

**This paper will explain what AD/HD is and the numerous ways it can affect children.**

**AD/HD is considered a *developmental delay* in the maturation of the prefrontal cortex. This developmental delay adversely affects the brain's ability to transmit neurotransmitters which control attention, concentration and impulsivity. Most parents are more familiar with developmental delays such as speech delays and delays in physical growth or coordination.**

**AD/HD has nothing to do with IQ, intelligence, or the child's character. It's as if the brain lacks an adequate CEO or orchestra conductor to direct the brain's functioning. Several highly successful people such as Albert Einstein, Thomas Edison, and Steve Jobs are believed to have had AD/HD. Einstein had trouble with subjects that did not interest or stimulate him. Edison had difficulties that prompted a teacher to write that he was**

**“addled,” meaning to be confused or not able to think clearly. Steve Jobs alienated many people due to his emotional impulsivity, i.e., controlling his emotions.**

**Half of kids with AD/HD develop an oppositional defiant syndrome. It happens because they are frequently having home and school problems due to impulsivity, poor focus, impaired concentration and short term memory problems. They experience the countless corrections as criticism and become overly frustrated.**

**Eventually, they develop a negative, hostile, and defeatist attitude toward authority figures and school. In most cases, the child avoids school work, homework, and studying. They often lie to accomplish this. Some kids even refuse to go to school and/or fake illnesses to stay home.**

**Many AD/HD kids need high stimulation because they are easily bored. These kids can**

**attend endlessly to video games which are highly exciting and pleasurable. They also obtain high stimulation by challenging rules and norms. AD/HD kids act impulsively and are not able to adequately judge the appropriateness or the consequences of their actions.**

**AD/HD kids often have poor social skills as a result of poor judgement and impulsiveness. They often feel different from other kids, especially the more popular ones. AD/HD kids often try to compensate by being the “class clown” or other inappropriate attention seeking behaviors.**

**I find that AD/HD kids can develop anxiety, low self-esteem and hypersensitivity to frustration and perceived errors/failures. This sense of apprehension and self-criticalness can wreak havoc with their family and social lives.**

**Some AD/HD kids when diagnosed are considered purely *Inattentive* AD/HD.... as**

**opposed to the “*Hyperactive-Impulsive type*”. Inattentive AD/HD kids are sometimes referred to as the “space cadet” or “daydreamer.” They may also be shy and/or anxious which makes it hard for them to successfully interact with peers.**

**Medication can be helpful in terms of school achievement as well as behavior. The American Medical Association recommends both medication and behavior therapy in conjunction as the optimal treatment for children with Inattentive and/or Hyperactive-Impulsive AD/HD. Some AD/HD kids cannot benefit from therapy unless they are properly medicated; so they can learn better and control their impulses.**

**Another thing to consider are the psychological effects of having AD/HD. If AD/HD symptoms are allowed to progress the child is often rejected by peers, teachers, and other parents. This can result in the child not**

**being accepted socially (e.g., bullying, no play dates or birthday party invitations etc.)**

**The above interacts to seriously harm the child's self-perception. The AD/HD child starts to say things like "I'm bad...I'm stupid....Nobody likes me." Self-esteem crumbles and the child is most comfortable with problematic peers who accept him or her. Statistics indicate that this pattern can lead to heightened risk for apathy, anxiety, and school failure.**

**Medicating your child is entirely up to you. My focus is cognitive-behavioral therapy: to motivate and help your child develop a positive attitude, increased empathy, and techniques to compensate for the AD/HD symptoms.**

**One of my most important roles is to counsel parents in deciding if medication is an appropriate treatment for their child. A recent book, AD/HD Nation by Alan Schwarz details how there is often a rush to judgement by**

**doctors, therapists, school districts, etc. to diagnose and medicate children for AD/HD. My goal is to help your child without medication. Sometimes medication is necessary at least for the immediate future. Therapy can work to lessen your child's need for medication.**

**Parents often put off coming to therapy until the situation is intolerable. Then when therapy does not immediately help and/or the school is pressuring the parent (with constant notes, emails, and phone calls) the parent asks me for urgent help.**

**Unfortunately, there is no quick fix; not even medication. I often need to help the parent realize that the best way to help the child is to allow the therapy to proceed or possibly increase its frequency until things improve. On the other hand, there are some extra-therapeutic approaches that are worth considering.**

**One idea is to put the child in highly stimulating activities they love such as karate, gymnastics, dancing, acting, sports, etc. as they can be highly stimulating. However, these activities may not be successful if the child experiences them as too demanding.**

**Another idea is to give the child supplements like DHEA, Fish Oil, Zinc etc. and/or restrict diet to no sugars, no gluten, no processed foods, etc. However, these approaches often have minimal results unless combined with other modalities such as therapy, tutoring, parenting strategies, etc.**

**Tutoring from specialized tutors who use visually based methods (such as the Orton-Gillingham approach) to teach reading and writing can be very effective for AD/HD children. Unfortunately, there are not many such tutors around. Ms. Ellen Callahan sees clients in her home in Somerset, NJ. Her telephone is (732) 718-5833. If Ms. Callahan is**

**too far from you, she will refer you to an Orton-Gillingham tutor in your area. The only Orton-Gillingham tutor in Staten Island (that I know of) is Ms. Nicole Profeta Tel. (718) 208 0235. She sees clients in her home which is close to my office.**

**Still another avenue is to go for expensive options like biofeedback, “brain training,” or holistic medicine. My experience after specializing with children for 20 years is that these treatments are often disappointing. Medical research has yet to show that any of these avenues are effective or proven. Many insurance companies will not cover them for this reason.**

**Another approach that is worthwhile is “mindfulness.” There is an emerging body of research that indicates mindfulness can help children improve their ability to pay attention, to calm down when they are upset and to make better decisions. This is a technique that**



**I employ a great deal in the therapy I do with your child.**

**Mindfulness is a practice which helps to develop and improve one's ability to focus attention. Attention is best developed by becoming fully aware of what is happening at the present moment. Applying concentrated attention on what is occurring allows the child to "slow down" their thoughts, impulses, and emotions.**

**This in turn allows the child to experience "calm." When calm it is easier to see if what is happening is realistic. A key component is for the child and the parent to go through this process "without judgment."**

**An illustration of this would be if you find out your child received an assignment to read a book and hand in a book report in one week. Most parents think they are being helpful by "reminding" the child frequently over the days preceding the deadline. Invariably the child**

**tunes out the parent as the child feels “nagged” and resentful. The parent may react to this by being angry and critical.**

**A mindfulness approach would be that the parent sets aside time in a quiet place to focus the child on the task itself (i.e. not actually doing it). The parent then directs the child to screen out all competing thoughts or stimuli.**

**Next the parent asks the child to “imagine” doing the assignment and describing what that would entail or “look like.” Then the child is directed to focus on how realistic their “plan” seems.**

**Invariably the child’s plan will start with a vague notion of reading the book and writing the report without a real schedule. The parent would help the child improve the plan by using mindfulness and focused attention. A real plan would lay out realistic time frames that build in back up strategies for the unexpected distractions that will occur over that week.**

**It is often necessary with AD/HD children and adolescents to accompany this exercise with an “intention.” Many parents complain that their child has little motivation to perform required school work. This actually means the child has too little intention to actually do it. Developing an intention requires helping the child develop a mental concept that is desirable to the child like the parent’s admiration, praise, validation, recognition, etc.**

**The therapy approach I use helps children develop intention and in turn motivation to perform. I can give a parent a Child and Adolescent Mindfulness Measure (CAMM) Inventory to gauge a child’s degree of mindfulness. Parents can find helpful mindfulness materials online.**

**Whenever there is a possibility of a child having AD/HD it is wise to get a neurological exam. JFK Medical Center in Edison, NJ (732) 321-7010 is a good place to get a neurological**

**exam. Such an exam is necessary to confirm diagnosis and rule out any underlying neurological issues that may be causing or exacerbating the AD/HD symptoms. JFK's neurological department has an excellent reputation and staff and takes most insurance plans.**

**Staten Island University Hospital (718) 226-1470 is another good place that takes most insurance plans and is more convenient for Staten Island clients. I have heard positive things about a child neurology group on Seaview Avenue in Staten Island. The telephone number is (718) 683-3766. Expect to wait at least several weeks for an appointment at all of the above referral sources.**

**I also strongly urge you to read up on AD/HD. The current research and understanding of AD/HD and how it adversely affects children is explained in a book by Thomas E. Brown, Ph.D. of Yale University. It is available**

**on Amazon and is titled, *A New Understanding of AD/HD in Children and Adults: Executive Function Impairments (2013)*. Dr. Brown is the Associate Director of the Yale Clinic for Attention and Related Disorders. I took a seminar with him and was quite impressed with his knowledge and practical advice. Another book that can be purchased on amazon.com is *The Shutdown Learner by Dr. Richard Selznick (2016)*. This is the best book I have seen that describes how some kids are visual-spatial learners as opposed to language based learners. Visual-spatial learners are at a huge disadvantage in our typically language based school systems.**

**Please let me know your thoughts about all this information and if it is helpful.**

**Best,**

***Dr. Steve***

***P.S. This paper is not meant to alarm you. I apologize if it does. Rather, it is meant to give you the benefit of the knowledge I have obtained from my years of experience. The overwhelming majority of AD/HD kids I have worked with do well as long as their condition is acknowledged by their parents; and given the help, acceptance and understanding they need.***

***P.P.S. Many times a stressful event or situation precipitates the first signs of the disorder...it is easy to mistakenly attribute the symptoms to the stress...however, when the stress is alleviated or removed the symptoms will frequently remain in a lesser form.***

***P.P.P.S. AD/HD kids will often make gains in therapy and then relapse... which is typical of any behavior change. Try not to get discouraged if this occurs... and keep remaining positive to help your child regain***

***any lost progress. Becoming negative by yelling, threatening, and being harshly critical or sarcastic will only alienate the child... causing even more problems such as animosity, defiance, rebelliousness, etc.***