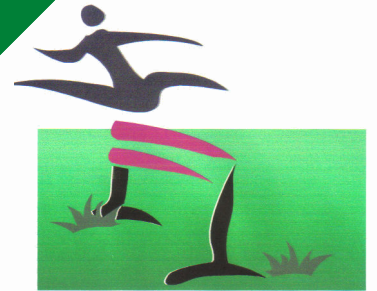


BMC JOURNAL

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Behavior Management Consultants



As children's ADHD diagnoses rise, parents discover they have it, too



When her son Jake was diagnosed with ADHD at age 11, it didn't occur to Cary Colleran that she may have the condition as well. It didn't occur to her that the appointments she forgot, the permission slips left on the kitchen table, the misremembered dates of field trips might be anything other than a symptom of her personality. She's disorganized. That's all.

It still didn't occur to her when Jake began taking medication to manage his ADHD – and she noticed that he wasn't getting stuck in the ways he used to. It didn't click when Colleran remembered how stuck and incapable she felt when she was young. She was simply relieved her son was succeeding in ways she hadn't.

It only occurred to her eight years after Jake was diagnosed.

Colleran, then 45, was on the phone with her son's doctor. Jake wasn't doing well in college; he stopped taking his medication, forgot to attend mandatory events and sat in the wrong class for six weeks. Colleran began to joke that the apple doesn't fall far from the tree. The doctor didn't miss a beat: "He was like, 'Well, you know, sometimes when the parent has ADHD, the kid does, too.'" Colleran said. "That's when the aha moment hit."

With an increase in children being diagnosed with attention-deficit/hyperactivity disorder in recent years, parents who grew up in a time when receiving such a diagnosis was rare are starting to understand that perhaps they, too, have it. That years of struggling to focus on schoolwork, being told they weren't living up to their potential, getting bored at jobs or losing track of things might be more than a personality trait.

They were feeling inadequate because, despite their best efforts, they didn't get the results they wanted.

"When you start to talk about this and symptoms of ADHD with parents, you can see it in their faces sometimes: 'You're talking about me. I didn't know what that was. I didn't know what to call it,'" said William Stixrud, founder of the Stixrud Group, which specializes in the evaluation of learning, attention, social and emotional difficulties. "They think about ADHD like we did 50 years ago: that it's being hyperactive, impulsive, all the time. And some people think it's over-diagnosed."

For many parents, their own ADHD diagnosis journey begins when they bring their children to the pediatrician, because things aren't adding up. They think: My child is smart, but he can't complete his work. She keeps getting in trouble for daydreaming instead of working. He speaks out in the middle of class and says he doesn't know why. She studies for hours and hours and still fails.

And another thought takes root: Could this be me, too?

"That's how it typically happens," Stixrud said. "ADHD is really very strongly genetic, so it's extremely common for parents to say, 'I was just like this as a kid,' or, 'I see him. I see myself in him.'"

Not long after Jake's pediatrician provided Colleran with clarity, she forgot to drop her middle son off at the airport on time for a school field trip. She laughed about it to her friends, cried about it alone and finally booked an appointment to get tested.

"That's when I realized: 'I can't be this person anymore. I'm failing my kids,'" Colleran said. "And so that's when I started coming to terms with my own ADHD. That's when I came to terms with the fact that [ADHD] is what's actually holding me back."

After a lifetime of feeling less than, of thinking they were a disorganized mess or incapable, parents recognized that they have a neurological difference, just like their child. And many parents realize that, if their child isn't less than, which they obviously are not, then maybe they can lend themselves the same grace.

"I was really focused on getting the best information out there and the best parent training and trying to advocate for him," said Jane Indergaard, whose son was diagnosed with ADHD at 8 years old. "I was trying to do a lot of research, and a lot of the research points to the importance of the mental health of the parent. If moms get treated, whether it's for depression or anxiety or ADHD, our kids do better. That's when I went in and got tested."

There are several ways a child can be tested for ADHD, including expensive, detailed testing with questionnaires and computer tests with analyses. There is a 55-question “Vanderbilt Assessment” that is often given by a doctor. Children can also talk to a certified counselor through their school district, although wait times for this are often long.

Indergaard herself was referred for testing by her child’s pediatrician and did a less intensive version of the in-depth ADHD screening at a testing center. She was diagnosed — and was happy about it. “Honestly? Hearing that diagnosis was such a relief,” said the 62-year-old nurse. “Because finally, it all made sense.”

The American Psychiatric Association first recognized ADHD as a mental disorder in the 1960s. Twenty years later, the diagnosis became attention-deficit disorder “with or without hyperactivity.” ADHD diagnoses in U.S. children ages 4 to 17 increased from 6.1 percent in 1997-1998 to 10.2 percent in 2015-2016. The Centers for Disease Control and Prevention reported a 42 percent jump in ADHD diagnoses between 2003 and 2011. ADHD is typically diagnosed in children and is twice as prevalent in boys as in girls — although experts point to a lack of proper diagnoses rather than fewer girls actually having the disorder.

ADHD diagnoses are harder to come by as an adult, Stixrud said. Undiagnosed adults have spent their lives adapting. When parents are diagnosed, some choose to go to therapy, some take medication and some do nothing. Indergaard took medication and started to see a therapist; Colleran never took medication because of her high blood pressure, although she’s “sure it would have helped when I was younger.”

“They just figure out how to live with it,” Stixrud said.


The knowledge of the diagnosis was enough to change everything for Colleran, who went to an ADHD training academy, so she could become a coach to help other parents navigate the school system and the organizational needs of their children. The training helped her learn skills herself. For Indergaard, her depression and anxiety finally started to abate, her mind felt more focused and she felt better about herself.

Jeremy Didier, a 51-year-old ADHD counselor, said her symptoms presented as spontaneity. It wasn't until her third child, Isaac, seemed different, that things began making sense. "I was reading the symptoms, and I was like, 'Oh, wow, okay, that's me,' " Didier said. "Talking to my husband, he was like, 'Oh, yeah, that's you.' I went into our doctor and he was like, 'Oh, yeah. That's you.' "

"She's always been very spontaneous," said Bryan Didier, Jeremy's husband and one of just two members of the Didier clan without ADHD. "Her having ADHD is probably something I always kind of knew. She's been in sales and before that broadcast journalism. I think she found ways to survive and thrive and used her competitive advantage from ADHD." Getting an ADHD diagnosis meant Jeremy finally had an answer. "I look forward to the day when it's standard practice that when the kid is diagnosed with ADHD, the whole family is just evaluated," she said.

She now understands why she would forget her children's friends' names, and why she had to have an emergency pack of Lunchables to drive to school, just in case she forgot about a field trip. ADHD may also be why she was in high-pressure jobs that provided a lot of stimulation.

"I'm embarrassed and ashamed to admit that I didn't believe that ADHD was real until I had a child with ADHD, and then it was so obvious," she said. "I just couldn't deny it. ... I was able to do my own research and say, 'Oh my gosh, not only is this real, I might have it, too.' "



Remission

**Can Adult ADHD Go
Into Remission?**

Attention deficit hyperactivity disorder (ADHD) has mostly been thought of as a childhood disorder, one that some children outgrow as they enter adulthood. But many adults continue to have ADHD symptoms or even get diagnosed for the first time with ADHD in young adulthood.

Nearly 7% of adults globally have symptomatic ADHD. It was once believed that about 50% of people with childhood ADHD go into remission as adults. However, the short follow-up periods of many studies miss what doctors see in practice. Many adults continue to have ADHD limitations and symptoms that come and go.

Growing evidence points to ADHD following a relapsing/remitting cycle, with periods of mild to no symptoms, followed by periods of noticeable symptoms.

What Is a Remitting/Recurring ADHD Cycle?

Symptoms of adult ADHD include impulsiveness, difficulty focusing, trouble staying organized or managing time, and mood swings or short temper. Treatment focuses on minimizing symptoms and their effect on your life.

As an adult with ADHD, you may find that you have periods of feeling well, with systems in place that work, and little disruption to daily functioning. This can be with or without medication or therapy. You may experience three or fewer symptoms and no longer meet the clinical definition of ADHD.

Then, maybe a major life change happens or you enter a period of high stress and symptoms return, as does your diagnosis. This appears to be a common cycle for many people over age 18 with ADHD.

So far, research into this cycle is limited, but it's a growing area of focus.



How Often Does Adult ADHD Remission Happen?

First, a definition of remission. A standardized definition of remission doesn't yet exist, but it's generally thought to mean having three or fewer symptoms and not meeting the clinical definition of ADHD, which means six or more symptoms. Partial remission means about four or five symptoms that still have some effect on your daily functioning.

About a third of people with ADHD experience remission at some point in their lives. In one of the longest studies looking at people with ADHD, over 16 years, nearly 30% of the people followed into adulthood experienced full remission at some point. And more than 60% of people in the study had periods of remission and recurrence across the follow-up period.

Another study with a 6-year follow-up of adult-onset ADHD, found that about one-third of participants experienced remission during the study period. Remission rates were similar among people who took medication for their ADHD and those who did not. And another study with a 7-year follow up of adults found that about a third of participants experienced full or partial remission.

Because studies in adults are limited, few have longer follow-ups to determine how long remission lasts.

What Drives ADHD Remission in Adulthood?

As a newer area of study, it's not well known what contributes to remission. Childhood factors, such as the initial severity of ADHD as a child and parental mental health, may influence persistence of ADHD symptoms into adulthood.

In adulthood, people with persistent ADHD are more likely to have anxiety, conduct disorder, or dependence on marijuana. That makes it harder to know the effects of ADHD compared with the effects of substance abuse or other mental health issues.



Then there are factors related to growing and maturing. Within this view, there are three thoughts on what may contribute to remission:

- Your brain normalizes. During adulthood, your brain matures and begins to look more like a neurotypical brain (like that of someone without ADHD). People with ADHD tend to have slower development of attentive and executive functioning, which could lead to the resolution of some symptoms with age.
- Your brain compensates. Some parts of your brain may change, possibly because of treatment reducing some symptoms. Other parts of your brain still have anomalies related to ADHD.
- You compensate. Adults are more able to control their surroundings and daily routines, making it easier for them to create systems that work. Your brain stays the same, but you develop environmental and behavioral strategies to reduce the effects of your symptoms on daily life. For example, you may have habits you follow to stay organized or to focus during meetings.

It's also possible that all three of these factors come into play as you age.

Overall, researchers and doctors are still learning more about ADHD remission and how ADHD affects adults over time. So, when you meet with your doctor or counselor, you may not talk specifically about remission or recurrence, but rather focus on your quality of life and how to keep symptoms from affecting your daily life.



A Survival Guide for Parents with ADHD

BY DAVID ANDERSON, PH.D.

Advice for caregivers with ADHD striving to manage their own symptoms while raising happy, healthy, well-adjusted children.

PARENTING REQUIRES the daily, dependable execution of mun-

dane, repetitive tasks—a huge burden for adults with ADHD symptoms like fluctuating attention and poor working memory.

When caregivers have ADHD, the challenges of parenting seem to multiply in number and intensity. ADHD symptoms—impulsivity, inattention, emotional dysregulation, and more—impact the daily rhythms and responsibilities of parenting, not to mention the relationships we forge with our children as they grow. More broadly, ADHD impacts these core facets of parenting:

> **Emotional availability:** When children are experiencing big feelings or challenging situations, they look for guidance and protection from their parents. But given ADHD and its own emotional dysregulation, it's tough to be consistently present and focused enough to support a child's emotions.

> **Relationship-building:** The parent-child bond is the nexus of a healthy family dynamic. But many parents with ADHD struggle to stay engaged while spending time with their child, especially if Candy Land is involved.

> **Planning ahead for problematic situations:** Parents are expected to reflect on what's challenging for their family, and then alter plans, procedures, and schedules to increase the chance of future success. But many caregivers with ADHD lack the executive function skills to do such analysis, planning, and execution. Impulse control

deficits may cause parents to make last-minute decisions, or to lash out and complicate already-challenging situations.

> **Organizing schedules and supplies:** Managing family logistics and routines requires solid organizational skills.

> **Keeping children safe:** Parents need the attentional capacity to monitor their children, toddlers or teenagers, without distraction.

> **Shaping positive behavior:** Positive reinforcement helps establish good behavior, but it requires parents to "catch" and praise their children quickly and with meaningful details.

> **Staying regulated in challenging situations:** Emotional dysregulation, impulsivity, and intense emotions are part of the ADHD experience, which makes "calm" elusive in many households. Managing stress is an issue for many parents with ADHD.

> **Setting boundaries** and enforcing consistent consequences.

Tailored Approaches for Spirited Families

From diapers to driver's licenses, the following charts highlight critical milestones and focus areas in each of the four childhood developmental stages, with strategies for caregivers with ADHD to employ for each.



Early Childhood (AGES 2 TO 5)

FOCUS AREA	ADHD-FRIENDLY APPROACH
> PARENT-CHILD BONDING: Bonding experiences help children learn to identify their caregivers as consistent sources of safety and joy.	> SCHEDULE PLAYTIME as a way to bond in a low-risk, low-pressure environment. Stick to a schedule to help you be fully present with your child. Use timers to stay engaged and leave your phone in another room.
> BASIC NEEDS: From snacks and drinks to an extra set of clothes, parents must anticipate, prepare, and lug around essentials for their child.	> DESIGNATE SPACES: Group snacks in one area, learning supplies in another area, and so on to eliminate guesswork. Prepare several go-bags that you can quickly grab or leave in the car.
> STRUCTURE AND ROUTINE: Predictability helps children understand and develop conscientiousness and perseverance—important skills for later academic achievement and structuring.	> VISUAL SCHEDULES help young children see and anticipate the day's tasks. Use stickers, magnets, and drawings to represent activities like waking up, brushing teeth, playing, eating, sleeping, etc.
> SAFETY AND PLAY: Children need appropriate activities and games. Monitoring might be difficult due to parental distractibility.	> CREATE "YES" SPACES: Engineer a foolproof safe space for play—chemical-free, nothing too high or too sharp, etc.
> POSITIVE REINFORCEMENT: It can be difficult to remember to notice and praise good behavior. Praising might also feel unnatural.	> PRACTICE PLAY-BY-PLAY ANNOUNCING: Describe your child's actions and pick out the things you like. "I see your fire truck on the carpet. Now your sister is picking it up. It's really great when you share."
> DISCIPLINE: At this age, it's best to give simple, short-lived consequences to address negative behaviors.	> PLAN SIMPLE CONSEQUENCES: Create a list of specific responses, like a time out, for undesired behaviors. Give your child a warning before doling out the repercussions, which should follow quickly.



Elementary School (AGES 6 TO 10)

FOCUS AREA	ADHD-FRIENDLY APPROACH
> FORMING RELATIONSHIPS: Kids begin forming bonds and engaging in play.	> REFLECTIVE MODELING: Demonstrate appropriate interactions for your child and be mindful of what they're watching on TV.
> DEVELOPING INTERESTS: Children start to demonstrate skills in certain activities.	> CREATE OPPORTUNITIES FOR PRACTICE. Think: How can I give my child the materials they need to independently pursue interests?
> COMPLEX SCHEDULES: More activities require more planning and materials.	> EXTERNALIZE INFORMATION. Use whiteboards, sticky notes, digital calendars, and other visual organizing tools to keep track of schedules and to-dos.
> ACADEMIC RESPONSIBILITY: Homework, tests, projects, and elevated expectations place extra demand on organizational skills.	> SET UP "HELP TIMES." To manage frustration and interruptions, establish certain times when your child can check in with you. Make sure that they have a clear workspace, free of distractions. (No screens, all supplies in one place, etc.)
> SOCIAL LIFE: Play dates and parties are facilitated by parents, which requires clear communication and planning.	> SET REMINDERS: Schedule a time every week to verify and prepare for upcoming plans. Create multiple countdown reminders until the day of the event.



Middle School (AGES 11 TO 13)

FOCUS AREA	ADHD-FRIENDLY APPROACH
> ACADEMIC FUNCTIONING: Adolescents are expected to independently manage bigger and more complex workloads.	> LOOK FOR SKILLS TRAINING INTERVENTIONS: Glean insights from these programs for managing backpacks, creating folder systems, tracking assignments, etc.
> PARENT-CHILD BOND: Tweens start to pull away from family toward friends, but a strong bond will make it easier for your child to approach you when he's struggling.	> CULTIVATE ATTACHMENT RITUALS: Find an activity you can do routinely with your child that is purely for the sake of bonding (not agenda-driven).
> CHALLENGES AND TRANSITIONS: Puberty affects everything during this developmental phase.	> NONJUDGMENTAL PRESENCE: Plan talking points about awkward subjects ahead of time, and present them neutrally. Be available to talk.
> INDEPENDENCE: Striking a balance between responsibility and safety is key.	> ALLOWANCES AND HOUSEHOLD TRADE-OFFS: What chores could your child do to earn money and build independent skills?
> SCREEN HABITS: Screens are everywhere, and the key is to create balance and help adolescents self-regulate.	> SET CLEAR BOUNDARIES AROUND SCREEN TIME, especially at night. Charge devices outside bedrooms, and demonstrate good screen use for your child.



High School (AGES 14 TO 18)

FOCUS AREA	ADHD-FRIENDLY APPROACH
> PRIVILEGES: Money, screens, and transportation are the sources of most household fights.	> ATTENTION TO POSITIVE BEHAVIOR: Praise your teen for spending money the right way, giving you receipts, abiding by screen time rules, etc. Create "contracts" to set ground rules for earning privileges.
> SOCIAL LIFE: Friends often receive intense focus, while family life is de-emphasized in this stage.	> FAMILY RITUALS AND ROUTINES: Continue cultivating attachment rituals that allow you and your teen to spend time in familiar, low-pressure settings.
> NOVELTY: Risk-taking is normal at this age, and it isn't always bad.	> CONSEQUENCES: Validate your teen's feelings, but make sure she knows which behaviors are off-limits. Set up a "Good Sam" policy, where honesty will always lead to a lesser punishment than will lying.
> A MORE RIGOROUS SCHEDULE: Academics, extracurriculars, and social outings compete for attention.	> KNOW WHEN TO SHOW UP: You may not maintain your teen's schedule, but it's important to routinely attend events she considers important—a sports match, an academic decathlon, an awards ceremony, etc.
> BALANCING INDEPENDENCE and monitoring.	> REGULARLY REVIEW BOUNDARIES: Make sure you're rewarding your teen if he's adhering to rules and meeting goals. 📌

DAVID ANDERSON, PH.D., is Vice President of School and Community Programs and former Senior Director of the ADHD & Behavior Disorders Center at the Child Mind Institute. Dr. Anderson specializes in treatment for ADHD, behavior, and anxiety disorders, and additional resources related to his work can be found at childmind.org.





10 Things to do Before School Starts

A successful school year begins in July. An unsuccessful one begins the first day of classes. Set up your child for success by reviewing his IEP or 504 Plan, developing organization systems with him, communicating with teachers, and more during the summer months.

Review Your Child's Current IEP or 504 Plan

The accommodations our children with ADHD receive will need to reflect the challenges of the new school year. Consider which educational goals have been met, and any remaining trouble spots. One thing to do before school starts is schedule a team meeting. Bring report cards, notes from the teacher, tests — anything to illustrate your child's current achievement levels. Discuss what worked last year and the accommodations and goals you'll focus on this year.

Scout the School

Doing a walk through of the school before the school year starts will reduce a child's anxiety. Locate her classroom and look over the desk arrangement. Find the bathrooms, auditorium, nurse's office, and gym. If your child travels from class to class, walk her through her schedule.

Organize School Systems Together

Determine your child's biggest organizational challenges and come up with solutions before classes begin. Visit an office supply store and check out the materials designed for organizing papers, supplies, and time. Choose systems that will be easy enough for your child to manage at school and at home. For example, if you know he loses his homework, buy pocket folders and label them for work to be completed on the left, finished work on the right.

If he can't find books in his locker, buy a locker shelf and encourage him to organize books according to his daily class schedule.

Create a Home Staging Area

Choose an area near the door and equip it with open cubbies/shelving, baskets, and/or hooks. Make this the home for books, homework, backpack, notes, sports bag, keys, lunches, and other school-related articles. Hang a large whiteboard to help her remember tasks and items. An alarm clock or timer will help her get out the door in time.



Stock Up On School Supplies

Assume that your child will eventually need poster board or a protractor. Buy lots of supplies now and store them where you can easily find them later. To get a sense of the projects your child will need supplies for, talk with the parent of a child who's one grade ahead of yours.

Plan Your Child's After-School Activities

Would your child benefit from more physical activity? Consider sports or dance. Does he need to practice focusing? Why not sign him up for martial arts or chess club? Try to build on your child's routines with activities that will enhance his strengths and provide opportunities for working on challenging tasks. Studies show that for a child with ADHD, scheduling exercise into the day increases her focus and sharpens her attention in school and at home.

Find a Tutor or Homework Helper

If you feel that your child might benefit from homework help, find some now. Try out several candidates for personality fit and skill level, and let your child make the final decision. Don't choose a tutor who encourages dependence in your child. The goal is to give him ways to meet challenges on his own.

Make a Calendar with Your Child

Being able to foresee deadlines gives children a sense of control over their lives. Start by discussing daily, weekly, and monthly schedules. Agree on routines, school, extracurricular and social activities, and other events that you and your child would like to pursue. The more input your child has about her schedule, the more likely she will be to adhere to it.

Review Your Child's Medication

Was your child off medication during the summer? If so, you may want to restart it a week or two before school begins. Ask your doctor and, while you are there, discuss whether medication changes are needed given puberty or increased demand at school.

Set Learning Goals Together

Sit down with your child and brainstorm about the goals of the upcoming school year. Let him talk and you listen. Focus on strengths, as well as on areas that need improvement. Make goals attainable. Meeting goals empowers a child to meet tougher challenges later.

For a younger child, have her answer questions like "I want to learn...", "I want to avoid...", "My strengths and weaknesses are..."



IMPORTANT
NUMBERS



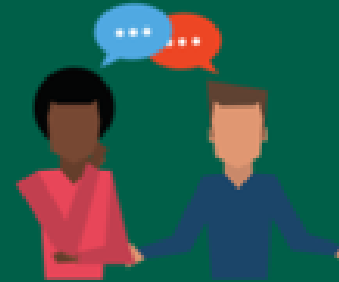
IF YOU NEED
HELP, PLEASE
MAKE THE CALL



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

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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

“Never be limited by other people’s limited imaginations.”

– Dr. Mae Jemison



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