

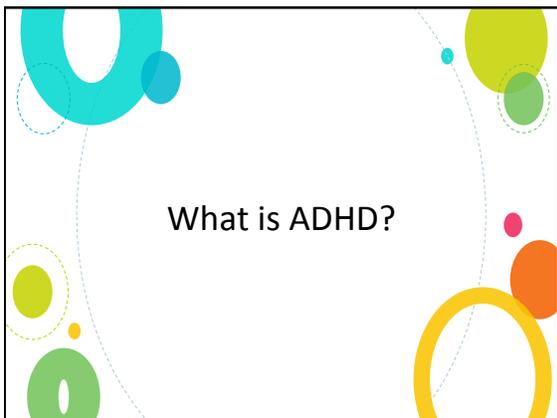
About Me

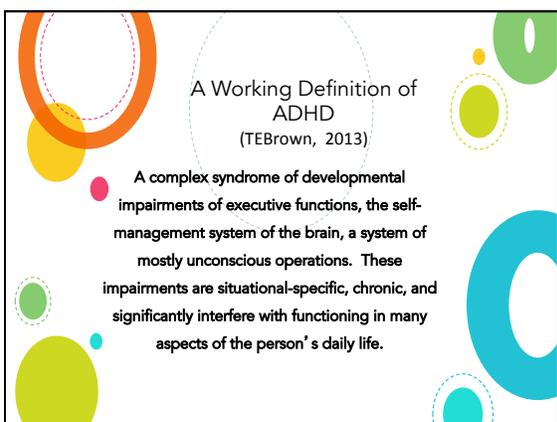
- Mom Of Three Adult Children, Two Of Whom Have ADHD
- Founder and Coordinator of TRI CHADD NJ (Since 2008)
- CHADD National Board of Directors.
 - NJ CIACC (Children's Intra-Agency Coordinating Council)
 - PerformCare NJ Parent Leader
 - Certified Parent to Parent: Family Training on ADHD Instructor
 - SDBP Complex ADHD Treatment Guideline Committee
 - NJ Children's Mental Health Coalition

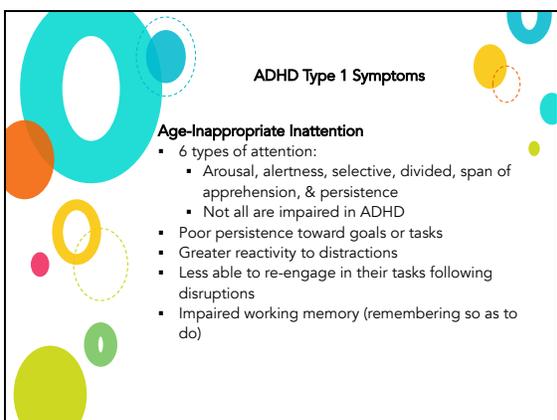


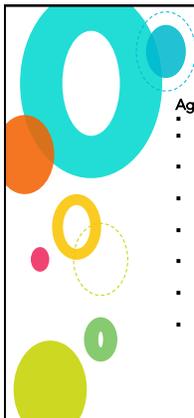
CHADD[®]
CHILDREN AND ADULTS WITH
ATTENTION DEFICIT/HYPERACTIVITY DISORDER

CHADD does not endorse, recommend,
or make representations with respect to
the research, services, medication,
treatments or products.









ADHD Type 2 Symptoms

Age-Inappropriate Hyperactivity-Impulsivity

- Impaired verbal and motor inhibition
- Impulsive decision making; cannot wait or defer gratification
- Greater disregard of future (delayed) consequences
- Excessive task-irrelevant movement and verbal behavior
- Fidgeting, squirming, running, climbing, touching
- Restlessness decreases with age, becoming more internal, subjective by adulthood
- Emotionally impulsive; poor emotional self-regulation
- Impatient, low frustration tolerance, quick to anger, easily excitable, and generally greater levels of expressed emotions

Brain Differences Underlying ADHD

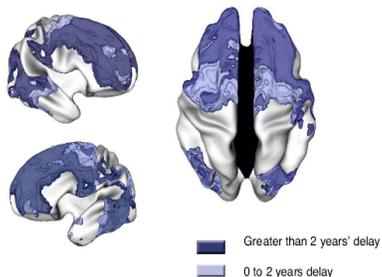
- Delay in the unfolding of brain development that supports executive functions
- Impaired white matter connections between brain regions
- Impaired control of oscillations that coordinate brain region communications
- Inadequate release/reloading of transmitter chemicals at synapses

Cortex Maturation in ADHD vs. Normal Controls

- MRI studies of 40K cortex sites in 223 youths with ADHD vs. matched controls
- Brain maturation was delayed ~3yrs in specific regions in ADHD youths vs. NC
- Frontal areas of cortex slower in ADHD
- Medial PFC developed lagged 5 yrs.

(Shaw, et al, PNAS, Nov, 2007) PANS Proceedings of the National Academy of Sciences of USA.

The Brain Matures Later in ADHD



Shaw et al. (2007) PNAS

Dr. Tom Brown Describes ADHD

ADHD is "Not due to overall "imbalance of chemicals" (such as not too much/too little salt in soup) but to inadequate release and/or reloading of transmitter chemicals in countless infinitesimal network junctions"



DSM-V Criteria for ADHD

- Manifests 6+ symptoms of either inattention or hyperactive-impulsive behavior
- Symptoms are developmentally inappropriate
- Have existed for at least 6 months
- Occur across settings (2 or more)
- Result in impairment in major life activities
- Developed by age 12 years old
- Are not best explained by another disorder, e.g. Severe MR, PDD, Psychosis, TBI,
- 3 Types: Inattentive, Hyperactive, or Combined

Why is ADHD so Frustrating?

- Teaching skills in inadequate.
- What you teach them has no controlling value over their behavior.
- It begins to look like intentional misbehavior.
- ADHD takes away the child's ability to refuel their "emotional fuel tank" and their "emotional fuel tanks" are much smaller than typically developing kids.
- All treatments have to be engineered to be "out there" in the child's life and external. They cannot rely on internal cues to guide their behavior.
- Medication is helpful in treating core symptoms of ADHD but do not mitigate the executive function impairments directly and cannot completely treat co-occurring disorders. Co-occurring disorders are not always recognized with ADHD and not treated separately.
- ADHD is a chronic life span disorder and must be managed everyday to prevent the secondary harm it can cause. About 80% of children continue being symptomatic into adulthood. Compensatory skills learned might mask symptoms, and girls are less likely to be dx'd.
- It varies by situation, setting, who the child is with, when in the day and co occurring features.

ADHD Symptoms Vary by Setting

<u>Better Here:</u>	→	<u>Worse Here:</u>
▪ Fun	→	Boring
▪ Immediate	→	Delayed Consequences
▪ Frequent	→	Infrequent Feedback
▪ Early	→	Late in the Day
▪ Supervised	→	Unsupervised
▪ One-to-one	→	Group Situations
▪ Novelty	→	Familiarity
▪ Fathers	→	Mothers
▪ Strangers	→	Parents
▪ Clinic Exam Room	→	Waiting Room

Performance vs. Skills

ADHD is a Performance Disorder. A performance disorder is when:

- Doing what you know not knowing what to do.
- It's the impairment of the "When & the Where" and not the "How and the Why".
- Using your past knowledge at the "Point of Performance"
- The "Point of Performance" is that place and time in your natural settings where you should use "what you know" or your skills.
- "Scaffolding and ramps" need to be in place to help your child show what they know.

ADHD Varies By Situation

Video games are externally motivating, they provide feedback constantly. Homework is accomplished by internally motivating oneself and has no means of motivating the child "in the moment" Gaming doesn't cause ADHD, but it you can see why people might think so.



Treatment Package

- I. Evaluation (Diagnosis)
- II. Education (Counseling)
- III. Medication
- IV. Modification (behavior)
- V. Accommodations
 - at home
 - in school
 - in the community



Empirically Proven Treatments

- Parent Education About ADHD
- Psychopharmacology
 - Stimulants & Atomoxetine (Strattera)
 - Other Noradrenergic Medications (e.g., Wellbutrin)
 - Tricyclic Anti-depressants (e.g., desipramine)
 - Anti-hypertensives (e.g., Catapres, Tenex)
- Parent Training in Child Management
 - Children (<11 yrs., 65-75% respond)
 - Adolescents (25-30% show reliable change)
- Family Therapy for Teens: Problem-Solving, Communication Training (30% show change)
- Cognitive Behavioral Therapy for adults
 - As a supplement to medication management

Empirically Proven Treatment

- Teacher Education About ADHD
- Classroom Behavior Management
- Special Education Services (IDEA, 504)
- EEG Neurofeedback
- Regular Physical Exercise
- Residential Treatment
- Parent/Family Services
- Parent/Client Support Groups (CHADD, etc.)

Unproved/Disproved Therapies

- Elimination Diets – removal of sugar, additives, etc. (Weak evidence)
- Megavitamins, Anti-oxidants, Minerals
 - (No compelling proof or disproved)
- Sensory Integration Training (disproved)
- Chiropractic Skull Manipulation (no proof)
- Play Therapy, Psycho-therapy (disproved)
- Self-Control (Cognitive) Therapies for Children
- Social Skills Therapies (in clinic)
 - Better for Inattentive (SCT) Type and Anxious Cases

Treatment of ADHD

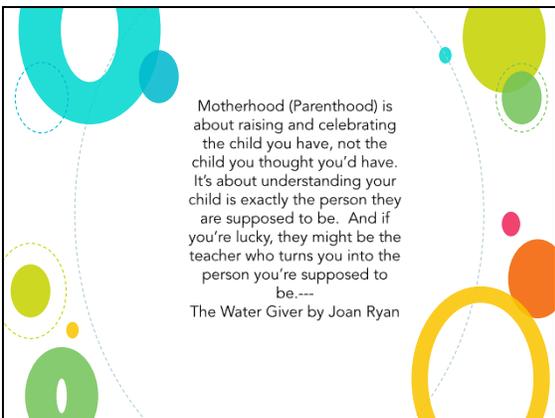
- Tighten up accountability.
- Behavioral Modification
 - Contingent upon the willingness of others in the child's natural environment to make those changes.
 - Artificial consequences to practice accountability
 - Put consequences in the now
- Mental information made physical (external)
- Make time real and outside of you (external) (Time Timer App and Clock)
- Breaking down smaller steps, small quotas, more frequently. Get rid of the delays most things to do have.
- Make Motivation external. Rewards, charts, make a deal.
- Neuro-genetic therapies treat neurogenetic disorders. aka Medication WORKS.
- Problem solving has to be manual. Working memory cannot be relied upon.
- Guard against an empty emotional fuel tank that using executive functions continuously will deplete.

What Helps Parents to Cope with Managing ADHD

- Investigate the possibility of your own diagnosis. ADHD is genetic, and treating your ADHD will make the biggest difference for you and your family.
- Don't go it alone! Learn all you can and but from trusted sources.
- Complete Parent Training on ADHD.
- Solicit help from your extended family and teach them what you learn. It takes a village!
- All the stakeholders need to be apart of the solution. Encourage teachers and schools to seek Teacher Training on ADHD.
- Get support and advocacy from other families that lessen the feeling of being alone in all of this.
- Learn about the County and State based Children's Mental Health organizations and agencies.

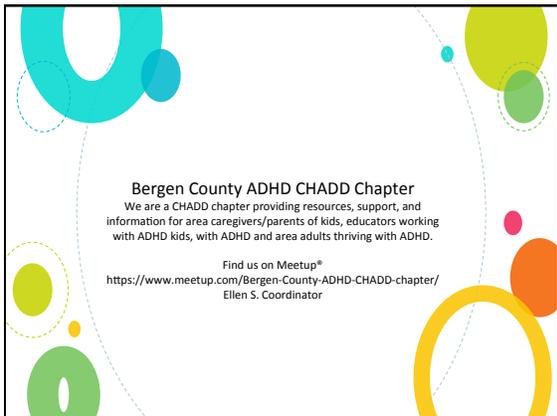
What Helps Parents to Cope with Managing ADHD?

- Understand ADHD as a neuro-developmental disorder and not a behavioral disorder.
- Shifting your mindset from skill deficit to performance.
- The trajectory of development is correct, just delayed.
- "Children do well if they can, not if they want to. No child's wants to fail." --- Dr.R. Greene



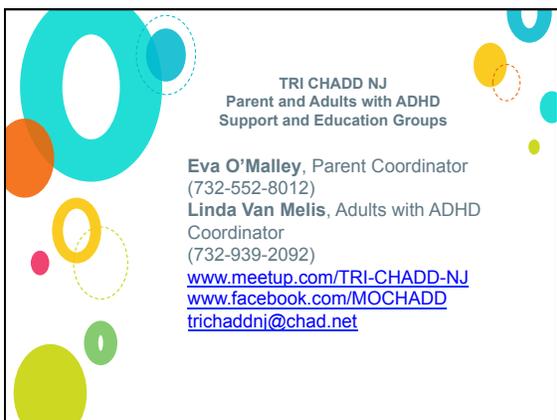
Motherhood (Parenthood) is about raising and celebrating the child you have, not the child you thought you'd have. It's about understanding your child is exactly the person they are supposed to be. And if you're lucky, they might be the teacher who turns you into the person you're supposed to be.---

The Water Giver by Joan Ryan



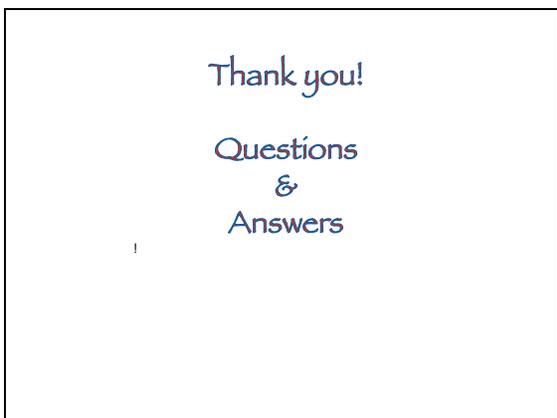
Bergen County ADHD CHADD Chapter
We are a CHADD chapter providing resources, support, and information for area caregivers/parents of kids, educators working with ADHD kids, with ADHD and area adults thriving with ADHD.

Find us on Meetup®
<https://www.meetup.com/Bergen-County-ADHD-CHADD-chapter/>
Ellen S. Coordinator



TRI CHADD NJ
Parent and Adults with ADHD
Support and Education Groups

Eva O'Malley, Parent Coordinator
(732-552-8012)
Linda Van Melis, Adults with ADHD
Coordinator
(732-939-2092)
www.meetup.com/TRI-CHADD-NJ
www.facebook.com/MOCHADD
trichaddnj@chad.net



Thank you!

Questions
&
Answers

The Office of Civil Rights Student
with ADHD and Section 504:
A Resource Guide

[https://www2.ed.gov/about/
offices/list/ocr/letters/
colleague-201607-504-adhd.pdf](https://www2.ed.gov/about/offices/list/ocr/letters/colleague-201607-504-adhd.pdf)
