

by **Petrina Chong Hollingsworth**
 Photos by **Lee Anderson**

STRIKING THE RIGHT NOTE THROUGH SCIENCE, EDUCATION AND SUPPORT



Highlights from the 16th Annual Conference, October 28–30, 2004, Nashville, Tennessee



TOP ROW left, Parent to Parent presenters Janice Bond, CHADD President Mary Durham, Terry Illes, Beth Kaplanek and Linda Smith. right, CHADD CEO Clarke Ross. MIDDLE ROW left, Nashville country music recording artist Jesse Lee entertained conference attendees during Friday night's Music City Jamboree. right, CHADD Professional Advisory Board members Clare Jones and Nancy Ratey share a moment with CHADD Executive Committee member Paula Stewart. BOTTOM ROW left, National Resource Center Librarian Michael Fernandez provides valuable information to participants. Opposite, Parent to Parent participants.

A APPROXIMATELY 1,500 people gathered in Nashville, Tenn., for CHADD's 16th Annual International Conference, under the theme "Striking the Right Note through Science, Education and Support." Participants from 47 states, the District of Columbia and Puerto Rico and as far away as China, England and Australia attended the conference, held October 28–30, 2004.

"I found out about the Conference through the CHADD Web site and mailings," said Gayle Stickley, an attendee from Canton, Ohio. "I'm an adult with AD/HD and exposed to families and kids with AD/HD, and I wanted to be more informed about what I was dealing with on a behavioral level. The Conference was wonderful, well organized, very informative and had a lot of variety. The sessions were well planned and included information people can apply to their daily lives."

Parent to Parent: Family Training on AD/HD

In Nashville, CHADD's President's Council unveiled its first major project, *Parent to Parent: Family Training on AD/HD*. Twenty-five individuals attended the multi-session, interactive and educational program developed by CHADD past President Beth Kaplanek, R.N.; Utah CHADD Coordinator Linda Smith; and CHADD President Mary Durham.

"I'm a teacher and a parent of a child who has AD/HD, and when I saw the Parent to Parent Training I wanted to attend because I train parents and teachers in my district," said Alicia Solano, a CHADD member from Antioch, Calif. "I've gotten wonderful ideas for myself as a parent and also to take back and share with parents and teachers in my district."

The President's Council accepts major individual donations to support the organization's educational projects. In the three years that the Council has been in existence, it has raised close to a quarter-million dollars to undertake projects that CHADD wouldn't necessarily be able to offer without this special funding.

During a meeting of the President's Council, former CHADD Professional Advisory Board Chair Sam Gold-



stein, Ph.D., discussed his work on resiliency. He helps teach families productive ways of thinking, seeing and behaving that help foster what he and Robert Brooks, Ph.D., call "islands of competency," or areas of strength. His vision, rather than No Child Left Behind, is "no child with AD/HD left functionally impaired into adulthood."

Goldstein spoke about the state of treatment and research today. "A symptom-relieving model is a good start but not a final approach. We can revel in our successes, but even the research published today shows that we have miles to go," he said.



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“People with AD/HD are not looking for an excuse. They’re not looking for an easy way out, they’re looking for a right way in.”

—EDWARD HALLOWELL, M.D.

a non-reader, but I was a very enthusiastic non-reader. Because I didn’t feel embarrassed or ashamed, the talented part of me was able to blossom and bear fruit.”

“We need to get rid of shame and fear, get that arm around that child or that grown up,” said Hallowell. “We need more hugs, more friendly looks, less acrimony, less critical appraisals, less back biting cultures—that’s what holds us back.”

Hallowell, however, cautioned the audience, “[AD/HD] is full of pain and problems, and part of this process is allowing people to express their pain so they feel heard and understood. For a lot of folks this will be the first time that they will feel understood, and what a relief it is.”

He identified some of the key issues facing individuals with AD/HD such as school, college, career and choice of mate. He explained that it may be difficult for individuals with AD/HD when moving from high

Building Strengths

Edward Hallowell, M.D., delivered the opening keynote to a packed house on Thursday evening, where he addressed how to build on strengths, shore-up weaknesses and get the most out of life with AD/HD.

“The Red Sox have a lot in common with folks with AD/HD. There is a tenacity and an ability to bounce back,” said Hallowell. “People with AD/HD are not looking for an excuse. They’re not looking for an easy way out, they’re looking for a right way in.”

He continued by explaining that in the past AD/HD was treated as a moral problem. Historically, individuals with the disorder were met with moral treatment, such as punishment, shame or ridicule, implying that AD/HD was due to a lack of effort on the part of the individual. “Telling someone with AD/HD to try harder is equivalent to telling someone who is nearsighted to squint harder,” said Hallowell. “[We’ve] gradually begun to replace the lens of morality with the lens of science and technology... replacing the moral diagnosis with the medical diagnosis.”

Hallowell talked about core attributes of AD/HD—distractability, impulsivity and hyperactivity—and stressed the importance of turning these into assets. “When diagnosing, from the very beginning, we should look for strengths...the hints, wisps of strength—and start identifying them right away,” said Hallowell.

Hallowell brought his point home by sharing his personal experience with his first grade teacher Mrs. Eldredge. “In 1955 if you couldn’t learn to read, your diagnosis was ‘you’re stupid’ and your treatment plan was ‘try harder.’ And if you still couldn’t read, you were ridiculed (with a dunce cap) and your diagnosis was ‘you’re really stupid.’”

“When it was my turn to read, Mrs. Eldredge would arrive like a powdered sugar donut [ladies wore powder at the time], and she would hug me,” relates Hallowell. “None of the other kids would laugh at me because I had her arm around me. I was still



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school to college—where they leave an environment of maximum supervision to no supervision. He suggested that students can lessen the difficulties by beginning to live like they’re already at college before they begin and getting a coach once they get there.

Hallowell also discussed the importance of connectedness, “Connectedness is the fundamental agreement of physical and mental health—a feeling of being welcomed and of being important and being worthwhile...If you can train, coach and socially assist folks with AD/HD on how to overcome the obstacles to connectedness, you give them a tremendous gift.”

More than Moody: Adolescents and AD/HD

Friday’s plenary session featured Harold Koplewicz, M.D., who spoke about adolescents with AD/HD and how to cope with depression.

“Understanding adolescents and their moodiness—and kids with AD/HD being so much more at risk for this moodiness and poor self-esteem—really speaks to the importance of early identification,” said Koplewicz. “There is no doubt that the boys who get treated and the children—girls, too—who get identified earlier are going to do better. And the reason for that is that they don’t have to go to work or school every day being hit over the head with ‘you’re stupid,’ ‘you’re goofy,’ or ‘you’re bad.’”

In speaking to the recent anti-medication backlash Koplewicz said, “If you ask most people in America they will tell you that the new antidepressants kill kids. That is a distortion of the facts. The new generation of SSRIs (selective serotonin reuptake inhibitors) is much better and more effective than tricyclic antidepressants, the older medications like Elavil and Tofranil. If anything, the SSRIs are safer and they save lives.”

He elaborated on the early evidence of some brain scans that show other medications such as Ritalin are not only **not** bad for kids, but they may be protective in some ways. “What they protect them against is bad experiences. If you keep experiencing demoralizing events, you are going to feel hopeless. And when you’re hopeless and you’re a teenager, you are more moody. And when you’re moody, you want to feel better. And the way you will feel better is to prevent toxic environments.”

Koplewicz presented problems faced in diagnosing and treating children with more than one chronic condition. “What this requires is a diagnosis and proper monitoring. He commended groups like CHADD

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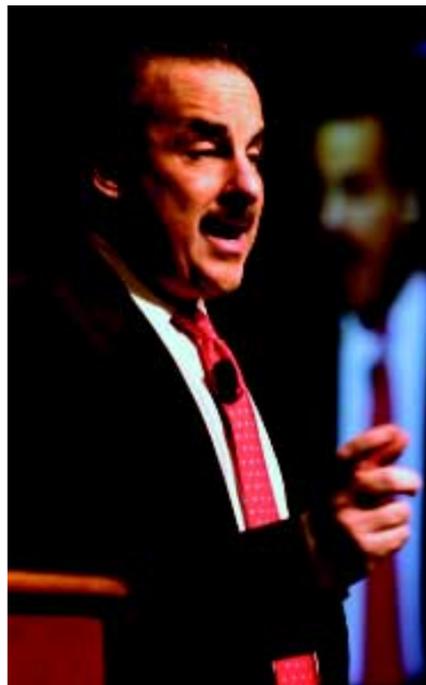
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and the American Academy of Child and Adolescent Psychiatry (AACAP) in working closely with the American Academy of Pediatrics (AAP) to teach pediatricians how to systematically diagnose AD/HD, depression, anxiety and other disorders better.

He spoke about the lack of qualified treatment professionals—only 7,000 child and adolescent psychiatrists in the United States—treating AD/HD in children and the possible effect of the FDA black box warning on antidepressants. “Since there is a shortage of child psychiatrists and since we don’t pay pediatricians through health insurance an appropriate amount of money to be able to treat kids for more than seven minutes, and because we don’t have adult psychiatrists who really understand adolescents, this black box that you’re going to hear about all the time is going to scare people from using antidepressants and is going to have a very adverse effect,” he said. Koplewicz suggests that in the end, fewer kids are going to be treated, which will lead to a public health problem.

Koplewicz outlined a vicious cycle, “Teenagers who have AD/HD who don’t get treated drop out of school. Teenagers who have depression who don’t get treated drop out of school. People who drop out of



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—HAROLD KOPLEWICZ, M.D.



Above, Miss Southeast Alabama Mindy Street with her parents and CHADD President Mary Durham.

school are at higher risks for car accidents, illegal activity and going to jail.”

“One of the ways to promote parity for mental health treatment is to stop talking about these conditions as only psychiatric illnesses and start recognizing them as brain illnesses and their public health ramifications...In the richest country in the world, 80 percent of the kids who have a psychiatric illness or a mental disorder don’t get treated.”

AD/HD and Impaired Executive Function

Thomas Brown, Ph.D., delivered the closing plenary address. He spoke about what AD/HD looks like as the person who has the disorder moves from childhood, through adolescence and into adulthood and the challenges the individual may face.

Brown outlined previous views that have been used to understand AD/HD. The old view—which has now been set aside—was that individuals outgrow AD/HD once they hit mid-adolescence. He said that researchers at that time only paid attention to the hyperactivity symptoms, which, we now know, may lessen as the individual gets older.

Brown contends that we need to take another look at what AD/HD is by examining executive functions. “Executive function is the management network of the brain that connects and prioritizes and integrates cognitive functions moment by moment,” he said.

“Increasingly the research literature in this field is beginning to shift toward understanding AD/HD as the developmental impairment of executive function. By developmental impairment, we mean that executive functions don’t emerge and unfold as you expect them to over the course of development.”

He compared impairment of executive function to having a symphony of concert-quality musicians without a conductor. Without the conductor to make sure everyone is playing together, at the right tempo and on the same page, the music just isn’t very good.

Brown outlined tasks that require executive functioning:

- Tasks that involve managing oneself without somebody else micromanaging
- Tasks that require individuals to prioritize, start and stop, sustain and shift, and integrate other things
- Tasks where memory is required

Brown believes that many symptoms of AD/HD are not noticeable in early childhood; they may not appear until junior high or high school years when individuals are challenged to exercise more self-management. This view is in contrast to the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV), which requires for an AD/HD diagnosis that at least some symptoms of the disorder be present by seven years of age.

Brown explained, “The reason that these functions cannot all develop during early childhood is that the structures and the functions of the brain that support executive functioning aren’t fully there in early childhood. These are among the last aspects of brain development to take place, and this is a process that continues from early childhood into early adulthood.”

CHADD 2004 AWARD WINNERS

Each year, CHADD presents a number of awards at its Annual Conference to recognize the efforts and contributions that CHADD volunteers and others have made in furthering research on AD/HD, improving the lives of those with the disorder and promoting education about AD/HD.



Mark Katz, Ph.D., and Conference Chair Phyllis Anne Teeter Ellison, Ed.D., present the 2004 Innovative Program of the Year Award to Linda Pfiffner, Ph.D. (center).

CHADD Hall of Fame Award

- Howard Abikoff, Ph.D.
- Lily Hechtman, M.D.
- Rachel G. Klein, Ph.D.
- Andrew Klingenstein, J.D.

CHADD Legislative Award
Senator Arlen Specter (R-PA)

CHADD Innovative Program of the Year Award

- Child Life Skills, Linda Pfiffner, Ph.D. (University of California, San Francisco Langley Porter Institute)

CHADD Volunteer Leadership Award

- Pam Glidden, South King County, Wash.
- Barbara Hawkins, Baltimore, Md.
- Linda Spencer, Baltimore, Md.



Stephen Specter, J.D., CHADD's director of public policy, and CHADD President Mary Durham present the 2004 Public Policy Award to Constance Garner, Ph.D. (center) for her extraordinary legislative leadership.

CHADD Public Policy Award

- Constance Garner, Ph.D.

CHADD Student Research Award

- Robin Kittinger Rumsey, Ph.D. University of Minnesota

themselves pay attention to something even if it’s pretty boring,” said Brown. “For people with AD/HD, it’s incredibly difficult for them to make themselves pay attention unless the task is something that’s really interesting to them, and the effect of [situational variability] is that it makes AD/HD look like a willpower problem, when in fact it is not.”

Through working with patients who have AD/HD, Brown has found the following cognitive functions to be impaired in people with AD/HD, compared with people of the same age and developmental level who do not have AD/HD:

- Activating, prioritizing and getting started
- Focusing and being able to shift focus
- Regulating alertness
- Sustaining effort
- Processing information quickly and generating written work in particular
- Managing emotion and frustration
- Using working memory
- Monitoring and self-regulating actions

Brown outlined tasks that are challenging for all adolescents, but particularly difficult for individuals who have impair-

ment of executive functions: managing time and homework, developing relationships, driving a car and leaving home.

He provided a similar list of adulthood tasks that are made more challenging by AD/HD: getting and holding a job, managing a household and finances, managing work while trying to nurture relationships, parenting and sustaining partnerships.

“AD/HD is often complicated by the presence of one or more disorders,” said Brown. “What often happens with adults and sometimes adolescents with co-existing disorders is that the clinicians diagnose the other disorder, but they don’t diagnose the AD/HD.” He cited a national sample that found that adults (18–45) who had AD/HD had six times the likelihood of meeting diagnostic criteria at some time in their life for at least one or more psychiatric disorders as someone who doesn’t have AD/HD.

Leadership Training

The conference also provided a forum for CHADD chapter coordinators to gain valuable tips and learn the latest evidence-based information on AD/HD. “For me being a new chapter coordinator, [the leadership

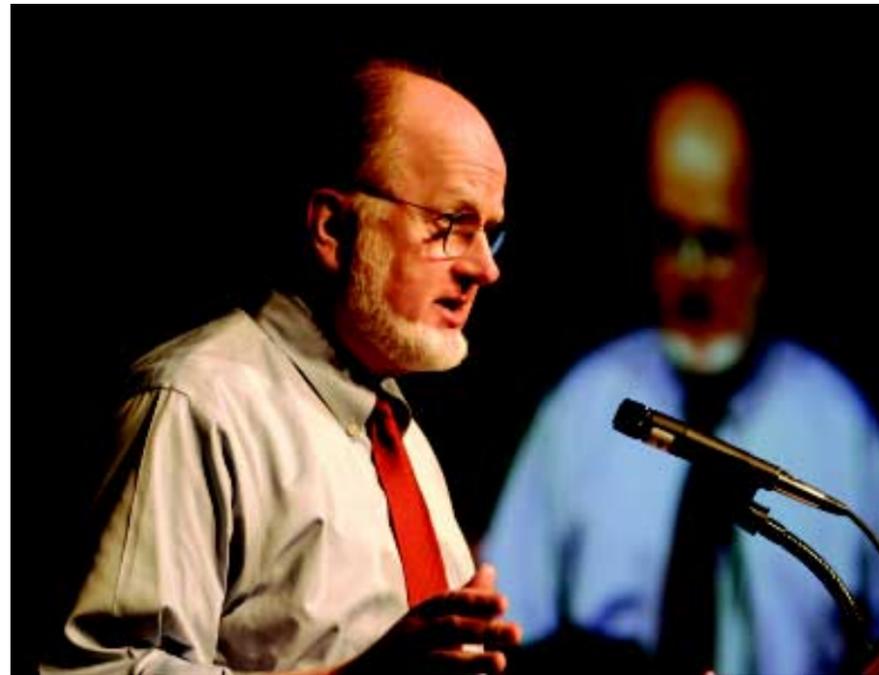
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“Increasingly the research literature in this field is beginning to shift toward understanding AD/HD as the developmental impairment of executive function.”

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from the 2004 conference, including photos, and to learn more about the 2005 conference, visit www.chadd.org and click on the “Conference” link. ■

Petrina Hollingsworth is the managing editor of *Attention!*® magazine.



training] was excellent because I didn’t know what to do, where to start or how to do it,” said Dauneen Abel, a chapter coordinator from North Salt Lake, Utah. “It was really good for me to see just exactly what you have to do to set up a chapter or how to keep a chapter going.”

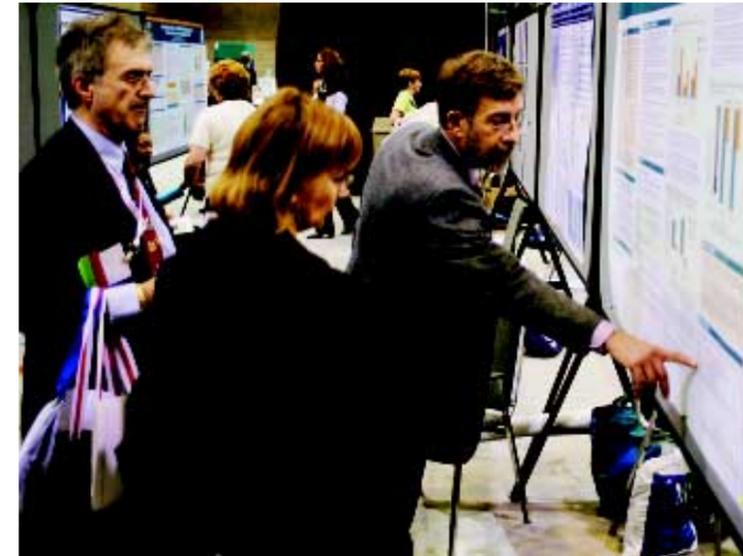
“CHADD is extremely grateful for their generosity and involvement in helping make another successful CHADD annual meeting possible. Many of these same supporters have already enrolled for next year’s conference.”

2005 Conference in Dallas

The 2005 CHADD Annual International Conference will be held October 27–29, in Dallas, Texas. Next year’s theme is “Hope, Resiliency and Success: AD/HD Interventions for a Lifetime.” For more highlights

The conference would not have happened without sound financial resources. “We had outstanding financial support from a diverse array of conference sponsors and exhibitors in Nashville,” commented Conference Chair Phyllis Anne Teeter Ellison.

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Above, Mark Wolraich, M.D., discusses a finer point during the poster session. Below, Participants at the Network Lunch Roundtables organized by state/region receive local and national resources.

Save the Date!

CHADD's **17th** Annual International Conference on AD/HD
 Hope, Resiliency and Success:
 AD/HD Interventions for a Lifetime
October 27–29, 2005
 Dallas, Texas

For more information
 800-233-4050
conference@chadd.org
www.chadd.org



Opposite, A visitor to the CHADD Shoppe browses the selection of publications. Left, Conference attendees learn about CHADD’s membership benefits.