language. For example, teachers and parents can coordinate with each other to use the same words for key phrases and oral directions.

Repetition – Individuals with FASD have chronic short-term memory problems; they forget things they want to remember as well as information that has been learned and retained for a period of time. In order for something to make it to longterm memory, it may simply need to be re-taught and re-taught again.

Routine – Stable routines that don't change from day to day will make it easier for individuals with FASD to know what to expect next and decrease their anxiety, enabling them to learn.

Simplicity – Remember to Keep it Short and Sweet (KISS method). Individuals with FASD are easily over-stimulated, leading to shutdown at which point no more information can be assimilated. Therefore, a simple environment is the foundation for an effective school program.

Specific – Say exactly what you mean. Remember that individuals with FASD have difficulty with abstractions, generalization, and not being able to fill in the blanks when

given a direction. Tell them step by step what to do, developing appropriate habit patterns.

Structure – Structure is the “glue” that makes the world make sense for an individual with FASD. If this glue is taken away, the walls fall down! An individual with an FASD achieves and is successful because their world provides the appropriate structure as permanent foundation.

Supervision – Because of their cognitive challenges, individuals with FASD bring a naïveté to daily life situations. They need constant supervision, as with much younger children, to develop habit patterns of appropriate behaviour.

NOT WORKING? WHEN A SITUATION WITH AN INDIVIDUAL WITH FASD IS CONFUSING AND THE INTERVENTION IS NOT WORKING, THEN: STOP ACTION! OBSERVE. LISTEN CAREFULLY TO FIND OUT WHERE HE OR SHE IS STUCK. ASK: WHAT IS HARD? WHAT WOULD HELP?

www.skfasnetwork.ca/main

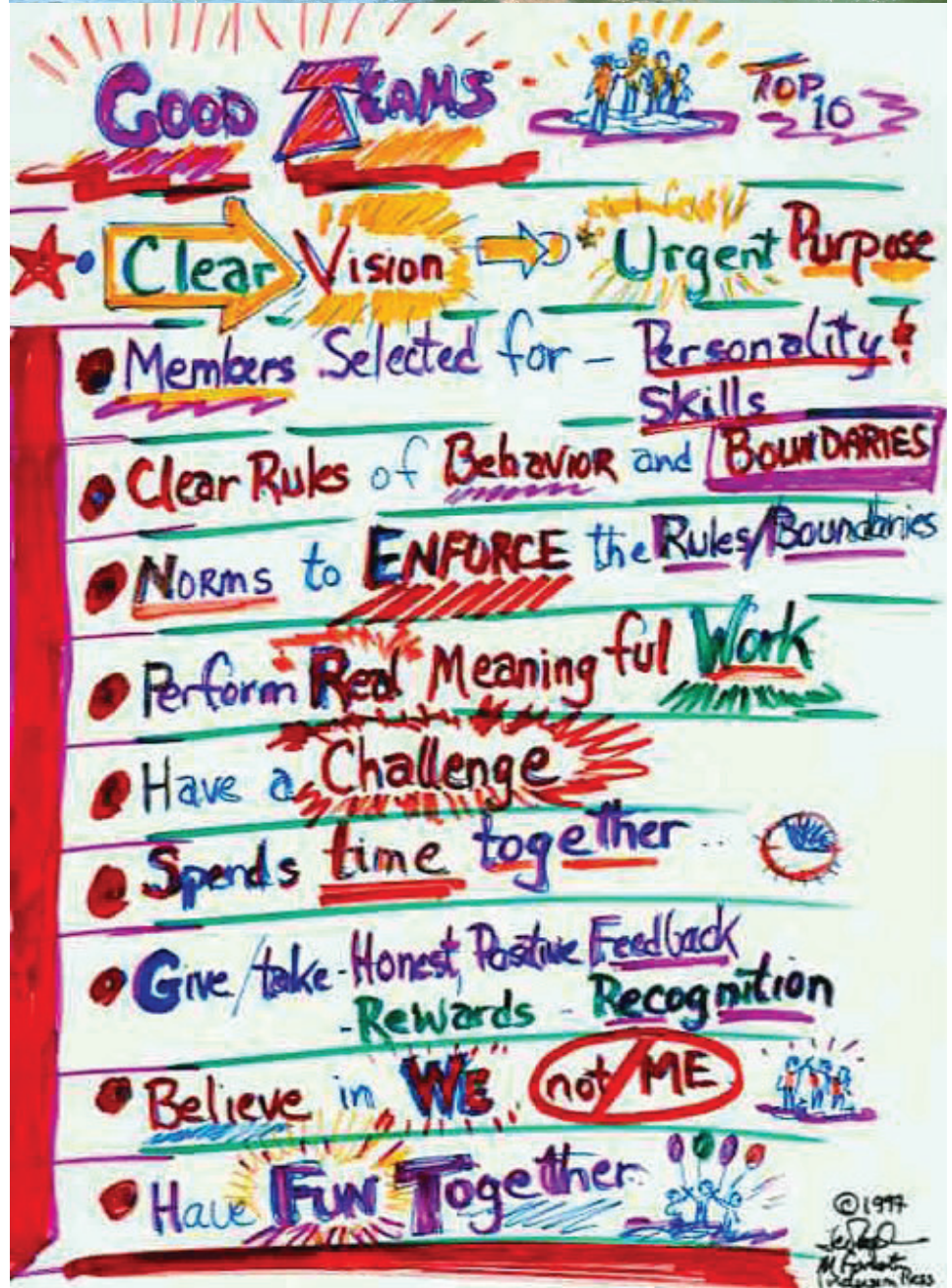
I HAVE A
SISTER

Blair Donkin.

By our 15 year old for her school speech.

I have a sister. She's 10yrs old and in society's view she is the perfect child; Intelligent, articulate, musical, arty, social, friendly, generous and pretty.... But she has another side to her, one that only the people who know her are exposed to, and it's a side which she has absolutely no control over, no matter how hard she may try, and no matter how many times she is corrected, her brain is wired to tell her differently. She is impulsive, stubborn, easily distracted, she struggles to recognise the consequence of her behaviour or take responsibility for it, she battles to delay gratification and is in able to empathize with others. Living with my sister can be immensely frustrating and plain hard work. She has the potential to become a teen parent, to clash with the law and she may struggle to keep a job, all because her birth mother chose to drink alcohol while pregnant. So what is this disability that has made itself right at home

in my family and is 'dictating my sisters' actions? - it is FASD, Fetal Alcohol Spectrum Disorders. FASD is a name which covers a range of more specific disorders; all of them caused by women drinking while pregnant - it doesn't matter if it is spirits, wine or beer, it's all the same to an unborn baby. While my sisters mum was chucking down the alcohol, the toxin was flowing from her blood stream, through the placenta and into the fetus. Not only was my sister drinking the same amount of alcohol as her mother but instead of leaving her with a slight hangover, the alcohol set about destroying the neurons in her brain and hindering my sister from having the best start to life possible. The UN states that a child has the right to grow up physically and spiritually in a healthy and normal way, but how can they do that if we drink alcohol during pregnancy? I've come to realize that our society doesn't understand the consequences of drinking alcohol while pregnant. We just live in the moment and we don't realize that a child has the potential to not only have neurological complications but they could also end up with physical, social and learning problems... from potentially one glass of alcohol. This alcohol isn't just going to affect the child but the whole community; family, friends, school, and maybe even the courts! Did you know that 60% of children with FASD in NZ land up in trouble with the law! 90% have another mental health problem such as depression and ADHD, 45% have trouble with drugs and alcohol and 50% end up involved in inappropriate sexual behaviour. These stats are so shockingly high because the connections within these children's brains are wired in such a way that they don't see the consequence of their behaviour and so they can easily succumb to peer pressure just so they feel like they can fit into society. But it needn't be this way. Living with a sister who has FASD hammers home that this is a lifelong disability - it can't be cured. But FASD is completely preventable, there is one simple solution - don't drink alcohol while pregnant. This isn't just about the impact FASD has on my sister and her future, but we are the ones creating and raising the future generation, we are the ones that have a choice, the choice to heed the rights of a child and to make their best interest our priority. We have the power to change a nation. Remember : what we drink our unborn child drinks too.



OSCAR NETWORK TRAINING AND EVENT CALENDAR TERM 2 2015

EVENT/TRAINING	DATE	TIME & PLACE	COST (GST INCLUDED)
Networking Meeting	Wednesday 6 May	10am - 12 noon St Marks Cnr Vincent Place & Opawa Rd	FREE
Child Protection	Thursday 14 May	10am – 12.30pm OR 6.00 – 8.30pm St Marks Cnr Vincent Place & Opawa Rd	\$35 members Light refreshment provided for pm session
Full & Refresher First Aid MediTrain CYF approved	Saturday 16 May	Full: 8.30am - 4.30pm Refresher 8.30am - 12.30pm St Columbus Parish Centre 452 Main South Rd, Hornby	Full: \$175 Refresher: \$98
Morning Session • Child Development • Programme Planning • It's a Wonderful Life Afternoon Session • Supporting Children Through Trauma • Health & Safety	Saturday 23 May	Morning: 9.30am - 11.30am Afternoon 12pm - 2pm St Marks Cnr Vincent Place & Opawa Rd	Full Session: \$60 members \$120 non-members One Session: \$35 members \$90 non-members Lunch Provided

OSCAR NETWORK ANNUAL GENERAL MEETING

Tuesday 23rd June 2015 11am – 12 noon All welcome – light refreshments served

Other Dates for the 2015 Full and Refresher MediTrain CYF approved First Aid Courses are:

Full & Refresher First Aid MediTrain CYF approved	Saturday 15 August 7 Nov	Full: 8.30am - 4.30pm Refresher 8.30am - 12.30pm St Columbus Parish Centre 452 Main South Rd, Hornby	Full: \$175 Refresher: \$98
---	--------------------------------	---	--------------------------------

For TRAINING UPDATES check <http://www.oscarnetwork.org.nz/TraininEvents.html>

