Consider Their Future

WHEN SPEAKING TO OTHER PARENTS, one of the first questions I always receive is: "How did you know that your son Blake and daughter Madison had AD/HD?"

I used to say that Blake didn't just run around the room, he flew. He was always in constant motion, having to be doing something at all times. When I would complain about his behavior, my father would chide me, saying, "He's just an active boy. Let him be a boy. There is nothing wrong!"

People ask, "How did you know it wasn't just the normal antics, high energy and not thinking?" As I always answer, "It is a matter of degree."

Sure, many boys run around, spill glasses of milk, and pull linens out of the closet—but they stop. There is some measure of self-control. They may actually listen to what their parents say, follow directions, and slow down. Boys with AD/HD typically don't stop from the time they wake up in the morning until they go to sleep at night. They typically get into anything and everything. As a parent, you can never relax or let your guard down for a moment.

Once, a father of two described to me how he could see the difference between his children. The one without AD/HD was normally active, but the one with AD/HD "seemed like he had an extra gear in him." As a parent, you just know the difference.





Above: Blake at age five. Below: Madison with Athena.

Volcanoes in the kitchen

After a long week of meetings and late hours at work, I was looking forward to sleeping in—just a little bit—on a Saturday morning in October. My husband had to leave early that morning, so this would be my day at home. Blake woke up at 5:00 AM, and since he didn't want to be the only one awake, he woke up his sister Madison and got her to join in on his exploits.

They started by making volcanoes on the kitchen floor. They mixed baking soda and hydrogen peroxide and poured it into a construction paper mountain. The baking soda and hydrogen peroxide bubbled and erupted until it covered most of the floor. You are probably asking, "Why wasn't the hydrogen peroxide locked up?" It was. I had child locks on every cabinet and closet door in the house. But

did I tell you that Blake was able to circumvent and disable the locks? If he wanted to get into something, he would do it. Ultimately, the only way I was able to stop his incursions was by using padlocks.

Then came the racecars. A hallway ran the length of our contemporary-style house. Blake, as instigator-parexcellence, showed Madison how to fire racecars down the long hallway until they hit my bedroom door. This was how they succeeded in waking me up. I headed for the kitchen and a cup of coffee, side-stepping about a hundred abandoned Matchbox racecars en route. When I got to the kitchen, I faced the volcanoes.

By that time, Blake and Madison were in the family room, emptying a large bin of K'NEX building toys onto the floor to get ready for their next project. It was only 7:00 AM and I hadn't yet had a cup of coffee. This was going to be a very long day.

Now, how did I see the AD/HD in Madison? My first indication came when she was in second grade. Her teacher mentioned that Madison was extremely social, talkative, and sometimes didn't attend to her classwork. I attributed it to Madison's trying to make friends in a new class, and, since her grades were good, I didn't think anything of it. The teacher then asked if

I would consider having Madison tested for AD/HD. I said I didn't think it was necessary because she wasn't nearly as active or impulsive as her brother. And I wasn't getting all the phone calls about "behavior in class" that I had gotten regularly with Blake.

Fast forward to fifth grade. The schoolwork became harder, and I noticed that Madison didn't study for any of her tests. When I questioned her, she said she didn't need to study because she remembered the material from the class lecture. A warning flag went up in my mind. Maybe she didn't know how to study? "Madison, it is important for you to review your class notes before a test. Let's study together." I had her produce her notes and noticed that the entries were scattered, sections were missing, and lots of happy faces were



drawn in the margins (along with whales and dolphins). Another warning flag. Meanwhile, teachers said she was a pleasure to have in class, but needed to curb her talking.

One evening, Madison and I sat at the computer discussing a book report she had to write about one of her favorite novels, Roald Dahl's *Boy*. We discussed the points she wanted to make and started working on an outline. Athena, one of our three greyhounds, sauntered in. Madison started playing with the dog. I got her back to the outline. She found a ball near the computer and started bouncing it on the floor. I got her back to the outline. She took a pencil and started drumming it on the desk. Madison could not stay focused for more than five minutes. I realized that my daughter, too, had AD/HD.

Have your child diagnosed early

Once you see the excessive activity or impulsivity or lack of ability to pay attention or focus, you need to have your child tested. Trying to deny the existence of AD/HD doesn't work. You need to confront the issue squarely and start doing some research (the CHADD and National Resource Center websites are wonderful places to start). Talk to your pediatrician about getting your child medically assessed for AD/HD. If your child is diagnosed, find out about available treatments, and then get the assistance and the education you need.

The earlier the better. Why? Because you need to learn about AD/HD and how to parent a child with it. This is the beginning of a lifelong process.

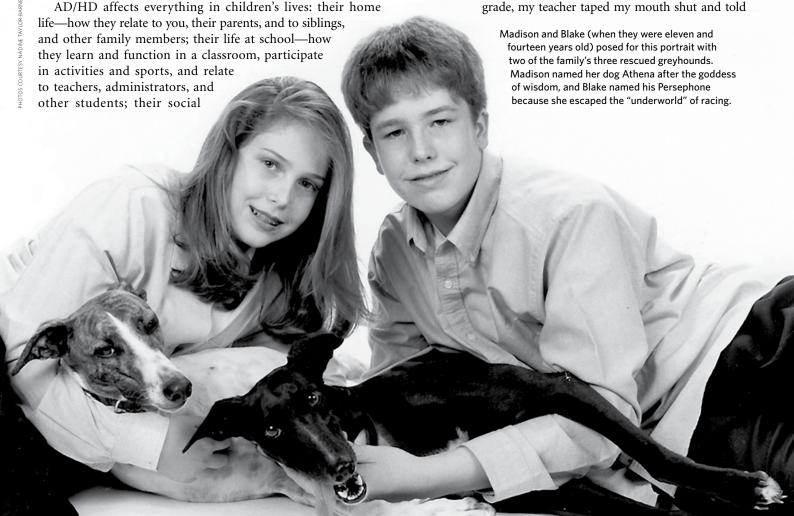
life—how well they are able to make and keep friends, participate in community activities, and relate to and deal with the general public. In short, it affects how they grow up in, function in, and relate to the rest of the world. Once you understand that AD/HD is not just about how children perform in school, but rather about their place in life, you can grasp the enormity of the situation—and the task at hand for you, the parent.

Realize too that the diagnosis is the first step—not the last. In some ways it is comparable to a young couple obsessing over wedding plans. The wedding is not the end point, but only the beginning, of a lifelong marriage.

Once your child is diagnosed, the treatment plan must be put in place, followed, and continually updated as the child grows. The American Academy of Child & Adolescent Psychiatry said recently that of the four-and-a-half million children who are diagnosed with AD/HD, only fifty percent are treated. So the reality is that parents have taken the first step of having their child diagnosed, but they do not follow through by creating a treatment plan with their doctor and pursuing treatment.

You may wonder why. The answer is simple: Because it is hard work and because it is time-consuming. Many parents think the child will grow out of AD/HD. Nothing could be farther from the truth. AD/HD is there for life, and your choice as a parent is either to help your child learn to live with it (often very well), or to have your child struggle and suffer.

As one medical student wrote to Blake, "When I was in fourth grade, my teacher taped my mouth shut and told



me I would go nowhere in life. This is why so many children with AD/HD fail." Fortunately he had the fortitude to cope and succeed. Another mother told me about her now-successful adult son, who was removed from elementary school because the principal said he was "socially retarded." This mother intervened, placed him in a school for gifted children, and he excelled. Sadly, there are children whose parents do not have the right information about AD/HD or how to parent children with AD/HD. Their stories do not always end well.

To medicate or not

The second most-asked question I receive is: "Do I have to put my child on medication?"

My answer is that it depends on your child's individual case. Only your child's doctor can determine whether medication should be part of the treatment after looking at all the facts. Remember, AD/HD is a *neurobiological* condition with a biological basis. As with other biological conditions, medicine may be necessary.

Many people know that there are three different types of AD/HD (Inattentive, Impulsive-Hyperactive, and Combined) but not that there are different degrees of symptoms, ranging from mild to moderate to severe. If your child has AD/HD at the low end of the spectrum, it may not be necessary to use medication. If your child is at the higher end, it may be necessary so that he or she can listen and even function.

When I decided to place Blake, then five years old, on a low-dosage stimulant medication, I first told him it was a

vitamin. He figured out quickly, however, that it was something more. One day when Madison was acting up in her high chair, he looked at her across the kitchen table and said, "Madison, if you don't stop acting hyper, you'll get a pill, too." So I decided I needed to be more forthright about what was going on. As you will discover, these children may have attention issues, but that doesn't impede their intelligence. I explained to Blake about the biology behind AD/HD and what scientists suspect is happening with the neurotransmitters. I told him that his medicine would provide a much-needed chemical for his brain, and he was fine with that.

Remember that medication is only one variable in a treatment plan that includes proper diet and adequate nutrition, ample sleep, regular exercise, behavioral therapy, social skills training, and the right school environment with accommodations and interventions (all of which we will talk about later in my series). If medication is part of your child's treatment, it may take the doctor time to find the right medication and dose for your child. Expect that your child will be physically examined and given appropriate tests prior to beginning the medication. As treatment continues, expect the doctor to monitor your child regularly and to make medication adjustments as needed over time.

"Your AD/HD is contagious"

With Madison, it was a little simpler to begin the regimen. She already understood about AD/HD, having watched the process



with her brother, and we already knew what to do. It was a matter of finding the right medication for her. And, as Madison delights in telling people, if she forgets to take her medication, her friends are quick to point it out.

Last May, Madison was in a chemistry study group. She left our house in a rush, forgetting to take her medication. Once in the group, she diverted the studying and talked about everything except chemistry. Her friend Lauren lamented,

"Madison, your AD/HD is contagious. Trying to study with you is pointless." The group of friends then decided to play Apples to Apples and delighted in the fact that all the parents thought they were studying intensely. They left the studying for another day, when Madison had taken her medication.

Some parents say that they can't fathom putting a six- or nine-year-old on medication, but I want to sound a cautionary note. As my children's doctor told me, you don't just look at now, you must also look ahead into the teenage years. Project what will happen when the effects of AD/HD get more complicated and teenagers try to self-medicate with alcohol and illicit drugs. The decision to use medication is a big decision; look at all the facts in addition to considering not only the present, but also the future.

So, what happened on that Saturday morning I described ear-



Blake, Nadine, and Madison enjoy an evening out.

lier? I decided I did not want to stay at home and follow Blake and Madison around all day, putting away trains, cars, and coloring books. After I got them to eat their rice cereal by pretending it was a race between two horses and singing the starting-gate song, I put them in their car seats and we took off for an outing in the car. We drove up to Mystic Seaport, a historic whaling town in northern Connecticut. En route, we sang Raffi songs and

looked at the foliage. Then we toured the seaport town, watching the horse-drawn carriages and boarding the 1841 *Charles W. Morgan* whaling ship. It was a wonderful day. •

Nadine Taylor-Barnes, a former high-tech executive, started advocating for people with AD/HD after raising two children with AD/HD and editing her son Blake Taylor's book, ADHD & me—what i learned from lighting fires at the dinner table (New Harbinger, 2007). Nadine speaks regularly to schools and groups about parenting children with AD/HD. Her first article discussed the importance of a parent's acceptance of the diagnosis and the positive and proactive attitude parents need in order to problem solve with their children.

To read Nadine's blog, Creative Parenting, click on the AD/HD Blogs link on the **chadd.org** homepage.

25