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ACTIVISTS WITH ADHD PUSH FOR A WORLD MORE FRIENDLY TO THOSE WITH THE DISORDER

"I've spent the last five or six years trying to understand how my brain works so that I could conform, but now I'm starting to evolve," says Jessica McCabe.

Jessica McCabe crashed and burned at 30, when she got divorced, dropped out of community college, and moved in with her mother.

Eric Tivers had 21 jobs before age 21. Both have been diagnosed with attention-deficit/hyperactivity disorder, and both today are entrepreneurs who wear their diagnoses – and rare resilience – on their sleeves. With YouTube videos, podcasts and tweets, they have built online communities aimed at ending the shame that so often makes having ADHD so much harder.

Now they are going even further, asking: Why not demand more than mere compassion? Why not seek deeper changes to create a more ADHD-friendly world?



“I’ve spent the last five or six years trying to understand how my brain works so that I could conform, but now I’m starting to evolve,” says McCabe, 38, whose chipper, NASCAR-speed delivery has garnered 742,000 subscribers – and counting – to her YouTube channel, How to ADHD. “I think we no longer have to accept that we live in a world that is not built for our brains.”

With Tivers, she is planning a virtual summit on the topic for next May. As a first step, with the help of Canadian cognitive scientist Deirdre Kelly, she says she’ll soon release new guidelines to assess products and services for their ADHD friendliness. Computer programs that help restless users meditate and a chair that accommodates a variety of seated positions are high on the list to promote, while error-prone apps or devices will be flagged. Kelly also envisions redesigning refrigerator vegetable drawers, so that the most nutritious food will no longer be out of sight and mind.

In the last two decades, the world has become much kinder to the estimated 6.1 million children and approximately 10 million adults with ADHD, whose hallmark symptoms are distraction, forgetfulness and impulsivity.

Social media has made all the difference.

It was in 2001, after all – three years before Facebook – that the influential psychiatrist and author Peter Breggin told a PBS interviewer that psychiatrists “pandered” to parents’ guilt by telling them their children had a “brain disease.” In 2005 – one year before Twitter – Tom Cruise, on the Today Show, branded Ritalin, the brand name for methylphenidate, and a front-line ADHD treatment, a “street drug.”

Since then, however, people with ADHD have had all sorts of new ways to own and tell their stories, encouraged by viral transmission of confessions from brave celebrities – such as Olympic athletes Michael Phelps and Simone Biles – and enterprising artists such as McCabe and the TikTok cartoonist Dani Donovan. Reddit’s ADHD page has more than a million members.

The emotional glue connecting the new communities is frank admissions of vulnerability, failure and mistakes – failure and mistakes being the leitmotif of life with ADHD.

Continues

Tivers, a clinical social worker, ADHD coach, and host of the ADHD reWired weekly podcast, says talking about his own failures and recoveries helps his listeners realize "how harsh they often are with themselves."

McCabe and Tivers take bold aim at the continuing stigma surrounding the ADHD diagnosis, and, in particular, the stimulant medications most commonly used to treat the disorder. Some justified concern about over-prescription and abuse of the medications contribute to the unusual skepticism, including books, published as recently as 2016, with such titles as *ADHD Does Not Exist*, and *A Disease Called Childhood*.

But the net effect is discriminatory and harmful, ADHD advocates say. "You don't see this nowadays with depression," says Brazilian psychiatrist Luis Rohde, a past president of the World Federation of ADHD. "Nobody disputes that depression is a real disorder."



To be sure, not everyone diagnosed with ADHD needs or benefits from stimulants. For some, such coping methods as regular exercise, behavioral therapy, and environmental supports such as flexible work and tolerant friends and relatives suffice. Yet scientists have found that prescription medications can reduce ADHD symptoms in as many as 80% of children who have been diagnosed, which, barring enormous and improbable changes in society, makes them lifesavers for many struggling kids and their families.

Judging from the research, the average impact of untreated ADHD may well outweigh the medications' most common side-effects, including problems with sleep and appetite. Repeated studies of people with the disorder have found an increased risk of suicide, particularly for women, while people with ADHD are also more likely to suffer car accidents, joblessness, academic failure and substance abuse.

"People just don't think ADHD is real or deserving of treatment, whereas with other conditions, like cancer, we know there's a possibility of side effects from medications but we take the risk because we also understand there are consequences to not treating it," McCabe says.

Diagnosed and prescribed Ritalin at age 12, McCabe, in a 2017 video, thanked her mother, a special-education teacher who died last year, for having "drugged me," despite the judgment she faced.

"Suddenly, it didn't feel like I had a 30-pound weight attached to my head while trying to run a marathon," she recalls.

McCabe says that her advocacy has drawn interest from pharmaceutical firms but that she has turned down offers of financial partnerships, explaining: "I need to be unbiased, because I'm there to support people."

She nevertheless sometimes gets trolled. Once, she said, someone posted a picture of her on Twitter, with the word "evil" over her face.

Ritalin didn't solve all her problems. She was still taking medication when she dropped out of school and got divorced. "The impairments are still there," she says. "It wasn't until I started to figure out how my brain works that I started to get somewhere, and was able to let go of a lot of the shame."

She resolved to learn all she could about ADHD. She made her first video in January 2016 and now has a research team of her own. She starts every episode with a merry, "Hello, Brains" — a greeting that also appears on her merchandise, including T-shirts, pillows and coffee mugs. Another revenue stream is her 3,223 subscribers on Patreon, who deliver a monthly income of more than \$16,000, McCabe's spokeswoman Linnea Toney says. It's noteworthy success for someone who has built a career in part on confessing to failures.

As McCabe likes to explain, making life easier for people with ADHD, or other marginalized folk, could benefit many others. This is a tenet of the modern concept of universal design, of which a classic example is curb cuts that allow people not only in wheelchairs but also pushing strollers or luggage on wheels to navigate sidewalks with ease.

Sometimes this also happens in reverse, when products designed for mass consumption end up being particularly helpful for people with impairments. Consider the iPad app that finds your phone and the beeping gizmo that tracks down your keys. Some new cars chirp if you hesitate after the traffic light changes to green. All are disproportionately useful for people with ADHD.

As their discussions continue leading up to their ADHD-friendly summit, Tivers says he'd like to see new workplace rules, including limits on "the whole open-office-space plan," which he says is a "nightmare" for people who are easily overstimulated.

He also hopes for changes in the Controlled Substances Act, which deems ADHD stimulants dangerous due to their potential for abuse. That means prescriptions are written for a limited time, requiring frequent check-ins with a doctor. Stimulant use doubled between 2006 and 2016, in part due to misuse and diversion of the drugs, but Tivers argues that the restrictions pose an unfair challenge to those with ADHD, in that "we need our medication to get our medication."

McCabe's followers on Twitter have chimed in with their own suggestions, such as:

"Written instructions/training when starting a job that take you step by step."

"If everyone could just chill out about time."

And most poignantly: "Simply acknowledging that we're not making up all of this would be enough as a first step."



The 10 Best Books for ADHD in 2021



- **Best classic:** “Driven to Distraction”
- **Best for women:** “A Radical Guide for Women with ADHD”
- **Best for adults:** “Thriving with Adult ADHD”
- **Best for everyday life:** “Order from Chaos”
- **Best for parents:** “What Your ADHD Child Wishes You Knew”
- **Best for couples:** “The ADHD Effect on Marriage”
- **Best for getting organized:** “Organizing Solutions for People with ADHD”
- **Best for harnessing your strengths:** “ADHD 2.0”
- **Best for teens:** “Smart but Scattered Teens”
- **Best for children:** “Thriving with ADHD Workbook for Kids”

ADHD affects millions of children in the United States. However, children aren't the only ones who are affected by this condition. ADHD symptoms can persist into adulthood 60 percent of the time.

With ADHD being such a common disorder that can affect many families, books for ADHD can be helpful tools to turn to.

Whether you're the parent of a child recently diagnosed with ADHD or an adult seeking new methods for managing ADHD symptoms, there is a wide variety of books for ADHD available to offer you some guidance.

Only 1 in 10 Kids With ADHD Will Outgrow It



Struggling with attention-deficit/hyperactivity disorder (ADHD) as a child is heart-breaking enough, but now new research confirms what many have long suspected: These patients will often continue to be plagued by ADHD symptoms as adults.

Only about one in 10 kids with the disorder are likely to have a full and lasting remission of their symptoms, according to new data gleaned from tracking hundreds of kids for 16 years.

The rest will have ADHD symptoms fade in and out as they grow from children to teens to adults, said lead researcher Margaret Sibley, an associate professor of psychiatry and behavioral sciences at the University of Washington School of Medicine, in Seattle.

These new findings run counter to previous estimates that as many as half of ADHD children could be expected to recover completely from the disorder, Sibley noted.

"ADHD is sort of a waxing and waning or a dynamic, fluctuating disorder, whereas previously we've historically thought about it as something you either have or you don't have," Sibley said.

Previous studies of ADHD tended to only reconnect with kids at one point in adulthood, Sibley said. But in this new study, researchers touched base with a group of 558 children aged 8 to 16 every two years.

"This was a study uniquely positioned not only to see if ADHD went away, but if it would go away long-term, multiple years in a row, and also if it would come back," Sibley said.

The new research also focused on symptoms of ADHD, asking participants about specific problems like disorganization, impulsivity, forgetfulness and lack of motivation.

"Earlier studies didn't necessarily look at whether someone still had ADHD-like tendencies, even if they technically no longer met criteria" for a diagnosis of ADHD, Sibley said. "You can be one symptom short, but still look like you pretty much have ADHD."

Sibley and her team found that as many as 30% of the kids with ADHD would experience a full remission at some point during their passage into adulthood.

However, most of those kids would later experience a recurrence of their ADHD symptoms as their remission faded. Overall, about two-thirds of children with ADHD had fluctuating periods of remission and recurrence over time.

The new study was published online Aug. 13 in the American Journal of Psychiatry. According to Dr. Alex Klevzon, director of child and adolescent psychiatry with the Icahn School of Medicine at Mount Sinai in New York City, "This is an important and rigorously conducted study that supports what clinicians who work with individuals with ADHD have known for decades — the vast majority of affected people do not outgrow symptoms as previously assumed."

One crucial caveat: The kids in this study had all been diagnosed with "ADHD combined type," and these findings shouldn't be applied to kids with "ADHD inattentive type" or other subtypes of the disorder, warned Dr. Andrew Adesman, chief of developmental and behavioral pediatrics at Cohen Children's Medical Center in New Hyde Park, N.Y.

"Importantly, this study tells us nothing about the long-term outcomes of individuals with the inattentive form of ADHD – those who have impaired function due to difficulties with sustained attention but who do not have significant issues with overactivity or impulsivity," Adesman said.

Sibley said that it's been long known that there are genetic underpinnings to ADHD. "Those genes have to do with the parts of the brain that are associated with the chemical dopamine, which translates into how people's brains function with respect to their executive function and the motivational areas of the brain," Sibley explained.

Given that, it makes sense that the disorder would come and go in many patients, since it's driven partially by a person's biology, Sibley said. But that's only part of the story. As with other illnesses that come with intermittent flare-ups, doctors are learning that specific "triggers" can exacerbate a person's ADHD symptoms, she noted.

"What's interesting to start thinking about is how you can essentially turn up or turn down the volume on those difficulties that you do have a genetic tendency towards, as a result of other things that might be going on in your environment or things like your health behaviors," Sibley said.

Managing ADHD symptoms could be as simple as getting good sleep, exercising and eating right, or as profound as choosing a career that is less likely to stress you out or trigger your disorder, the doctors said.

"People with ADHD presumed to be in remission still require consistent monitoring, especially under stressful or high-demand circumstances when symptoms may become exacerbated," Kolevzon said. "These findings also highlight the need for physicians who work with adults to become comfortable screening for and treating ADHD. ADHD persists across the lifespan and is a highly debilitating disorder associated with significant impact on work, relationships and day-to-day functioning that can be effectively addressed with treatment."

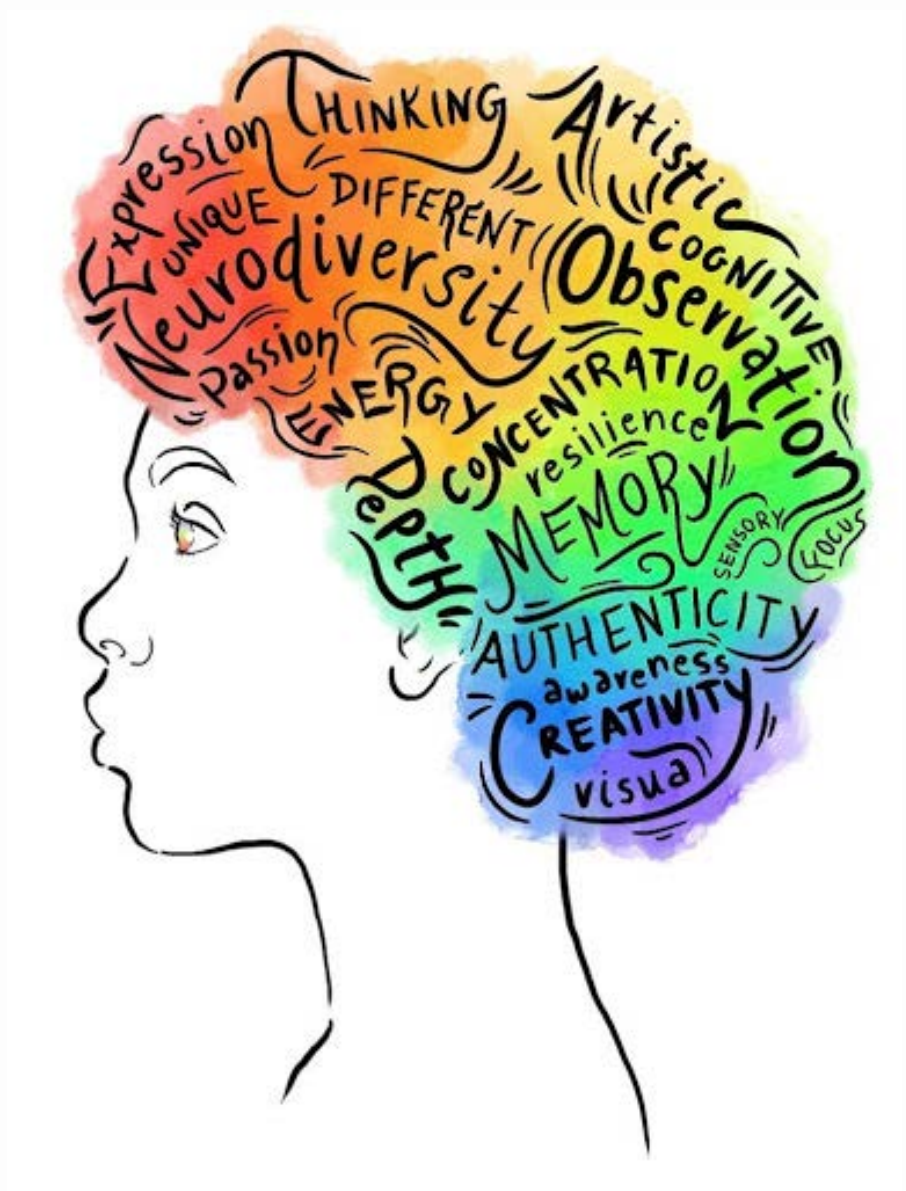
Sibley thinks that this research ultimately provides a positive message for people with ADHD, by giving them a chance to proactively manage their symptoms.

"I think we're also learning ways that people with ADHD can take control of their own life, can make choices about getting themselves into the right environment so they can be successful, so people with ADHD can know what their triggers are and are able to do the things they need to do for themselves to keep themselves functioning well," Sibley said.



Neurodiversity and Gifted Education

There is no single approach that works well for all gifted kids.



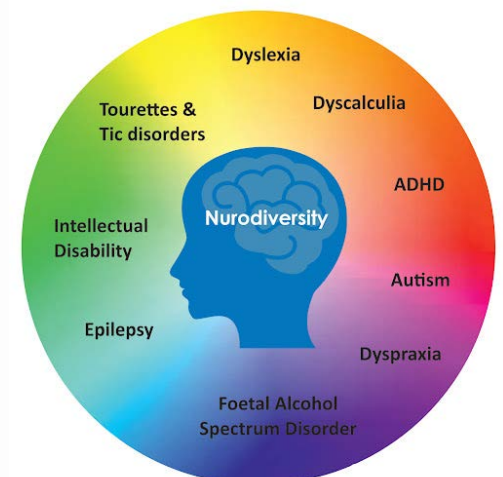
KEY POINTS

- Neurodiversity refers to the differences in brain structure that lead to cognitive, sensory, and emotional differences.
- There is greater variability among those who are any type of neurodiverse than between neurotypicals and neurodiverse individuals.
- Giftedness is a form of neurodiversity; the pathways leading to it are enormously variable, and so are children's resulting learning needs.

Over the past several years, I've been reading more and more about "neurodiversity." These pieces are sometimes tinged with judgement about those who are considered "neurotypical." While I love the ideas of inclusivity and of recognizing the strengths inherent in experiencing the world uniquely, differently than most others, it strikes me that these words are too often used to create artificial distinctions that do more harm than good. We all benefit when diversity of every kind is respected, and we're all damaged when being typical (or being different) is disdained. That's as true for those on the autism spectrum (or who are different in other ways) as those who meet gifted criteria.

What is Neurodiversity?

"Neuro" means "relating to the nerves or nervous system," which includes the brain. Neurological differences—or neurodiversity—are the differences in brain structure, chemistry, and functioning that are associated with differences in sensory perception, cognitive functioning, and mental health. As with other human variations—size, culture, temperament, etc.—these differences can lead to a variety of different outcomes and needs. Diversity, including neurodiversity, is what makes each of us unique, and gives our species the remarkable capacity to invent and adapt to changing circumstances.



What About Neurotypicals?

It can be tempting when contrasting those who are neurodiverse with those who are more neurotypical to see them as categorically different, but there is a huge range within each of these categories: those on the autism spectrum and those who meet gifted criteria (and those who are atypical in any other way) are at least as different from each other as they are from those who are more neurotypical. There is considerably more variation within each of these categories than between and among them.

How Does Neurodiversity Apply to Gifted Education?

My work in Special Education has focused primarily on giftedness, and on the ways that children with gifted learning needs are different than others, and also have the same basic requirements as other kids. Simply put, my work suggests that every child—whether they have problems or advantages with learning, behavior, emotion regulation, social skills, or something else—can be supported in thriving only when they're given what they need to keep learning, and to feel they're a valued member of a learning community. Schools and curricula are usually designed to meet the learning needs of most kids, and my work has focused on addressing the needs of the kids who don't fit into the "most kids" category.

That's why Joanne Foster and I open *Being Smart about Gifted Learning: Empowering Parents and Kids Through Challenge and Change* with, "There's no such thing as a typical gifted child. Each child with gifted learning needs is unique, with their own story and life experiences, their own profile of strengths and challenges." We recommend that parents, grandparents, and others involved in shaping kids' lives acknowledge the diversity of individual experience, remembering that there's no single approach that works well for all children.

Joanne Foster and I describe the Optimal Match approach to addressing gifted learning needs. That means looking for ways to support each child's curiosity and continued engagement in the learning process. This approach works well across all areas of strength (and weakness), and across all cultures and situations, and can be tailored to virtually any environment or circumstance. It is infinitely more inclusive and flexible than most other approaches to gifted education.

As I see it, then, every child is unique, and “neurodiversity” can probably be stretched to include pretty much everyone. The term made an important contribution in the early days of rethinking autism, and is still importantly useful in some applications, especially when it leads to a more respectful and inclusive attitude to people who seem different from others. At the same time, however, if we're to understand kids who are different than others and support them in their development, we should try to avoid categorizing them. Instead, it's usually best to affirm each child's individual differences, and look for ways to make sure their environment and education match their emotional and learning needs.



Is Social Media Harming The Neurodiversity Community?



The subject of social media and dopamine has been on my mind for some time now. As an ADHD-er who is biologically dopamine deficient I know on a personal level how susceptible I am to the power of likes, clicks and shares and have been working to ensure that I maintain healthy boundaries. The luxury to be able to abandon social media entirely however is a modern privilege because for most of us it is part of either our working life, or the best way to stay in the loop with far away friends and family. For the disabled community it is also a life-line, giving access to social groups and activities that might otherwise be off limits.

Last week the British Psychological Society Research Digest encouraging me to delve a little deeper into what type of content is most likely to capture our attention. Referencing a study in PNAS, I found that we are more likely to share negative posts, especially if they are about our perceived opponent or an outside group that we disagree with. The study used politics as the frame, but highlighted the connection between our compulsive use of social media and a shift towards binary and polarized thinking, which is relevant in many spheres, including the Neurodiversity community.

Yes, we all get angry about the things that make us passionate (and rightly so) but are we being drawn into a kind of addictive rage where chastisement and assumptions make us feel so much better than atonement and nuance? For those of us in the Neurodivergent community who are already inclined to speak directly, fight for justice, and stand our ground are we being dragged too far down a divisive path simply because of the dopamine reward?

Dopamine And Behavior

Dopamine is a chemical that sends messages from our body to our brain to let us know when we are “satisfied”. It plays an important role in our mood and helps to motivate us. When we encounter an activity that boosts our dopamine levels we are motivated to do it again because we anticipate what the outcome will be and we desire it. Because of this process dopamine is habit forming.

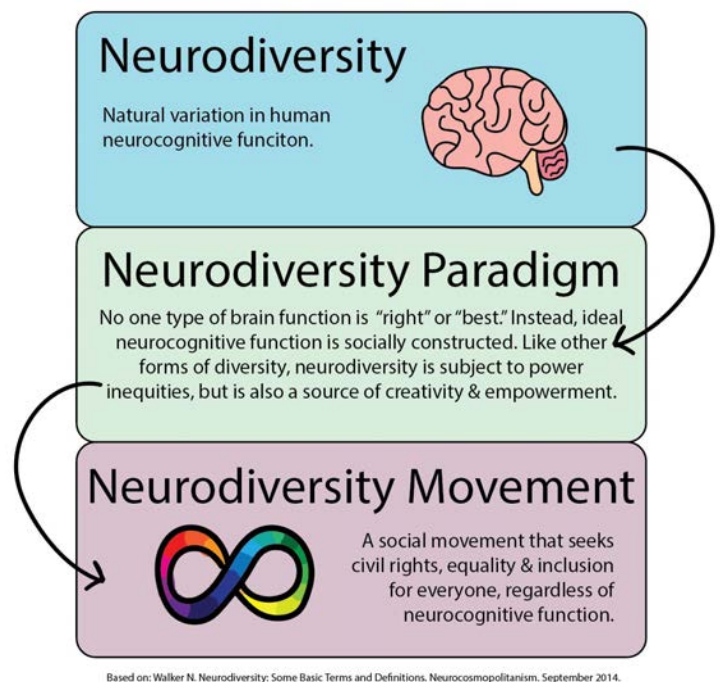
We have known for decades, from the work of Behavioral Psychologist BF Skinner, that when dopamine is triggered on a variable schedule it is more addictive than if we receive it consistently. Before the internet, slot machines were designed with this in mind, and so were most social media platforms. We know this because multiple members of the tech community have admitted it openly. We keep checking in and coming back, not knowing exactly when we will have that next reaction or comment to make us feel good is compelling.

Whilst at this stage I believe most people are aware to some degree that they find apps and social media addictive, how many are aware that we are further being encouraged towards anger-based content? As the article states “we’re often concerned about social media becoming an “echo chamber”, where people only hear from others who they agree with. The study suggests the problem isn’t simply that people only hear from their in-group, but that the posts they are most likely to see may actively promote animosity towards the out-group.”

The result of this has now become a vicious cycle. Angry and negative content gets more shares so the companies are motivated to focus their and your attention in that direction. The article explains further that “There are benefits to going viral: politicians or media outlets might gain followers, while social media companies rely on audience engagement for revenue. So, this kind of polarizing content is actually being incentivized by the very structure of the social media platforms.”

With this realization we can now see that social media is actively training our behavior. We feel rewarded by dopamine for sharing outrage-based content and having others agree, and this content is increasingly feeding us more negative view points.

The Neurominority community in general are aware that we are at increased risk from techniques likes this. Some of us find nuance and tone difficult to perceive, some of us are innately dopamine deficient. Some of us have experienced our differences as oppression and seek the healing power of finally finding an “in group” to which we can belong. However, Autistic people specifically have been very outspoken about techniques that seek to modify behavior through rewards such as “Applied Behavioral Analysis” (ABA) and the internet is akin to ABA acting at the societal level without our best interests at heart. We don’t want to be manipulated into polarization. So how do we find balance and maintain self-awareness without having to turn our backs fully on the social media?



Can We Self Correct?

We are going to have to double down on checking ourselves and each other. In the online sphere, how much of our anger is actually coming from us projecting meaning without knowing all the facts? How often do we assume our first perception of something is correct and then refuse to adjust our thinking after more facts are revealed? When was the last time you engaged in a good faith debate with someone that was respectful on both sides? This is not the same as a blanket forgiveness for those who do us wrong and we can still hold our boundaries when we feel threatened, but we can withdraw rather than escalate. This is also not an argument for tone policing, but rather a reminder that a lack of context, detail and humanity can often see us heading down an unnecessarily combative path.

In the book "Conflict is Not Abuse," author and creative Sarah Schulman explains that a function of good relationships is to challenge each other when we do wrong. We should be asking "what do you think they meant by that?" and "what have you actually seen or heard here, is it possible that you've misinterpreted the situation?" My good friends and colleagues might send me a DM to point out when I've said something that could be interpreted negatively, or challenge me on an escalation. Healthy relationships don't accept everything you say in a rant as gospel, they allow a little steam and then help us return to our values. The book's

strapline is "Overstating Harm, Community Responsibility and the Duty of Repair." Ms Schulman explains that the same tools required for repair on a personal level will be effective at the societal level. We need to role model the behaviors we request in others, note when we are in fact the aggressor and learn how to walk it back, with elegance. We need to reject the rabbit hole that our virtual existence is leading us into and support each other to travel back to a place of mutual positive regard, or as Dr Caitlin Walker says, "From Contempt to Curiosity."

Is This Relevant At Work?

In short, yes. Social Media affects all of us at work. In my company, my social media team recently took a break from interactions and posted only scheduled activity to take a break, as the pile ons had triggered them at the personal level of their own Neurodivergence. Our colleagues communicate via social media. They may engage in activity online which affects their reputation and career. They may take a stand and be criticized for it back in the office. Social media permeates through our daily lives and into all our work spaces, and the communication style it engenders is more likely to drip back into professional team relations. Those of us who are more easily seduced by social media need support to find the balance, those who rely on the internet for our "in group" are more easily hurt when it goes awry.

Businesses who aren't thinking creatively about how to support virtual communication via apps and platforms are setting themselves up for a fall. Since we can predict this, we can plan for it and the first step is to have some open conversations. Ask if anyone would like a safe space to debrief interactions they've had online. Offer your own learning experiences to role model safety. Remember that some colleagues are more vulnerable than others online.

I am putting it out there right now that I am open to challenge, curious questions about my intent and learning more when I have posted anything which has offended you. The big problems of our time, social justice, economic inequality, climate crisis, discrimination, oppression, mental health distress, violence and learning how to operate in complex systems - all these rely on our ability to overcome the dopamine addiction of a soap box rant.

In business, we often fail to engage the critical thinking brain, miss the wider contextual issues and focus on cause/effect mechanics rather than systems. Dopamine isn't a bad thing. We can get it by having enough to eat, social support and authentic connection, achieving valuable goals. When our communities and workspaces are inclusive and healthy, perhaps our colleagues will have less need to seek solace on the internet.

Suspend your traditional views on neurodiverse individuals. Don't see the condition as a limitation, but as an extraordinary and unique talent.

Kelly Grier

U.S. Chair and Managing Partner and Americas Managing Partner, EY

IMPORTANT
NUMBERS



IF YOU NEED
HELP, PLEASE
MAKE THE CALL



GET THE SUPPORT
YOU NEED



YOU ARE NOT
ALONE



National Suicide
Prevention Hotline:
1-800-273-8255

National Domestic
Violence Hotline:
1-800-799-7233

Runaway and
Homeless Teen
Hotline Help:
1-800-246-4646



Coalition for the
Homeless:
212-776-2000

Drug and Alcohol
Hotline:
800-622-2255

Food and Hunger
Hotline:
866-888-8777

Homeless Services
Hotline:
212-533-5151

Rape Crisis Hotline:
212-227-3000

National Child
Abuse Hotline:
1-800-422-4453

National Teen
Dating Abuse
Helpline: 1-866-
331-9474

Crisis Lifeline for
LGBTQ Youth:
1-866-488-7386

Boys Town National
Hotline:
800-448-3000

American
Pregnancy Helpline:
866-942-6466

Behavior Management Consultants believes that, “No Child is Born Bad”. Our mission is to educate, mentor, and assist parents, caregivers, and professionals to cope with, socialize, and identify values important to today’s youth.

The goal is to serve public and private social service organizations including, but not limited to:

- Residential Treatment Facilities (RTFs)
- Juvenile Detention Centers
- Residential Treatment Centers (RTCs)
- Public Schools
- Community Based Organizations (CBOs)

We are confident that we will meet our goals thereby ensuring that our clients are being kept abreast in the ever-changing landscape of Human/Social Services.

Quote of the Month

“We have to talk about liberating minds as well as liberating society.”
-Angela Davis



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