

learning to live with

ADHD

By Tamra Sami

When my son's kindergarten teacher suggested my five-year-old, Adam, might have some attention problems that I should discuss with our paediatrician, I didn't pay much attention. When she kept bringing it up, mild annoyance turned to denial.

"Boys are just different," I thought, since his older sister was so different. But when I visited his classroom and saw how behind he was compared to other boys, I couldn't pretend nothing was wrong any longer. He simply was not able to concentrate and focus, even in a small group of two or three children.

He was diagnosed that summer with Attention Deficit Hyperactivity Disorder (ADHD), inattentive type, along with learning difficulties in maths and reading. My husband, Hamed, and I found ourselves in a twilight world, etched with unfamiliar landscapes with a new language and new code words to learn.

Experts agree that the inattentive type that my son has is much easier to deal with than the hyperactive type. Adam is quiet and not terribly social. He likes playing with Lego and on the computer. He was rapt with attention when I read to him as a small child. His attention is selective. Since he could pay attention when he wanted to, it made it easier for me to rationalise that perhaps he didn't really have a problem.

However, there were sign posts along the way, which neither of us recognized. For example, he seemed to be in a world of his own much of the time. I worried at one point, when he was about three-years old, that he might be autistic. Autism, ADHD, Aspergers Syndrome and Tourette Syndrome are actually on the same spectrum, so I wasn't far off.

When he enters a room, he is compelled to touch everything, much like a person with no sight would. He is a tactile child, who learns about the world through touch. He was also my most cuddly baby.

What bothered me the most about Adam, and still does actually, is that he is a child who never seems to listen. I



screamed horribly at him to get him to do simple things, like brushing his teeth and getting dressed for school in the morning. His sisters seemed to manage with no trouble at all, so why couldn't he? The morning routine is still trying for us. And I worry if he will ever be independent.

When I watch him engaged in his own world, whether it's Lego or the computer, he is able to block out the rest of the world completely.

He is a child preoccupied with the present. Not a bad thing, really. But when you need to be somewhat goal-oriented to function in the world, it does present problems.

For example, Adam is not able to follow two-step directions. If I tell him to brush his teeth and get dressed, he will go off with the intention of doing that. But he sees a Lego on the floor and is compelled to create something with it. When I ask him about it, he will reply, "Mummy, my brain wouldn't listen to me; it's like a monster is directing me."

I am beginning to understand that he has little control when left to his own devices. He needs constant direction and simple, uncomplicated instructions. And lots of patience. I have learned to say, "Adam, go pick up all the Legos off your bedroom floor," instead of "Adam, go clean your room."

Adam is surprisingly self-aware. It was he who broke our cycle of denial and compelled us to take the step to get him tested. One morning, a television commercial was aired for a learning institute

for children with learning difficulties, and Adam said, "You guys should call them for me."

Following his diagnosis, I was determined not to go the medication route, even though the school principal pressed me to "just see if it helped." Adam didn't qualify for special education services because he was not far enough behind, according to the school psychologist. It didn't help that most parents of ADHD kids said basically the same thing: "We tried everything and finally, when we were tired of banging our heads against the wall, we tried the medication and that was the magic bullet."

Hamed and I read books and changed his diet. We stopped dairy products and switched to whole grains and eliminated as much sugar as we could because naturopaths have suggested these types of substances trigger ADHD. We talked to other parents, searched websites, spent hours online in ADHD chat rooms and even joined a support group. We heard nightmare after nightmare. And I must admit that a lot of the kids I saw seemed much worse off than my son. Meanwhile, the way I looked at my son began to change. I began to see him as a child with a disability, instead of my sweet little boy. It's a confusing landscape and at the end of the day, I learned to trust my instincts and let my son be my guide in this journey.

I wish I could say that we didn't go the Ritalin route. But I can't. We did cave in because we felt pressure from the school and his doctors. We didn't see immediate side effects, but there were subtle things. For example, I noticed that he stopped singing and skipping. I thought he was just growing up. But then I took him off the medication for a week and he started to sing and skip again.

Now that he is off the medication, he is much more animated. I'm focusing on his positive behaviour and looking for ways to engage him and bond with him one-on-one. He may not be performing at the top of his class, but he is learning at his own pace. And he is happier.

Coping Solutions

Living with a child with ADHD is trying. At times it has felt like a constant battle. There were moments when I thought I was losing my son because of all the fighting. It also put a strain on our family until we learned some coping mechanisms.

Children with ADHD need help with organization, so having a consistent routine is critical. Small rewards helped to keep Adam on task. We learned to give more positive reinforcement and concrete consequences for his actions. We had success with a program called 1-2-3 Magic, which our paediatrician recommended. This method involves giving the child a warning to correct his behaviour and then counting to three to give a time limit for correction. When this fails, a consequence, such as a time-out is swiftly implemented. Subtlety doesn't fly with these children.

We also learned that to be more effective, Adam needed to be more active. For example, he can concentrate better if he stands at the table while doing his homework. He needs to be more physical in order to think. Bean bag chairs and balls to bounce on also work well. Keeping his room sparse and free of extra toys helps to eliminate some of the distraction.

Self-esteem is critical for any child, but of particular importance for a child with ADHD. Adam was very aware that he was struggling both academically and socially. He used to tell me he "had a stupid brain," which is very far from the truth. Hamed and I found soccer and swimming to be terrific outlets for him. He also

loves board games and those have proved to be excellent learning devices as well.

Being an advocate in the classroom

The single most important thing parents can do for their children with ADHD is to help them learn coping skills. Parents also need to learn to be strong advocates in the classroom. With our son, we had to fight the school system in the U.S. to qualify him for special education services.

We were fortunate because our neighbour's son was autistic and she gave us tips on how to approach the school. I contacted the principal and requested that he be evaluated. Hamed and I met with the principal, his teacher, the school psychologist and the special education teacher. We naively thought that once we asked for help, the school would offer it with open arms. That first meeting ended in tears because we met unexpected resistance.

Fortunately, when he was evaluated at the Childrens Hospital, they also tested his IQ, which turned out to be almost 130. His verbal abilities were quite low but his non-verbal abilities actually put him in the genius range. This huge discrepancy between his academic performance and his intelligence was what qualified him for special education services. But it wasn't easy to get there.

In the end, he had a dedicated special assistant in the classroom and an individualized education program (IEP), which was formally evaluated every year.



The author with son Adam

When we came to Australia last year, we were not so lucky. In Australia (or at least Western Australia), a child only qualifies for special education services if he or she has an extremely low IQ. For a boy like Adam, it is up to the teacher to do what she can for him. And in the public school system, a teacher with 30 or more children can't do much. I met with the principal and the school psychologist and his teacher and informed them of his background and in what areas he needs special assistance. I've offered to help in the classroom. I'm trying to organize parents to petition the school system here in Western Australia to recognize the need for services for these children. These children deserve equal access to the curriculum. They just need to access it a little differently.

Learning without Medication

Victoria Carlton, director of the International Centre for Excellence, in Perth, said that 30% of the kids that come through her doors are on medication. "We try to get the parents to get them off," she says, "because it tends to put blinkers on their creativity." She said many of the children who are medicated don't, in her opinion, even have ADHD. She says the criteria for evaluating ADHD are the same as giftedness, and she argues that these children are society's creative thinkers and tomorrow's entrepreneurs.

Carlton explains that for these highly intelligent, creative children, their brains are "firing" at once and when it comes to tasks, such as writing and developing a topic, organisation is difficult for these kids. Strategies for learning involve visualizing a central point and building a concept map with a central topic and supporting ideas, similar to a bicycle wheel with spokes, she says. "These kids tend to be global, right brain thinkers," Carlton says. "My job is to help them stretch their left brain and attend to details."

"We are medicating against brilliance," Carlton warns. "What would have happened if we had medicated Einstein? (Einstein had Aspergers Syndrome.) I feel for parents because it is exhausting, but ultimately, these kids are very, very bright, and so very interesting."

According to the U.S. Institute on Mental Health, which conducted the most intensive study ever undertaken for evaluating treatment, the Multimodal Treatment Study of Children with ADHD, the most effective treatment involves a combination of diet and/or medication, behavioral therapy, emotional counseling and practical support, including social skills training.

Many children with ADHD also exhibit other problems, particularly learning difficulties. According to the U.S. National

Institutes of Health (NIH), other disorders, such as Tourette Syndrome, Oppositional Defiant Disorder and bi-polar disorder also accompany ADHD.

Diet and naturopathy

Diet plays a major role, and fish oil is getting a lot of results, Carlton said. There is a natural product containing DHA fish oil and primrose oil, called Efalex, which Adam's paedetrician recommended as an alternative to Ritalin. It is not quite as effective as Ritalin, but it seems to help some children concentrate better.

Food additives and food allergies can be triggers for ADHD, particularly with hyperactivity, according to the Encyclopedia of Natural Medicine. Food additives include flavorings, colorings, preservatives and thickeners. In fact, Benjamin Feingold, M.D., hypothesized that food additives induce hyperactivity. Clinical studies conducted by NIH have also shown that nutritional supplements can improve mental function for ADHD children. Sugar exacerbates the problem and nutritionists suggest switching to whole grain breads.

Maggie Dent, author of *Saving Our Children from Our Chaotic World*, said in an interview with *Conscious Living*, that passive kids often "slip through the cracks." She agrees with Carlton that ADHD children need lots of active play but even more importantly, "they need to be loved with whatever challenges they have," she urges. "They are potential geniuses and world changers – it's just that their gifts are in different places."

"Being able to help them understand they have an energy field and they need to learn to deal with it," is critical Dent adds. "Helping them self medicate by knowing their own bodies ...knowing when to sleep and how to be quiet and still is key," she says.

"When you honour the mind, the body, the heart, the soul - ADHD is not a problem - it's just a different pathway," Dent urges. "When we love and support them on that pathway without shaming them, they're allowed to be whoever they are." ©

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pill TOWIE

By Clive Simmons

Ritalin is often prescribed by physicians as the most effective treatment for Attention Deficit Hyperactivity Disorder; however, recent studies suggest the drug may cause permanent brain damage. Learn what you should know before considering going the Ritalin route.



It is a popular, if controversial drug, but Ritalin is increasingly coming under the spotlight after several studies have indicated that it is not only a "possible human carcinogen," but that it might cause rare and highly aggressive cancers and initiate changes in brain function that remain after its therapeutic effects subside.

Ritalin is also being over-prescribed by Australian doctors for treating ADHD, if a recent survey by the Western Australian Health and Wellbeing Surveillance System is any guide.

According to a 154-page report to the Western Australian Parliament in October 2004, the prevalence of a doctor diagnosing ADHD is 4.4 percent in Western Australia (WA). This represents 18,000 children on Ritalin, which equals 1 in 22 children living in WA. A figure four times the national average.

This report compares badly with a 1998 study conducted in the United States (US) of ADHD in school children, indicating only 6.8 percent incidence in terms of its population, and only 1 to 2 percent in the United Kingdom.

Further, according to a recent Federal Government report, Australia has the world's third highest rate of psycho-stimulant consumption.

Studies suggest permanent brain damage

Recent studies at the University of Buffalo have shown that the drug, Methylphenidate (commonly known as Ritalin) appears to initiate permanent changes in brain function. Physicians previously believed the drug produced only short-term side effects. These appear to be similar to those of other stimulant drugs such as amphetamines and cocaine, according to Joan Baizer, an Associate Professor of Physiology at the University, and the senior author of the study.

"Clinicians have considered Ritalin to be short-acting," she says, "but our research with gene expression in an animal model suggests

that it has the potential for causing long-lasting changes in brain cell structure and function. There is no indication of tolerance, but we have no idea if there is any adaptation to the effects."

Baizer is now conducting another animal study using micro-array technology to assess what other genes are turned on in response to short- or long-term use of Ritalin.

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In yet another study - no less than 40 years after the drug was first marketed by Ciba-Geigy - carcinogenicity tests were conducted by the US National Toxicology Program which concluded that Ritalin is a "possible human carcinogen."

In the 1995 study, adult rats were fed Ritalin over a two-year period at dosages close to those prescribed to children. The mice developed a statistically significant incidence of liver abnormalities and highly aggressive and rare cancers known as hepatoblastomas.

These findings are particularly disturbing as the tests were conducted on adult rather than younger mice, which would be expected to be more sensitive to carcinogenic effects.

Ritalin has been shown to retard growth in children by disrupting the cycles of growth hormone released by the pituitary gland, according to Thomas J. Moore, author of *Deadly Medicine*, who has conducted several studies involving Ritalin. It has also been known to cause gross malfunctions in the brains of children, and there is evidence from controlled scientific studies that it can cause shrinkage, or other permanent physical abnormalities, in the brain, according to Moore. Further, it can cause permanent neurological tics, including Tourette's Syndrome.

Other adverse effects include leukopenia (reduced white cell count) anaemia, skin disorders, such as acne or hives, grand mal seizures, hair loss, and thrombocytopenic purpura, a rare but serious reaction that compromises blood clotting.

"The major concern about Ritalin," Moore says, "is its serious or irreversible side-effects; the best-documented of which is Tourette's Syndrome. One research group kept track of 122 cases of children who were prescribed Ritalin, and found one child in which brain damage was permanent.

"Another researcher found indications of abnormal movements or compulsive behaviours in 76 percent of the boys studied, though the effects were characterised as subtle and transient. More common side effects in another study were loss of appetite in 40 percent of those studied, insomnia in approximately 20 percent, and stomach problems in 20 percent of those studied."

The common side effect of appetite loss has sparked questions on whether Ritalin could stunt a child's growth, a possibility that its manufacturer, Novartis, has dismissed, saying that "a causal relationship has not been established."

Ritalin linked to violence

What has been established, however, is its link to several shootings in the US.

Shawn Cooper, a 15-year old taking Ritalin, took a 12-gauge shotgun to school and held the entire school hostage before opening fire at Notus High School in Idaho. In May 1999, T.J. Solomon shot and wounded six classmates at Heritage High School in Conyers, Georgia.

Kip Kinkel killed his parents before killing two fellow students and injuring 27 others in May 1988 at the Thurston High School in Springfield,

Oregon. He was taking Prozac and Ritalin, and had been attending "anger management" classes.



In December 1997, 14-year old Michael Carneal opened fire on students at a prayer meeting in West Paducah, Kentucky, killing three, and wounding five others - one of whom is now paralysed.

In February 1998, a young man in Huntsville, Alabama, went psychotic on Ritalin, and attacked his parents with an axe. He killed one of his siblings and wounded the other.

Rod Mathews, a 14-year old with an IQ of 132 from Canton, Massachusetts, on Ritalin since the third grade, lured a classmate into the woods and clubbed him to death with a baseball bat.

"This drug," Moore says, "causes cancer in mice, brain damage in children, and addiction in adults; and given that, we need to be more prudent in its usage." ©

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