

Thinking About ADHD

If you do a Google search for ADHD you get over two billion hits. There's a seemingly endless number of books, magazines, websites, organizations, podcasts, all talking about ADHD. At one point I used to say there are more ADHD books than there are cookbooks. All this information provides different perspectives with different biases and different recommendations. It can be overwhelming. Understandably, we all want to do our own research to learn more about this topic.

While doing your own research is an important element of the learning process, you have to proceed cautiously. When we do our own research, we tend to accept information that confirms our bias, any bias we might have, whether it's about medication, or whether it's about if counseling would be useful. When we think we are more informed we are actually more confident in what we know than we really should be. In fact, over 50% of people think they are above average in intelligence, and we know that can't be. There are many good books and other information sources. We don't have time to read them all.

I think it's important that we gather information from credible sources, not another parent of an ADHD child or even a clinician who has an ADHD family member as the basis for making recommendations to you. I'm going to suggest that you read peer-reviewed journals, well authored books, people who have been known to provide contributions to the literature. We have a very extensive bibliography that gives you good sources of information. Again, do your own research carefully, and as you do that research, talk with your clinicians, your child's team, to see what they think about what you have read.

I also want to talk about the perspective that's guided my work with children with ADHD for over forty years. I view ADHD as a biologically based weakness that affects a child's ability to direct and sustain their attention and control their impulses and activity level. It's an issue of attention and self-control. Although there are certainly biological markers and brain differences that are beginning to be identified in some children in ADHD, I don't think it's helpful to talk about ADHD like it's an illness that you have and something that you are.

Unlike a medical condition such as cystic fibrosis, for example, ADHD is a condition of degree. A child with ADHD weaknesses and attention in self-control has weaknesses that we see in other children but it has a greater relative impact on daily routines or responsibilities, academic progress, socialization, extracurricular activities. With some children the characteristics are clear and severe. With others, less so. With this perspective in mind, almost all the concepts and strategies offered in this class will be applicable to virtually any child who wants to improve their attention or self-control.

I often wonder the degree to which ADHD reflects a mismatch between the needs of our children and our expectations of them. This emphasis on national standards for public education with a college prep focus does not fit all children. Children with skillsets that are outside the norm, outside our expectations, are often considered as failures. The increasing pressure we place on our young children to conform to the behavioral and task expectations of school, sports, home, I think is contributing to some of their difficulties. It may be more a societal failure than a "child failure."

It might be the case that children are struggling because expectations for self-control are too high for children who spend their entire day in structured schools, structured daycare, organized sports. Not everything we talk about is a function of ADHD.

I know that a formal diagnosis is often part of the education and treatment process. Physicians, understandably, require a diagnosis before giving medication therapy. Insurance companies won't cover the services without a diagnosis. More and more, school districts are expecting or hoping that a clinician will provide a diagnosis so they can implement a formal education plan. In my experience, this can lead to an overdiagnosis of ADHD. It seems like a simple matter of providing a diagnosis so someone can get a 504 plan. Providing one so that the insurance will cover the sessions or even trying a medicine to see if it helps. I think that's a mistake.

We need to be careful about how we apply these diagnoses, particularly if we share them with the children or with other adults, teachers, coaches, etc. I'm less interested in the clinical diagnosis and more focused on our approach moving forward.

If we are not careful, an ADHD diagnosis can wrongfully stereotype children and give them an unhealthy sense of who they are. Remember that not all ADHD children are the same and they shouldn't be viewed as such. I just spoke with someone today about the fact that ADHD children are supposedly not good at team sports. It makes no sense. There are characteristics of ADHD that might impact team sports, but you can't define a child on the basis of ADHD and then say, "We shouldn't pursue team sports."

If we're not careful, and we use ADHD to filter our understanding, we're going to miss some other important issues. Learning issues, language issues, motor skill factors. There are many other things that go into an understanding of a child and an overemphasis on ADHD gets in the way of understanding a child's strengths and weaknesses. When I talk with parents, I often use the following analogy of color. Even when it is clear that the color is red, we have to remember that there are different intensities of red. There's crimson red, bright red, different variations of red. We also must remember that there are other primary colors, other factors that might go into this. You might have red and yellow making orange, red and blue making purple. Purple, orange, pink, they are not all red. You can't call all these children ADHD and simply forget the fact or ignore the fact that there are other factors impacting their learning and behavior. A process that puts everything into one category because that's the eligibility orientation of a school, or the diagnostic criteria of an insurance company will, I think, misguide us. Although I know that ADHD is associated with many, many risk factors, all you must do is pick up one of the more popular books and you can read about them, I have a very optimistic view about the long-term success of most of the children I work with. A review of the literature does say that ADHD children are at risk for school struggles, relationship issues, health problems, income insecurity, there's all sorts of risk factors.

I believe that if we coach children, we build skills, we match their passions and strengths to their path, most of the kids I work with will be very successful. Please remember that our understanding of ADHD has improved over time. If we look at how ADHD children of 1980 are doing today, I'm not sure that's an apt comparison. The apt comparison is how have improved what we're doing today, which will give us optimism for the future.

One of the biggest changes that's occurred over the last forty years is our awareness of how central attention factors are in our understanding of ADHD. There are far more attention elements in our diagnostic criteria for example than there were before 1980. Their term 'attention' was not even a central aspect of attention deficit hyperactivity disorder until then. While hyperactive impulsive children are arguably struggling more when they are young, than children with primary attention issues, it is the attention element that impacts more long-term.

There is an increasing awareness that maturational factors are part of ADHD, and I believe those maturational factors impact self-control more than they impact attention. But either way, we must be patient and give these attention and self-control factor skills time to mature. There are hyperactive children with far fewer attention elements, but almost all of them struggle with some aspect of task attention. I believe that the emphasis of this class on the attention elements, with some acknowledgement of the behavior struggles, is the best way to go.

The most important element in working with ADHD children and their families is building a wholistic approach. We want to build a team. That team includes the parents, extended family, educators, clinicians, coaches. The people that are central to a child's life. Building a good team is the foundation for success.

It functions better with a clear communication process. Often what happens is the physician doesn't really know what's going on at school, the parent doesn't really know what the teacher's working on, the coach doesn't have a sense of the child's strengths and weaknesses. Communication between team members is key. We're working as partners. As I've mentioned, education is key. There are many books that provide a solid foundation, and again we've listed, books, websites, podcasts, that will give you very useful information. Remember, though, that a lot of what is provided in books is redundant, incorrect, or overwhelming. It's not easy to read a book and know how to help a child with attention and self-control. Don't put pressure on yourselves to read a book and go, "Oh I'm going to do everything that's in that book." What happens if you read too much and put too much on your plate, you don't follow through. We must take information from these materials, take a small bite, like building a habit, work on that simple goal, and move on from there.

I believe, for example, that one element of an EIP or a 504 plan should include the education of the teachers, trainings, in-services, so they become as aware as knowledgeable as they can be as they are working with your son or daughter.

As you might expect, parent training and child coaching is extremely important.

There are many clinicians who say they work with ADHD children, but they really don't have the background and experience to do so. Make sure that their knowledge and style fits your child's needs. Some clinicians, some clinics, some books, some websites, have things to sell. Be careful about spending money on products that haven't been clinically tested, that don't have field trials associated with them to establish their efficacy. More is not necessarily better. When you're working with a clinician, get a sense of what you can expect. How many sessions they are looking for, how rapidly you might expect some change, whether they are open to feedback, whether they are the kind of clinician who will talk through the nature of their recommendations and what they're thinking.

The clinicians and educators need to give you things you can work on at home. If you can't support their efforts through practice and discussion at home, you're not going to make enough progress. If you're having concerns about the fit of your clinician, check with your primary care doctor, check with the prescriber, and they will offer you a different resource. Remember, even the best clinicians are not right for everyone.

Additional therapies and supports can indeed be helpful. Because there are greater concerns about learning issues in children with ADHD, special education or private tutoring can be an important adjunct therapy. Counseling can be very helpful if your child has anger issues, anxiety ailments, adjustment factors

that go beyond the coaching that you might get regarding attention and self-control. Biofeedback and neurofeedback offer some promise. I would consider those options, but I would consider them very carefully. I would be very careful about considering alternative treatments. If you have any questions about an alternative treatment, I would highly recommend that you check with your primary care doctor or the clinician you are working with before you embark on any other type of plan. At the very least, the doctor needs to know about that and know that you're using supplements, for example, as they are considering medication therapy.

One of the most critical elements of our plan is school collaboration. I've made reference to this. School/home communication is critical. We need information about how the child is doing in school, so we know how to support the teacher's efforts. Schools need to know what you're working on at home so they can develop more effective plans in the classroom. If you can identify what concepts are getting traction at home, the school team can consider how they can apply those concepts to the educational setting. More and more schools are developing formal education plans. As you know they are referred to as 504 plans, which could have elements of what you are doing at home We will be discussing 504 plans and their associated accommodations at greater length in a different module. In some instances, special education services are warranted and that's when the school will initiate an individualized education plan. I've probably talked already about how I think about ADHD. Remember, how I think about ADHD is important because it guides how I approach the children. I'm not so concerned that every single consideration is technically correct, it's just, does it work for the kids I'm trying to help.

One of the things I want to wrap up with is this notion of medication therapy. It's important to recognize that medication therapy can be helpful if managed carefully by an experienced clinician and an involved prescriber. In another module we talk about many of the elements that are involved in considering medication. In my view there is arguably no more effective and robust option for children whose attention and self-control weaknesses are dramatically impacting their lives. At the same time, please remember that these pills do not teach skills, they are not simple to use. Children have very strong attitudes as they grow older about using medication. It's not as simple as one might seem. We need to be very careful and do more than medication therapy alone. If you do decide to try medication, be open to the process. It will take some time to figure out what's the right choice, what's the right dose, are there unwanted side effects. This is not something that is all or none, yes or no. It takes some time to figure it out.