

Overcoming ADHD Without Medication  
*A Guidebook for Parents and Teachers*



# **Overcoming ADHD Without Medication**

*A Guidebook for Parents and Teachers*

Attention Deficit Hyperactivity Disorder (ADHD)

is a battle that can be won...

*.....without the need for medication*

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The Association for Youth, Children  
*and Natural Psychology*

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NorthEast Books & Publishing, LLC  
Newark, NJ

# ***Overcoming ADHD Without Medication***

## **A Guidebook for Parents and Teachers**

### **English**

*Printed in the USA*  
NorthEast Books & Publishing, LLC  
Newark, NJ

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This book is dedicated to the children of Paterson, Newark,  
Elizabeth and Jersey City, NJ

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\*\*\*\*\*

The Association for Youth, Children and Natural Psychology (AYCNP) is a registered New Jersey non-profit since 2008 and a 501(c)3 corporation. The AYCNP endeavors to use part of the proceeds from this publication for the community in various modest endeavors towards the development and benefit of children and youth, as well as towards mental health education, non-pharmaceutical treatment, self-help, and prevention for both individuals and organizations.

Kindly contact the AYCNP at [aycnp@winmentalhealth.com](mailto:aycnp@winmentalhealth.com) for any suggestions for future editions of this book. Thank you.

## Preface

Ryan is an art teacher in a grade and middle school in Newark, NJ. He is well-liked by students and staff, is a great and productive artist both in school and at home, and his students enjoy his class. When Ryan was in middle school and high school, he was diagnosed with ADHD and was on stimulant medicines during those school years. He says that he strongly disliked taking the medication, it made him feel “not himself,” and one of the side effects that he attributes to the stimulant drugs was anger (compare p.38). When he got into college, he quit taking stimulants, but what helped him to overcome ADHD was being thoroughly immersed in his work as an art major; art helped him to focus. Playing soccer regularly helped his hyperactivity, and he never went back on medicine. No one today would have any reason to guess that he ever had problems associated with ADHD. (You can read a more detailed experience of Ryan on page 81). Ryan’s experience is not unique, and bits and pieces of his experience show up in the stories of many children and teens with ADHD.

Most parents are reluctant for their children to take stimulant medications, and many are concerned with the side effects of ADHD medication. Stimulants include methylphenidate, most commonly referred to as Ritalin, and amphetamines, prescribed under various names. (Ritalin is not a true amphetamine but is similar in its affect as an amphetamine). Many parents also question what the long-term effects might be for a child or teen taking stimulant medicines for many years.

This book was produced while working with many children and teens with ADHD and based on research that summarizes the work and ideas of many professionals in the field. The basis for the book commenced in 2005 and reflects the lifework of numerous dedicated professionals. This book endeavors to present information in a simple and concise form that is easily assimilated by busy parents and teachers, so that children might have fuller opportunities to be free of symptoms of ADHD through their childhood and the teenage years. This book was not designed as the ultimate answer to ADHD, nor as a complete guide to ADHD, but rather as an introduction to ADHD and as a complementary reading providing insight from angles, some of which are often overlooked by mainstream authors on the subject.

A reading coach at a public library in Paterson, NJ, described her work with children and how, through help from supportive professionals and with some simple lifestyle changes, such as attention to diet and nutrition, in addition to attentive support from parents, many children who were labeled as ADHD were helped to cope with and to overcome symptoms of the disorder.

Russell Barkley is a well-known author on the subject of ADHD, and his personal communication as well as his encouragement to read Joel

Nigg's then soon-to-be-released book, *What Causes ADHD? Understanding What Goes Wrong and Why* (2006), added further impetus to the research found here.

As it turns out, there is no single answer to this question: "What causes ADHD?" Additionally, there is no single child or teen whose genetic makeup or situation is exactly the same, so there is no single solution to the problem of overcoming ADHD.

There are, however, certain principles of mental health and health that apply across the board, and there are certain logical observations, which have been scientifically corroborated since the start of research for this book.

It seemed too much of a coincidence that in the same school district, where many children played five hours of video games a day (which is certainly not unique to any geographic region) that there would be what was described by one school psychologist as an "epidemic" of cases of ADHD. A pre-teen boy who was labeled ADHD, and who began taking stimulant medications, also played five hours of video games daily during the school week in addition to watching movies and television on the weekends. The boy was on a high-sugar diet and being raised by a single parent.

Clinical studies indicate that watching too much television as a child might contribute to later symptoms of ADHD. Further, clinical studies provide a definite link between playing violent video games with aggression and symptoms associated with ADHD in children and youths. Given that the majority of children and teens today in the inner cities are either playing violent video games or watching violent movies from a young age (evidence for that is presented later in this book), it seems to be a reasonable conclusion that this "entertainment" might be affecting the mental health of many. Media is just one issue that parents should consider when addressing the topic of ADHD.

There are many positive lifestyle adjustments that can help children and teens who manifest symptoms of ADHD. Additionally, with any mental health difficulty or disorder, developing a personal list or arsenal of coping skills helps any individual cope with and even overcome symptoms associated with that disorder.

Yes, ADHD is being over-diagnosed today, according to what seems to be the most accurate research, and, yes, medication for ADHD is over-prescribed. Parents, then, should carefully consider their choices in this regard. There is much evidence that a child and teen can overcome ADHD without medication, which in the long-term for most children is a better option than taking stimulant drugs.

There is certainly a genetic component for children who develop symptoms of ADHD. Why does one child in the same family, living in the same environment, develop ADHD and the other two children in the same basic age group don't?

However, like any mental health disorder, ADHD is not a purely genetic disorder. The most current research and most carefully written and well-researched books on the subject indicate that ADHD is more than likely a combination of genetics, environmental factors and social stressors. Many of these factors can be deliberately changed and modified, and making lifestyle changes can help many children overcome ADHD symptoms. Parents should consider what changes they can make in their lifestyle and what new coping skills their child can learn and develop. They may be amazed at the positive results with their child.

This book is not intended as a rulebook for parents, and it is not assumed to be the final word or ultimate guide on the subject. There are many sources that parents can turn to, especially in the past three or four years, which provide insightful ideas on self-help for ADHD. This is one source that will hopefully help many families, and it might also be a springboard for further investigation.

Additionally, this book is not relating or documenting the experiences of one individual; rather, it represents the combined life-work of many dedicated individuals who work with children daily and others who have made it their life's work to research serious children's issues. It offers a cross-section of information from many sources on what can help children, parents and teachers as well as shares the experiences of those who have put this work together.

We wish you success in helping your child to overcome symptoms of ADHD and hope that this book provides valuable guidance in your understanding of the many factors involved with the disorder as well as in developing coping skills and implementing lifestyle changes, which can help your child to overcome ADHD, Attention Deficit Hyperactivity Disorder, without medication.

## **Important Note – Please Read**

The information presented in this book is intended for informative and educational purposes and not as a medical directive. The AYCNP is headed by educators and educational professionals, rather than by psychologists or medical professionals, with a background in science and health education, educational leadership, as well as certification in teaching psychology--although much of the information in this book was derived from the work of psychologists and other professionals. By reading this publication, the reader acknowledges that he or she maintains full responsibility in treatment choices for him or herself or for one's children or for the children under one's care. This book was carefully reviewed by an educational professional with a PhD in educational leadership and by a mental health professional with a PhD in psychology, both associated with the AYCNP. The information herein has been approved as accurate from a professional perspective.

This book does not replace professional treatment if necessary but complements it. By reading this book, the reader acknowledges his or her own freedom of choice in seeking medical treatment and agrees that the Association for Youth, Children and Natural Psychology, as well as any individuals associated with the Association for Youth, Children and Natural Psychology, including authors quoted in this book, bear no responsibility for one's own personal choices in mental health or other medical treatment for him or herself or for their children.

Readers are encouraged to gather as much information as possible from a variety of reliable sources when making medical choices, evaluating options, and making informed and balanced decisions involving mental health.

Anyone who personally experiences suicidal thoughts, or anyone whose children are experiencing suicidal thoughts, should seek support from qualified professionals.

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*“Masking the symptoms rather than removing the cause of the problems has always retarded the development of community health. The most fruitful area of research would be in prevention.”* Lawrence Green, Ph.D., J.M. Ottoson, Ph.D., 1999. *Community Population and Health*.

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## Introduction

A reading coach from the Paterson, NJ, public library spoke firsthand about her experiences with children with ADHD. She had worked with hundreds of children diagnosed with ADHD or who were on the borderline of being classified as having ADHD, and she felt that the vast majority of these children could be helped if their parents were given support and education on how to help their children through positive changes in the child's diet and support from services, such as those provided by the library program. The Paterson Public Library provided services for individual attention in reading to children after school.

She explained that in all her years of professional work, having personally worked with hundreds of such children, she had only encountered a handful who she felt truly qualified as having ADHD. In those cases, none of these students had gone on medication; they were helped without medication through non-pharmaceutical professional support, simple lifestyle changes that parents were encouraged to implement, and through extra time and attention from concerned and supportive parents.

Art, as one example, seems to have a positive affect for children who are diagnosed with ADHD. The quiet, solitary, positive, and peaceful stimuli associated with art often helps children to focus. Supplementary material from Illinois State professor Daniella Barroqueira, Ph.D., who herself has ADHD, and whose experience is mirrored by a Newark grade school art teacher referred to in this book, helps to support the view that art can help some children, youth and adults to cope with and overcome symptoms of ADHD. Moreover, some children and youth with ADHD are highly-visual and creative, and the negative aspects of ADHD can be transformed into a positive strength.

A grade school art teacher and colleague who had been labeled with ADHD and who took Ritalin and later Adderall through middle school and high school years explained that what he disliked most about ADHD was "the label," which made him feel different and set apart from the other kids. (When a child feels social stigma from a psychiatric label such as ADHD, this can be even more detrimental in the long-term than the symptoms associated with the disorder, or the disorder itself. See David Rabiner, page 89). When this grade school art teacher had been on stimulants, he never felt himself and, as mentioned, the medicine contributed to anger problems. What did help, however, is when he went to college, immersing himself in art and playing soccer. The art helped him to focus, and the soccer was the right therapy for his hyperactivity. Now, as a teacher, he is well-adjusted, and he is able to make a positive contribution to the lives of children, many of whom have some of the same symptoms he dealt with when he was in school.

The labeling of psychiatric disorders itself is a subject of much controversy in the field of mental health and psychiatry, and both

professionals and individuals with mental health difficulties or disorders have objections and reservations.

David Rabiner, Ph.D. at Duke University, is an ADHD researcher at the forefront of evaluating scientific information and clinical studies related to ADHD. Rabiner's approach represents a moderate view of ADHD medication, presenting all sides of the issues involved, and he has provided material for this book on the subject of medication for ADHD as well as providing supplementary information on childhood depression, which is often comorbid or overlapping with symptoms of ADHD. Because depression is common with ADHD treatment, and pharmaceutically-treated ADHD sometimes results in depression or in the prescribing of antidepressants, the subject of antidepressants, especially for children and teens, is given some consideration here.

Additionally, a synopsis of an Iowa State University study is included in the supplementary material section, which provides scientific support for the view that violent video games can affect a child's level of aggression as well as contribute to symptoms of ADHD; the affect of violent video games on children's behavior and ADHD symptoms has been observed by many, but has been lacking in actual proof up until this point.

Joel Nigg, Ph.D. at Michigan State University, who graciously helped in the early stages of putting together the material that led to this book, and who authored the book *What Causes ADHD?, Understanding What Goes Wrong and Why*, suggested in his book that playing violent video games might be a contributing factor to symptoms of ADHD and to the disorder itself. Professor Nigg also supports the idea that there are a wide range of factors, including environmental factors, that might contribute to ADHD; he provides scientific evidence as well as suggests that a number of factors need to be further researched, including children's television habits in terms of content and quantity. Since the time of Dr. Nigg's research, there seems to be more direct evidence for the link between video game play and ADHD. Russell Barkley, Ph.D., whose work is referred to in this book, also kindly provided guidance and offered opinions that led to the formulation of some of the material here.

There are many others whose work has been used in connection with this book, and it is hoped that this information can help parents specifically to help their children overcome symptoms of ADHD without medication, and that this book might help some teachers and child study teams to take a more moderate approach towards medicating children.

Even if a parent chooses to have his or her child take medication for ADHD, the principles in this book can be of value, and these principles can help the child experience symptoms to a lesser degree. There is no book that provides all the answers to any medical, psychological or behavioral problem. However, educating oneself regarding various viewpoints and perspectives is the course of wisdom, and this wisdom can contribute to a greater chance for success.

## Chapter 1

### **What is ADHD?**

Symptoms of ADHD

ADHD & School

The Controversy of Labeling

Single Parent Families

What Causes ADHD?

ADHD & Bipolar Disorder

Child Abuse

Sleep Disorders

Prevention, Prenatal Care

*"We've gotten used to taking pills for much that ails us. But prescription drugs are not infallible and many have been pulled from the market or slapped with a warning by the FDA, due to health-threatening side effects. We don't lack for alternatives. Plenty of research shows that exercise, diet, and other lifestyle changes are effective weapons"*

*"Let's be honest: there's a wonderful convenience to taking a pill. It's just so much easier than changing what we eat, mustering up the time and willpower to exercise"*

*From: Beyond pills: 5 conditions you can improve with lifestyle changes. Harvard Health Newsletter*

## What is ADHD?

Jennifer's son Matt had always been difficult. He would tear through the house like a tornado, shouting, kicking and jumping off furniture. Nothing kept his interest for longer than a few minutes, and he would often run off without warning and in mid-sentence, unconcerned about bumping into anyone or anything. Jennifer was exhausted, but when Matt was in preschool, she was not concerned because she guessed that "boys will be boys."

However, it was a struggle to get Matt to cooperate, and when he entered the third grade, his disruptive behavior and inattention in class raised the red flag of his teacher. Jennifer took Matt to the pediatrician, who, after a short interview, informed Jennifer that Matt most likely had ADHD. He suggested that the best thing would be to prescribe stimulant medications, which Matt might not need to take for the rest of his life, but that her son would most likely need to take for the rest of his school years at the very least.

Jennifer was relieved and concerned at the same time. While she was happy to hear that Matt had a diagnosable condition, the prospect of her son being on medication for five or more years distressed her. Was medication really necessary? What about the side effects? What would the medication do to his body? Is ADHD a real disorder? These were some of her questions. The pediatrician reassured Jennifer that everything would work out well and sent her home with a prescription.

### ***Summary of Symptoms Associated with ADHD***

These are some of the symptoms commonly associated with ADHD:

- *Poor concentration, distractibility, impulsive behavior, careless mistakes, difficulty in controlling anger, inability to complete tasks, difficulty sustaining attention toward tasks.*
- *Hyperactive behavior, excessive activity, fidgeting, squirming, running, climbing excessively.*
- *Poor listening skills.*
- *Talking excessively, blurting out answers before hearing the whole question.*

David Rabiner, research scientist of Duke University, is an expert on ADHD. He describes Attention Deficit Hyperactivity Disorder (ADHD) as *a disorder characterized by a persistent pattern of inattention and/or hyperactivity/impulsivity that occurs in academic, occupational, or social settings.*"

Some of the problems associated with ADHD include the following symptoms: making careless mistakes, failure to complete tasks, difficulty staying organized, and becoming easily distracted.

Other issues are associated with hyperactivity, such as fidgety and squirmy behavior, running excessively or climbing, inability to exercise self-control or sit still in class, inappropriate or excessive talking, being constantly on the go, impulsivity and impatience, difficulty waiting one's turn, blurting out answers in class, and frequent interrupting, among other problems.

Rabiner explains that *"Although many individuals with ADHD display both inattentive and hyperactive/impulsive symptoms, some individuals show symptoms from one group but not the other."*

## **Who is affected by symptoms of ADHD?**

- ADHD is usually considered to be a childhood condition, but ADHD symptoms can be present with adults as well; some adults with ADHD are quick to defend the position that ADHD is a real disorder.
- ADHD symptoms are manifested by poor concentration, lack of impulse control, lack of attention or focus. ADHD sometimes includes hyperactivity, which may be the case in 40 to 70% of those diagnosed with ADHD.
- 3% to 10% of children in each state (U.S.) or 2.5 million school-age children are diagnosed with ADHD.
- Up to 2/3 of children who are diagnosed with ADHD are also diagnosed with a wide range of secondary comorbid mental health disorders, such as depression, an anxiety disorder, Tourette Syndrome, Oppositional Defiant Disorder (ODD) or Conduct Disorder (CD) (Ashley, S., 2005).

Since every child displays some of the symptoms associated with ADHD, when is ADHD diagnosed? Simply put, ADHD occurs when symptoms are prolonged and disruptive to the daily life of the child (or adult) over an extended period of time.

## ADHD and School

ADHD is most frequently initially addressed through the school system, although sometimes a parent or a pediatrician might be the first to express concerns about apparent symptoms of ADHD, and a concerned teacher may often raise the first red flag. The child is evaluated, and a child study team works with the child, teachers and parents, testing the child for ADHD. If a certain number of symptoms are considered to reach a level of intensity and duration to the point that it interferes with a child's ability to sustain day-to-day activities over an extended period of time and in various settings, this can result in a diagnosis of Attention Deficit Hyperactivity Disorder or Attention Deficit Disorder and a label of ADHD for the child.

The benefit of the diagnosis is that it enables educators and the child study team to give extra time and attention to the individual child. Special education services should then be accessible. A personal assistant might be made available for the child during the school day. With a diagnosis of ADHD, parents can take appropriate measures to educate themselves and make adjustments in their parenting, and this might help offset the child's predisposition toward hyperactivity or distractibility. Educators can also work toward providing positive educational solutions for these individual students. The extra attention given to a child in many forms, in addition to adjustments that parents might make, often can be key factors in a child's improvement.

When educators and psychologists make a diagnosis of disorders, such as ADHD, there is usually a certain amount of subjectivity in the interpretation of the symptoms; that is, it depends on how an individual psychologist or team views and interprets these symptoms. Computer-aided tests are generally also interpreted subjectively rather than being a purely scientific analysis. An EEG test (*electroencephalogram*, or recording electrical activity of the brain through electrodes on the scalp) seems to provide a certain amount of corroboration with the observational diagnosis of ADHD and, though not full-proof, is one of several methods or tests that are or can be used in making the diagnosis.

Parents and teachers should note that it is generally recognized that stimulant medications do not usually or necessarily significantly increase grade performance (Eide & Eide, 2006; Dogget, M., 2004). Those studies, which attribute increased grade performance to medication, usually do not delineate between the benefits of the medication and that of any of a number of other interventions being administered at the same time. This can render a misleading impression that the positive academic gains are attributable to medication when, in fact, they may be the result of therapy, special education, increased attention being given to the child, the teacher's or parent's responsiveness, or other changes.

## Labeling of Psychiatric Disorders

**To be noted:** Not all professionals agree with the labeling system as it relates to many psychiatric disorders (Eide, B., et al., 2006; Shannon, S., M.D., 2007). A tendency has developed based on what is known as the "medical model" of psychiatry, which is the most common platform in 21st century psychiatry (and the latter part of the 20<sup>th</sup> century), but not necessarily universally accepted even in the professional community (Moncrieff, J., 2009; Olfiman, S., 2007; Kiesler, D.; 2000; Valenstein; E., 1998; Armstrong, T., 1997), and which, in its purest form, for the most part, leads to the labeling of a psychiatric disorder and subsequent psychiatric treatment based on prescribing pharmaceutical drugs. Additionally, there are other models of psychology that more fully explain the various dynamics involved in the development of mental health disorders and for mental health in general.<sup>1</sup>

The medical model involves identifying the symptoms that an individual displays, matching these symptoms to a list of symptoms as denoted in the DSM-IV (DSM-V, May/June, 2013), the accepted psychiatric book of disorders, and then determining the appropriate label for the disorder. What is deemed to be the appropriate medication and/or other treatments for that disorder is then prescribed. Therapy is sometimes used in conjunction with drug treatment; however, in commonly practiced modern psychiatry based on the "medical model," therapy, educational remediation, parental training, psycho-education or self-help is often given secondary consideration and sometimes given very little, if any, consideration at all. In reality, self help and lifestyle changes need to be considered with any psychiatric diagnosis, and, in giving attention to these, many or even most of the symptoms of ADHD can often be addressed.

Studies have indicated that children who spend time outdoors, as one example, receive benefits of a positive reduction in symptoms of ADHD as a result (Kuo, F.E., Ph.D., Taylor, A., Ph.D., 2004). It is also possible that children who watch less television (or who spend less time playing video games) might also benefit in terms of a reduction in the intensity of symptoms associated with ADHD over the immediate and long-term (Cristakis, D., 2004).

Some parents who have cut out television and video games for their children during the school week have seen dramatic improvement in the ability of their children to concentrate on their schoolwork with a marked improvement in focus. Some have found that improvement in diet results in a reduction of symptoms associated with ADHD.

The label "ADHD," as considered in this book, is a practice that can

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<sup>1</sup> See:: Bronfenbrenner's Ecological Systems Theory. Dede Paquette – John Ryan. *National-Louis University*.

be controversial, and that in some countries, such as in Great Britain, has been resisted by the professional community up until recently. (Britain has not been as readily disposed to prescribe medication for ADHD as has the U.S.)

Additionally, the practice of labeling a person, "my son *is* ADHD," "my daughter *is* bipolar," is something that is not encouraged by many mental health advocates and advocacy groups or some government mental health agencies. One Seattle teen who had bipolar disorder said that it helped her by changing the way she expressed her experience. By saying "I *have* bipolar" rather than "I *am* bipolar," it helped her to see herself as a "whole person," and that "the illness was something that she "could live with, not something that defined my existence." (Johnson, Linnea, *Spring 2012. NAMI Voice*). With these considerations in mind this book endeavors to avoid labeling those who manifest or demonstrate symptoms of ADHD as *being* ADHD, or even necessarily *having* ADHD, as if there is nothing that can be done about it other than cope, but individuals may be viewed as having symptoms that are associated with ADHD.

An excellent and balanced resource on the issue of labeling in mental health, especially as it relates to children and teens, is the book, *Please Don't Label My Child, Break the Doctor-Diagnosis-Drug Cycle and Discover Safe, Effective Choices for Your Child's Emotional Health*, by Scott Shannon, M.D. a child psychiatrist with years of experience in helping children and their parents with a wide variety of psychiatric issues.

The *American Psychiatric Association's Diagnostic and Statistical Manual-IV, Text Revision DSM-IV-TR* is used by mental health professionals to diagnose mental health disorders (DSM-V, May/June, 2013). ADHD refers to attention deficit hyperactivity disorder and what has been commonly referred to in the past as ADD, or attention deficit disorder. The DSM- IV-TR breaks down ADHD into three sub-classifications: **ADHD, Combined Type**, which includes symptoms typical of ADHD, along *with* hyperactivity and impulsivity; **ADHD, Predominantly Inattentive Type**, what has been referred to in the past as ADD, or attention deficit disorder, *without* significant hyperactivity or impulsivity; **ADHD, Predominantly Hyperactive-Impulsive Type**, when distractibility and inattentiveness is *not* significant. See: *Center for Disease Control and Prevention (CDC), Attention Deficit/Hyperactivity Disorder (ADHD) - Symptoms and Diagnosis*. The revised edition, DSM-V is available at the time of the publication of this book. <http://www.psych.org/mainmenu/research/dsmiv/dsmv.aspx>

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*"But the label—and the treatment—wouldn't have touched the true stress at the heart of Melanie's problem: her lack of connection with her overworked and emotionally unavailable parents." Please Don't Label My Child, Break the Doctor-Diagnosis-Drug Cycle and Discover Safe, Effective Choices for Your Child's Emotional Health. Scott Shannon, M.D., p.20.*

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Photo: [www.istockphoto.com](http://www.istockphoto.com) Mirostav Ferkuniak

## Single-Parent Families

A disproportional number of children from single parent homes are diagnosed with ADHD (Bee, H., et al., 2007). In some single-parent families, it may be difficult to maintain the structure that some children need. In some families, not necessarily single-parent families, there may be a need to set appropriate limits in the home for children who may naturally not be the easiest to deal with. Additionally, problems in family life, including any destabilizing events, which is not uncommon in all socio-economic classes today, can affect the stability of the child and can manifest itself in behavior or attention problems in school.

Children need love, time and attention from parents as well as strong emotional attachments. When these are present, it can be a bulwark for children who are prone towards symptoms of ADHD. Some children need a great deal of personal attention during certain periods of their childhood, and parents can be cognizant of these needs and give individual attention to each of their children, especially those who may be manifesting difficulties with attention and focus.

Many sincere single parents struggle to make a living and provide a loving home in which to raise a child. The challenges of both working and raising a family can leave one with little energy at the end of the day, and it can be challenging to meet both the physical and emotional demands of raising children. This can make it difficult for some parents to provide the ideal situation for their children (Hill, K., 2006). Some single parents, then, may face difficulties balancing the emotional needs of their children with the struggle to make a living, especially if they have several children. Grandparents and other caregivers may also face unique challenges in this regard.

Many principals and teachers are a source of unconditional love and support for children who might not otherwise receive love, tolerance or approval. Because teaching style can make a significant difference in the success of a child, teachers are encouraged to be patient and to help children to succeed as well as trying to avoid being unreasonable or harsh. Children are often in school for the better part of the day, and many are in after-school programs, including programs that help children with homework.

Much is expected of teachers in helping children to perform well academically, but it must also be noted that there are factors in school, at home, and in the community that can contribute to a child's difficulties in succeeding academically. There are multi-faceted dynamics involved in a child's success, and this is most likely true with mental health issues, including those associated with ADHD. (Please refer to Urie Bronfenbrenner's Bioecological Model of mental health, in contrast to the "medical model" of mental health, commonly used as a basis for labeling and drug treatment). (Paquette, D., Ryan, J., 2001. National Louis University). A positive and pro-active classroom environment can positively affect the ability of some children to concentrate.

## What Causes ADHD?

Joel Nigg, Ph.D., author of the scientifically-oriented book, *What Causes ADHD? Understanding What Goes Wrong and Why*, who is an associate professor of psychology at Michigan State University, develops the idea that the causes for ADHD can be many and varied:

### Prenatal

- Prenatal exposure to drugs, alcohol and smoking.
- Prenatal exposure to some prescription drugs.
- Babies born prematurely have a greater risk of symptoms associated with ADHD.

**Genetic factors** - Children may be born with a predisposition towards the symptoms of ADHD or depression. Other children in the same household, who may not be genetically predisposed, might not develop these same symptoms.

**Environmental factors** - There is some evidence that certain environmental contaminants can contribute to the development of symptoms of ADHD in certain children, including PCBs, lead and mercury overexposure or poisoning (Nigg, J., 2006).

## ***Causes of ADHD, continued***

### **Social factors**

**Social factors** - Social isolation or the need for friendships and positive (non-electronic) recreation might also be contributing factors in some of the symptoms associated with ADHD for some children.

**At home** - The need for strong emotional attachments, or a lack thereof, can contribute to symptoms of ADHD. Family problems, family instability or a disorderly home environment can be contributing factors in some children's inability to concentrate or focus.

**In the classroom** - There is some evidence that an improvement in the classroom environment might help some children to better focus in class. Symptoms of ADHD strong for a particular child in one classroom might not be so pronounced in another (Rabiner, D., March 2010; See also, *Focusing on Instruction, Teach ADHD*).

### **Physical Needs**

Good diet and proper nutrition, regular meals each day, as well as exercise, can make a difference for children and teens with symptoms of ADHD. Adults who are diagnosed with ADHD, or any mental health disorder, should give attention to these important areas of life. This can also be true for depression. Diets low in sugar and low in refined carbohydrates can have value in terms of good general health but can also contribute to good mental health.

This can mean doing without donuts, cakes, candy, cookies, white flour, and white rice. Instead, opt for whole-grain foods, brown rice, whole wheat flour, and healthy snacks as a general rule of thumb; try to keep a balanced diet and not change the diet to an extreme. Children surprisingly love snacks like carrot and celery sticks, even in school. Don't confine your fruits to apples, bananas and oranges. Treat yourself and your children to the more exotic varieties of fruit. This can help hook them on eating healthy foods, which can help some children with symptoms of ADHD. Eating healthy food is a good practice for health and mental health unquestionably. Providing children with regular, healthful meals and snacks that are natural rather than highly-processed foods, many of which may have many added chemicals and additives, can make a positive difference. Mayo Clinic states that while it is unlikely that food additives *cause* ADHD, it is possible that hyperactivity might be aggravated by some

food additives; other reliable sources agree.

Children and teens really do need to eat *three* healthful meals a day. While it might seem as if that goes without saying, a surprising number of children and teens don't eat regular meals. A healthy, regular breakfast is essential for a child's ability to concentrate in school. If a child skips breakfast regularly or regularly eats foods high in sugar content, it can contribute to some of the symptoms of ADHD and/or depression for children who may have that genetic predisposition, especially when diet issues are present with other contributing or aggravating factors.

Girls who are diagnosed with ADHD are more likely to be of the inattentive type, boys tend to be hyperactive (Mayo Clinic). It stands to reason that a girl who does not eat regularly, doesn't eat breakfast, and skips other meals lacks proper nutrition that might be contributing to her symptoms of inattention. This has been observed and noted in the classroom. School nurses, knowledgeable and authoritative on this subject, can and do talk with students who need help in the area of diet and nutrition.

In Newark, NJ, as one positive example, the implementation of a school breakfast program resulted in a 95.7% participation rate during the 2008-9 school year. School breakfasts went from 8,000 a day in 2004 to 25,000 per day during 2008-9. Other cities of note in this regard were Columbus, OH, and Boston, MA (Essex News, February, 2010).

One of the problems, though, noted with school breakfasts, is that many of the breakfasts served at public schools are often of very low nutritional value and high in sugar content: Fruit Loops, Apple Jacks, sugary muffins, Pop-Tarts, etc. There needs to be effort in many school districts to provide a consistently more-nutritious breakfast to children, one that is consistent with the health education that children and teens receive in class. Some school districts have made efforts along these lines, and some parents' groups have campaigned for better nutrition in their schools' menus.

**Media** - Long hours with the media, television, movies, video games, and the Internet might affect the mind and behavior of many children. Content, such as violent content, excessive action-violence or cartoon violence, as well as regularly watching horror movies or pornography<sup>2</sup> and other sexually disorienting material, might also be factors that contribute to symptoms of ADHD, depression or bipolar disorder for some children, teens (or adults) (Nigg, J., 2006).

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<sup>2</sup> Parents, stepparents, guardians and anyone who works with children should realize that exposing under-age children to pornography or other non-educational sexual material may be considered a form of child abuse or gross neglect in some states. Many states have mandatory reporting laws for any form of suspected child abuse.

## **ADHD, bipolar disorder and other disorders or conditions with similar symptoms**

Symptoms that are evident with an ADHD diagnosis can also manifest themselves in other disorders, such as bipolar disorder. One clinical psychologist in a public school candidly acknowledged that *"it is difficult to accurately diagnose disorders [such as ADHD and bipolar disorder] in children because the symptoms of [several/various] disorders overlap. The same symptoms often manifest themselves in different disorders."*

Mayo Clinic states that there are symptoms that resemble ADHD in the following disorders or conditions: learning or language problems, mood disorders (such as anxiety or depression), hyperthyroidism, seizure disorders, fetal alcohol syndrome, vision or hearing problems, Tourette Syndrome, sleep disorders, and autism. Also of note is that some of these disorders are diagnosed in as many as one in three children diagnosed with ADHD.

Psychiatrists might treat a client for both ADHD and bipolar disorder, or might mistakenly prescribe medications through an inaccurate diagnosis. One of the issues involved with the pharmaceutical route for treating ADHD is that many children initially prescribed a stimulant for ADHD soon find that pharmaceutical drugs for other perceived disorders or conditions become a part of their daily regimen. Additionally, misdiagnosis is not uncommon. One of the reasons for this may be that evaluations are subjective rather than objective or scientific. One recent study concluded that over half of the clients being treated for bipolar disorder, as an example, were misdiagnosed and subsequently being treated (with pharmaceuticals) inappropriately (Zimmerman, M, M.D., 2007-9). The point of this is that psychiatry is not an exact science, but there is much room for personal interpretation and error by mental health professionals.

In Zimmerman's study, a more developed, accurate, and scientifically-oriented analysis of the symptoms of each respondent resulted in a different conclusion than what was often a subjective interpretation of symptoms. What was true in this study of bipolar disorder of over- or misdiagnosis may also be true of ADHD as well, suggests Sharna Olfman's research in *No Child Left Different*. Olfman is a clinical psychologist and Associate Professor of Psychology at Point Park University in Pennsylvania. David Rabiner highlights one clinical study indicating that there may be a 17% over-diagnosis of ADHD in children, which is a conservative estimate.

## ADHD is not life threatening

ADHD poses no imminent danger to a child. A child might be more accident prone, but with a little extra attention by parents this needn't be a major concern, and the probability of medicine fixing that problem is uncertain. Of encouragement to parents is what is stated by author and ADHD authority Russell Barkley that ADHD is not "a pathological condition or a disease stage". Rather, it is a "natural or developmental form" of the disorder ADHD, and then, *"should not be considered some grossly abnormal pathological condition."*

Instead, ADHD is described as a condition that is *"not qualitatively or categorically different from normal at all, but likely to be the extreme lower end of a normal trait. Thus the difference is really just a matter of degree and not a truly qualitative difference from normal."* Barkley states, *"this should help everyone view ADHD from a kinder perspective."* (Barkly, R., 1997).



Photo: [www.istockphoto.com](http://www.istockphoto.com) CraigRJD

### **Mistaken Identity: Child abuse and sleep disorders are often misdiagnosed as ADHD**

**Child Abuse** – Children who have been sexually abused have frequently mistakenly been treated for ADHD, bipolar disorder or other

psychiatric disorders. Treatment and care for children who may have been victims of child abuse of any type is much different than the treatment for ADHD or bipolar disorder. Therefore, caregivers and professionals need to be very discerning before recommending pharmaceutical treatment. Recovery from child abuse is never as simple as prescribing a pill and requires a multi-dimensional, long-term effort. Support, therapy, and especially love and acceptance are critical for recovery. A peaceful home life, stability, approval, and reassurance are necessary to the fullest possible extent from family, caregivers, teachers, and mentors.

**Children with sleep disorders** have also been mistakenly treated with medications for ADHD. Children who are having trouble sleeping are often misdiagnosed with ADHD.

There can be many reasons that children are having difficulty sleeping, and there can be practical solutions as well. One counselor recommends a "wind down" period one hour before going to bed. Also, keeping the television, video games, and Internet out of the bedroom can be of help to many children. Making sure children do not view stimulating movies or play stimulating video games before bedtime can be of help (Walker, S., 1998).

Children need exercise as do adults. Healthy outdoor activities are demonstrated to help many children with symptoms of ADHD and depression as well as being an aid in helping a child or adult to sleep better at night (Armstrong, T., 1997).

### **Children often outgrow symptoms of ADHD**

Of encouragement for parents of children with ADHD symptoms is that up to 35%, some say 50%, of children and teens who have the symptoms labeled as ADHD outgrow these symptoms and no longer fall within a classifiable range as a matter of course (Barkley, R., 2008, p.49).

Symptoms and behavioral issues may be most difficult for the teacher in the classroom, or sometimes for the parent, but ADHD seldom poses imminent danger to the child or to classmates.

**Prevention:** Pregnant women who smoke, drink alcohol or abuse drugs put their future children at greater risk for ADHD. Adequate prenatal care, proper diet when pregnant, and regular visits to the doctor are essential. Breast feeding may also help the baby to bond with the mother and the mother to the baby, and this can be another effective preventive measure for ADHD.<sup>3</sup>

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<sup>3</sup> Rapley, G., October 5, 2002. Keeping mothers and babies together--breastfeeding and bonding. *RCM Midwives*. [www.ncbi.nlm.nih.gov/pubmed/12851979](http://www.ncbi.nlm.nih.gov/pubmed/12851979)

## **Child and Adolescent Mental Health and the Media**

*Video game play contributes to symptoms of ADHD.*  
Iowa State University researchers

*Drawing helps kids to focus in contrast to watching television cartoons.* University of Virginia Researchers

*Major Depression is associated with increased time listening to popular music for adolescents.* Researchers at the University of Pittsburgh

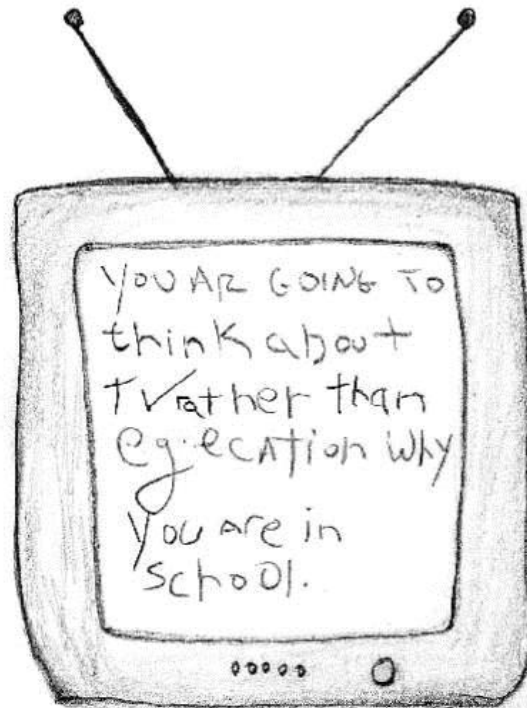
*Major Depression in adolescents is reversely correlated with time spent reading print media, such as books.* University of Pittsburgh



## Chapter 2

### The Media and ADHD

Media: Television, Movies, Video Games, Music, Internet  
Parental Training  
Problems and Solutions



\* HOW IS THIS GOING TO INTERFERE WITH BEING SUCCESSFUL?

*"We must be willing to look at any and all aspects of a child's life that seem to be off-kilter and not just focus on the symptoms that are most apparent to adults. In my practice, I find that I can do the most good if I don't apply a diagnostic label at all."* Scott M. Shannon, M.D. Pediatric psychiatrist.

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\* Reproduction of young grade school child's work

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Studies indicate that children who play video games on school days have lower grades than children who do not.<sup>4</sup>

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Photo: Aaron Escobar

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*Excessive time watching television and movies has been shown, in some clinical studies, to have a correlational relationship with symptoms of ADHD in children. Content might also be a factor.*

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<sup>4</sup> Cummings, H., 2007, as reported in the *Archives of Pediatrics and Adolescent Medicine*. *American Academy of Pediatrics*.

## Television & Movies

The fast-paced imagery of television is believed to have, with a reasonable degree of certainty, a connection with attention problems in children. This is especially true for children in their early childhood. One study concluded that for every hour a day that a child watched television, a child's chances of manifesting the symptoms of ADHD as an older child increased by 18% (Christakis, D., et al, 2004).

The content of what children watch also may have a bearing on their ability to concentrate. A study conducted by Iman Sharif, M.D., from the Department of Pediatrics, Children's Hospital at Montefiore/Albert Einstein College of Medicine in Bronx, NY, and James Sargent of the Department of Pediatrics, Children's Hospital, Dartmouth Medical School, Lebanon, NH, concluded that there is a strong correlation with lower school grades and media time. The team recommended that parents limit weekday television and video game time to one hour or less a day.

Exposure to adult material, including R-rated movies and videos, was also correlated with lower grades. The team further recommended restricting access to cable (television) movies, R-rated movies, and videos (Sharif, I., et al., 2006). Too much television is likely to negatively affect grades on math and reading scores (Parents Magazine, November 2005).

Violent films and television (as well as violent cartoons) are being viewed by children as young as kindergarten and pre-kindergarten ages. In one public school classroom in NJ, 50% of first-graders watched films of extreme violence. For some, it has been noted, this can result in disorientation and inability to concentrate. This observation has been observed in many inner-city classrooms.<sup>5</sup> It is possible that long hours with television and movies might also contribute to symptoms of depression in some young children (Sigman, A., PhD., pp. 5, 187-189, 193).

## Excessive time spent with electronic stimuli

Most children spend between 2.5 to 6.5 hours a day engaging in media-related entertainment, such as television, movies, video games, the Internet, and iPods. The question posed, "*Are Our Children Too Wired?*," in a *Time Magazine* article is a valid topic. Children or teens often multitask when watching television, talking on the cell-phone, and when using the computer or iPod, texting, creating emails, (engaging in two or more activities at the same time) (Wallis, C., March 19, 2006). Long hours with the media in any form can also contribute to symptoms of inattention, distractibility, and other symptoms associated with ADHD.

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<sup>5</sup> New Jersey Teaching Notes, 2005-2010.

## Video Games

*Roberto was 12 years old, and he had been on stimulant medication for ADHD for over a year. Still, none of his teachers could handle him, and his parents didn't know what to do with him. His grades were still failing, and he had tried several different medications.*

*However, a point that had never been addressed was that when Roberto came home from school, he didn't do homework or socialize, but usually played hours of the most-violent video games. During this time, he was unsupervised and alone. Is it possible that these many hours playing video games alone might be affecting his ability to sit still in class, concentrate on schoolwork, or to be able to integrate socially with other students? This illustrates the need to address root causes rather than to emphasize treating symptoms when considering childhood behavioral and mental health issues.*

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Boys can especially be susceptible to spending long hours daily playing video games. Video games can be addictive for many children and teens. This might contribute to symptoms associated with ADHD. During a classroom discussion on anxiety, one educator and counselor commented that children "don't really need video games" when fifth-grade students spoke of having two or three different types of video game units each.<sup>6</sup>

Parents can and should provide alternative mentally, physically, healthful, and enjoyable activities for children without needing to provide an assortment of mentally-disorienting video games to children. There are many options for entertainment that children often enjoy more than video games once they get used to the idea.

A school psychologist who had pre-teenage children of her own and who also works regularly with children who have symptoms of ADHD says that after reading about the adverse psychological and possible adverse physical effects that video games can have on children and teenagers, she took video games out of her home. Her children are of college age today, and they are successful.<sup>7</sup>

Of course, not all video games are detrimental to children. An Iowa State University study on the subject acknowledges that some video games can have a positive affect on children's social skills, especially if they are pro-active and genuinely educational. The most common use of video games for children and teens, however, is video games with action and action violence, driving cars recklessly, or shooting one thing or another. If not pointed in the right direction, boys easily acclimate to long hours playing these types of games. Most boys in the inner-cities are regularly playing very violent video games. Girls, by contrast, in school,

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<sup>6</sup> New Jersey Teaching Notes, 2006.

<sup>7</sup> Ibid.

tend to gravitate towards gentler video games when they play on the computer, although some might also get hooked on violent video games.



Photo: Quinn Norton

*Playing aggressive or violent video games might also have a correlation with symptoms of ADHD in some children.*

Some pro-active games may be utilized in a school setting by educators for children, though some early childhood teachers prefer not to, and educational games are available on the Internet. However, parents need to choose video games for their children very carefully, directing their children towards games with a positive influence, preferably those of a slower pace, if they allow or encourage their children to play video games at all. This takes a great deal of effort on the part of the parent, and, in some instances, it might be easier for parents to forego video games for their children in the home in lieu of other forms of recreation.

Many Internet-based video games commonly played by children in public schools, promoted as “educational,” are not in the least manner educational, but are labeled such because it is easier to get games labeled “educational” through the public school’s Internet filtering system (and other Internet filtering software) and under the teacher’s radar. (e.g. Does counting the number of bridges, tanks or apes you blow up with bombs or shoot, or the number of parachuting penguins you shoot down really teach a 5<sup>th</sup> grader math?). At the best, such video games are

mind-dulling, usually aggressive in one way or another, socially isolating, and can consume a child's time, a habit that follows many children through their adult years even into marriage.

## **Movies and Children**

Some children watch between one and three movies daily, every day, or as many as five or six movies in a single weekend. Fast-paced action movies and movies that feature the macabre or occult, "scary" or horror movies, and otherwise violent movies can be overwhelming to the minds of some children in their early childhood and childhood years (Schmidt, B., M.D., 1991).

The artificial stimulation of movies and other intense forms of media can overwhelm a child's senses and may leave some children emotionally vulnerable as well as making it difficult, for some children, to concentrate on regular school work, sit still in class, or socially integrate pro-actively with other children. Noted child psychiatrist Peter Neubauer observed that the effects of movies which have disturbing content are usually more intense with children who come from poorly structured families. Lacking cohesion at home or positive emotional reference points, these disturbing scenes or themes in movies can result in further disorienting a child (Neubauer, P., PhD).

## **Solutions**

One educational psychologist in Paterson, NJ, concerned with what she described as "the epidemic" of ADHD cases in her school, encouraged parents to set firm limits for children in terms of television, video games and movies as well as in other areas of life.<sup>8</sup>

Parental training programs have been recommended as a general positive intervention to help parents fulfill their parental role. Parental training can help parents, including single-parents, to care for, set limits, and, in some cases, to learn how to raise and discipline children appropriately and effectively (Hill, K., Ed.D. Paterson, NJ. 2005). School counselors and principals might consider initiating such parental training in their schools, which can be concise and simple.

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*A 2012 clinical study with preschool children with ADHD, conducted by researchers from Queens College, NY, has concluded that "consistently engaging children with ADHD in activities that challenge and exercise particular neurocognitive functions can strengthen the underlying neural activity that support these functions and thereby diminish ADHD symptoms."* Journal of Attention Disorders, March 15, 2012. See p.76.

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<sup>8</sup> New Jersey Teaching Notes, 2006.



*Children need firm limits and warm personal attachments*

## **Parental Training**

Parental training can help parents acquire new parenting skills and insight, which can result in a more-stable family structure for children. Small adjustments can make a big difference for some children who are struggling with symptoms associated with ADHD.

Newly acquired or refined parenting skills can result in the child's better coping with and even overcoming ADHD. The results may well result in lightening the load on parents themselves in the long run. Some community-based programs, religious organizations, and public schools<sup>9</sup> provide information, workshops, seminars, or meetings for parents for this purpose. Utilizing such programs and training can benefit parents and children. Self-education through reading and study on the subject of parenting can also help.

Keisha Hill, Ed.S., a school psychologist, states with compassion, "Every day I talk to hard-working educators, parents, guardians, and grandparents who are calling out for help in dealing with children with ADD/ADHD. Regarding the classroom, teachers and staff would benefit from training in research-proven strategies for children with ADD/ADHD. Furthermore, from what I have seen, these strategies are potentially

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<sup>9</sup> NJ teaching notes.

beneficial to all students, even those without attention difficulties. However, the school cannot create optimal environments for ADD/ADHD in isolation. The home environment is very important. Although many parents are doing the best they possibly can to help their inattentive/hyperactive child and to just make it through the day without a tantrum or crisis, parent training groups have proven to be very effective.

For example, once parents understand that children with attention difficulties cannot self-regulate or 'keep everything together' as well as other children, they will need assistance [as] a parent with concepts such as decision-making [and] time-management and organization."

Parental training is a valuable provision for many parents and, in turn, for children that can make a big difference in a child's long-term success.

## Music

Teens are often deeply enamored with music, and for some it can become an almost religious passion. (Crouse, J.S. *Concerned Women for America*). When this love for music is focused in a positive direction, it can provide wholesome recreation and contribute towards good mental health. For a child who learns to play a musical instrument, for example, a child can gain a feeling of accomplishment and satisfaction, as well as self-esteem, as he makes progress in developing skills in music. (Timmes, A., 2005).

In some schools in Newark and Paterson, NJ, music teachers have educational programs whereby children can learn to play instruments such as the violin, something that children can practice at home, and, within six months time, most of the children in one noted public school program in Paterson, NJ were playing very nicely. They are required to practice a half-hour a day at home in addition to time reserved for the activity a few times a week at school. Another middle school in Newark featured piano lessons for their students with ten or fifteen electric pianos made available for classes and practice.

This can help children in their ability to focus and concentrate as well as help them develop a feeling of accomplishment and self-esteem. Similarly, although not necessarily scientifically proven at this point, children who are exposed to wholesome music from a young age might benefit in their cognitive ability and development.

On the other hand, the intense music that dominates much of the music scene today, especially for youths or children, can overwhelm their mind, both as a result of the intensity as well as the time spent in this form of entertainment. It can, at times, contribute to problems with inattention, depression or contribute to the intensifying of some of the symptoms in some cases of bipolar disorder.<sup>10</sup>

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<sup>10</sup> Primack, MD, EdM, MS, et al., 2011. *Archives of Pediatric and Adolescent Medicine*.



There is, what would seem to be, an established connection between listening to intense music with strong emotional impact and mental health difficulties for some individuals. Additionally, the amount of time spent doing so correlates with some mental health difficulties for some children, teens and adults. The music we listen to can affect the chemical balance of our brain, according to Joel Robertson, author of *Natural Prozac* (Robertson. J., PhD, 1998). This can be something positive if we are selective with our music.

The amount of time spent with music is something that parents and mental health professionals, as well as educators and principals, might need to contemplate. Some schools have incorporated strict policies in the school concerning iPod use and music during classes and in the halls. Moderation in music, then, can be helpful to some teens. Exposing children and teens to music that is less intense, and to a wider variety of music, which includes lighter music, such as light classical or other mood and folk music, can have a beneficial and positive effect on children. Some teachers in public schools do this, and the strains and melodies of a wide variety of music can be heard from the classrooms of thoughtful music teachers who work hard to educate children by expanding their musical horizons.<sup>11</sup>

For children and youths who spend long hours with iPods, on the Internet with music and music videos, and the radio, intensifying of symptoms associated with some childhood or teen mental health disorders might result. The mind is overwhelmed and cannot keep up with the intensity and fast pace of what it is assimilating on a daily, even hourly, basis. This, along with other factors, might contribute to symptoms of ADHD or depression in some children.

ADHD, then, may be the result of a genetic predisposition, along with any of a number of combinations of other factors, many of which are controllable or adjustable.

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<sup>11</sup> Rafael Hernandez Grade School, Louise A. Spencer and Malcolm X Shabazz High School, in Newark, NJ, are three schools of note along these lines, although there are many others.

***Learning to play a  
musical instrument, such as***



Photo: [www.dreamstime.com](http://www.dreamstime.com) Macromayer

***...violin or piano, can help a child to develop self esteem  
(Timmes, A., 2005), as well as to develop his or her ability to concentrate.***

## Chapter 3



### Is Medication the Answer?

Drug treatment, Amphetamines  
Note from Center for Disease Control  
and Prevention  
Drugs have potential for abuse  
Antidepressants  
A realistic view of the benefits  
of medication and side effects

*It is generally acknowledged in the psychiatric and psychological professional communities that psychiatric medication treats symptoms rather than the illness or the cause of the illness itself. Psychiatric medication has been likened to an analgesic in that an analgesic does not address the cause of the pain but merely assuages it.*

*Professor of psychology at Queens College, Jeffrey Halperin, who has researched ADHD for more than two decades, states, "Much of the current data suggests that even kids who have been successfully treated with stimulant medications when they were young don't show lasting and long-term progress. Basically, drugs are only effective as long as they're being taken. Drugs don't have 'stickiness,' they don't persist". (See p.76).*

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*The biggest reason parents are reluctant to prescribe medication for ADHD to their children is the side effects. Some of the side effects of ADHD medicine can include "insomnia, anorexia, nausea, decreased appetite, weight loss, headache, increased blood pressure, faster pulse, abdominal pain and shifting moods. In some people, stimulants may cause involuntary muscle movements of the face or body (tics)." At times, not commonly, side effects can be more serious, including "seizures, high blood pressure (hypertension), delusions (psychosis) or liver problems." (Mayo Clinic, 2010).*

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*"I'm not an enthusiast for attributing too much to an individual's biochemistry. I think that it is important for certain problems, but I think that the overselling of medication is one of the worse problems in the field, and it is getting worse all the time. Some psychiatrists now don't even seem able to talk to people - they only listen to decide which medications to prescribe. It's a shame." Noted Stanford University therapist and founder of the Family Therapy Institute, Washington, D.C., Jay Haley (Yatko, M., 2012).*

In the decades of the 1960s and early 1970s until today, the medical model of psychiatry, and along with it the increasing use of psychiatric drugs for common mental health disorders, became the most common platform for psychiatric treatment. In the 1970s, stimulant drugs used for treating ADHD become widely used. Drug treatment, along with counseling and therapy, have increasingly been employed as the front-line treatment for addressing ADHD (and depression) in the past few decades. Treating adults and children with medication for mental health difficulties and disorders has been and continues to be the subject of much controversy and conflicting clinical studies (Kluger, J., 2003).

Stimulants are frequently prescribed for ADHD, and antidepressants have also become a standard secondary form of treatment when symptoms of depression manifest in children. Symptoms of depression or clinical depression, after starting drug treatment for ADHD, does occur with some children (Mental Health Weekly, 2004). It is possible that for some children, pharmaceutical treatment for ADHD might contribute to depression or to bipolar disorder over time (Olfman, S., 2007. p.58). Use of anti-depressants might contribute to symptoms or development of bipolar disorder for some children and adults.

Although drugs have been used for centuries in efforts to neutralize psychiatric disorders, including depression, widespread use of drugs for treating psychiatric disorders came into its own in the 1950s in psychiatric hospitals with the introduction of the drug commonly known as Thorazine (chlorpromazine), which was administered as an antipsychotic to acute patients for schizophrenia and other psychotic disorders. It became the first widely-used typical antipsychotic. Typical antipsychotics that followed are much stronger in potency than Thorazine. (This is where the term “chemical straightjacket,” or “chemical lobotomy” originated). Atypical antipsychotics with side effects less potent than typical antipsychotics, but strong medications nonetheless, were in the mainstream by the mid-1990s. The prescribing of such strong drugs is especially problematic for vulnerable subsets of the population, such as children, teens, foster children, as well as adults and children on Medicaid, who may be prescribed strong psychiatric drugs more than is necessary and at higher doses. These drugs are often administered in a less than responsible manner, and there is a strong counter-movement among professionals away from the medical model towards a more balanced and responsible approach towards mental health treatment. Balanced mental health treatment includes prevention, self-help and non-pharmaceutical professional therapies. Giving consideration to the history of psychiatric drugs and to drugs other than those typically prescribed for ADHD is something that should be considered by parents due to the fact that treatment with stimulants may only be the first step in a progressive use of psychiatric drugs after the initial diagnosis and treatment. Stimulant use may lead to a prescription for antidepressants or antipsychotics, medication to help the child sleep, anxiety medication and so on. This

type of progressive use of pharmaceutical drugs for children is, in fact, what is advocated by one of the top selling books on ADHD based on actual treatment policies in a well-established U.S. clinic for ADHD. Parents should be aware of this before they start pharmaceutical treatment.

## **Drug Treatment for ADHD - Questions and Answers**

### **Q - Do medications for ADHD have strong side effects?**

**A** - Medications for ADHD, in general, do have strong side effects for most children. Approximately 90% of those who take medications for ADHD will experience strong side effects when they initially take the drug. However, the intensity of the side effects gradually lessens, so that within six months, only 50% will experience strong side effects, and by two years only 15% will.<sup>12</sup>

### **Q - What are the side effects of stimulant medications?**

**A** - There are side effects in the use of the vast majority of prescription drugs. With every benefit of using a psychiatric drug comes a risk. Parents, treating physicians, and child study teams must evaluate risks versus possible benefits. Some of the less serious side effects for medications used in treating ADHD are changes in weight and eating habits, (stimulants act as an appetite suppressant - some other psychotropic drugs have the opposite effect and lead to weight gain or even diabetes), difficulty sleeping and changes in mood.

Other side effects that have been mentioned are robotic effects, lack of flexibility, workaholic tendencies, insomnia, and a feeling that you are going to "jump out of your skin." Facial tic-disorders and the exacerbation of previously occurring tic-disorders can be side effects for a subset of children treated with stimulant medication. (6.4% of children with no previous history of tics reported new onset of tics with stimulant treatment, according to one study, and 2% discontinued stimulant treatment because of onset of new facial tics).<sup>13</sup> On the other hand, however, some have argued that tic disorders have developed for children with ADHD treated with placebos. There have been isolated instances of the actual development of Tourette Syndrome in association with the use of stimulant medications (more details on facial tics on page 38).

Very serious side effects are experienced by less than one percent

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<sup>12</sup> Rabiner, D., January 2006. *Attention Research Update* newsletter. Based on the following study: (Monastra, V.J. 2005. Overcoming the barriers to effective treatment for attention-deficit/hyperactivity disorder: A neuro-educational approach. *International Journal of Psychophysiology*, 58, 71-80).

<sup>13</sup> Palumbo D, Spencer T, Group CS: Impact of ADHD treatment with once-daily OROS® methylphenidate on tics. Program and abstracts of the Annual Meeting of the American Psychiatric Association; Philadelphia, Pennsylvania; 2002. As referenced in *Medscape Today News*. [http://www.medscape.com/viewarticle/458811\\_2](http://www.medscape.com/viewarticle/458811_2)

of those who take the drugs and include schizophrenic-like symptoms, suicidality, or sudden death due to heart failure for those with undetected congenital heart defects (Mayo Clinic, Aug. 2011). Side effects are the primary reason many parents are reluctant to accept prescription medication for their children.

A clinical study released in 2009, published in the *American Journal of Psychiatry*, examined the issue of sudden unexplained death for children and adolescents taking stimulants for ADHD. It concluded that, for youths taking ADHD medication, the odds of sudden unexplained death are six to seven times greater than in the general population. The study concluded, “*Such an association is biologically plausible given the central and peripheral catecholaminergic effects of stimulants and significant increase in heart rate and blood pressure that accompany their use.*”<sup>14</sup>

**Q - Are there any who don't respond to ADHD medications?**

**A** – Up to 42% of those who take medications for ADHD have no positive response, and, for some, stimulant medication results in increased behavior problems.<sup>15</sup> There seems to be a similar rate for antidepressants, where approximately 60% do not respond to the first antidepressant prescribed (Science Daily, December 15, 2011), and up to 50% do not experience any improvement in depression with antidepressant use (Virginia Commonwealth University Research, November 2011).

**Q - Are the positive effects of medications for ADHD long-term?**

**A** - For those who experience positive effects from drugs for ADHD, those effects have a parallel profile to the side-effect curve. They are generally effective over the short term, but their effectiveness in individuals gradually diminishes over approximately two years (Rabiner, D., January 2006, *Attention Research Update*).

**Q - Do clinical studies support the use of non-pharmaceutical methods in treatment of ADHD?**

**A** - Yes, there are some clinical studies which indicate that "green therapy," as an example, time spent outdoors in a natural setting, playing in the park, etc., does have a positive affect on symptoms associated with ADHD,<sup>16</sup> and can also have positive effects for depression and for

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<sup>14</sup> Gould, M.S., et al. (September 2009). Sudden Death and Use of Stimulant Medications in Youth. *American Journal of Psychiatry*. 2009;166:992-1001.10.1176

<sup>15</sup> Doggett, Mark, A., Ph.D., 2004. School of Education, Colorado State University. *Journal of Child Health Care*.

<sup>16</sup> “From our previous research, we knew there might be a link between spending time in nature and reduced ADHD symptoms. The greenest space was best at improving attention after exposure. If we kept everything else the same, we just changed the environment, we still saw a measurable difference in children’s symptoms. And that’s completely new. No one has done a study looking at a child in different environments, in a controlled comparison where everything else is the same.” Andrea Faber Taylor, PhD, and Frances E. Kuo, PhD, University of Illinois. August, 2008 *Journal of Attention Disorders*.

anxiety. Clinical studies do indicate that exercise can be a very effective natural therapy for depression (Mayo Clinic, October 2011; Duke Today, Duke University, September 22, 2000); in addition, talk therapy for teens and some children does have benefit and can also be a protective measure for some. Cognitive therapy for depression and ADHD can also be effective in many cases, as can ADHD coaching.

Cognitive behavioral therapy for depression has been demonstrated to have a positive benefit at the same general rate as medication<sup>17</sup> in the short-term and is generally a better long-term solution. It can also be an effective therapy for ADHD. However, because pharmaceutical companies finance most of the studies being performed on the subject of treatment for mental health disorders, even those conducted by universities, there is a shortage of studies on non-pharmaceutical methods in the mental health field and in psychiatry in general. Studies that contradict the results the sponsoring company desires to obtain are often left unpublished.<sup>18</sup>

### **Q - Do clinical studies support the view that medications for ADHD improve grades for children in school?**

**A** - Results are mixed, but it has been concluded by some that grade performance is not significantly positively affected by medications for ADHD. Mark A. Doggett, Ph.D. of the School of Education, Colorado State University, states that a “meta-analysis of 74 studies indicates that use of stimulant medication, “had little impact on educational outcomes.” (Dogget, M.A., PhD, 2004). Parents, though, who are diligent in shielding children from negative media influences, such as violence in the media, may expect positive gains in grade performance (Cummings, (2007).

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*“After demonstrating that 30 minutes of brisk exercise three times a week is just as effective as drug therapy in relieving the symptoms of major depression in the short term, medical center researchers have now shown that continued exercise greatly reduces the chances of the depression returning.”* September, 2000. Michael Babyak, Steve Herman, Parinda Khatri, Dr. Murali Doraiswamy, Kathleen Moore, Teri Baldewicz, Duke University, Edward Craighead, University of Colorado.

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<sup>17</sup> "Studies have shown that cognitive therapy is an effective therapy for depression and is comparable in effectiveness to antidepressants...Cognitive therapy has also proved beneficial in treating patients who only have a partial response to adequate antidepressant therapy...Good evidence has shown that cognitive therapy reduces relapse rates in patients with depression, and some evidence has shown that cognitive therapy is effective for adolescents with depression." Rupke, Stewart J., et al. Michigan State University College of Human Medicine, East Lansing, Michigan. *American Family Physician*, January 1, 2006.

<sup>18</sup> Less than 50% of studies funded or partially funded by the National Institutes of Health were published within 30 months, according to the Yale School of Medicine Researchers. *Science Daily*, January 3, 2012.

**Q - Does use of medications for ADHD lead to an increased risk of drug abuse?**

**A** - Some medication studies may indicate that use of stimulant medications does not contribute to increased risk of drug abuse (Wilens, T.E., et al., 2003). Other studies indicate that there is a higher rate of substance abuse with childhood and adolescent long-term treatment with stimulants after reaching adult age. (Lambert, N.M. 1998). For those with ADHD, there is a 6.2 times higher risk of developing an SUD, according to *Current Psychiatry* in an article entitled, *Do stimulants for ADHD increase the risk of substance use disorders?* This is a correlational rather than causal risk. Studies considered offered differing opinions on this topic. One long-term study found a linear trend between the duration of stimulant treatment and the prevalence of cocaine abuse. Those who had been on stimulants for more than one year had a 27% prevalence rate of cocaine abuse compared with 15% of untreated subjects.

However, other similar studies found no indication of a higher rate of SUDs for those treated with stimulants.

Methylphenidate (Ritalin) and stimulants themselves are highly abused drugs. A study reported in the *National Institute on Drug Abuse* reported, however, that in animal studies, laboratory animals exposed to methylphenidate as juveniles develop a seven-times as great a rate of cocaine dependence as those which had not as adults. The results of this study were not replicated for infant laboratory animals exposed to methylphenidate, which seemed to have close to the same rate of cocaine dependence (Williams, J., Zickler, P., June, 2003). The implication being that there may be some physical or psychological connection between *adolescent* exposure to some stimulant drugs and future drug use potential.

Again, more research is needed to isolate at-risk *sub-groups* for possible increased abuse of prescription stimulant drugs or illegal drugs. Ritalin and prescription stimulants are some of the most widely abused drugs on the street, though, for those prescribed Ritalin or amphetamines it may not necessarily progress to use or abuse of drugs at a greater rate than the general population. The answer is still at large.

**Amphetamines** - Adderall (Dextro/levo-amphetamine) and Dexedrine (Dextroamphetamine) are amphetamines, widely prescribed for children in treatment for ADHD. Methylphenidate, most commonly prescribed as Ritalin, or in a long-lasting formula, Concerta, is one of the most widely used medications for treating ADHD. Another medication that has been commonly prescribed is Cylert (pemoline), a long-lasting medication that does not have the immediate affect of the amphetamines or of methylphenidate (Ritalin). (The FDA has warned of potential liver damage with the use of Cylert. October, 2005. See page 96).



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*"There are several public health concerns relative to pharmacotherapy. Pharmacologic treatment is extremely prevalent. Assessing the health risks and benefits to young children, particularly preschoolers, is a high priority. Children who begin medication therapies very early and receive treatment on a long-term basis may have unknown risks associated with current treatments. Additionally, pharmacologic intervention often does not normalize behavior. Research, albeit limited, suggests that even with long-term treatment, children and adults with ADHD experience substantial problems in the school, home, workplace, and community settings. This raises questions about the effectiveness of pharmacologic interventions as a long-term approach."* Center for Disease Control and Prevention Department of Health and Human Services. U.S. Government agency. (www.cdc.gov)

**"Behavioral Modification"** is an approach that *is recommended* by the Center for Disease Control and Prevention for ADHD in children.

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Stimulants work by raising the dopamine level of the brain. It is commonly recognized that cocaine has a similar chemical structure to stimulant medications (Hallowell, E., Ratey, J., 1994). The main difference between them is that cocaine is released rapidly, creating a rush, whereas stimulants are released gradually over a long and controlled period of time. Therefore, the dopamine level is raised with stimulants, but not in the same rapid and addictive way as with cocaine (Medicating Kids: Interview with Russell Barkley. *PBS, Frontline*).

Drugs have potential for abuse, and caution must be exercised by parents, educators and physicians. One can become psychologically or physically dependent on prescription medications. Methylphenidate and other stimulants are among the most widely abused drugs. Withdrawal symptoms from prescription medications, such as stimulants, can be severe for some children. Physicians, those taking amphetamines, and parents whose children may be taking amphetamines, need to be very cautious in administering such drugs and protect anyone in the household from abusing such prescribed drugs.

Methylphenidate is reportedly the fourth most widely abused drug after marijuana, cocaine and heroin. It is not necessarily the individual to whom the drug is prescribed who is abusing it (although it might be), but the drug emerges into the streets and is sold as a street drug or performance enhancer to college students and others.

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*"It's our job to listen to them attentively and openly, to resist labeling them, and to work to remove the stressors from their lives that are blocking their mental and emotional health."* Scott M. Shannon, M.D.

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While it is commonly stated that 70% of those who take stimulant medications show improvement with drug treatment, it has been suggested that it is possible that much of the positive affect of drug treatment might be attributable to the therapy, support and attention that some children receive, in addition to the drug therapy, rather than being solely a result of the affects of the drug. Placebo response for ADHD, in a clinical trial conducted by Dr. Jeffrey Newcomb with the Mount Sinai School of Medicine, is associated with a “robust” response, resulting in a 40% decrease in symptoms based on change of the total score on the ADHD Rating Scale for certain subgroups of ADHD.<sup>19</sup> The overall perspective given from other studies on the subject reflects a positive response rate to placebos administered for ADHD. Further, the placebo positively affected 30% of children with ADHD (Waschbusch, D.A., MD, et al., 2009).

The mere act of going to a doctor or even receiving attention from a caring nurse or school nurse positively affects a child’s sense of wellbeing. A visit to the school nurse is something of an oasis for many children. A daily visit to the school nurse, even for medication, then, can be stabilizing and comforting for some children. When a child has someone that he or she can talk to about his or her situation or has parents that might be giving him or her more attention than usual, this is of benefit for the emotions of many children and can contribute to a reduction in the severity of symptoms associated with ADHD for some children.

There are few long-term studies concerning the effects of psychiatric medications on children and teens, including stimulant medications for ADHD. One comprehensive long-term study of ADHD treatment indicates that positive benefits of medication are negligible for most children within two years (Rabiner, D., January, 2006. *Attention Research Update*). In other words, after taking the drugs for two years, stimulant medications no longer seemed to make much of a difference from most children, although children can become dependent on them for normal functioning.

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*“Evidence suggests that parents and teachers tend to evaluate children with ADHD more positively when they believe the child has been administered stimulant medication and they tend to attribute positive changes to medication even when medication has not actually been administered.”* Daniel A. Waschbusch, PhD, William E. Pelham, Jr., PhD, James Waxmonsky, MD, Charlotte Johnston, PhD., (2009). *Journal of Developmental & Behavioral Pediatrics*.

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<sup>19</sup> Newcomb, J., M.D., et al., August, 2009. Characteristics of Placebo Responders in Pediatric Clinical Trials of Attention-Deficit/Hyperactivity Disorder. *Journal of the American Academy of Child and Adolescent Psychiatry*.

## Antidepressants

Antidepressants have been prescribed for over fifty years to treat depression. Tricyclic antidepressants, MAOIs, and more recently, SSRIs such as fluoxetine (Prozac) and many others, are used by millions of people, including adults, teens and children. Presently, only Prozac has been approved for use for children. Often, however, until there is a contrary ruling by the FDA for a particular drug, doctors will prescribe certain psychiatric medications "off-label" to children--that is, the drug is prescribed for treating disorders other than that for which the FDA has given approval.

Antidepressants have been used by millions for help in overcoming symptoms of depression, and, for slightly less than 50% of those who use them, antidepressants have been of at least of some help.

However, *"More than half the people who take antidepressants never get relief from their symptoms,"* concludes *Northwestern University Feinberg School of Medicine* in an article entitled "Antidepressant Drugs Aim at Wrong Target." The article highlights new research on antidepressants. The reasons for depression can be many and varied; therefore, it is to be expected that there would be different outcomes for different people and for different groups of people with antidepressants.

The duration of the effectiveness of antidepressants varies from person to person. The expression, "Prozac Poopout," has been dubbed from the observation that there is a tendency for antidepressants to gradually or suddenly lose their effectiveness (Lambert, C., 2000. *The Downsides of Prozac. Harvard Magazine*). This can happen within three to six months or within a two to nine year period. For some, this can come in the form of a sudden crash, which can be intense and distressing. *Harvard Medical School in Harvard Health Publications* (2005) states that one of the risks of antidepressants is *"Loss of effectiveness."* *"Any antidepressant may lose its affect after months or years, sometimes because the brain has become less responsive to the drug."* Therefore, some psychiatrists and medical doctors have taken the viewpoint of using antidepressants only as a last resort in cases where there is a serious crisis in terms of danger to the client. The drug is used only as a temporary stop-gap until other issues such as lifestyle or trauma that might be contributing to the depression can be addressed, rather than prescribing antidepressants for long-term use or, as it is often currently used, as a lifestyle drug (Glenmullen, J., M.D., 2000; Shannon, S. M.D., 2007).

One study from the Netherlands states that there is a *"significant association between degree of serotonin reuptake inhibition by antidepressants and risk of hospital admission for abnormal bleeding as the*

*primary diagnosis.*"<sup>20</sup> The reason for this, the medical team states, is that "Serotonin plays a role in platelet aggregation. Because antidepressants influence blood serotonin levels" Additionally, some specific types of antidepressants quadruple the risk of receiving a blood transfusion as a result of abnormal bleeding.<sup>21</sup> All of the long-term physical effects of antidepressants have not yet been determined. Other serious side effects of antidepressants include sexual dysfunction for adults, reportedly the most common reason cited for discontinuation.

The growing use of antidepressants and stimulants for young children as early as preschool and kindergarten is a growing concern. If statistics are accurate, approximately nine-percent of all children in the United States are taking psychiatric medications (six million children taking psychiatric drugs, out of a total of approximately 63 million children and teens 3 to 17 years old in the U.S.) (The Medicated Child. January 8, 2008. *Frontline*, PBS; ChildStates.gov).

A significant percentage of youths have been taking and are being prescribed "cocktails," that is, four, five, or more different prescriptions taken at one time to achieve results or to address various perceived psychiatric diagnoses or labels.<sup>22</sup> This is not, of course, the case in treating ADHD. However, it is a related topic in that new symptoms often develop once one commits to treatment based on the medical model, and this can lead to the prescribing of stronger and stronger drugs as new diagnoses are considered. In other words, what starts out as a simple prescription for a stimulant can become in time a series of prescriptions for multiple drugs other than stimulants for disorders that later develop. Strong side effects, such as extreme drowsiness and lethargy, are compounded with use of multiple medications. Some studies have concluded that there is no apparent benefit in the adding of more than one drug to a child or adult's drug regimen (Sachs, G., 2007).

George Albee, Ph.D., professor emeritus of the University of Vermont, was a prominent psychologist and former president of the American Psychological Association (APA) and is an example of one of many noted psychologists who resisted the medical model as a basis for treatment. Until his death, he wrote extensively on the subject of prevention in mental health and of the value of addressing social stressors in the diagnosis and treatment of mental health disorders. Albee felt that this was especially true with regard to children. His view seemed to be that pharmaceuticals in the

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<sup>20</sup> Welmoed E. E. Meijer, PhD, et al., (November 22, 2004). *Archives of Internal Medicine*. 2004;164:2367-2370.

<sup>21</sup> Movig, Kris L., et al., (October 27, 2003). Relationship of Serotonergic Antidepressants and Need for Blood Transfusion in Orthopedic Surgical Patients. *Archives of Internal Medicine*. 2003;163:2354-2358.

<sup>22</sup> Sparks, J., University of Rhode Island; Duncan, B., The Ethics and Science of Medicating Children. *Ethical Human Psychology and Psychiatry*, Volume 6, Number 1, Spring 2004.

treatment of mental illness should not be used in treating children and should not be emphasized with adults (Remembering George Albee., 2006. *Society for Community Research and Action*).

For those who wish to stop using antidepressants or other psychotropic drugs, many sources indicate that they should do so gradually rather than abruptly (Kelly, R., 2005). Dr. Joseph Glenmullen is a psychiatrist who has written two books on the subject, *Prozac Backlash* and *The Antidepressant Solution*. Glenmullen describes his books as guides that can be used along with your doctor in an effort to successfully reduce an antidepressant prescription with the goal of eventually eliminating it. Another good resource on this subject is the publication *Taking back control - Gaining autonomy with my medication (GAM) My Self management Guide*, a professional guide from Quebec, Canada. [http://www.rrasmq.com/gam\\_guide.php](http://www.rrasmq.com/gam_guide.php)

## **Summary of serious side effects for stimulant medications**

Serious side effects are possible with use of stimulant medications. The risk of serious side effects increases with the use of multiple medications. The percentage of children and youth who have serious side effects to stimulant medication decreases in time. However, up to 90% will initially demonstrate what are considered to be serious side effects with use of medications commonly prescribed in the treatment of ADHD. In six months time, the rate declines to approximately 50%, and within two years on stimulant medications the rate further decreases to approximately 15%. (*The rate of effectiveness for stimulant medications also seems to decline over the same period of time--almost proportionately to the side effect rate*).<sup>23</sup>

About 40% will show no response to medication, and approximately 5 to 10% are intolerant to any form of pharmaceutical treatment for ADHD. In the case of very serious side effects, such as schizophrenic-like symptoms, risk of suicide or sudden death due to heart failure, which has been reported with some stimulant medications, the rate is less than one percent.

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*"Very often medication treats symptoms only"--regarding the use of psychiatric medications in the treatment of various types of psychiatric disorders. Handbook of Clinical Neurology, 1985. Quote from Jean Constantinidis and Jacques Richard, University Department of Psychiatry, Medical School of Geneva.*

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<sup>23</sup> Interpolated from *Attention Research Update*, David Rabiner, PhD., 2006.

## **Tic Disorders, Increased Aggression and Stimulant Medicines**

Some studies indicate that stimulant medication may result in an increased risk of tic-disorders, that is facial tics, in up to 9% of those who take stimulant medication.<sup>24</sup> Additionally, pre-existing tic disorders might be exacerbated by the use of stimulant medications. Tourette Syndrome has developed in a small number of children or youths who have begun stimulant medication treatment. In most cases, tic-disorders abate when treatment is suspended.<sup>25</sup> While tic disorders are a real concern for parents, another consideration is that some studies have concluded that the rate of tic-disorders as a result of stimulants is not significantly higher in children with ADHD than that with placebo treatment.

A recent study (2009) concluded that methylphenidate may increase hostility and possibly aggression in children who take the drug for ADHD (King, S., et al., 2008).

Another point worthy of consideration is that forcing or coercing a child to take psychiatric medication is something that is not recommended by a number of mental health professionals (Mate, G., MD, 1999). This can cause some children to become rebellious, resentful, or to distance themselves emotionally from a parent. The effect of forcing medication on an unwilling child or teen is considered to be worse than that of the symptoms associated with ADHD. Two noted psychiatrists, John Ratey, M.D. and Edward Hallowell, M.D., experts in the field of ADHD, commenting in their book on the subject, note that children should not be forced to take medication but should take the drugs only of their own volition, which many children do, as forcing a child to take drugs for ADHD could be damaging to the child psychologically in the long term (Hallowell, E., Ratey, J., 1994).

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Commenting on the effectiveness of psychoeducation in mental health treatment, Fahriye Oflaz Ph.D., Sevgi Hatipolu, Ph.D. and Hamdullah Aydi, M.D., state in harmony with the facts, in a paper published in the *Journal of Clinical Nursing*, that psychiatric "*medication treats symptoms.*"<sup>26</sup>

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<sup>24</sup> Wilens, T., et al., 2006. *Archives of Pediatric and Adolescent Medicine*.

<sup>25</sup> Mick, E. The relationship between stimulants and tic-disorders in children treated for attention deficit hyperactivity disorder. *Harvard School of Public Health*.

<sup>26</sup> The specific disorders that the paper was addressing were depression and post traumatic stress disorder, (PTSD) but the principle also applies to ADHD.

## Chapter 4

### Other Solutions to ADHD

Green therapy

Exercise

Art

Professional Art Therapy

Love

### Questions to ask about your child

- *What, if anything, seems to worsen symptoms?*
- *What, if anything, seems to help in diminishing symptoms?*

*"As an art educator with AD/HD, I have been both a student with AD/HD and a teacher of students with AD/HD. In the public schools [and at the college level], the art room is often the one place where others with AD/HD feel at home. The point is that when kids with AD/HD find [or create] an environment supportive of their needs, the AD/HD becomes a non-issue and, in some cases, an asset. By harnessing their creative energy and finding a productive outlet for their intelligence, the possibilities are endless. The potential for success and the enjoyment of life is enormous! To those with AD/HD, I recommend flipping the coin and embracing what you find on the other side." Daniella Barroqueiro, Ph.D., Illinois State University, 2006.*

## ***Are There Other Treatment Solutions to Symptoms of ADHD?***

**Yes.** As mentioned previously, some people have found success with their children in reducing the amount of time spent watching television, movies, and playing video games to the greatest extent possible. The conclusion of one special education teacher who commented succinctly on her view of children's behavioral and attentional difficulties in school was that most students had difficulty concentrating because of "the media".<sup>27</sup> The average time spent with the media for children and teens is between 2.5 to 6.5 hours a day (Wallis, C., 2006). In the school in which this special education teacher worked, one student reported that her sister played video games up to 16 hours in one day. According to the most recent reports, the amount of screen time has actually increasing as much as 15% since this statistic was reported in 2005.

- One father with a large family kept video games put away in the closet during school months.<sup>28</sup> His children were diligent in doing their homework even when the father wasn't home to supervise them.
- One parent limited television time to one-half hour a day for her young children while providing other forms of wholesome recreation for the children in addition to encouraging the children to spend more time reading. Another parent does not allow cable television in his home (he lives in a region where only cable TV is available) because of the violence that is common in programming for children.<sup>29</sup>

Taking the television and video games (as well as open access to the Internet) out of the bedroom of a child or teen can also be of value for children and teens who have attention difficulties. Significant positive results have been noted in the classroom for children diagnosed with ADHD whose parents follow through with these suggestions (Newark, NJ).

- A father whose nine-year-old son was struggling with attention problems, and whose grades were suffering as a result, restricted television and video games to the weekends during school months for both his children. While the children were reportedly a little antsy the first two weeks, soon the time they had spent with TV and video games became filled with outdoor activities, playing outside, and reading. The improvement in math, reading, and overall concentration for the

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<sup>27</sup> New Jersey Teaching Notes, 2008.

<sup>28</sup> South River, NJ, 2006.

<sup>29</sup> Pennsylvania, U.S.



attention-deficit nine-year-old was nothing short of remarkable. The boy achieved placement on the honor role within six months. He had received a few months of tutoring during that period and prior. Previously, he had difficulty concentrating on and performing the simplest math problems for his age group and was at least a year behind in his math level.<sup>30</sup> These interventions helped circumvent the need to experiment with stimulant medications.

## What About Diet?

One reading coach who works with learning disabled children, including children who display the symptoms of ADHD, says that the first thing she encourages parents to do is to take their children off of a diet high in refined sugar.<sup>31</sup> It is possible that a poor diet may contribute to the intensity of some symptoms for some children with ADHD, or it may be a contributing factor for some of the symptoms, according to a spokesperson for CHADD.<sup>32</sup>

Some have concluded that it seems to be unlikely that a high sugar diet or diet alone causes ADHD for most children. Rather, it seems more likely that diet may be one of a number of contributing or aggravating factors. In one study, a meta-analysis of the effects of sugar on children's behavior and cognition concluded that, while such did not cause significant behavioral problems, "a small effect of sugar on subsets of children cannot be ruled out." (Wolraich, M. L., MD, et.al., 1995). On the other hand, from a positive viewpoint, rather than a causal perspective, changing diet can affect a positive response in children as an overall positive health measure and as a lifestyle conducive to good overall physical and mental health.

A 2009 study conducted by the ADHD Research Center in the Netherlands concluded that a "restricted elimination diet" reduced symptoms of ADHD in children with ADHD by 73%, compared to 0% for a control group. The study used parent and teacher ratings based on the abbreviated ten-item Conners Scale and the ADHD-DSM-IV Rating Scale. Interestingly, children with "comorbid symptoms of oppositional defiant disorder also showed a significantly greater decrease in ADHD symptoms" of 45.3%. The study concluded, "A strictly supervised elimination diet may be a valuable instrument in testing young children with ADHD on whether dietary factors may contribute to the manifestation of the disorder and may have a beneficial effect on the children's behaviour." (Pelsser L. M., Frankena, K., Toorman, J., Savelkoul, H. E., Pereir, A., Bultelaar, J.K. January 2009. A randomised controlled trial into the effects of food on ADHD. *European Journal of Child and Adolescent Psychiatry*).

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<sup>30</sup> New Jersey Teaching Notes, 2008.

<sup>31</sup> McNuff, J., 2005. Paterson, NJ.

<sup>32</sup> Phone Interview, 2005.

Adjusting to a more-nutritious diet, for a child, can be a good and simple first or second step that parents can take. In fact, studies indicate that rather than following specific fad diets, adhering to a healthy diet has positive effects on mental health in general. Therefore, positive changes in diet and nutrition is part of a balanced plan for any mental health disorder or issue.

Obesity and problems associated with obesity among children due to poor dietary habits and lack of exercise is also of concern to many professionals and parents in recent years. The problem is international in scope. In India, for example, approximately 10% of all children are reportedly obese, with a correspondingly higher rate of diabetes.

Food additives may affect the mood or behavior of some children. Parents, however, should realize that there is rarely one factor that is causing symptoms associated with ADHD, but that it is usually a combination of factors. Diet may be only one of these factors. Focusing on something narrow, such as food additives, as the *cause* of ADHD might prove to be more frustrating than constructive. In terms of diet, parents need to proceed with a balanced approach. (Some food additives which are mentioned with reference to ADHD are benzoate, FD&C Yellow No.6 (sunset yellow), FD&C Yellow No.1 (quinoline yellow), FD&C Yellow No.5 (tartrazine), FD&C Red No. 40 (allura red)). (Huxsahl, J.E., M.D., 2010. Mayo Clinic).

If food additives are a real concern to some parents, they might consider purchasing only organic foods, which many do for a number of reasons. Organic foods have no additives, and purchasing only organic food products is a simpler measure than scrutinizing individual packaged foods purchased in a supermarket for specific additives or testing a variety of specific additives for possible reactions. However organic foods can typically add 35% to 50%, or even more, to the grocery bill.

Children need breakfast, and, for children who skip breakfast, their ability to concentrate in the classroom can be affected. Sugary cereals, which are frequently served as breakfast in school, can work in the opposite direction for some children, especially those whose metabolism might be sensitive, and this may cause them to lose the ability to concentrate well, as there is little nourishment in most sugary cereals. A healthy breakfast is necessary for both young children and teenagers whose bodies are rapidly developing.

Initiating a low-sugar diet by avoiding sugars found in sugary cereals, soda, chocolate and flavored milk,<sup>33</sup> candy, ice cream, cakes, and sugary juices can have beneficial effects reflected in general health, weight loss, and mental health. An active rather than sedentary lifestyle can also help a child overcome many symptoms associated with ADHD.

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<sup>33</sup> Chocolate and strawberry milk are generally served to children in public schools daily for lunch and are loaded with added sugar. In Newark, NJ, some schools have recently discontinued this practice.

Schools may want to consider upgrading the quality of the food provided for children, which some public schools are giving attention to by replacing sugary breakfasts and snacks with more-nutritious foods and foods that have a lower sugar content. This will result in less chance for childhood diabetes and better general physical and mental health in children and teens. Moreover, by teaching children through example how to eat healthfully, an immediate benefit will be that some children may be able to concentrate better in class in a more consistent way.

In an effort to remedy the situation of low-nutrition in schools, some schools and parents' groups have worked together in formulating a program for more-nutritious meals for children (Moody, S., 2007). Note that this can significantly contribute to better classroom performance and behavior. Natural snacks, such as fruit, wholewheat crackers with little added sugar, raw vegetables, fruit and other natural foods are a healthy alternative to high-sugar snack foods. When healthy snacks, such as these are served in school, children take to it like a duck to water. For parents, serving healthy snacks to their children takes planning and forethought. This will help children and teens to concentrate better in class and can positively affect the behavior of some; blood-sugar level, through a more-healthy diet, will be more stable in individual children. Their chances of developing diabetes as children or teens also will be diminished.<sup>34</sup> Also, these efforts in schools will help children to establish good life patterns, not just by what they read in textbooks, but by a positive example that is set in school for good nutrition.

### **A note on childhood and teen depression**

The reasons for childhood depression, or any form of depression, like ADHD, are many and varied, and every child and teen is different. Individual children have a wide variety of circumstances at home (and school) with which to contend, and, therefore, there is no cookie-cutter formula for curing depression. However, there are a few things that parents and professionals can be aware of and consider.

Trauma both in the present and the past can contribute to depression. A death in the family or of another loved one can affect a child's mental health and contribute to depression. Excessive time with movies and the media in general can negatively impact the mental health of some children. Violence in the media may be a contributing factor towards mental health disorders for some children as may the quantity and type of music a child or teenager listens to (Robertson, J., 1998). Some popular music for children can be emotionally intense, and a deluge of deeply emotional or intense music may affect the mood of some children

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<sup>34</sup> A high sugar diet, such as is served in many school breakfasts, can contribute to diabetes.

and teens.

Diet might also be a contributing factor to childhood depression, and children do benefit from regular exercise and fresh air. For some children and teens, love and attention are the real prescription that no drug or medicine can replace. Love is an essential element for good mental health. Talk therapy, or Interpersonal Therapy (IT), helps many children and teens get through a crisis and overcome a wide variety of mental health difficulties. Cognitive behavioral therapy also is of value in treating depression and ADHD for many children, teens, and adults.

## **Green Therapy**

Richard Louv's book, *Last Child in the Woods, Saving Our Children from Nature-Deficit Disorder*, describes how children have experienced a serious decrease in the amount of time spent in natural surroundings. His book was written in an effort to help raise awareness for the positive effects that "green time" can have on children, who might otherwise become detached from the natural world (Lugara, J., October 2004).



### ***Outdoor activities and regular exercise can help children with ADHD symptoms and depression.***

Psychology Today reported that children who spend time in the outdoors exercising or playing experience a marked decrease in symptoms of ADHD (Psychology Today, March/April, 2006). This can be true for symptoms associated with depression as well (Heliq, 2007).

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Photo: [www.istockphoto.com](http://www.istockphoto.com) Monkey Business Images

One clinical study from Duke University indicated that exercise proved to be more beneficial in treatment of mild to moderate (adult) depression than medication, resulting in a better recovery rate and lower recurrence rate.<sup>35</sup> Further, the study indicated that exercise alone was surprisingly more efficacious in treating mild to moderate depression than medication and exercise combined, both in efficacy, as well as in a reduction of recurrence rate.

The reason exercise alone may be more efficacious than exercise combined with medication, in terms of long-term recovery rates in moderate depression, might be because the mind and the body adapts to medication, and, when you try to stop, it can leave you more vulnerable to a relapse of symptoms. This can especially be the case if underlying issues contributing to depression have not been fully addressed.

## **Exercise and “Green Time”**

When one teen who had been diagnosed with ADHD began attending the gym daily with his father, it proved to be of value to him in alleviating symptoms of ADHD. Additionally, his mother, who works in public school education, stated that adding more structure to the household routine was of much value to her son. A regular, set time to eat and sleep, as well as a regular daily routine along with daily exercise at the gym, helped her son to overcome many of the symptoms of ADHD to the point that medication, the side effects of which were uncomfortable for her son, was no longer needed.<sup>36</sup>

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“Green outdoor settings appear to reduce ADHD symptoms in children across a wide range of individual, residential, and case characteristics.” Frances E. Kuo, PhD and Andrea Faber Taylor, PhD. September, 2004. A Potential Natural Treatment for Attention-Deficit/Hyperactivity Disorder: Evidence From a National Study. *American Journal of Public Health*. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448497/>

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<sup>35</sup> Study: Exercise Has Long-Lasting Effects on Depression. September 22, 2000. *Duke Today (Duke University)*.

<sup>36</sup> New Jersey Teaching Notes, 2007.

***Exercise and "green time," as simple as walking a mile a day, has proven to be more effective in treating mild and moderate depression than medication, both in short-term and in long-term efficacy. Exercise and "green time" also can be an effective therapy for ADHD.***



www.istockphoto.com kzenon

**Regular outdoor activities such as...**

***Playing in the park***

***Hiking***

***Camping***

***Jumping Rope***

***Biking***

***Skating***

***Skateboarding***

***Brisk Walking***

***Jogging***

***...can help children to overcome the symptoms associated with ADHD and depression***

## Art Helps ADHD

Many children with symptoms of ADHD are visually-oriented. Parents who direct that predisposition away from highly-stimulating video games, movies and television, rechanneling that strength towards art, can help children settle down in class and engage in their schoolwork.

*Creating art can strengthen and exercise the mind*, can train a child to concentrate for an extended period of time on one subject, and it can provide children with a wholesome pastime that is pleasing to the eyes. Art can be likened to technology-free neurofeedback for the brain, training a child or adult in focusing and self-control. (See pages 63, 64 for information on neuro- and biofeedback).

Regular art lessons can help a child to develop a love for art, and they may persist with it into adulthood. Art can help a child to develop a longer attention span, to develop the ability to concentrate, and to sit still. Art is an important skill and therapy for children with ADHD symptoms.

Art can really make a difference. It not only helps a child learn to concentrate but also helps to build self-esteem, which is something that can be lacking in some children who have ADHD or other disabilities. Art can instill creativity and satisfy a child's need for visual stimulation in a gentle way, and, at the same time, it can help to take the child's attention away from the TV, movies and video games, which may be part of the core reasons behind some children's inability to focus, contributing to a child's hyperactivity.

Art lessons can be an excellent investment in a child's time. Trips to art galleries are a nice outing for children. Some public schools have murals that children and teenagers have painted or are painting on the school walls in the hallways. This is an application of the use of art in the school system that is both positive and that enhances school morale. It is also a good project for children in special education and for other children with special needs. Very simply, replacing a child's TV, movie and video game time with art can contribute to improvement in ADHD symptoms. Children who manifest symptoms associated with ADHD often are very visually-oriented. When this is channeled positively towards art, then that liability turns into a positive asset, with increased potential for creativity and productivity (Barroqueira, D., 2006).

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*“Back then [in college] I was in fine art.  
I was immersed in creating art. It helped me to be able to focus.”*  
Ryan M., art teacher in Newark, NJ, diagnosed with ADHD in  
middle school and high school.

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## A Few Art Resources for Children and Teens

### Books:

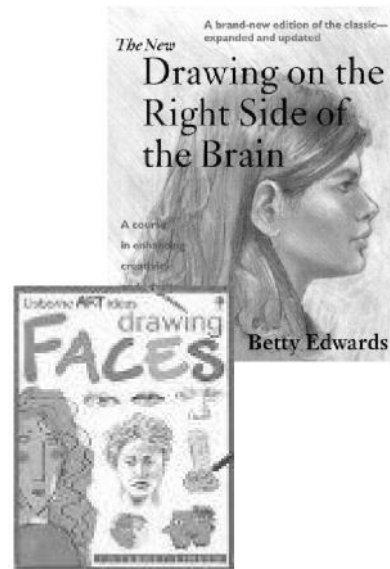
**The New Drawing on the Right Side of the Brain**, 1999. *By Betty Edwards*. Great book for young adults!

**Drawing With Children**, 1986.  
*By Mona Brookes Tarher*.

**Draw 50** (Animals, People, etc.)...series  
*By Lee J. Ames*  
Simple but effective, kids love it.

**Encouraging the Artist in Your Child**, 1989. *By Sally Warner*.

**Drawing Faces** - Usborne Art Ideas, 2002. *By Jan McCafferty*.



### Web Sites:

**Art Junction** - [www.artjunction.org/young.php](http://www.artjunction.org/young.php) - Art Junction is a program of the *University of Florida* and is described as a collaborative site for teachers and students. It has helpful information with details on teaching art to children at various stages that include preschoolers. How to daily nurture a child's creative ability is featured, along with some specifics on what materials are best to use. It features resources and helpful links for teachers, teens, and children.

**Something Different** - [www.youdraw.com](http://www.youdraw.com) is a website that allows you to draw your own pictures using an electronic pad on the computer, which are posted onto the site. Children's works receive attention from a viewing audience, which is exciting for them. The images are published in a book, so their drawings may appear in print, which also is something positive for children. Note that there are a number of similar sites.

### Two good sites to learn to draw portraits:

#### About.com – Portrait Drawing

[drawsketch.about.com/od/drawingportraits/Portrait\\_Drawing\\_Faces.htm](http://drawsketch.about.com/od/drawingportraits/Portrait_Drawing_Faces.htm)

#### Portrait Artist.org

[www.portrait-artist.org/face](http://www.portrait-artist.org/face)



## Professional Art Therapy

Professional Art Therapy is a real and growing branch of mainstream (non-alternative) psychology. Art therapists are board certified, and they are located throughout the United States. The *American Art Therapy Association* can educate you on this non-alternative form of therapy in treating many mental health disorders in children, teens and adults.

### **American Art Therapy Association (AATA).**

[www.arttherapy.org](http://www.arttherapy.org)

The AATA represents approximately 5,000 members and 36 AATA state and regional chapters. This association conducts meetings and activities to promote art therapy on the local level.

## Subscription Magazine Gift Ideas for Children:

- Big Backyard
- Animal Baby
- Ranger Rick

From our experience, younger and older pre-teen children look forward to every issue.

National Wildlife Federation  
<http://www.nwf.org>  
800-822-9919

- Faces Magazine  
*Cobblestone & Cricket*



“Faces” is a very colorful, interesting subscription magazine for children ages 9 to14. It teaches them about people and cultures from all over the world. [www.cobblestonepub.com](http://www.cobblestonepub.com)

***Children need your time,  
attention, approval and LOVE***



***Children and ART- A healthy mix and part of a natural "cure"  
for many children and teens with ADHD***

**One of our greatest emotional and psychological needs is our need for love.** Without love, psychological problems are more likely to increase or intensify. Love is healing. Love has been described as "the best prescription." When children who manifest symptoms of ADHD receive extra love and attention from parents, concerned professionals, teachers, nurses, this attention helps nearly all children with ADHD to make progress. The prescription "cure" for symptoms of ADHD, in many situations, is not in a drug but a result of receiving extra love, nurturing, and attention. Some children are very independent, whereas others need more than the usual attention and nurturing at certain stages of their development.

Many children who have been abused may manifest symptoms that are diagnosed as ADHD, and a disproportional number of children from single family homes are diagnosed with ADHD (Neven, et al., 1997). There may be a number of reasons for this. Note, however, that children need unconditional love as well as the approval of their parents, teachers, and concerned others. Parents need to spend time with their

children to help them with their homework, to establish loving but firm boundaries, and to protect them from harmful influences. This takes both time and much effort. The television or the unsupervised Internet are not good babysitters for children or teens. They can be tools of "isolation and distraction,"<sup>37</sup> as one grade school teacher commented of her students in a letter to the parents. Another educator and special education student said of her preschool students, with concern and some frustration, "these children don't need medicine, they need patience and love."<sup>38</sup>

A teacher never knows what a child may be going through at home, so must try to deal with children and teenagers in their care patiently and with tolerance.

A responsible adult who is overly critical can damage a child's self-esteem, which might contribute to problems for the child later in life. Any activities that bolster self-esteem can be part of the healing effort for children with ADHD symptoms.

Some teachers and principals are a source of security for children of all ages, and this is heartwarming to see. Parents need to be patient with children and to give them their love, attention, time and approval, which can be a challenge if raising children with special needs. The constant berating or cruelly ridiculing a child represents behavior that can be considered to be a form of child abuse. Children need to be reasoned with and helped to understand the hows and whys of certain actions, such as restrictions imposed by their parents. Every parent needs to find their balance with each individual child between warmth, love and firmness.

## **Spiritual Needs of Children and Adolescents**

Not to be overlooked are the spiritual needs of children and adolescents. There can be a positive correlation between those who feel strongly connected spiritually to mental and physical health when spiritually is pursued in a balanced way. Children and teens with strong but balanced spirituality are often better able to cope with chronic illnesses. Attention to spiritual needs contributes to resilience in children and adolescents.

Commenting on a study by pediatrician Dr. Michael Yi, of Cincinnati Children's Hospital Medical Center, and Sian Cotton, PhD, research assistant professor in the Department of Family Medicine, University of Cincinnati, *Health Line*, notes that "higher levels of spiritual well-being were associated with fewer depressive symptoms and better emotional well-being," connecting "spiritual well-being" with better "mental health outcomes." (Pence, K., January 8, 2009. *UC Health Line*). Similarly, a University of British Columbia study concluded that "Children who were more spiritual were happier," and that for those children in touch with

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<sup>37</sup> Booker, K. 2004. Letter, Paterson, NJ.

<sup>38</sup> Communication, Teaching Notes, 2005, Paterson, NJ.

an “inner belief system,” “spirituality was a significant predictor of happiness, even after removing the variance associated with temperament.” (Harper, J., January 12, 2009. *Washington Times*).

Rather than allow children to indulge in the “dark,” sinister, or perhaps, even evil aspects of some entertainment, which includes some popular books for children, encourage them to choose books and entertainment that teach positive values, including spiritually enriching material. Give attention to the spiritual needs of your child and teen. This can contribute to better mental health, helping children and adolescents to be more resilient, and this might even contribute to better physical health outcomes for some children and teens.

### **Avoiding overburdening yourself with guilt** ***Maintain a Positive and Hopeful Attitude***

Parents also need to be merciful regarding themselves and avoid overburdening themselves with excessive guilt. Such thoughts and questions as, “*What did I do wrong? Why didn't I act sooner? If only we had,*” accomplish little and only add to the burden of being a parent. The decision of whether or not to use medication can be an agonizing one for many parents at times.

Guilt can wear a family down. By dealing with the present, looking forward rather than backward, and doing everything you can do now rather than dwelling on the past, you can develop a positive, forward looking attitude that is solution-oriented. If mistakes were made, it should be remembered that “*Life is all about making mistakes and learning from them.*” By addressing lifestyle changes, solutions can be reached, contributing to a better state of mind for the child and the family. No family, no parents, and no children are perfect. We can't expect perfection of ourselves or from our children. We need to maintain balance and a positive attitude toward our children, especially those with special needs or in less-than-perfect circumstances.

One mother whose daughter had been diagnosed with ADHD said that she had to work hard to maintain a positive attitude towards her daughter. (It wasn't her natural inclination). If we are able to do this, it will be reflected in the way we speak to and treat our child, and it will result in a better long-term relationship with him or her. If we believe in the child and maintain hope, commend them for anything at all positive in their progress or accomplishments; this will be reflected in our tone of voice and conduct towards the child, and the child will recognize this and likely respond accordingly. Build on the positives. This will help the child to see themselves positively, and then they will not be quick to give up when difficulties arise in their life and circumstances. Problems and difficulties *will* arise in everyone's life, and, by building on strengths, a child learns to be resilient. Never give up. “*Love hopes all things.*”

## Chapter 5

### **Educational Solutions**

Workable Solutions from within Schools

Educational Remediation

One-on-one Attention

Specific Teaching Techniques

18 Positive Educational Ideas

Mentoring, Tutoring Coaching,

Coaching Resources

Value of Reading

Conclusion

*“Many elementary school children rated by their teacher as having clinically significant inattentive symptoms, do not show similar symptoms the following year.”* David Rabiner, Ph.D., of Duke University, commenting on a clinical study of children with attentional difficulties. The study was published in the *Journal of Developmental and Behavioral Pediatric*, April 2012.

*“Various explanations are possible including positive changes associated with maturation, the resolution of a significant life stressor, or perhaps improved nutrition and/or sleep. Teachers may also use rating scales differently, with some teachers prone to assign higher ratings than others.*

*However, it is also possible for some children, a change in classroom context is an important factor. This echoes findings obtained with middle school students, where ratings of ADHD symptoms between teachers often do not show strong agreement. The difference has been attributed by some researchers to the unique characteristics associated with different classrooms.”*

**Workable educational solutions**  
*from within the school system and at home*



www.dreamtime.com Nyul

**Educational Remediation**

In addition to lifestyle changes, educational adjustments both in school and at home can help make concentration easier for many children. Susan Ashley, Ph.D., a clinical psychologist for children with many years of experience who works daily with children who have special needs, recommends “educational remediation” along with therapy as a mainstream intervention for ADHD, rather than medication as the front-line of treatment (Ashley, S., PhD, 2005). This can result in long-term positive gains in a child's ability to focus, behave appropriately in school, and succeed in the classroom.

## One-on-One Attention

Many children with learning disorders, especially those without fathers in their lives, benefit from individual one-on-one attention. Instructional assistants, sometimes available for children with special needs in public schools, are provided to assist children individually. For some children, a personal assistant can make a significant difference in their ability to focus. Like all areas of education, parents need to have active communication with the personal assistant and continue to play an active role in the education of their child, including being aware of issues that might arise in school.

Additionally, mentoring programs, such as *Big Brothers*, can provide positive role models and warm encouragement. One substitute teacher in a large inner city said that what he valued most about his work was his ability to be a positive role model and father-figure to fatherless boys.

After-school tutoring to help children or teens with reading, math, or other subjects, may also be available through schools, public libraries,<sup>39</sup> and some after-school programs, and this has also helped many to get through difficult periods in their education and to pass classes they might otherwise not have passed.

The services of an after-school reading coach, through both the practical attention given to reading as well as the stability and safe haven created through the one-on-one attention,<sup>40</sup> can be stabilizing for struggling children. A child might be totally unfocused in a classroom with 20 other children yet be able to focus well in a one-on-one situation or in a small group setting.

A child might not have anyone to discuss serious issues with, such as the divorce of their parents, and school psychologists as well as social workers and counselors can listen compassionately to children and teens. A dose of amphetamine is not necessarily the answer for a child who is disturbed by family issues. Qualified professionals can also support children in an Interpersonal or Talk Therapy setting. A good support team can make a huge difference.

Mentors from various programs, both educational, community, and religious-based programs,<sup>41</sup> such as personal, supervised bible study, can be of help for some struggling fatherless boys and girls as well as for some children with symptoms associated with ADHD. Essentially, parents should take time to give one-on-one attention to their children.

Read with your child, take time every day to talk to him or her, put them to bed and read to them at night, and help them regularly and patiently with their homework. Don't delegate parenting to others, but find joy in

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<sup>39</sup> McNuff, J., 2005. Paterson, NJ.

<sup>40</sup> Reading Recovery, [www.readingrecovery.org](http://www.readingrecovery.org)

<sup>41</sup> New Jersey Teaching Notes, 2005-2010.

your active role as a parent, or, in some cases, that of a grandparent or a guardian. Try not to expect or demand perfection, but be tolerant and build on your child's strengths by giving him or her a sense of approval.

## **Some specific teaching techniques that can be helpful:**

**Use of visual aids and pictures** - Children with ADHD symptoms are often highly visual as are many children today. One professional estimate is that 80% of today's children are visually-oriented. However, from observation it seems as if a high percentage of children who display symptoms of ADHD are "wired" visually to a greater degree than the average child.

**Break larger assignments into smaller tasks**<sup>42</sup> - This helps children with attention problems to focus. Additionally, some teachers have found that seating children with attention difficulties close to the teacher's desk and within range of eye contact is helpful. Careful attention to seating arrangements in general can have value.

**A buddy system**, where progressive and well-adjusted students team up with students who have learning difficulties can be developed. This has proven to be an effective way of helping the struggling student, and, for students who are in a position to give, to find joy and fulfillment in helping others.

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*"When you hear the word ADD, the next word that follows is medication. 75-80% of those who are diagnosed with ADHD will at some point be prescribed medication. "Why the push for medication? Why not urge for parent training, specialized classrooms and social skills training? We can hypothesize why parents are pressured. Medication is relatively inexpensive, highly profitable, easy to give and takes almost no effort. Parenting is a tough job. 'If a pill can make your job easier, why not?' We need to ask, 'What can I do instead?'" (condensed for brevity).*

*Susan Ashley, Ph.D., Clinical Psychologist - ADD & ADHD Answer Book - The Top 275 Questions Parents Ask.*

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<sup>42</sup> Some of the ideas on this page and the following pages are adapted from Sandra Rief's book, *How to Reach and Teach ADD/ADHD Children*, 1987.



## **18 Positive Educational Ideas** ***that can be of value for children with symptoms of ADHD***

1. **Work with children on an individual level** - Children with special needs benefit from one-on-one attention. Provide mentors, instructional assistants, and/or enroll a child in after-school tutoring or reading assistance. One effective kindergarten teacher with 25 years in the classroom says she spends one-on-one time every day with each child in her class.

2. **Clarity and structure** – Clear, step-by-step instructions help children with attentional difficulties to better focus.

3. **Creative, engaging, pro-active teaching** is of importance for children with symptoms of ADHD. Some children do better orally with their schoolwork and can answer questions when they are verbally taught but may find it difficult to focus on written assignments and tests. Test children with ADHD orally when possible.

4. **School psychologists and social workers** can be a valuable part of a child's **support team**. Children and young teens will then have a refuge where they can talk about distracting issues that occur with other students, teachers, family, or situations that come up during the day. Social workers in the public schools and substance abuse counselors have increasingly taken on the role usually reserved for psychologists. Moreover, they have become a vital link for struggling children and youth. Some guidance counselors and school administrators can also become part of the young student's day-to-day support team.

5. **Parental training** - Educating parents through parental training has been recommended and is being utilized by some schools, school principals, municipalities, and as a part of a school-based effort to help children by helping the parents and family. Some public school principals have arranged for informative parental training sessions for parents of children in their school. Some local community and social programs, as well as some religious organizations, also feature various forms of parental and family training. Some school principals arrange for simple guidelines for parents to read, at the beginning of the school year, on the subjects of homework and media issues at home, such as violence in the media and home-Internet safety. Instructions designed by the school for the parents are sent to parents for review for parents to sign-off on. (Bi-lingual instructions are helpful in many communities).

6. **Open communication between school and family** is of importance. This requires effort on the part of teachers, administrators and parents.

7. **Positive reinforcement** – While providing needed structure, limits and at times discipline, teachers and administrators who focus on the positive

and reinforce it build a better relationship with children and youth and can help contribute to an academic and classroom atmosphere, which helps those with attentional problems to better focus. This applies in the home environment as well.

**8. Improving one's teaching style and dedication to helping children** results in a classroom atmosphere where children with attention difficulties can better focus. Many children with symptoms associated with ADHD need nurturing; others need more structure. Young children are affected emotionally and psychologically from disruptions in family life, such as separation or divorce, so teachers need to take these social and family issues into consideration, dealing moderately with children whose behavior may not be consistent, and in making recommendations for intervention.

**9. Encourage children and teens to write regularly in a journal.** This is a life skill that some grade school children learn from their teachers. It can be an effective way to express and neutralize negative emotions and for a child or teen to organize their thoughts. Some teens find writing poetry to have an emotionally healing affect.<sup>43</sup>

**10. Breaking down larger tasks into smaller tasks** in the classroom can help many children with short attention spans to accomplish tasks and complete their assignments.

**11. Extensive use of graphics, color and pictures** help all children to focus and concentrate on their schoolwork as well as to retain more information. This is especially true of children with symptoms of ADHD.

**12. Attention to seating arrangements** in class for children with learning and attentional problems is of help for some children with learning difficulties. This can also be of help to the teacher. Children who have a hard time concentrating often do better sitting in the front of the classroom, close to the teacher's desk or in a spot that is not in close proximity to their classmates. One special education teacher makes effective use of blinders that surround three sides of each desk. He uses these blinders in his classroom of pre-teen students, especially when students are working on tasks requiring sustained concentration, such as math; he spaces student's desks about two feet apart.

**13. Use of relaxing and subdued music** in class helps children to keep calm and focus. Also, some school principals and teachers are strict in school policy concerning iPods and cellphones with headphones in the classroom, hallways, and in school in general. Constant, intense music while a child or teen does his or her schoolwork, or in the student's many off-minutes in school, on the school bus, or at home, can prove to be extremely distracting and "fragment" the mind and cognitive processes of

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<sup>43</sup> See the Society for Poetry Therapy. [www.spt.com](http://www.spt.com)

a child or teen. This makes it difficult for the student to concentrate on assignments requiring a high degree of cognitive skill. Additionally, much of the popular music that some young people listen to may be considered to be anti-social in its lyrics and attitude, which can contribute to disrespect towards authority or contribute to an attitude of misogyny or self-hate. This can make for a climate in school that makes it more difficult to maintain order or decreases the level of decorum necessary for the sustained concentration and focus of higher-end academics. There is a lot of distracting and compelling noise in the small headphones on either side of the student's ears and subsequently in the student's mind.

Principals should be aware that iPod music during the school day at school for some students can contribute to a lower level of academic achievement, and it might also contribute to behavioral problems as well as depression in some children and teens; parents should also be fully aware of this. One young teen who could not focus on a difficult assignment stated the reason was the music in her head. She stated that she had been listening to the radio in her room at night, and the music was still dominating her thinking the following day in class.

**14. Regularly assigning homework** helps provide structure for children and teens after school, so that their after-school hours are spent constructively. Television and video games after school can contribute to a lower level of concentration in class. One parent keeps video games away for his pre-teens and young teenagers during the school terms and allows video game play only during vacation periods. Regular, meaningful homework contributes to the student's development of cognitive abilities as well as to focus and excel academically. Many grade school teachers regularly assign one to two hours of homework per day. When children regularly complete these assignments, it also contributes to a good work ethic for the student.

Children should have a well-organized location in the home for homework, free of distractions. The television and music should be off during their homework sessions, and some children and teens benefit from direct parental involvement with them in completing their homework.

If regularly assisting their children with their homework is overwhelming for the parent and the child does require assistance, parents might consider hiring a tutor. If children or teens regularly say that they get no homework, parents should communicate with teachers to see if this is really the case. More often than not, most teachers assign regular homework in core subjects. Teachers should try to communicate with parents if the child is not doing his or her homework regularly, and parents should be responsive in making sure their children complete their homework assignments.

**15. Classroom buddies** between excelling students and struggling students can benefit students who have difficulty concentrating. This has

a positive effect in both directions--for the child who needs help and for the child who is providing the assistance.

**16. Attentive teacher's aids and/or classroom assistants** are of much value in special education and in mainstream classrooms for children with ADHD symptoms. An attentive classroom aid positively affects entire classrooms where there might be several students with special needs. Parents can inquire of their particular school system as to what is needed in order to obtain individual assistance for their child in class.

**17. Adapt teaching to the individual student's learning style** - Oral instructions and hands-on learning helps many students with special needs to focus and excel. Many students excel when pro-active teaching methods are used, including question and answer activities or projects. The various aptitudes and different types of learning styles may be taken into consideration when teaching children with special needs, including those students who manifest symptoms of ADHD. (See *Gardener's Multiple Intelligences* for a practical theory with application in the classroom concerning adapting teaching to the student's learning style).

**18. Keep movies out of the classroom.** Movies for entertainment, while commonly used as time-fillers in many classrooms, can be counterproductive in the long-run, especially for children with symptoms of ADHD. Some teachers and some schools may use movies regularly as electronic baby-sitters.

Excessive TV and movie viewing, especially as a lifetime habit, can contribute to lazy mental habits and life-habits. Action cartoons, including many popular G and PG-rated movies for children, can contribute to attentional difficulties for some children. Occupy children with coloring and art rather movies. The Internet is a source of thousands of free children's coloring pages, or buy coloring books for the school year for periods that you need children occupied without formal instruction. Many children's movies are fast-paced, and many children's movies feature macabre or frightening themes. It is of note that after movie time in school, it may take some time for certain children to "wind down" and concentrate again on serious schoolwork.<sup>44</sup> (This is referring to non-educational films for entertainment, in contrast with the many educational videos that have value in education and which are readily accessible with planning).

Movies usually develop themes and characters more deeply than television programs. The visual elements of films is also usually more intense than most television programs. Children ponder over the scenes and meaning of what they have seen in movies, and many do not have the ability to "turn off the channel" in their minds. It has been observed that children who have seen "scary movies" may find it difficult to concentrate in class, and some pre-teens have been mentally

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<sup>44</sup> New Jersey Teaching Notes 2005-2011.

distracted in class as a result of these scenes and situations, some of which may be difficult-to-decode for children, including messages with sexual innuendo in children's films.

## **More on Movies in School**

An excess of watching movies (along with other excesses with media) might be one contributing factor toward the development of ADHD symptoms for some children. If anything, schools should discourage rather than encourage movies in school and in the classroom. This is especially true in light of the fact that a large percentage of young children are indulging in movies of various degrees of violence. Many popular children's movies are violent, very intense, or have scenes of violence or shocking violence. Schools can unwittingly or tacitly reinforce that kind of life-pattern for many children, and some teachers and substitute teachers can be exceedingly liberal in the level of violence (and sex) they present in the classroom or allow in the classroom for children.

Many teachers, substitute teachers, teaching assistants, and schools in general, including some administrators, use or regularly use entertaining movies with marginal or no educational value as regular time-fillers. Parents should be aware of this and might ask their children about movies they may be seeing in school. Talk to school administrators if you have any concerns.

Character education has much value in the public school system and in the classroom. One grade school teacher in Newark, NJ, spends the first two days of the school year concentrating on character education lessons with the children; this has benefits for the rest of the school year. Many classrooms feature lessons, words, and ideas with positive values and ideas posted on the walls, on posters in the school hallways, and in the classroom. In some schools, students *paint* positive quotes on the hallway and stairwell walls. This helps to create an atmosphere conducive to learning, good conduct, and positive values.

The lessons to be learned from a large percentage of movies for children, however, in the classroom and at home, often present the opposite message. Revenge, winning at all costs, vigilantism, messages suggesting that might-makes-right, or delight in other's suffering may be underlying themes. Further, fast-paced movies and cartoons, which might have scenes of violence and intensity, can contribute to ADHD symptoms for some children. Using movies, then, regularly in public grade schools and high schools, may be contributing to a lower quality of education in some school systems.

Teaching positive life-skills, such as helping young people to appreciate art for recreation and pleasure, encouraging young people and children to learn to play a musical instrument or write poetry, to find enjoyment in recreational sport, and enjoying and appreciating the outdoors, can help a child or teen to mature emotionally and to develop a positive set of values and life-habits.

## Tutoring, Mentoring and Coaching

Tutoring, mentoring and coaching is of benefit for children with symptoms of ADHD. The ADDA Association specifically recommends coaching for ADHD; this is helpful for children, teens and adults. Clinical studies indicate that coaching helps college students with ADHD in a number of ways. ADHD coaching is an emerging field that is well-developed, and parents should consider coaching for middle school or high school teenagers with ADHD. In college, a coach can be used effectively in lieu of therapy for some students with ADHD (University of North Carolina, 2011).

A coach is not a therapist or medical professional. A coach has been trained to help with the practical areas of life, which may be difficult to deal with for many youths diagnosed with ADHD. A coach is accessible during the day by phone, text or email, and helps the client stick to their individual recovery plan, goals, and to keep well-organized.

Life-coaching is being used in a wide variety of contexts, and the ADHD coach specialist receives training and certification for this specialty. The cost of coaching is less than that of a therapist, and there are a number of organizations that can provide you with a list of qualified coaches in your area. Coaches can work in tandem with the psychologist, therapist, or child study team.

Some who may not be receptive to other forms of treatment or therapies may show a positive response to coaching. Regular coaching sessions can be conducted by phone or webcam, and some coaches may work in person or use a combination of these communication approaches. A coach might speak to a client daily for 15 minutes or at other scheduled times for longer periods.

Care should be taken to choose a coach that fits into your personal style and one with whom both you and your teen feel comfortable. For adults who have been diagnosed with ADHD, psychotherapy, family therapy, marital counseling, and coaching are some of the possible professional or para-professional avenues of support. Support groups can also be utilized for some adults or parents.

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### Coaching Resources

**ADHD Coach Academy**  
[www.addcoachacademy.com](http://www.addcoachacademy.com)

**Institute for Advancing AD/HD  
Coaching (IAAC)**  
[www.adhdcoachinstitute.org](http://www.adhdcoachinstitute.org)

**ADHD Coaches Organization**  
[www.adhdcoaches.org](http://www.adhdcoaches.org)

**International Coach Federation  
(ICF)**  
[www.coachfederation.org](http://www.coachfederation.org)

## Reading for Education and Pleasure

Teaching children to find pleasure in reading, as well as to be able to understand what they read, is of importance and value. In contrast, approximately 23% of adults in the United States are considered to be functionally illiterate (Literacy. *Wisconsin Department of Public Instruction*, 2002). Children who read rather than watch television excessively, can better develop the ability to concentrate and are better equipped for academic and future career success.<sup>45</sup>

One professional reading coach, having coached hundreds of children with ADHD symptoms, stated, "one of the greatest tragedies of this world is that children no longer know how to sit down alone and find pleasure in reading a good book."<sup>46</sup> Parents who are aware of this can reverse this trend with their own children. Teach your child or student to appreciate the value of reading. Reading, without the television, iPod, music, or other electronic distractions, can be refreshing to the mind and soul.

The AYCNP website features a book list with over 200 positive and enjoyable books of value for children and teens. Please see: [aycnp.org/best\\_childrens\\_books.php](http://aycnp.org/best_childrens_books.php)

## Neurofeedback and Biofeedback

The mind has been likened to a muscle that needs to be exercised and that can be strengthened through mental exercise; neurofeedback can be likened to exercise for the mind. It can strengthen the mind and contribute to greater self-control. (Russell Barkley links lack of self-control to ADHD). Neurofeedback is high-tech and can be costly, but some have concluded that, in reality, it is no more costly in the long-term than taking prescription stimulant medicine.

Neurofeedback involves attaching electrodes to the head while the client works through mental exercises that are measured to provide feedback on brain activity directly to the client. Biofeedback involves regulating other parts of the body, such as the skin, heart, and so on, while neurofeedback focuses only on the central nervous system.

Neurofeedback and biofeedback should only be performed professionally after a thorough examination by a licensed, trustworthy practitioner. While not as widely accepted as some other forms of treatment, there is evidence that neurofeedback is effective.

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<sup>45</sup> Wall Street Journal, 2007.

<sup>46</sup> McNuff, J., 2005. Paterson, NJ Public Library.

A child or adult can improve in their ability to concentrate and focus through neurofeedback, and both neuro- and biofeedback are being applied for a wide range of mental health disorders, including anxiety disorders, bipolar disorder, OCD, epilepsy, alcoholism, and drug abuse.

Neurofeedback is not as mysterious as it might seem at first and is generally accepted in professional psychology/psychiatry circles. Neurofeedback and biofeedback can be used along with other forms of therapy and self-help measures. While more research is needed, neurofeedback has become a somewhat accepted form of treatment, a more or less mainstream approach to treating ADHD and some other disorders. (It is not, therefore, considered to be an “alternative” treatment).

Clinical studies indicate that neurofeedback does result in “significant improvement” for children with ADHD using both objective and subjective (parental ratings) scales (Lubar, J.F., et al., March 20, 1995). A meta-analysis of studies on neurofeedback for treating pediatric ADHD, published in 2011 from researchers of Ohio State University, concluded that neurofeedback is “probably efficacious”, indicating that there is evidence for the effectiveness of the treatment, but that further conclusive clinical studies are needed (Lofthouse, N.I., et al., November 16, 2011).

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## **Biofeedback/Neurofeedback Resources**

The Association for Applied Physiology and Biofeedback  
[www.aapb.org](http://www.aapb.org)

The International Society for Neurofeedback & Research  
[www.isnr.org](http://www.isnr.org)

What is Neurofeedback?

by D. Corydon Hammond, Ph.D.

<http://betabrainwave.webnode.com/news/an-introduction-to-neurofeedback-cory-hammond-phd/>

New York Biofeedback Services has good information on the subject on its website.

[www.nybiofeedback.com](http://www.nybiofeedback.com)

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## Chapter 6

### **Resources**

Helpful References and Recommended Reading  
Mental Health Checklist for Parents and Educators  
Charts and Graphs  
Bibliography  
Index

*Choose art over violence for better mental health  
for yourself and your children.*

## Helpful References

**ADD & ADHD Question and Answer Book, *Professional Answers to 275 of the Top Questions Parents Ask*.** 2005. Susan Ashley, Ph.D. Ashley is a clinical psychologist who works with children. She leans towards advocating non-pharmaceutical interventions for ADHD as a front-line strategy. Her book is an excellent resource for parents.

**The ADHD Workbook for Kids: *Helping Children Gain Self-Confidence, Social Skills, and Self-Control*.** 2008. Lawrence Shapiro, Ph.D.

### Attention Research Update

[www.helpforadd.com](http://www.helpforadd.com)

email to o subscribe: [attentionresearchupdate@helpforadd.com](mailto:attentionresearchupdate@helpforadd.com)

*Attention Research Update is one of the most well-researched newsletters and websites on ADHD.*

David Rabiner, Ph.D., Senior Research Scientist  
Center for Child and Family Policy  
Duke University, Durham, NC

**The Antidepressant Solution: *A Step by Step Guide to Safely Overcoming Antidepressant Withdrawal, Dependence and Addiction*.** 2007.  
Joseph Glenmullen, M.D. See also, *Prozac Backlash* by the same author.

**Are We Giving Kids Too Many Drugs? *Medicating Young Minds*.**  
November, 2003. *Time Magazine*.<sup>47</sup>

**Beyond the Disease Model of Mental Disorders** by Donald Kiesler. 2000. Scientific and evidence-based, convincing proof of the causes of mental health disorders, basically disproving various psychiatric cliché-mantras, such as those that say that mental health disorders are simply a "chemical imbalance." The medical model theory of mental health comes under scrutiny, and the purely biological, or bio-chemical explanation for mental health disorders is proven to be false. Therefore, "cures" or treatments that are based solely on the medical model of mental health, while convenient, are not valid. Kielser convincingly argues for a multi-causal model for mental health disorders though not discounting genetics or biology.

**Bipolar Children**, 2007. Edited by Sharna Olfman, Ph.D. *Bipolar Children* describes the over-diagnosis of bipolar disorder in children, the overmedicating of children who are labeled "bipolar," and some of the reasons for this. This provides excellent documentation from a number of writers on a serious issue.

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<sup>47</sup> Vincent Iannelli, M.D., author and website counselor (About.com), who sometimes supports medications for children, states, "*this article does a fairly good job of describing the risks vs. benefits of treatment.*"

**Brain Exercises to Cure ADHD.** 2008. Amnon Gimpel, M.D. The mind is like a muscle; by exercising it, we develop our power of concentration and can overcome many symptoms of ADHD. Brain exercises help children strengthen the mind. Social skills and self-control can be learned and developed.

**Blaming the Brain: *The Truth About Drugs and Mental Health.*** 1998. Elliot Valenstein, Ph.D. *Blaming the Brain* looks at the history of psychiatric treatment and presents evidence that mental illness is not like diabetes, high blood pressure, or heart disease. Valenstein disagrees with the medical model of mental health and argues against the opinion that "chemical imbalances" cause mental health disorders or that pharmaceuticals can cure them. Valenstein is professor emeritus of Psychology and Neuroscience at Michigan State University.

**Fidget to Focus: Outwit Your Boredom: Sensory Strategies for Living with ADD.** 2005. Roland Rotz and Sarah D. Wright

**Gaining autonomy with my medication (GAM) My Self management Guide** – This is a valuable reference for anyone who desires to decrease the amount of psychiatric medication they take or for those looking for a safe, professional way to gradually or eventually discontinue taking psychiatric drugs. [http://www.rrasmq.com/gam\\_guide.php](http://www.rrasmq.com/gam_guide.php)

#### **Lead Poisoning - NJ Department of Community Affairs**

101 South Broad St. Trenton, NJ 08625 [www.leadsafenj.org](http://www.leadsafenj.org)  
877-DCA-LEAD

(Contact the appropriate agency in your own state if you suspect lead poisoning).

Lead poisoning, and other environmental contaminants, are a contributing factor in 2 to 10% of cases of ADHD in the United States, according to interpretation of research by Joel Nigg, Ph.D. in *What Causes ADHD?*

**McGillicuddy, Tara. ADD/ADHD Coach and Consultant *newsletter*** is worth subscribing to. McGillicuddy frequently publicizes and hosts free information broadcasts of leading authors and authorities on ADHD. [taramcgillicuddy.com](http://taramcgillicuddy.com)

**The Myth of the A.D.D. Child - *50 Ways to Improve Your Child's Behavior & Attention Span Without Drugs, Labels or Coercion.*** 1997. Thomas Armstrong, PhD. Armstrong provides an excellent introduction describing the history of the use of psychiatric medications and some good suggestions on lifestyle changes for ADHD.

**Natural Prozac: *Learning to Release Your Body's Own Anti-Depressants.*** 1988. Joel Robertson, Ph.D. Non-pharmaceutical self-help and lifestyle changes, as solutions for depression and related disorders, are highlighted. Robertson explains how chemical imbalances are related to depression and their origins. Robertson also documents how music can influence the chemistry of the mind and contribute to mental health disorders for some people. Practical ideas for overcoming depression are found in this book.

**No Child Left Different**, Childhood in America series. 2006. Edited by Sharna Olfman, Ph.D., Point Park University. [www.pointpark.edu/def](http://www.pointpark.edu/def) Olfman considers issues, medications, child-rearing, ADHD, bipolar disorder, and media violence. Articles are from a number of well-known writers, doctors, and experts in the field.

**Please Don't Label My Child: Break the Doctor-Diagnosis-Drug Cycle and Discover Safe, Effective Choices for Your Child's Emotional Health.** 2007. Scott M. Shannon, M.D. This is a balanced discussion of labeling children and gentle critique, from a pediatric psychiatrist who sometimes prescribes psychiatric medications, of the current psychiatric method of labeling and medicating (based on the medical model). It provides a well-thought out and balanced counter-viewpoint from a mainstream psychiatrist, and it makes much more sense than treatment based on the medical model. *Please Don't Label My Child* contains an excellent chapter on psychiatric labeling with a balanced, reasonable viewpoint.

**Prozac Backlash: Overcoming the Dangers of Prozac, Zoloft, Paxil, and Other Antidepressants with Safe, Effective Alternatives.** 2000. Joseph Glennmullen, M.D. (Psychiatrist). *Prozac Backlash* provides useful insight as to the limitations of psychiatric medications with good suggestions on possible physical causes of depression as well as addressing lifestyle changes rather than an over-reliance on pharmaceutical medications. See also *The Antidepressant Solution*.

#### **Reading Recovery**

An international organization that gives assistance to schools in tutoring reading for first-graders. [www.readingrecovery.org](http://www.readingrecovery.org)

**Remotely Controlled - How television is damaging our lives - and what we can do about it.** 2005. Aric Sigman, Ph.D. Sigman discusses and documents how watching even moderate amounts of television can affect health and mental health, including contributing to depression in adults and children as well as contributing to ADHD.

**Rethinking ADHD, Integrated Approaches to Helping Children at Home and at School.** 1997. Ruth Schmidt Neven, Vicki Anderson, Tim Godber. *Rethinking ADHD* provides integrated approaches to helping children at home and school. This is one of the best books for background information on the subject. It also documents the international problem of over-prescribing psychiatric drugs as well as social issues involved with ADHD. *Solution-oriented*.

**So Sexy, So Soon, The New Sexualized Childhood and What Parents Can Do to Protect Their Kids.** 2007. Jean Kilbourne, Ed.D., Dianne Levin, Ph.D. This book discusses, among some other issues, media and cultural influences on sexualizing children in modern society.

Some of the media icons and influences mentioned by name in *So Sexy So Soon* are Bratz Dolls and other sexy cartoons, Pro-wrestling Girls, Power Puff Girls, Disney Channel, High School Musical, Spice Girls (Let Me Be Your Lover), Christina Aguilera, L'Il Kim, 50-Cent, Justin Timberlake (Sexy Back), Eminem, Barbie Lingerie - My Scene Barbie, Cosmo Girl (magazine), sexy music videos,

cable TV in the (child's) bedroom.

One might add also, since the *So Sexy So Soon* book was published, Miley Cyrus' *Party in the USA* video and concert, with her controversial "pole dancing," as well as the Disney-produced Cheetah Girls. Lady Gaga is referred to in one news item as "poison" for kids in a report entitled, "Has Lady Gaga Gone Too Far?" This, in response to the strong sexual content of her video, viewed mostly by teens. Britney Spears also has been implicated in fanning the flames of sexual child abuse, with her sexy school girl outfit and sexual music in her debut CD. *70% of TV for teens has sexual content. The average teen sees 2,000 sex acts a year on TV.*

Examples of icon television/movie VIOLENCE: Mighty Morphin Power Rangers, Transformers, Star Wars, Teenage Mutant Ninja Turtles, Pro-Wrestling, Grand Theft Auto (one of the most popular video games for inner-city boys and teens along with some popular violent video games, such as HALO and Call of Duty), GiJo, Batman, Incredible Hulk, and other superhero movies and cartoons.

**Note:** Even handheld video game units can be fast-paced and overly-stimulating for the minds of pre-teen boys. In grade school, playing hand-held video game units during school recess, children kill-thy-neighbor in interactive combat and indulge in pocket sized criminal activity in Grand Theft Auto during class breaks. Does this affect their behavior in class? Does it affect their ability to concentrate, their academic performance and grades, their personality? It very likely does.

**What Causes ADHD? *Understanding What Goes Wrong and Why.***

2006. Joel T. Nigg, Ph.D. Michigan State University. Nigg provides technical and thorough scientific insights into the subject with this very well-documented book. Way beyond the scope of most books on ADHD, *What Causes ADHD* is a well-rounded resource with a scientific basis. Not an easy reading book, Nigg's research is a must for writers and authors on ADHD and other children's issues.

**Your Child's Health: *The Parents' One-Stop Reference Guide to: Symptoms, Emergencies, Common Illnesses, Behavior Problems, and Healthy Development.***

1991. Barton D. Schmidt, M.D., F.A.A.P. *Your Child's Health* is a good general health reference for parents. A couple of specific chapters highlight dangers of violence in TV and films for children, especially from a health and mental health perspective. Barton documents the mental health implications for children of the past two decades, many of whom are indulging in movies of extreme violence and sadism from as young as kindergarten.

**One other book of note for parents and educators is *Mommy I'm Scared: How TV and Movies Frighten Children and What Parents Can Do About It,***

1998 Joanne Cantor, Ph.D., Professor of Communication at University of Wisconsin. The effects over time of media violence is highlighted: Some of these effects are desensitization towards violence and towards others' suffering or imitation of violence/violent acts. Children are often exposed to violence on the television at home, and parents might not be aware of this. This is not uncommon, and a relatively low proportion of parents use parental controls on the television or the Internet. Cantor mentions by name, as examples of commonly embraced violence in the media, *Jaws* (the movie), *The Day After* (movie), *The Incredible Hulk*, *Batman*, *Goosebumps*, *E.T.* (which can be disturbing for young children),

Alfred Hitchcock's Psycho, and the Wizard of Oz (disturbing for some young children; the Wizard of Oz is also mentioned by child psychiatrist Peter Neubauer in the same context) as examples of movies and television with violence or disturbing scenes for children. Also mentioned are the well-known R-rated "Chucky" movies, Friday the 13<sup>th</sup> Freddy Krueger genre movies that children are regularly exposed to on cable TV and in movie theaters.

Her book points to both problems and solutions. Part of that solution might be education, where teachers, principals, or other community educators can help parents to understand the value of protecting children from violence in its many forms.

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A number of the books mentioned on these pages are available for download in whole or in part on googlebooks at no cost.

### **Free downloadable coloring pages for children**

Parents and teachers should avail themselves of the many sites on the Internet for free coloring pages downloads. You can make your own coloring book for your child featuring pages on every conceivable topic for only the cost of the paper and ink. These are just a few sites among many where you can find free coloring pages. Teachers and substitute teachers should utilize these sites for non-instructional downtime periods in class for children PreK-4<sup>th</sup> grade.

**Coloring Book Fun** has hundreds of free coloring pages for children of all ages and levels. [coloringbookfun.com](http://coloringbookfun.com)

**RaisingOurKids.com** has a good selection of printable flower coloring pages for children: some simple, some more-complex.

**Free Coloring Pages: Karen's Whimsey.** More-complex coloring pages for older or artistically-inclined children. [karenswhimsy.com/free-coloring-pages-for-kids.shtm](http://karenswhimsy.com/free-coloring-pages-for-kids.shtm)

**Able Child** is a grass roots non-profit of note in the field of ADHD for parents, which supports the parent's choice for medicine-free schooling for their child with ADHD. [www.ablechild.org](http://www.ablechild.org)

## **Parent and Educator's ADHD & Mental Health Checklist**

### **Art**

If a child is visually oriented, what about enrolling your child in a community art program or provide private art lessons? Have you looked into professional art therapy?

Why not purchase art books to be available at home for your child, so he or she might develop their interest in art?

Can you spend some time personally teaching your children to enjoy art?

If you have young children, are there a variety of coloring books and crayons available in the home (or classroom) for the children to play with at will?

Why not take some day trips to art museums, which might help your child develop an interest in art?

### **Diet**

Does my child eat a healthy breakfast every day? If my child is served breakfast at school, do I know that he or she actually eats breakfast daily?

What is he or she eating for breakfast at home or at school? Is it highly processed? High in sugar and additives? Does my child consume a lot of sugar in a variety of forms?

Can improvements be made in my child's diet and nutrition?

Does my child consume caffeine through soda, tea, or coffee?

### **Green Therapy & Exercise**

Have I included "green time" in my child's daily or weekly schedule?

Would my child benefit from going regularly to the park, walking, or hiking?

Does my child have opportunity for exercise at least several times a week at other times besides those at school?

### **Environmental Contaminants**

Is lead poisoning a possibility? Is it possible that my child has been exposed to other environmental contaminants?

Can I contact the local lead poisoning agency for testing if my home or apartment might be susceptible to lead poisoning or other environmental contamination?

Is my child very sensitive to additives in food? If so, can adjustments be made in a balanced way towards a more healthful diet?

Might my child or teen be experimenting with drugs or alcohol?

Are other prescription drugs affecting the behavior or mood of my child or teen? Are your prescriptions secure, so that no one other than yourself has access to them? It is a good idea to secure common analgesics, such as aspirin or Tylenol.

## **Education**

Am I satisfied that my child is receiving the individualized attention he needs within the school system?

Do I take an active interest in his or her schoolwork, sitting down and helping with homework after school?

Could my child or teen benefit from more structure? Endeavor to establish a fixed daily routine, a schedule, and consistent bedtime.

Do I communicate regularly with his or her teachers? Am I accessible to them by cellphone, text messaging, and/or email?

Do I attend all parents' events at school, including all parent-teacher's conferences?

Does the school have an after-school program to help with homework, reading, or math?

Is there a program for free tutoring or mentoring within the school or school district?

Does the local or county library have any special programs in tutoring or reading that can be of help? The one-on-one attention provided by various forms of tutoring, which are often at no cost to the consumer, are stabilizing for many children.

Are there provisions within the school system for a personal assistant for my child? If my child has a personal assistant, do I have regular communication with him or her? Does the personal assistant have access to me by phone or text messaging?

What quality of care, instruction, or supervision is my child receiving from the personal assistant? Can I get feedback from my child's teacher about his or her personal assistant? If there is a problem, perhaps changing personal assistants or initiating meetings with the assistant and teacher might help the situation.

Have you considered, or are you in a position to, volunteer in the school that your child attends?

Is there a special summer program that my child could benefit from, including those specifically for children with ADHD, or for specific situations common with children who have ADHD?

Are there academies within the school district where there may be fewer children in the classroom or where the atmosphere might better facilitate my child's special needs?

Would simply changing classrooms help my child to concentrate better in school?

## **Social, educational, spiritual and support**

Have I made efforts for wholesome association with other children in the community, congregation, or school, or is he or she largely isolated? Does my child spend a great deal of time alone on social networking sites or surfing the Internet?



Have I looked into music lessons for my child after school or on the weekends? This can help fill vacant hours and can be a way that builds self-esteem and confidence.

What about mentoring programs, especially if the child's father is absent? Some cities (such as Newark, NJ) have free mentoring programs for qualifying teens or older children.

How much time do I spend with my child giving him/her undivided attention?

If my child is a pre-teen, do I spend time every day or night reading with him or her?

If the child has supportive grandparents, does he or she spend time with them regularly?

Have I instilled in my child a value system, and am I providing spiritual training? Would a regular Bible study give a child needed support or would some other form of mentoring help?

What about seeking the assistance of a professional coach? If my child needs the help of a psychologist or therapist, do I realize that medicine is an option, not a requirement?

### **Sexuality**

In the case of a teenager or even some pre-teens, is he or she sexually active?

Might your teenager (or child) be dabbling in, or be exposed to, pornography on the Internet, television, with friends, or elsewhere?

Do you have parental control filtering software installed on your computer and/or on your child's cellphone<sup>2</sup> if the cellphone has access to the Internet?

### **Discipline**

Am I consistent with my child's discipline? Do I give discipline with firm but reasonable limits? Is the discipline administered with love?

Have I established appropriate limits for my children or teens?

### **Music**

What music does my children or teens listen to? Is it intense or soft?

How much time does he or she spend listening to music (or viewing music videos) daily or weekly?

Does my child listen to music on the school bus going to and from school? At school?

How can I positively direct my child or teen's interest in music?

Are there music programs in school that can positively channel my child or teen's interest in music?

Are there music programs in the community?

For teens in particular who are poetically inclined, what can I do as a parent to channel that interest or talent positively? Can you help your child to

self-publish a poetry book? (This can be done at minimal cost with websites specifically for this purpose).

### **Electronics**

How many hours of television does my child watch every day? How many hours of video games does my child play daily? What video games does your child play at the home of his friends?

How many hours of movies does my child view each week? What types of movies does he or she view? Are they calm, or are they aggressive or violent?

Is my child regularly being exposed to violence in the media? Cartoon violence? Action violence? Video game violence? Has he developed a fondness for fantasy creatures or violent fantasies? (Armstrong, T., 1997)<sup>3</sup>

How many hours a day does my child spend on online social networking communities, such as Facebook and surfing the Internet? Is he or she largely isolated from real social contacts after school? What adjustments can be made?

If a child stays late in school daily, how is he using his time there? How does your child or teen use the computer system at school or library after hours?

### **Emotional and Support**

Does a child has deep-rooted emotional wounds from the present or past? If so, has he or she opened up and talked to you or to a counselor?

Has there been child abuse of any type? What has been done to address the special needs of your child?

Is there professional support for talk therapy available in school?<sup>4</sup>

Would you or your family benefit from family therapy, family counseling, or a support group?

Is your child developing secure emotional attachments with responsible adults and siblings?

Is your child receiving the parental or family-based love and attention that he or she needs?

### **Endnotes for ADHD, Mental Health Checklist**

<sup>1</sup> Exposure to pornography can make it difficult for children to concentrate in school and can contribute to symptoms related to some mental health difficulties. Pornography exposure can be an issue for young children, as well as for teens.

<sup>2</sup> You can purchase software for parental Internet control that can be installed on cell phones. Cell phones that have access to the Internet are a common mode of downloading and transmitting pornographic images for some children and teens.

<sup>3</sup> *The Myth of the A.D.D. Child - 50 Ways of to Improve Your Child's Behavior and Attention Span Without Drugs, Labels or Coercion* by Tom Armstrong, is a good reference book on the history of ADHD and its prescription treatment.

<sup>4</sup> Talk Therapy, or Interpersonal Therapy, is sometimes especially helpful for children and teens.

## Conclusion

ADHD doesn't have to put a child's life in a situation of indefinite stagnation, and it does not necessitate a prescription. There are a wealth of ideas that parents can put into use to help their children overcome symptoms of ADHD without medication. A combination of a number of different methods that correspond with your lifestyle and resources can be effective in helping children overcome ADHD.

Children can be helped in a balanced way without having to resort to drugs, and many have been helped to do just that. Before initiating use of medication, you may find success in implementing lifestyle changes. This may make a significant difference in your child's symptoms.

Give your child extra time and attention through the most difficult years of his or her life. Give attention to your child's spiritual needs. Try to build up your child's interest in art rather than in aggressive video games, action movies, and hours alone on the Internet. If your child is musically inclined, enroll him or her in music lessons and teach your child to play a musical instrument. This is a skill that will bring enjoyment to your child for a lifetime. Try to direct your child's interest in music in a positive way. Know what they are listening to and teach them to choose music wisely and selectively. Keep them away from overly-intense or negative music.

Teach your child from a young age to love books. Reading strengthens the mind. Keep the television, video games, and computer out of the child's bedroom. Note that "*A reader is a leader.*"

Evaluate your child's diet and make sure that they are getting three good meals a day as well as healthy snacks. Pre-teen and teenage girls, especially, need to eat a regular and healthy breakfast and lunch for good mental health. Spend time with your child outdoors, playing in the park, running, walking, and hiking.

See what works for your child. Follow your instincts in terms of what you feel might be causing symptoms of ADHD and address these issues. No one formula provides an answer for every child, so take positive steps toward the mental, physical, emotional, and spiritual health of your child; try different methods as explained in this discussion and note the improvements. Keep a detailed journal specific to helping your child overcome ADHD. Note what helps symptoms and what worsens symptoms.

Good mental health is hard work. It can require diligence, but the benefits are enormous. We hope that what is presented in this book helps you on your path to wellness for both you and your child. Continue to do careful research, put what you learn into practice, and your child will be helped to overcome ADHD.

*"Turn off the TV, so that in reading, you may better be!"*

Encouragement from children of Paterson, NJ

## **TEAMS - Research-proven, non-pharmaceutical neurocognitive training that helps preschool children with ADHD**

A 2012 clinical study with preschool children with ADHD, conducted by researchers from Queens College, NY, has concluded that “*consistently engaging children with ADHD in activities that challenge and exercise particular neurocognitive functions can strengthen the underlying neural activity that support these functions and thereby diminish ADHD symptoms.*” The approach is referred to as TEAMS, which stands for Training, Executive, Attention, and Motor Skills.

Activities enjoyable for children with their parents are used, which include activities of increasing difficulty designed to promote working memory, fine motor control, and planning and organizational abilities. This is combined with extensive parental education about ADHD symptoms and associated problems.

The idea behind this research-proven program is “*to develop better brain function in kids*” at an early age. About the study on this program published in the March 5, 2012 *Journal of Attention Disorders*, David Rabiner, PhD, states, “*I found this to be one of the most interesting studies I have read during the past 10 years*”

### **Sources:**

1. Queens College targets ADHD in pre-schoolers. (2009, Sep 24). *Queens Chronicle*.
2. Rabiner, D. (April, 2012). *Attention Research Update*.
3. Training executive attention and motor skills: A proof-of-concept study in preschool children with ADHD. *Journal of Attention Disorders*, March 15, 2012. March 5, 2012 (online). DOI:10.1177/1087054711435681.

## Further Reading and Research

1. The Art of Embracing ADHD, by *Daniella Barroqueira, Illinois State University*
2. Art Helps ADHD - *Inspirational experience of a grade and middle school teacher, Newark, NJ*
3. Children's television impacts executive function (EF) and contributes to later attention problems. Synopsis of research from *University of Virginia*
4. Time listening to popular music correlated with Major Depressive Disorder in adolescents, largely from *University of Pittsburgh* research
5. Music and iPod school policies
6. ISU study finds TV viewing, video game play contribute to kids' attention problems, *Iowa State University*
7. ISU study proves conclusively that violent video game play makes more aggressive kids, *Iowa State University*
8. Adjusting to Attention Deficit Disorder in adulthood, *David Rabiner, Duke University*
9. ADHD/ADD and Depression, *David Rabiner, Duke University*
10. Bipolar disorder over-diagnosed by 50%
11. FDA Alert – Liver injury risk and market withdrawal
12. Ritalin (methylphenidate) and Question of Increased Risk of Liver Cancer

## **The Art of Embracing ADHD**

*By Daniella R. Barroqueiro. Ph.D.*

Associate Professor of Art Education, Illinois State University

When talking about ADHD, it is common to focus on the "downside" of the disorder, the challenges, the frustration, how to "fix" a problem or a set of problems. Notice I refer to a downside, which implies that there is also an upside to having ADHD. Intelligence, creativity, spontaneity and the ability to hyper-focus (yes, hyper-focus) are among the characteristics commonly found in people with ADHD.

Understandably, these assets are often framed in the negative because the person's ADHD is not working for them, but against them. Without a diagnosis, an awareness or knowledge of the disorder, and/or behavior modifications, these assets are obscured by the numerous liabilities of the condition. For example:

Intelligence: "She is intelligent; her test scores are high, but she is not working to her potential. She is an underachiever."

Creativity: "He has a creative energy but never seems to complete anything, so he has little to show for it."

Spontaneity: "He is so spontaneous; he just flies by the seat of his pants. He doesn't seem to know how to plan ahead or follow a schedule."

Hyper-focus: "She is so obsessed with \_\_\_\_\_ that she doesn't get any of her work done. (Fill in the blank.)"

As an art educator with ADHD, I have been both a student with ADHD and a teacher of students with ADHD. I have heard some of these things said about me, and I have said some of these things about my students. In the public schools (and at the college level), the art room is often the one place where those with ADHD feel at home. Of course, there are many students who have little interest in art making, but I believe there is something to be learned from the art education model.

The inherent subjectivity of the discipline allows for more flexibility in the way lessons are taught and in the way students interpret assignments. Even in teacher-directed projects there is often room (or at least there should be) for the self-expression of each individual student. Many lessons are necessarily restrictive in the sense that they focus on teaching a particular technique or deal with a specific subject or theme, but even in these types of lessons there are usually opportunities for students with ADHD to attend to their particular interests or their

idiosyncratic ways of working, which in turn helps them to stay focused on the task at hand. Strictly speaking, there is no one right or wrong way to paint or to sculpt something.

The point is that when those with ADHD find (or create) an environment supportive to their needs, then ADHD becomes a non-issue, and, in some cases, an asset. The trick is to figure out how to find or create that environment. It is my belief that when people with ADHD have taken the time to learn about ADHD in general and their own "custom brand" of ADHD in particular, they have taken the first step. Once they have begun the process of minimizing their liabilities, harnessing their creative energy and finding a productive outlet for their intelligence and hyper-focus, the possibilities are endless. The potential for success and the enjoyment of life is enormous!

Remember there are two sides to every coin. It is one thing to accept you have ADHD, but it is another to embrace it. To those with ADHD, I recommend flipping the coin and embracing what you find on the other side. I'll bet it looks a lot like intelligence, creativity, spontaneity and the ability to focus on things that matter not only to you, but also to the rest of the world.

*Reprinted with kind permission from Daniella Barroqueiro, Ph.D.*

## ***Art Helps ADHD - Inspirational Experience of Grade and Middle School Teacher, Newark, NJ***

Ryan M. is an art teacher in one of the most difficult grade/middle schools in Newark, NJ. He has been teaching there for a number of years and has a good rapport with the students. He is difficult to frazzle, and students request to work in his class during their breaks. He rides his bike to work for exercise, and samples of his artwork along with the work of his students align the walls of his classroom. He creates some striking landscapes in vibrant colors.

Mr. M. describes his personality growing up as antsy and hyperactive. He was diagnosed with ADHD as a young teen and prescribed Ritalin at first, then Adderall, from middle school years through high school. However, he did not like to take the medication because of the strong side effects; he didn't like the way it made him feel, and he felt that the medication contributed to a rage inside of him that was difficult to deal with.

When he graduated high school, he took up art in college, something he always enjoyed doing. He stopped taking the stimulant medications, graduated college, and became an art teacher. He continues to work on his own art projects after school and has no noticeable issues with hyperactivity or inattention. He is well-adjusted and an asset to the school, contributing to the success and development of the children he works with.

He said that there were only two things that helped him with his ADHD symptoms during his school years: playing soccer and art. He doesn't play so much soccer now, but he continues to work with art. His experience is so similar to that of Professor Barroqueiro that it is worth mentioning here and may be an encouragement for some parents to consider directing their children towards art if their children are struggling with attentional problems or hyperactivity.

Mr. M. states that art in school helped him to focus, and the soccer helped him to find an outlet for hyperactivity. The combination worked, and his hyperfocus turned out to be an asset as an enthusiastic and energetic art teacher.



**Synopsis: Children’s Entertainment Television [such as Sponge Bob] Impacts Children’s Executive Function and Contributes to Later Attention Problems**

-----**Drawing Helps Kids to Focus**  
*Information from University of Virginia researchers*

In a study entitled, **The Immediate Impact of Different Types of Television on Young Children’s Executive Function** by professor Angeline S. Lillard, PhD, and Jennifer Peterson, BA of the *Department of Psychology at the University of Virginia, Charlottesville, Virginia*, researchers concluded that children’s television can have a marked affect on attention problems. The paper, published September 12, 2011 in *Pediatrics*, states that “Previous study results have suggested a longitudinal association between entertainment television and later attention problems.”

What this study adds is, “Using a controlled experimental design, this study found that preschool aged children were significantly impaired in executive function immediately after watching just 9 minutes of a popular fast-paced television show [Sponge Bob], relative to, after watching educational television or drawing.

This University of Virginia study concludes what most of us could discern intuitively--that Sponge Bob and other fast-paced cartoons indeed wind up the spring of children and can affect the attention and ability of young children to concentrate. In this study, sixty four-year-old preschool children were assigned to watch a fast-paced television cartoon, a realistic cartoon, or were allowed to draw for nine minutes.

The children who watched the educational cartoon and the children who were assigned to draw performed significantly better in executive function tasks than those who watched the fast-paced cartoon. The study states that “Parents should be aware that fast-paced television shows could at least temporarily impair young children’s executive function.”

Functions associated with the Executive Function (EF) are part of the skill functions associated with the prefrontal cortex, which include goal-directed behavior, attention, working memory, inhibitory control, problem solving, self-regulation and delay of gratification (as opposed to instant gratification, commonly associated with television). EF is recognized as a key to "positive social and cognitive functioning." Therefore, EF has a bearing on the overall success of children in school on a wide range of fronts. Long-term effects of watching television for children have been documented in some studies; this was the first to consider short-term effects. The study states that “even adults report feeling less alert immediately after watching television” and that “Entertainment television is particularly associated with long-term attention problems.”

Sesame Street upped the pace of television for children, starting around 1968/1969. However, Sesame Street today is double the pace of

Sesame Street when it began over 30 years ago, states Lillard and Peterson.

In addition to the fast pace of the cartoon, the authors hypothesize that the “onslaught of fantastical events,” portrayed in the cartoon shown to the children in this study, may have further exacerbated the Executive Function of the children. Additionally, the study does not make conclusions about the long-term effects of watching fast-paced television, and, because the cartoon segments were only nine minutes compared to longer periods of time typically involved with cartoons for children, the actual effects on EF, including attention, may actually be “more detrimental” than the study indicates.

The authors state that “Children watch a great deal of television,” which “has been associated with long-term,” and in the case of this study, “short-term,” attention problems.

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Further information on Executive Function: Kaplan S, Berman M. *Directed attention as a common resource for executive functioning and self-regulation. Perspectives Psychology Science, 2010;5(1):43.*

Angeline, S., Lilliard and Jennifer Peterson. *The Immediate Impact of Different Types of Television on Young Children's Executive Function. Pediatrics.* Originally published online September 12, 2011; DOI:10.1542/peds.2010-1919  
<http://pediatrics.aappublications.org/content/early/2011/09/08/peds.2010-1919.full.pdf>

## **Time Listening to Popular Music Correlated with Major Depression - Major Depressive Disorder (MDD) - in Adolescents - Reading Books Helps with Major Depression in Teens**

Researchers at the University of Pittsburgh concluded that there is a correlation between Major Depression and the amount of time an adolescent spends with popular music. Conversely, Major Depression is negatively or reversely correlated with reading print media, such as books.

The study, published in the Archives of Pediatric and Adolescent Medicine, April, 2011, examined data collected through telephone interviews. During an eight-week period involving one-hundred six adolescents, the study was part of a larger neurobehavioral study of depression conducted between 2003 and 2008.

For each increasing quartile of audio/music use, there was an 80% increase in the odds of having Major Depression (MDD). For time spent reading, there was a 50% decrease in the odds of having MDD.

The study does not necessarily conclude a direct cause and effect relationship although that might be one valid conclusion. Rather, there might be other correlational factors to consider in evaluating this evidence. Perhaps those who are more inclined towards music are also more inclined towards Major Depression. Perhaps those with Major Depression seek solace and solitude in music.

In any case, there seems to be strong evidence that, for adolescents, there is a correlation between time spent listening to popular music and depression. This can provide encouragement for parents, educators, and mental health professionals to help children and adolescents spend less time listening to popular music and more time reading.

## **Music and iPod\*** (or other music-listening devices)

### *--- and School Policies*

Many schools have a difficult time keeping the use of electronic devices in school and in the classroom under control. One vice-principal in a city grammar and middle school declared that the administration was waging a “war on electronic devices” in school, similar to the “war on drugs” from a previous decade. She stated that *“we know that we won’t completely win this war, but we’ll keep trying.”*

In the International Grammar School in Sydney, Australia, the administration outright banned iPods, “the gadget of choice”, in school. (An iPod can hold up to 10,000 songs, although most students might have only one or two-hundred at any one time). Not all students concurred, stating that listening to music while doing school work helped them to concentrate. However, the school administration disagreed, referring to iPods and similar devices as contributing to “social isolation.” The executive director of the Association of Independent Schools, Geoff Newcombe, stated that iPods in school “distract students, impede their safety and stop them from communicating with classmates.”

Many teachers, however, downplay the issue and allow students to listen to iPods in class, especially if students are quiet and do their work.

One of the issues that arises, though, with use of electronics in school, is, as one Newark High School Graphic Arts teacher stated, “give them an inch and they take a mile”; it can be very difficult to keep electronic devices under control once they are in the school, and there may be inconsistent or loosely enforced guidelines. Both teachers and administration get worn out with the issue, and, as the school year progresses, use of electronics can get out of hand. It can contribute to needless situations of friction between teachers and students and can possibly contribute to a lower quality in the academic level of individual schools.

In Barringer Preparatory High School in Newark, NJ, iPods and other electronic devices are banned in school. Not an iPod (or their equivalents) or earphones can be seen in the hallways, and students attempting to bring them in get stopped at the entrance metal detectors (something ubiquitous in all high schools in Newark) and are required to turn in their electronics at the door before coming into the school. They can then collect their devices at the end of the day, a rather humane antidote to a problem that perplexes some school systems.

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\* iPod is tradename of Apple, and is used here in a generic sense for iPods and similar music-listening devices. Many students simply use headphones with their cellphone for listening to music in school.

Students seem to have no issue with the no ipod/cellphone policy; in fact, Barringer Prep is a good example of a school in a difficult area of Newark to teach in where there is good order in the hallways, where security guards are in control and have a good rapport with students, and where there is a sparsity of hallway-related security issues.

**Reference:** No more songs in their pockets: School bans iPods. By Linda Doherty and Jordan Baker. *The Sydney Morning Herald*.

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## **ISU study finds TV viewing, video game play contribute to kids' attention problems**

*Reprinted with permission from Iowa State University public relations website.*

AMES, Iowa - Parents looking to get their kid's attention - or keeping them focused at home and in the classroom - should try to limit their television viewing and video game play. That's because a new study led by three Iowa State University psychologists has found that both viewing television and playing video games are associated with increased attention problems in youths.

The research, which included both elementary school-age and college-age participants, found that children who exceeded the two hours per day of screen time recommended by the American Academy of Pediatrics were 1.5 to 2 times more likely to be above average in attention problems.

"There isn't an exact number of hours when screen time contributes to attention problems, but the AAP recommendation of no more than two hours a day provides a good reference point," said Edward Swing, an Iowa State psychology doctoral candidate and lead researcher in the study. "Most children are way above that. In our sample, children's total average time with television and video games is 4.26 hours per day, which is actually low compared to the national average."

Collaborating with Swing on the research were ISU's Douglas Gentile, an associate professor of psychology and Craig Anderson, a Distinguished Professor of psychology; and David Walsh, a Minneapolis psychologist. Their study will be published in the August print issue of *Pediatrics* -- the journal of the American Academy of Pediatrics.

### **Studies on elementary, college-aged youths**

The researchers assessed 1,323 children in third, fourth and fifth grades over 13 months, using reports from the parents and children about their

video game and television habits as well as teacher reports of attention problems. Another group of 210 college students provided self-reports of television habits, video game exposure, and attention problems.

Previous research had associated television viewing with attention problems in children. The new study also found similar effects from the amount of time spent with video games.

"It is still not clear why screen media may increase attention problems, but many researchers speculate that it may be due to rapid-pacing, or the natural attention grabbing aspects that television and video games use," Swing said. Gentile reports that the pace of television programming has been quickened by "the MTV effect."

"When MTV came on, it started showing music videos that had very quick edits -- cuts once every second or two," Gentile said. "Consequently, the pacing of other television and films sped up too, with much quicker edits." He says that quicker pace may have some brain-changing effects when it comes to attention span. "Brain science demonstrates that the brain becomes what the brain does," Gentile said. "If we train the brain to require constant stimulation and constant flickering lights, changes in sound and camera angle, or immediate feedback, such as video games can provide, then when the child lands in the classroom where the teacher doesn't have a million-dollar-per-episode budget, it may be hard to get children to sustain their attention." The study showed that the effect was similar in magnitude between video games and TV viewing.

### **TV, video games may contribute to ADHD**

Based on the study's findings, Swing and Gentile conclude that TV and video game viewing may be one contributing factor for attention deficit hyperactivity disorder (ADHD) in children.

"ADHD is a medical condition, but it's a brain condition," Gentile said. "We know that the brain adapts and changes based on the environmental stimuli to which it is exposed repeatedly. Therefore, it is not unreasonable to believe that environmental stimuli can increase the risk for a medical condition like ADHD in the same way that environmental stimuli, like cigarettes, can increase the risk for cancer."

"Although we did not specifically study the medical condition of ADHD in these studies, we did focus on the kinds of attention problems that are experienced by students with ADHD," added Swing. "We were surprised, for example, that attention problems in the classroom would increase in just one year for those children with the highest screen time."

## **ISU study proves conclusively that violent video game play makes more aggressive kids**

*Reprinted with permission from Iowa State University public relations website.*

AMES, Iowa -- Iowa State University Distinguished Professor of Psychology Craig Anderson has made much of his life's work studying how violent video game play affects youth behavior. And he says a new study he led, analyzing 130 research reports on more than 130,000 subjects worldwide, proves conclusively that exposure to violent video games makes more aggressive, less caring kids -- regardless of their age, sex or culture.

The study was published today in the March 2010 issue of the *Psychological Bulletin*, an American Psychological Association journal. It reports that exposure to violent video games is a causal risk factor for increased aggressive thoughts and behavior and decreased empathy and prosocial behavior in youths.

"We can now say with utmost confidence that regardless of research method -- that is experimental, correlational, or longitudinal -- and regardless of the cultures tested in this study [East and West], you get the same effects," said Anderson, who is also director of Iowa State's Center for the Study of Violence. "And the effects are that exposure to violent video games increases the likelihood of aggressive behavior in both short-term and long-term contexts. Such exposure also increases aggressive thinking and aggressive affect, and decreases prosocial behavior."

The study was conducted by a team of eight researchers, including ISU psychology graduate students Edward Swing and Muniba Saleem; and Brad Bushman, a former Iowa State psychology professor who now is on the faculty at the University of Michigan. Also on the team were the top video game researchers from Japan - Akiko Shibuya from Keio University and Nobuko Ithori from Ochanomizu University - and Hannah Rothstein, a noted scholar on meta-analytic review from the City University of New York.

The following (pages 88 to 92) is reprinted from *Attention Research Update* with permission from David Rabiner, Ph.D., Director of Undergraduate Studies. Dept. of Psychology & Neuroscience. Senior Research Scientist. Center for Child and Family Policy.. Duke University.

## **Adjusting to Attention Deficit Disorder in adulthood**

On the positive side, approximately one third of children with ADHD/ADD appear to be relatively well adjusted and symptom free as young adults. Although reliable predictors of such good adult outcome have not been fully identified, there are several factors that are important to note.

First, not surprisingly, higher levels of intellectual functioning and better school performance are associated with better outcomes. Second, the absence of severe behavior and conduct problems during childhood, particularly before age 10, is associated with better adult outcome. And finally, children with ADHD/ADD who manage to get along well with their peers are likely to have better adjustments as adults.

These factors have clear implications for parents. It is very important to stress that it does not appear to be the primary symptoms of ADHD/ADD - inattention, hyperactivity, and impulsivity - that are most directly responsible for the negative adult outcomes that many children with ADHD/ADD attain. Instead, it is the behavioral, social, and academic difficulties that children with ADHD/ADD are at increased risk for that may be most clearly linked to negative adult outcome.

What this means is that if parents can succeed in preventing the development of these secondary problems - i.e. academic struggles, social problems, severe behavioral problems - their child is likely to have a much more successful adjustment in adolescence and young adulthood. Carefully monitoring a child's overall development, and not just focusing on ADHD/ADD symptoms, is thus critically important. When academic, behavioral, and social difficulties arise, working hard to address these problems is of paramount importance.

## **Medication Treatment for ADHD**

### **What other interventions have already been tried?**

Some children with ADHD can have their symptoms effectively managed via other means, including appropriate behavioral and educational interventions. If you are concerned about using medication with your child, make sure that non-medical interventions have been tried first. This is an important issue to discuss with your child's physician.



**How much difficulty are my child's symptoms actually creating?**

The degree of impairment in academic, social, and behavioral functioning caused by ADHD can vary substantially. If the impairment experienced by your child is on the modest side, medication can be less essential than when the impairment is great.

**What is my child's attitude toward taking medication?**

It is very important to discuss the rationale for using medication with the child. The child needs to know why it is being suggested and how it can be helpful. This is especially true for older children and adolescents, who may have concerns about being teased should their peers find out that they are taking medicine. If children have strong objections to taking medication, these should be discussed and understood. Should these objections persist, using medication may not be productive.

**Will objective information about the effects of medication be provided?**

In my opinion, this is critical. Despite the well documented benefits of stimulant medication, as many as 20-30% of children do not experience significant benefits. In addition, many parents are surprised to learn that when children with ADHD receive only a placebo (i.e. medication that appears to be the real thing but is not), teachers frequently report significant improvement in the child's behavior. This means that some children may receive stimulant medication for a sustained period even though they derive no objective benefit from it.

What causes this placebo effect? No one knows for sure, but when teachers are aware that a child has started medication, it is difficult for them to provide an objective, unbiased account of the child's behavior. Some children may also do better when they believe they are receiving medication that is supposed to help. This can make it difficult for parents and physicians to get objective information to use in making decisions about long-term medication use.

Despite the placebo effect noted above, there are many children for whom the response is so dramatic that it seems impossible to attribute the improvement to a simple placebo response. Studies have found, however, that sometimes the improvement reported when a child is receiving placebo can also be quite dramatic. In addition, determining the optimum dose for a child in the absence of receiving objective feedback is also difficult. *End quote/article*

Dr. Rabiner then describes a method by which parents, along with teachers, can test whether or not medication is actually affecting a positive response or if there are other factors that are mainly responsible.

See: Medication Treatment for ADHD, David Rabiner, Ph.D. *Attention Research Update* newsletter. <http://www.helpforadd.com/medical-treatment>

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## **ADHD/ADD and Depression**

Several well-conducted studies have shown that children with Attention Deficit Hyperactivity Disorder/Attention Deficit Disorder are more likely than others to become depressed at some time during their development. In fact, their risk for developing depression is as much as 3 times greater than for other children.

### **What does depression look like in a child?**

What, then, would a "typical" depressed child look like? Although there of course would be wide variations from child to child, such a child might seem to be extremely irritable and/or very sad, and this would represent a distinct change from their typical state. They might stop participating or getting excited about things they used to enjoy and display a distinct change in eating patterns. You would notice them as being less energetic. They might complain about being unable to sleep well, and they might start referring to themselves in critical and disparaging ways. It is also quite common for school grades to suffer as their concentration is impaired as does their energy devoted to any task. As noted above, this pattern of behavior would persist for at least several weeks and would appear as a real change in how the child typically is. It is also important to note, however, that some children can experience a chronic, somewhat less intense type of mood disorder that is called dysthymic disorder. In this disorder, there is a pervasive and ongoing pattern of depressed mood rather than a more distinct change from the child's typical way of appearing.

### **Depression and Children with Attention Deficit Hyperactivity Disorder/Attention Deficit Disorder**

As noted above, children with ADHD/ADD appear to be at increased risk for the development of depression. In addition, it is important to recognize that, in some children, the symptoms of depression can be incorrectly diagnosed as reflecting ADHD/ADD. That is because diminished concentration, failing to complete tasks, and even agitated behavior that

can resemble hyperactive symptoms can often be found in children who are depressed. It is thus quite important to be certain that depression has been ruled out as an explanation for the symptoms of ADHD/ADD a child may be displaying. Having said this, please remember that for many children, Attention Deficit Hyperactivity Disorder/Attention Deficit Disorder and depression can co-occur - i.e. be present at the same time. Thus, it is not always a matter of ruling out depression to diagnose ADHD/ADD or ruling out ADHD/ADD and diagnosing depression. This is because in some situations both diagnoses would be appropriate and is one of the reasons why a careful evaluation by a trained child mental health professional can be so important to have done.

Recent research has suggested that in children with ADHD/ADD who are depressed, the depression is not simply the result of demoralization that can result from the day-to-day struggles that having ADHD/ADD can cause. Instead, although such struggles may be an important risk factor that makes the development of depression in children with Attention Deficit Hyperactivity Disorder/Attention Deficit Disorder more likely, depression in children with ADHD/ADD is often a distinct disorder and not merely "demoralization".

The results of one recent study indicated that the strongest predictor of persistent major depression in children with ADHD/ADD was interpersonal difficulties (i.e. being unable to get along well with peers). In contrast, school difficulty and severity of Attention Deficit Hyperactivity Disorder/Attention Deficit Disorder symptoms were not associated with persistent major depression. In addition, the marked diminishment of ADHD/ADD symptoms did not necessarily predict a corresponding remission of depressive symptoms. In other words, the course of ADHD/ADD symptoms and the course of depressive symptoms in this sample of children appeared to be relatively distinct.

### **Implications**

Depression in children can be effectively treated with psychological intervention. In fact, the evidence to support the efficacy of psychological interventions for depression in children and adolescents is currently more compelling than the evidence supporting the use of medication.

The important point that can be taken from this study, I think, is that parents need to be sensitive to recognizing the symptoms of depression in their child and not to simply assume that it is just another facet of their child's ADHD/ADD. In addition, if a child with ADHD/ADD does develop depression as well, treatments that target the depressive symptoms

specifically need to be implemented. As this study shows, one should not assume that just addressing the difficulties caused by the Attention Deficit Hyperactivity Disorder/Attention Deficit Disorder symptoms will also alleviate a child's depression.

If you have concerns about depression in your child, a thorough evaluation by an experienced child mental health professional is strongly recommended. This can be a difficult diagnosis to correctly make in children, and you really want to be dealing with someone who has extensive experience in this area.

Articles reprinted with permission From David Rabiner  
Article from *ADHD/ADD and Depression*  
[www.helpforadd.com/depression-with-add](http://www.helpforadd.com/depression-with-add)

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### **Bipolar Disorder Over-diagnosed by 50%**

Using a self-administered questionnaire, Structured Clinical Interview for DSM-IV (SCID) and a review of the family history, the research team found that "fewer than half of the patients diagnosed with bipolar disorder, actually met the criteria for this condition, based on the SCID diagnostic questionnaire. (M. Zimmerman, M.D., at Brown Medical School).

In July 2009, a study of 82 patients previously (erroneously) diagnosed with bipolar disorder revealed that the vast majority - 68 of the 82 (82.9%) - had major depression. The majority of the others had eating disorders, anxiety disorders, borderline personality disorder, impulse control disorders, and other disorders, rather than bipolar disorder, according to the DSM-IV (SCID) test. Bipolar disorder "is typically treated with mood-stabilizing drugs that can have side effects - including effects on the kidneys, liver, and metabolic and immune systems, and means some patients are likely not getting the appropriate care for the problems they do have."

"The results of this study suggest that bipolar disorder is being over-diagnosed," Zimmerman says. Such instances are cause for significant concern given the serious side effects of mood stabilizing drugs - the standard treatment for bipolar disorder, which include possible

impact to renal, endocrine, hepatic, immunologic, and metabolic function. Patients and physicians are both susceptible to the misdiagnosis. Some patients "are looking for a magic pill that will cure all ills," Zimmerman told the Providence Journal, as a way to skirt the difficult work of psychotherapy.

Sources: [biomed.brown.edu/facultyupdate/news.php](http://biomed.brown.edu/facultyupdate/news.php)  
[aycnp.org/bipolar.disorder.overdiagnosed.php](http://aycnp.org/bipolar.disorder.overdiagnosed.php)

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### **Possible Potential for Liver Damage**

Some parents have expressed concern over potential liver damage from use of stimulant medications. While there is no proof that stimulant medications at large cause liver damage, the long-term effects of psychiatric medications in general, including stimulant medications, have not been studied to a significant extent. Therefore, the question still remains: what are the long-term physical effects of the use of psychiatric medications on children and teens? The following is one FDA alert concerning the stimulant medication pemoline.

\*\*\*\*\*

**FDA ALERT: Liver Injury Risk and Market Withdrawal (October, 2005).** The Federal Drug Administration has concluded that the overall liver toxicity from Cylert and generic Pemoline products outweighs the benefits of this drug. In May 2005, Abbott chose to stop sales and marketing of Cylert in the U.S. All generic companies have also agreed to stop sales and marketing of this product in the U.S. (Pemoline tablets and chewable tablets). Cylert is a central nervous system stimulant indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD). This product is considered second-line therapy for ADHD, because of its association with life-threatening hepatic failure (see BOX WARNING in product label and patient package insert).

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### **Ritalin (methylphenidate) and Question of Increased Risk of Liver Cancer**

A serious issue that has been the subject of study asks if stimulant medication use among children and teens contribute to a higher rate to cancer? At present, this is an undetermined question. There has been one study involving 12 children with ADHD, conducted by the *University*

of Texas M.D. Anderson Cancer Center in Houston and the University of Texas Medical Branch at Galveston, 2005, which concluded that chromosome damage, thought to be a precursor to the development of cancer, occurred at three-times the normal rate in eight-year olds who took Ritalin (methylphenidate) over a three-month period. [1]

Lead researcher Randa A. El-Zein, MD, PhD, states, *"It was pretty surprising to me that all of the children taking [Ritalin] showed an increase in chromosome abnormalities in a relatively short period of time."* Toxicologist and senior investigator of the study, Marvin Legator, PhD, states, *"Nobody is saying that because a child takes Ritalin he or she will develop cancer. There is nothing certain about this yet, but this is potentially a very large risk factor."*

A study from 1993 indicated that mice given Ritalin at a similar proportional level as would be given to children developed liver tumors, including malignant cancers, The Cancer Prevention Coalition, a Chicago based 501 (c)3 non-profit states,

*"The National Toxicology Program accepted responsibility for conducting trials on carcinogenicity and in June 1993 released results showing that feeding mice Ritalin induced liver tumors including very rare and highly malignant cancers. These results were found at levels close to those routinely prescribed for children."* The Cancer Prevention Coalition was founded by Samuel S. Epstein, M.D., Professor emeritus Environmental & Occupational Medicine, University of Illinois, Chicago. [2]

The above referenced study concluded, in the Pathology Findings section, that "The principal lesions associated with the administration of methylphenidate hydrochloride occurred in the liver." [3]

Types of abnormalities consisted of **Eosinophilic foci**, [3] which consist of cells that tend to be larger than adjacent normal hepatocytes with eosinophilia due to increased cytoplasmic mitochondria and/or smooth endoplasmic reticulum [4] [cytoplasmic mitochondria and endoplasmic reticulum are organelles within the cell]. "Increased incidences of **hepatoblastoma**," [3] which is the most common liver cancer in children. [4] Also, "Increased incidences of **hepatocellular adenoma**," [3] were noted. [3] Hepatocellular adenomas (HCAs) are also known as hepatic adenomas or liver cell adenomas. They are rare, benign tumors. [4]

Despite the above research, more research would be necessary to come to definite conclusions about a possible strong link between methylphenidate or other stimulant drugs and cancer. It seems evident that the possibility is real, but there is not yet enough direct scientific evidence for a firm conclusion.

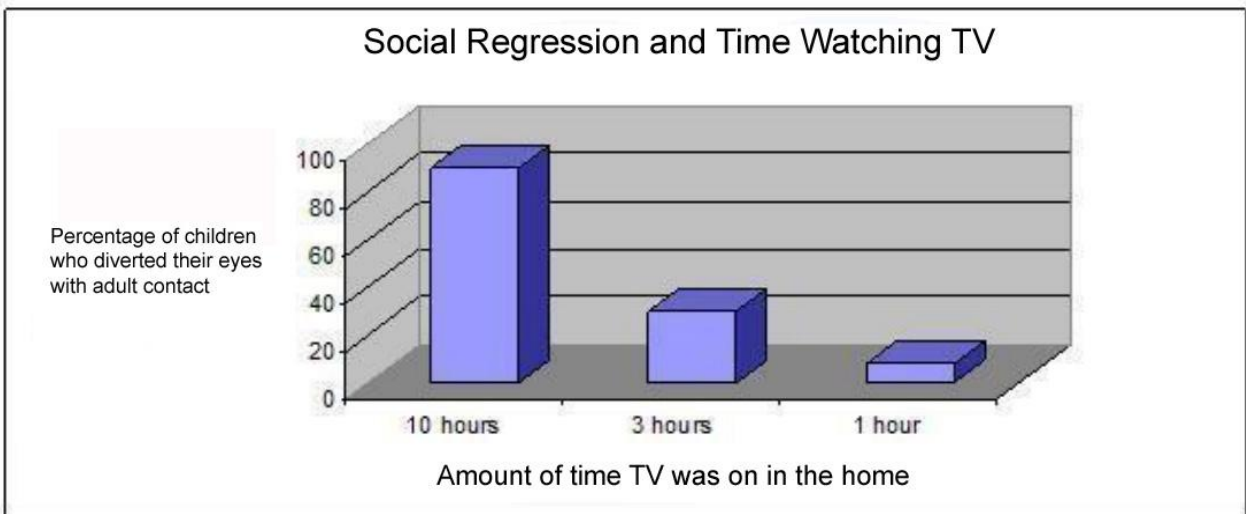
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## Charts and Graphs

1. Social regression and TV time for young children
2. Percentage of children watching R-rated violent movies
3. Possible contributing influences on ADHD
4. Psychotropic medication spending and use increase 1993 to 2003
5. Mental health dynamics

Chart 1



Based on study from the Japanese Pediatric Association

The Japanese Pediatric Association urges parents and doctors to keep children, especially those aged less than two, away from the television as much as possible after research findings showed that watching too much television impaired children's ability to develop personal relationships.

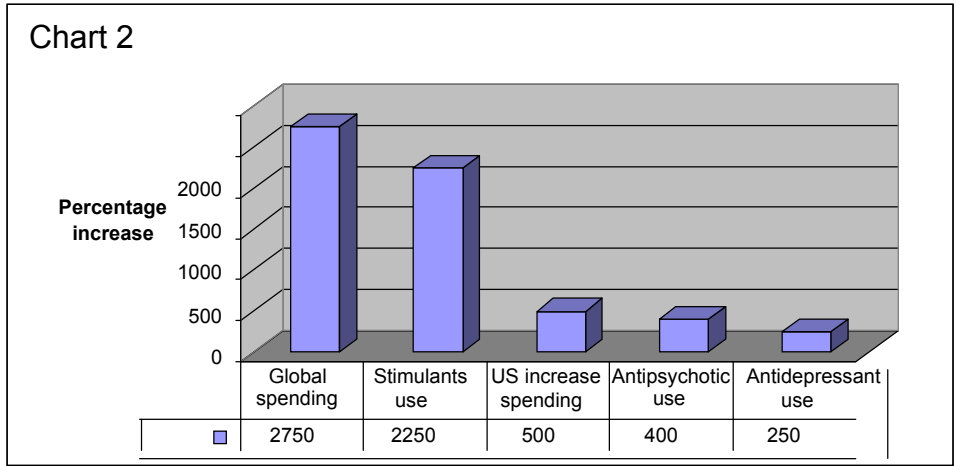
### Sources:

Daily Yomiuri online  
<http://www.yomiuri.co.jp/main//main-e.htm>

Medical News Today  
<http://www.medicalnewstoday.com/articles/5799.php>



## Increase in use of psychiatric medication 1993 to 2003



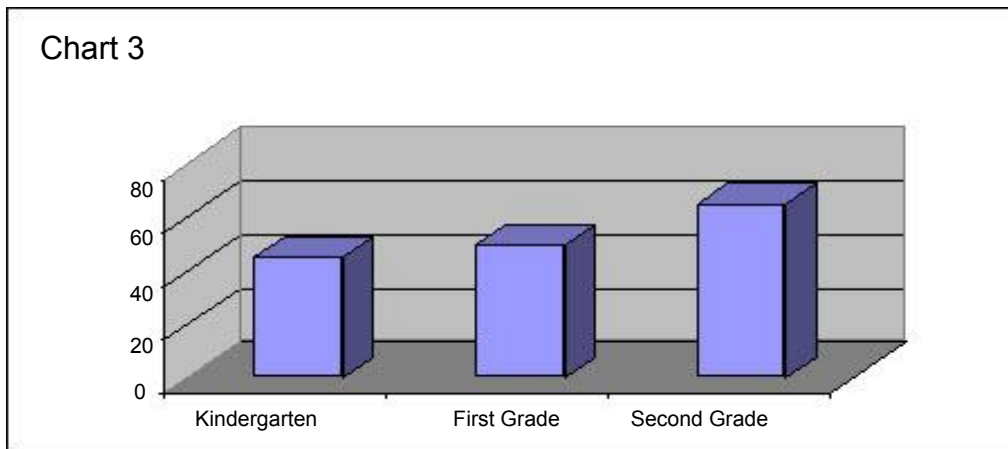
Increase in stimulant use for Australia/Britain. The statistics of this chart are primarily from the book *Rethinking ADHD*, by Ruth Neven Schmidt, et al., (as well as from other sources).

Not to be ignored is the fact that manufacturing and marketing of pharmaceutical drugs is highly profitable. Pharmaceutical companies are vigorous and thorough in marketing their products as well as their particular way of addressing mental health issues to physicians.

The long-term result of this is that it has affected the viewpoint of the larger percentage of the medical community, including health insurance companies, who find medical model based treatment more cost-effective than therapy or other methods.

That combination of high profits for the pharmaceutical industry, the convenience of taking medication, rather than the difficult process of making lifestyle changes, building coping skills, and obtaining therapy when needed, as well as minimizing costs for insurance companies, has contributed to a boom in pharmaceutical spending for psychiatric drugs on all fronts--as much as has any actual increase in the rate of perceived mental health disorders.

**Survey: Percentage of early childhood children regularly watching violent and extremely violent R-rated movies.**



Independent survey (AYCNP), 2006, 2007, Newark, NJ of 70 early childhood children. See *Your Child's Health*, by Barton Schmidt, M.D., F.A.A.P., about general medical guidelines and advice for parents as well as information about possible mental and emotional repercussions for children who watch violent R- rated movies. A similar trend with violent video games in Newark, NJ, is noted, where of 7<sup>th</sup> graders in one public school, 80% of boys, regularly played violent video games (2011-2012). In one representative 7<sup>th</sup> grade class in another school, 100% of the boys played violent video games (2013).

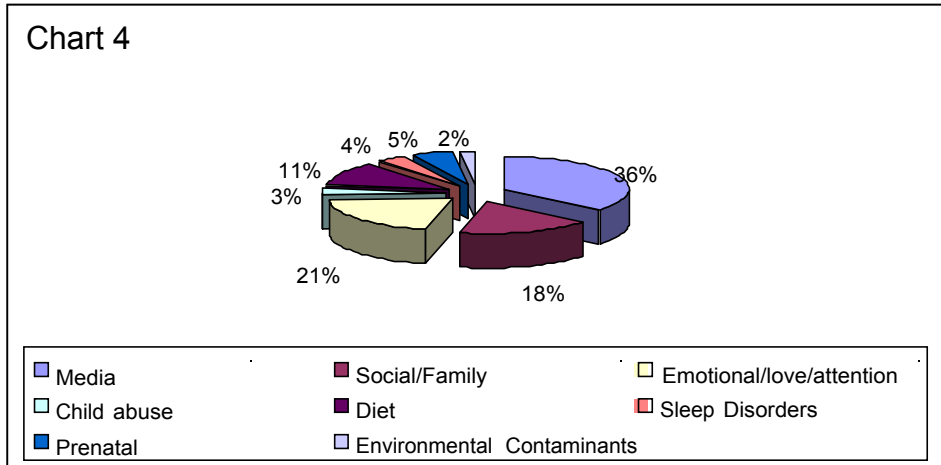
\*\*\*\*\*

While the actual rate of children who watch violent and extremely violent R-rated movies on cable television, predominately, but also in video format, might vary from location to location, most psychology professionals would probably agree that the rate at which young children are exposed to violence in the form of violent television and movies, for children in early childhood, is an alarming trend, both for individual children and for society as a whole. In one representative second grade, few parents provided any guidelines or restrictions for their children, allowing the majority to regularly watch R-rated movies of extreme violence with or without supervision.

Parents and educators should be aware that this can affect a child's emotions, their ability to demonstrate compassion, and a child's mental health; further, watching violent R-rated movies can affect a child's academic performance. In one study, children in the Bronx who did not watch violent R-rated movies got better grades than children who did. Additionally, for some children, violent R-rated movies might contribute to some of the symptoms of ADHD and depression (especially for girls).

Children and teens who demonstrate violent tendencies or have difficulties with anger in their interactions with others might be affected emotionally from violence in the media or may be demonstrating learned behaviors from long-term exposure to violence. Sometimes movies of sadistic violence as well as violent video games are viewed on public school media equipment in after school programs or even during school hours. This should be a concern to principals and other administrators in public schools.

## Possible Causes of ADHD in Children



This is a suggested list of possible causes or contributing influences for ADHD in children and, to a certain extent, adults. Joel Nigg, Ph.D., in his book *What Causes ADHD?*, provides evidence that there are causes for the disorder. It is not something that arises unbidden, and, while there is a genetic predisposition for ADHD, it is the combination of genetic predisposition with a number of other stressors that leads to the actual disorder in all probability.

The percentages offered in this graph are intuitive rather than scientific and are meant to be applicable over a broad population and not for individuals. Some of the categories overlap, such as Social/Family, Emotional/love/attention, and child abuse. It must be remembered, also, that any gaps in family life can contribute to other factors, even prenatal--if a person's life is not in good order to begin with, then there is a greater chance that prenatal care might not be adequate or that a child will not receive the love and attention he needs.

Poverty might also put one at greater risk for environmental contaminants, such as lead poisoning. A larger percentage of old tenements may still have lead paint on the walls and paint chips that children might ingest; therefore, many of the factors in this summary may be co-dependent or mutually influenced.



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