



## THE GROWING BRAIN

EPISODE 19: ADHD, Now What?

Guest: Ivette Lampl, MS, LMFT-S, LPC-S

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In this episode we dive into all things ADHD with guest Ivette Lampl, a therapist who has spent her career working with kids with ADHD, and is a mom of two kids with ADHD.

**Welcome to The Growing Brain, a social emotional health podcast. I am Maureen Fernandez with Momentous Institute, a nonprofit in Dallas, Texas, dedicated to all things, social emotional health. Welcome to Season Two, where we're diving deeper into some of the most challenging aspects of parenting - dating, sleep, ADHD, anxiety, and so much more on this season of The Growing Brain. Thank you for joining us.**

Maureen *Welcome back to The Growing Brain podcast. today we are talking with Ivette Lampl. Ivette is a bilingual therapist at Momentous Institute. She's a licensed professional counselor and marriage and family therapist. And a lot of her work is with families who have kids who've been diagnosed with ADHD, which is the subject we're talking about today. Ivette also has two kids, 12 and 9 years old and both have been diagnosed with ADHD. So the subject is both personal and professional for her. And I'm so excited to have you here today to talk about this. Thanks for being here.*

Ivette Yes. Thank you.

Maureen *Um, so today we are diving into ADHD, which is Attention Deficit Hyperactivity Disorder. And I want to spend some time talking to the parents whose kids have received a diagnosis for this. And so if you're listening and you're in that camp, just hang tight. We're going to come back to that. I want to start with just a more broad overview of what ADHD is and kind of talk to the parents who are maybe wondering if their child has ADHD.*

Ivette Okay.

Maureen *So can you give us just some insight on what is ADHD? What, how does it show up and what are some of the behaviors associated with it?*

Ivette We can identify five characteristics that fall into the ADHD criteria. And, uh, we can start with one and that gives you also two options, but the idea that there is a short attention span, but at the same time, this hyper-focusing, so that could fall in the area of the dysregulation of the attention system. You know, the short attention span usually happens when you see a child or an adult who has difficulty completing or paying attention to mundane tasks, the routine

tasks, the day-to-day things are, they're not very exciting so they might have difficulty paying attention on those tasks. The hyper-focus in is the opposite of actually not being able to pay attention is the opposite of a distractibility. The hyper-focusing has to do with paying really intense attention to a subject or to an activity that you're very interested in and time can go on for hours. So a lot of parents might say, well, I don't see my child having attention difficulty because in fact my child can spend hours doing something and he does it very well, and he could be an activity that they really enjoy doing. It could also be something new. So, and it can, we also new and exciting, uh, both of those have been related to dopamine levels that we have in the frontal cortex. And so usually that dopamine level, that difference, uh, in the ADHD brain versus the, the, the typical, you know, uh, neuro-typical brains is different. There's a difference there. So. It kind of makes sense. That's the idea of why the excitement, you know, he has to be something new, exciting, sometimes even frightful.

So a lot of times you might see parents who are well, my, my child is extremely brave and is, is doing things that they don't seem to have much fear, or that... right... that they're a little they're fearless or they're go getters. And so, you know, there is a way in which you can perceive a symptom in a very negative way, but sometimes parents don't always see it negatively until sometimes they arrive to school and then that becomes an issue. Why? Because they are rules to follow and, um, limits.

Another characteristic is filtering and the filtering in the system in the brain has to do with being able to put aside, um, anything that comes through our senses when we're trying to pay attention to something. So for example, right now, you and I are having this conversation. But I can also hear my own voice and maybe the sounds of my breath. Maybe if you're in the classroom, you are hearing the teacher, but you may also hear that tick-tock of the clock, maybe the conversation right beside you, maybe even the sense of your own clothing, maybe the smell of the individual next to you. So a lot of times individuals with ADHD can have this sensitivity of their senses or are heightened up. And that could be very, it's almost like you're not able to put them aside and they become distractions. Or as for, you know, neuro-typical brains, you can maybe tune it off. You know, you're trying to put attention to that. And then very quickly you might not hear the dog barking where if that's not the case and the dog, the dog is barking is really hard for you to complete your work or something like that.

The other characteristic is also planning and organizing. A lot of times, uh, that time management that comes with planning will be very difficult or for kids and for adults, you can find that also on disorganized backpacks, lockers, losing items, misplacing them, um, and just maybe even messy rooms, a messy closet messy paperwork.

And so not knowing how to plan for a project or even, um, how long it'll take to plan a party, for example, a lot of those things also, clearly developmentally,

you have to think about the age of the child, you know, in how those things are beginning to form for you. So a small child will, will require a lot of help planning a birthday party, but as you grow older and your brain matures, you begin to train that power of your brain, that executive functioning that allows you to plan for time and organize in order to complete certain assignments.

So, you know, brains that are, that have the ADHD that the, you know, they kind of have this, um, difference. They might have more difficulty with planning and organizing and it can show in messy closets, rooms, lockers, losing items. Um, a lot of times they might complete their homework, but they forgot to turn it in. My , so it's not a lack of desire to do the work is just that these things can really get on the way.

And then the other one that is almost, um, the hallmark of, of many of the complaints will be the procrastination and the procrastination, just, you know, the idea that you leave everything until the last minute. So you will have sometimes parents and even spouses or even your, your, you know, your boss at work, you know that you have this deadline to complete this assignment and, and, and the student is just trying to figure it out the night before or the weekend and it's due on Monday, but they knew it from a month or three weeks before and they leave it to the last minute. That procrastination and researchers are finding more about that that has more to do with emotional regulation, right, um, meaning that the procrastination can come from a source of an emotion like anxiety. So it could be related to, um, thinking about how well you need to perform. Um, so starting the assignment can have that, maybe you need that stress, you know, that immediacy, that, the stress level of getting those dopamine levels activated to begin their assignment, but it could also be because of the emotional piece of, um, having to perform, but also perform well. That level of expectation can also provide a level of anxiety.

And so a lot of times emotional regulation can prevent us or, or an emotion can prevent us from acting, to get into action. And then the stress level of is due now, you have to act now, can jump start that individual and they perform, sometimes this will be, you know, this will be the guys who will be performing at the moment of critical time. And the neurotypical brains can shut down in the moment of stress. Right.

Um, and then the other characteristic is impulsivity. And the impulsivity, um, that comes with the ADHD, you know, not thinking through before acting and also not learning from mistakes as easily . So that it requires repetition of, you know, parents have said, well, we've been through this many times, like how many more times do I have to tell my kid not to do that? Like this happened often. It, he keeps doing it. Like, what's the problem. And sometimes they might even think, is it on purpose? I mean, this is a lack of respect. Like why did you keep making the same problem? Um, it is not often the fact that they're trying to, um, be in opposition with the parent. Uh, but it's just that they will require more repetition. So they have a harder time to learn from mistakes and he requires that patience from the parent, the teacher.

And then also that there is this, um, necessity to sometimes move a lot. A lot of the hyperactivity and impulsivity can also show by getting out of your seat or jumping before everybody is jumping, you know, answering before they said raise your hand, not being able to hold back, you know, so they are reacting quite quickly sometimes. They're kind of ahead of their thought, you know, they're jumping the gun, so that will be another of the, of the characteristics.

And I know that, you know, when we see kids at, at Momentous, for example, we always take in consideration the age of the child because that's another, uh, you know, critical part. A lot of this, parents might be thinking, oh, wait a minute. But that my kid does that. And then, and I actually, my other kid, so you think is it really ADHD is a, really is it maturity, what other things are going on. Right. So always, you know, you look at all of the characteristics together. Are they impacting the development of the child? Not just at home, but at school, are they present with the parents and the teachers and another environments, is that, uh, preventing the child from gaining new knowledge, for example, or academically improving or even socially. Is the impulsivity, uh, preventing the child for building positive relationships with their peers. So just taking all of that in consideration.

Maureen *Yeah. Thank you for saying that because that's helpful. I think as you're listing that off, it's easy to say, oh, well, my kid has a messy room, but having a messy room alone doesn't mean ADHD. But like, you talked about all the different characteristics in concert and then also is it getting in the way. That's a really helpful framework for thinking about it.*

*So if parents are listening and they, and they do think, you know, that does sound familiar. Some of these signs are pointing to, there might be something going on with my child. What is the first thing that a parent does when they're wondering if their child has ADHD?*

Ivette *So, um, In our clinic, and, uh, often you will have maybe two, two types of, of parents, you know, in which some that already are getting, uh, resources and they are being referred by, maybe even the teachers are noticing something and they're being referred to get tested, um, either through, um, the school or also just seeking out professional, um, through a psychologist outside of outside the school to, to get a diagnosis, to be tested, to see if ADHD is, is the cause of some of the things that might be getting in the way for the child.*

*Or sometimes you might have, um, a parent who is not getting any information from the teacher or resources. And so it might come a lot later or they might even misinterpret some of the symptoms by, um, the child just doesn't want to get it and he's being defiant. And, and this is not ADHD. And so sometimes they could be a lot of misconceptions if there is not a full assessment. Right. If sometimes the diagnosis is done very quickly in a one interview with a clinician or ven a doctor without the full diagnosis. Um, parents can mistrust that diagnosis. Even after a full diagnosis, parents might need a lot of education on*

what that means. Not all the parents can have access to all of the resources, to feel confident about the diagnosis and what to do now with that diagnosis.

If you, um, obviously getting, uh, the resources and the testing, uh, by a professional and it could be done by a neuropsychologist or a psychologist can test for ADHD and you also have, uh, some schools will have, um, assessments, a specific assessment that could assess for either a communication, which it could be dyslexia, it could be ADHD, but you could get a full assessment through a psychologist or neuropsychologist.

And after that, how you deliver the diagnosis to the child is extremely critical. In fact, it could be, it can make treatment go very well and it could empower the kid or it could actually break the whole situation and put a lot of shame or blame on the kid.

Maureen *Okay. So let's talk about how you deliver the message. Um, yeah, this is interesting. Tell me some more.*

Ivette It's really good. And I think a lot of clinicians and doctors are very aware of this now. And so we've all gotten a lot better on how with the ADHD diagnosis, because even the label, you know, I, I personally think that maybe here in the future, we can come in with a different, a different definition of, rather than Attention Deficit Hyperactivity Disorder. That's, that's the full, you know of ADHD. And a lot of people will hyper focus on the deficit. Um, so if you see this right away as a deficit, you know, you know, here at Momentous, a lot of our work is done to empower our clients to look at the strengths.

And so, uh, one of the, there's some really nice narratives that have been creative in, in delivering a diagnosis for ADHD. And one, some doctors might said, you know, your brain is like a Ferrari. For example, you have to put it in terms in which a kid can also understand. And the analogy goes that, you know, your brain is, has, it's a Ferrari. It's, it's a fast car is a powerful car, it just needs tuning. The brakes are not working very well. And that's what your Ferrari keeps crashing.

Maureen *Oh, nice.*

Ivette It keeps crashing every time it runs, you know, and, and, but that's, it's a pretty amazing machine. The kid begins to understand that, okay. I actually have a pretty good engine in my brain. It's fast. It's strong, but my, my brakes are not working.

So I have to, you know, either treatment is going to help me with tuning in and where... focusing on where's my turn going to be, because if I just push the pedal and don't turn when I need to turn, I'm going to go down the cliff. If I don't pay attention to the signs that are, are on the road, I'm not going to know when I need to slow down. And if my don't put my brakes in time, I'm going to crash.

Right, so right away when the doctor is giving that explanation to the kid, and it's a story that the kid can understand, can get excited, that analogy, it's a very powerful analogy that doesn't say, oh, do you have a deficit. And it also provides the child with a lot of hope. And it also allows the parents and the, and the child to seek out treatment. So then when they go and say, okay, what are my options here? Like, why do we need to do the strengthen the brakes, to help, you know, my Ferrari be able to see the signs, to slow down so that I can focus on the road and not on the stars. Not just on the mountains that I'm going by, but actually on the road. What is going to happen when another car goes by? So they are able to then say, okay, I'm ready. Kind of, how can I follow through?

So that's, that's very critical. Uh, if we just give the parents the packet of the assessment and we go into those characteristics that I just tell you and just say it, you know, there's issues with paying attention. There's going to be issues with hyper-focusing and not be able to plan, is going to be messy room, you're left sometimes even more overwhelmed.

Maureen *Right, right, right.*

Ivette And many, many times it could even become your excuse. Where, there is a fine balance, right, between accepting your child and seeing that there are some limitations that we can begin to work on so that they don't always have to be a limitation, right. That we can put strategies and we can provide treatment. And then there's others that you just go, I had to accept it. I don't do much about it, and they will continue to be limitations and they will continue to get on the way. And so yes, you build acceptance, but how can you also provide resources for that child?

Maureen *Yeah. That, I can see that being a really tricky balance. So what are some of the treatment options available for kids with ADHD?*

Ivette Often here in our, our Western society, we have seen that the most prominent treatment is the medication. However, you know, medication can be very helpful for individuals who have ADHD. We have, um, medications that have been around for a very long time and have proven to be very effective.

The only thing I, I often kind of take out consideration, a lot of consideration before, um, seeking treatment in terms of medication is to make sure that the parents or the individuals have taken into account all the other areas that will be effective also to decrease the symptoms of ADHD or to promote better focused attention and decrease of hyperactivity, any of those symptoms that might be, um, help with the medication.

And those will be like we mentioned in the past, the parenting structure, consistency. A lot of the behaviors that young children can develop can also be learned behaviors. And a lot of those behaviors can be retrained through

behavior therapy, uh, helping, obviously the parent. Again, also any habits such as sleep, nutrition, exercise. Those will really improve, um, the, the brain health and can improve the focused attention of the, of the child.

Sleep, a good night's sleep and proper sleep hygiene will help the child, uh, consolidate memory. Um, and also really important, we see a lot of, uh, clients, sometimes I have experience with trauma or toxic stress so you not necessarily have to, uh, had, uh, PTSD, right, in order to have symptoms that might look like, uh, ADHD, where you have not the ability to focus, um, anxious, you know, even hyperactive, high emotional arousal. And when you do a diagnosis of ADHD, that may also be a child or an adult that has experienced trauma and may be experienced PTSD, or even toxic stress. Um, that medication, may not be the appropriate medication.

Now, that's not to say that medication won't be helpful, but I will advise for the families to take into consideration the whole individual and to look at how is environment affecting the child? What are the things that parents can be doing to promote, uh, the social emotional health in the child to increase their focused attention? Uh, such as how long is the child is spending in, um, a screen, for example, just decreasing in the amount of time that kids are on phones or iPads on TVs and on video games, uh, will improve their ability to, to focus, right? We, we know that mindfulness practices could really increase focused intention, and there's other practices that to the contrary, they, they make our brains constantly be in distraction mode. Um, also, there are other treatments available that have, uh, evidence in, in improvement of focused attention and decrease of hyperactivity and such as neurofeedback. And that is a behavioral, um, therapy that, um, trains brainwaves to increase certain patterns that will promote, um, focused attention and decrease hyperactivity. Uh, ISNR, which is the international Society for Research and Neurofeedback will be a good resource for those who don't have knowledge or not enough for information about what this is cause sometimes it might be misunderstood by other professionals. So isnr.org will be, um, where people can find more information about this, uh, type of, uh, training and, and treatment for ADHD.

Maureen *So it sounds like, while medication can be super helpful and important, that it's not a silver bullet is what you're saying. That there are other things that you should do simultaneously, or even maybe before medication.*

Ivette Yes, I think it's, um, it's wise also too, if you are going to take medication, to really have a conversation with the doctor, to make sure that the doctor is keeping track on any of the symptoms, um, that could be side effects from the medication, just to make sure that it's the appropriate medication, the right amount.

Um, many times we know that, uh, doctors have a big caseload. You know, we, we are all kind of sometimes get caught up in the, how many clients or how many patients we see a day and we might not spend enough time with parents or clients to really assess what's going on with them. And so if the parents have

the opportunity to really sit with the, with the doctor and talk about those symptoms and also address all the other things that might be going on, the doctor will have a better of a better way of providing the appropriate diagnosis and the medication, and also track how the patient is doing with that. Uh, so that will be very important and yes, I think, um, if we, if we see medication as a silver bullet, we might get the idea that that will solve it all and that maybe we might not put in enough attention to these other areas that will be necessary. We might be missing a big part of the actual treatment that will improve the child or adult's, uh, performance or behavior, symptoms, even.

Maureen *That make sense. So while we know medication may not be the silver bullet, I know there is a place for medication in this conversation. So let's talk a little bit more about what that is.*

Ivette One of the, we know, and it's been researched for four years now, since the fifties they'd been using medication to treat ADHD in, it has been very successful. A lot of times parents and, rightly, so could have suspicions about medication. So I think, um, information and education about ADHD and all the different approaches and treatments can, uh, can be very important, including medication.

When is it safe to use? How should we use it and, if I'm going to use it, how often should I be checking with my doctor? You know, a, a pediatrician, uh, can certainly prescribe, um, for ADHD medication, not all pediatricians might be experts, you know, on ADHD, um, and psychiatry, child psychiatristz, that medication many times requires fine tuning, right?

Maureen *I would imagine as children grow..*

Ivette Yes as children grow and develop. And often the medication for ADHD is not, uh, related to age, weight. So in comparison to other medications, you know, you might be, Oh, that's. Well, you need to look at the weight and the height and the age of the child, but it has to do with the chemistry of the individual. And so having an expert on, on that will be will, will be important for the family, for them to able to, even if that's one course of treatment that they can take.

The other one, that for a certain is going to be necessary, will be parenting training. And it's a little bit like, well, but my child is the one who needs the service. Like how is my parenting gonna really affect the, you know, the brain of my child, but, you know, Maureen that, um, the relationship that the parenting and the healthy boundaries and the parenting strategies when they're used, when they are optimized to the child and what the child needs, and they're used with consistency. They will actually make significant changes from that child emotionally, socially, intellectually. And that's no different for the ADHD child. In fact, um, we begin treatment by educating the family and then providing, um, you know, providing parenting training.

Uh, there are other resources of course, that the family can use that can include looking at diet, exercise. And what are the activities that the children are invested on? Um, I know that for our generation, we were on our conference not too long ago, and we, we were, you know, looking at the iGen.

Maureen *Yeah. Right.*

Ivette And, and currently our iGeners, you know, this generation, they, they are on constant frequency of interacting with a device.

Maureen *Right. Right.*

Ivette And whether that's a phone, an iPad, social media, a video, but that frequency of anything that we do can exacerbate, uh, some challenges that we already have or can minimize them. So in the kid, in the child with ADHD, you know, playing video games for hours and hours, you combine them hyper-focusing and you combine the reward system that comes from playing video games. You're exacerbating already a problem in the, in that we're trying to minimize, we're trying to reduce. Exercise is considered almost like a drug. Why, because exercise not only releases endorphins, but it releases other neurotransmitters, such as serotonin and dopamine. And again, we've talked early in our conversation about levels of dopamine being related to the attention system. And so exercise for many of these kids is not just, um, you know, a good idea, it's actually necessary. So finding a sport that they enjoy, that will be key or introducing them to several sports. Uh, if they're not competitive, not all the kids will be competitive and that will like to play team sports, but they might be other activities. Yeah. To have that physical activity in the child, um, ultimately will pay, will be really positive. It will be a good pay off in terms of their focus or concentration and also their emotionally and activity level.

Maureen *Yeah, yeah.*

Ivette The, um, habits like in terms of diet and sleep, very important. A lot of children and adults with ADHD, they have an, a problem actually falling asleep. If that is a big problem, they can consult with the pediatrician because sleep and a healthy diet are also increased. You know, they're very important for, for the brain, for the regulation of attention and emotion. Um, and the development of the brain for the child. So having routines where parents have a structure in their home, and, and that means, um, going to bed at a regular time during the week, when they have to go to school, they might have to create some sort of downtime before they need to go to bed so that they begin to associate that from early age, right. That this is kind of how we soothe. We, we, we read a book or we take a bath and then is beginning the process to get to bed. So as well, we call sleep hygiene. So we teach parents about sleep hygiene, right, we teach them about structure.

And are the parents having struggle organizing their home? Do they often... may also be struggling with planning? So if the parent has a problem with planning and organizing at home, well, it's going to be hard to structure and having that for the child as well. So we might be that the parents also have to be, oh, listen, I kinda... I kinda need help on that so that I can be able to support my child, um, and just limiting the amount of sometimes sugars and sodas and any one of those, um, food intakes that might be increasing the child's irritability or, you know, focused attention, and they can begin to see is there any allergies or is there anything, breakfast, especially for those who will consider medication, the pediatrician will also will, a good pediatrician will be monitoring the child's growth because, um, many times, and if not often, uh, it could, it could definitely diminish, um, the amount of food that the kid might be taking during the day, if they're taking medication.

So it will be important to consider as a kid eating a good breakfast, is the breakfast with protein or is it donuts, you know? And, and so they are, all of that requires a parent, you see?

Maureen *Right, right, right, right.*

Ivette A caregiver who is doing, and all of this also will be essential for any child. Right. For any child, but for, you know, those who are struggling already, you know, it will be necessary.

Maureen *Yeah. So I am listening to you and thinking, this sounds really overwhelming. And so I imagine that parents who've received this diagnosis and they get this parent, um, parent training, that they might feel really overwhelmed by all of the demands that that maybe this diagnosis brings to their family. And I'm wondering if you can shed some light on sort of how to manage what might be, what might just feel really overwhelming, for lack of a better word.*

Ivette I think it could be especially overwhelming when families are struggling with also, um, having their own routines of managing work and parenting and traffic and so, and all the other responsibilities they might have, or projects.

And so, yes, for some, it doesn't matter, right, what socioeconomic group you are from, or, uh, but certainly our lives have, are busy, you know? And, and so for the busy parents, especially, you know, when they receive this information and they go like, oh, okay. So now I have to kind of plan, you know, and I have to make time for that. So, um, make time for this routines I didn't have before. Not all of them are like that. A lot of them already start with really good routines and they have this in place, but then it comes the, this is not going to happen very quickly. Right. I have to be patient and I have to be consistent. And so, um, putting time aside for that can be overwhelming.

We, uh, at Momentous Institute, we do have a class or parents who have children who have been diagnosed with ADHD or who, uh, think that they have some of this, uh, symptoms that maybe the teachers have mentioned that

to them. Um, and I like the class, not just to teach the parents, what will, you know, in terms of, um, practicing in behaviors and parenting strategies and, uh, developing better habits for their kids and knowing about everything about ADHD, but also for them to open up conversations and parents can really take away information that they can then utilize when they meet with their, um, health care professionals, like mental health, the school, uh, even advocating for the children at school, with their pediatrician, um, psychologist. So that will be, you know, as... maybe as little as that parenting class can really open up the opportunity for parents to begin to guide the way for their children.

Maureen *There's so much power in hearing what other people are going through the same thing as you and how they're navigating it so I understand that class probably has a lot of that where they're interacting with each other in a way that's super helpful for everyone involved.*

Ivette Yeah. Yeah. I guess on top of the information and the learning, they acquire, clearly the recognizing that I'm not alone in this, uh, can be very powerful for everybody.

Maureen *Yeah. Let's take a quick break and we'll continue this conversation in a minute.*

### **Commercial**

**Thank you for listening to Momentous Institute's podcast. Momentous Institute is celebrating 100 years this year of working with kids and families in the field of social emotional health. Over the last 100 years, we have learned a lot and a big part of our agency is sharing what we learn with others. If you visit our blog, we have tons of content on there - articles, strategies you can use, videos, book reviews. There's so much on there. So I'd love to have you visit there. You can get lots of resources, things you can use with your kids to help build their social emotional health and your family's social emotional health. You can check it out at [momentousinstitute.org/blog](https://momentousinstitute.org/blog).**

Maureen *Okay. So we are back.*

Ivette What appears to right now be a challenge with appropriate treatment in the future will actually be an asset. Um, so take for example um, a lot of times they might see this is, is, is so stubborn, so persistent, you know, it just won't stop. And that stubbornness that sometimes is found with individuals with ADHD, that's gonna come in handy when, uh, there are doing their thing and now they're in their careers and their, that turns into resiliency, not giving up. A hyper-focusing when is harnessed, rather than that, when we fight it, we learned about what is hyper-focusing, how is that beginning to even be almost like a coping thing for the ADHD brain.

Um, we know once you are in the field that you enjoy doing and you are, um, at the college level, you know, you are studying what you want to study, you're

beginning to choose your path, right, your academic path. And those individuals will not have trouble to put in those hours that are necessary to complete the job, especially if it's something they love to do. They can zone in and get the job done.

Um, you have, uh, many, uh, ADHD minds or brains, if you want to call it that, are very successful. You know, athletes and CEOs and a lot of the, uh, entrepreneurs and, um, self-employed individuals, successful, um, many of them have been diagnosed with ADHD. So with the appropriate treatment, you know, you, you could actually harness those that, uh, at one point, uh, were, a challenge or even an obstacle, in the future, you know, long term with maturity, you can use them to your own, uh, favor and put them in the right track and, and be productive.

Now in the other hand, right, if the treatment is not provided, uh, it could also be very negatively impacting to children and to adults where, um, they might be shame could appear from very early age. You know, if that diagnosis is not given with a strength view, if, if information is not provided, if treatment is not available. Um, think about the social impact of that, the emotional impact of when you are engaging with peers and your impulsivity, um, and your own ability to stay focused or attentive, especially when you're gaining new material, such as before reading age, when kids are beginning to learn how to read, attention is really critical.

So because eventually if you, at one point in time, reading will be the way to learn, right. So attention plays into learning. So if the kid is not receiving appropriate, you know, treatment that could impact also his or her academic development. Right?

Maureen *Yeah. Yeah. So one of the questions I was wondering is, um, just as kids grow up, it sounds like a lot of kids get diagnosed for the first time once they hit school age, does that sound right?*

Ivette I think usually yes, usually, um, uh, schools can begin to identify, um, some of the symptoms and can, you know, have conversations with the parents about accessing services to see if, uh, for them to be assessed.

Maureen *And so, and so if it's starting to bubble up in the early, you know, school years, and how does it sort of morph and shift over, over a child's, um, development sort of, as they get older and into upper elementary, middle school, high school, how does ADHD sort of shift?*

Ivette With maturity, they could, um, especially also with treatment, you know, they can begin to see, uh, differences in the way a treatment is affecting them. So for example of medication, they can, uh, the pediatrician or the doctor or the psychiatrist, you know, they're following this child properly, um, they could change, you know, the medication. They could also change it in, in terms of the type of medication and, and the amount you know of the medication. And

also the child could benefit from other sources of, of, you know, like I mentioned, exercise and diet, um, a child can, as an adult, they can begin to learn more strategies and they could learn to apply those strategies more effectively and they can see significant changes.

Um, if treatment is not being, um, you know, if, if the child is not receiving treatment, um, you can see exacerbating of those symptoms. And, um, research has found yes, specifically for, um, a correlation between ADHD and also substance abuse. And I, the theory behind that is that, um, sometimes that substance abuse is a way to kind of regulate the, the, the brain. Right. Um, and so. Now there was at one point fear or the misconception that medications, uh, for the treatment of ADHD can actually be problematic and he could be addictive. And we've seen through years, um, in research that that has not been the case in terms of, uh, you know, addiction disorder. Um, but there, there has been some studies that have correlated, not treatment for ADHD and then the impact of that later on in life, um, with making poor choices, you know, the impulsivity, especially could, create a lot of trouble for this and for, or kids and adults, and later on in adulthood, um, not being able to complete their school. You know, a lot of times, if a school becomes a place where you cannot get the job done and, and also there's behavioral issues, a child and an adolescent, uh, can be discouraged from completing school, they could be suspended, they could be expelled, or they could have, um, also in society problems. And so the trajectory of not having treatment and the appropriate treatment for a child versus, um, having it, it's significantly different.

Um, and then also I think for the parents, you know, again, I will say that as a parent, you know, uh, with children, um, with, with ADHD and my work with families, um, really help us you know, to understand that connecting... any parent, not just for those who have children's that have been diagnosed with ADHD, but connecting with the child, having the time to actually know your child. It's critical, not the day to day, not the logistics of what has to get done today. I think a lot of times we parents can get lost in that cycle of the logistics of the day to day. You know, the, the meals, the school, the homework, the work, the driving, and if are not setting time aside to actually connect with your child and learn from your child, you will be missing in what are the areas that I need to build that relationship with my child so that whatever expert comes to you and said, you know, will start medication. Have you had that conversation with your child? You know, what you, do you have any questions with the doctor? Do you, you know, what did you think about that? Uh, what are your misconceptions of medication or other treatments?

Maureen *This has been so helpful thinking about all of this. I'm sure that there's, I know you lead these long parenting classes and each one could be its own podcast episode. I know this was just an overview. Um, and you have so much more knowledge on this. Before we close out, I was wondering if you could remind us what the website was that you told us, Chadd?*

Ivette CHADD, yes so that is chadd.org, and it will have a lot of information in regards with ADHD, parenting support groups. Um, And it's also in English and Spanish. So that might be very good for some of, um, our population, uh, especially, you know, here in the States. I know there might be some in other languages, but it's, for that one, I use it a lot in, in our center. Um, and it gives a lot of information to parents, there's even some online classes there and, um, for them to begin to understand more and access some of the support groups.

So there is a online magazine and I actually get it myself on the mail. It's called Additude. And it's spelled A D D I T U D E. I think it's a, uh, a really good, um, uh, magazine. It comes with a lot of information and I use it all the time. Um, just to see what's out there, what are, what are professionals in the field saying? Um, and, and he has a lot of things for parents. Um, I also, um, like I mentioned before, the ISNR has a lot of information in terms of the, the neurofeedback treatment for ADHD. The Chadd, which is, um, specifically support for ADHD is H, I'm sorry, chadd.org. Uh, parents can find a lot of information in there and it is in Spanish as well. And then, um, also, you know, there are other professionals out there that have been doing a lot of work, um, with, um, ADHD and trying to find the best treatments and what works what's not working. And I will recommend the, some of the readings from Daniel Amen. Dr. Amen has a clinic, Amen Clinics and he has studied, um, ADHD and has recognized some seven types, so sometimes just reading more about it can help you decide and consult and collaborate with other professionals. And it will be important for parents to, to gather information.

Maureen *And that's Amen, A-M-E-N. Perfect. So I want to close with this. When I emailed you and asked if you would consider being a guest on the podcast and talk about this topic, you replied to me and said that you were happy to, and that you particularly loved this population. You love working with kids with ADHD in their families. And I'm curious, what are the things that you, why did you say that? What do you love about this population?*

Ivette I think I'd like to have the opportunity to have this impact of providing the resources and also the hope and to, to see, not to, to, to latch on the deficit piece of the diagnosis and, uh, through my work with families, I was encountering a lot of that. A lot of people latching on to the, to that area of the deficit. And, you know, personally, you know, I, I have these two beautiful children who, who had the diagnosis, who were diagnosed with ADHD and that I was just seeing a lot of strengths on these kids and that I was also applying and, and figuring it out, you know, as a mother, not as a clinician with them.

And, um, when you send that email and your, you invited, you know, me to, to be part of this conversation with you. I came home I remember, and I talked to my son and I said, hey, you know, I'm doing this podcast on ADHD. And he said, well, how come with you? Maybe I should be at the talk because I know a lot about ADHD.

Maureen *That's amazing. I wish he could have been here today.*

Ivette Maybe, it's the end of the trimester, right. But he, he was actually, uh, excited about the possibility and that made me felt incredibly proud, I guess, as a parent, I could say that, because what you want to see is one, a child that doesn't feel a stigma, right? That don't have the shame associated to a diagnosis and who is pretty confident about things that have work or not work and, and the journey that, um, it's, it's a journey of a family. Right. Because anything that happens to your kids, it's happening with you. And so, um, that, that was, that was pretty, that was very nice. That was really nice for him to say that.

Maureen *If your son was here, what do you think he would say?*

Ivette Um, I asked him that question. And I said, well, what would you say, and he had a plethora of things he wanted to say. He started going on. I think he may have started hyper-focusing. He went on with the whole thing, but, um, one message he, he really wanted to convey was, um, I wanted to let the other kids know that, um, this doesn't have to hold you back.

Maureen *That's so sweet.*

Ivette And I said, you know, will be very powerful. I think we, you know, as parents, uh, we look and have conversations and meet with us and we seek the community of other parents because we learn with other parents too. You know, your child gets sick and you're calling their other parent what you do, and how do you, you know, what I saw was this community of parents reaching out to each other. And, um, in terms of, you know, having ADHD. Not having a doctor who delivers the diagnosis and the information in such as strength-based form to, you know, sets the tone for that child, um, providing the appropriate treatment and their resources for the parents.

Then the child feels like maybe I have something to contribute here. And that I said, you know, I haven't thought about it, but from a child to a child, children listen to other children a lot too. And good friends will listen to, there is probably a friend out there who will be diagnosed with ADHD and my have not had the same delivery.

And so, um, just having that support, that community, um, of friends and family that can see you for everything that you are. I think it's really, really important.

Maureen *Yeah. That's beautiful. That's so nice. Thank you so much for sharing all of your insight. And this has been really helpful and I really appreciate you being here today.*

Ivette Thank you. It's a pleasure.

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