

TEN TIPS FOR ADD



- 1 It is crucial to your child's success that you describe ADD with a strength-based model:** The best analogy for ADD is like having a "Ferrari engine with bicycle breaks." Explain that the child's brain is strong and powerful like the best engine, but he needs to know how to slow down and stop when necessary. Introduce no fear and no shame to your child about his condition.
- 2 Internal causes and external exacerbations:** The underlining cause is usually a genetic predisposition. External factors like electronics, pollution, toxic chemicals, and bad food make ADD worse, but they don't cause it.
- 3 Misdiagnosis sometimes occurs:** Some children are misdiagnosed with ADD. Instead, they may have a different learning style or they may need to be taught in a different way, more movement, a different classroom environment, a different teacher or a different school. Sometimes just sitting in the front of the classroom can make a huge difference. Before you accept a diagnosis or medication for your child, have a psychologist or psychiatrist do a neuro-psych battery of tests to make sure the diagnosis is accurate.
- 4 Aspects of testing for ADD:** *Parental history*- describing your child at age 2, in preschool, and in kindergarten; was your child able to settle down, sit in the circle at story time, and how was bedtime? *Teacher rating forms*- the teacher rates the child as compared to his peers. *Testing to differentiate learning disabilities from ADD*- many learning disabilities resemble ADD, and kids with ADD may have learning disabilities.
- 5 Signs and symptoms you may notice:** An inability to filter and organize his environment. Difficulty ignoring a talkative kid sitting next to her. Weak organization skills; messy, forgetful, and losing things. Interruptive, inappropriate comments, and his peers may think he ignores them. Difficulty staying on task, organizing her thoughts and getting them down on paper. An ability to hyper-focus, not breaking for hunger or any other need.
- 6 The benefits of exercise:** One of the best treatments for ADD is regular, vigorous physical exercise; an outlet for the neurological overflow that so often accompanies ADD. Exercise increases dopamine and norepinephrine, the two neurotransmitters that ADD medication increases. Exercise does this naturally, without side effects, and with many benefits. Recess, sports, and movement are critical for success. Sitting on an exercise ball rather than a chair can be helpful.
- 7 Nutrition has a major impact upon your brain:** *Recommendations*- whole foods and breakfast that includes protein. *Avoid*- additives, sugar, and processed food. *Supplements*- fish oil, Omega 3 fatty acids, and Vitamin D.
- 8 Working with ADD in daily life:** Create a stable, structured environment. Put compensatory strategies in place. When giving instructions to your child, initiate eye contact and then let them look away. Use visualization - "I need you to get your shoes. Picture that in that your mind. I need you to get your jacket. Picture that in your mind." Then ask your child to tell you what he's going to do and if he can see the sequence in his mind.

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9 Medication can be helpful: For children who have been tested, received a clear diagnosis, and truly need medication, it can be beneficial. When used properly, medication is safe and effective, and works 80% of the time. It increases focus and concentration and allows your child to use the smarts he already has.

10 There are inherent strengths: When managed, you can harness the strengths of the hyper-focus ability of the ADD brain to create great success. These highly visual, spatial, and conceptual learners have the ability to distort perception and perceive it as reality. This style of thinking allows for great creativity and imagination. There are brain surgeons and billionaires with ADD.

The following expert interviews contributed to this "Ten Tips for ADD": Angela Gonzales, MD, Alan Yellin, PhD, John Ratey, MD, Kari Miller, PhD, BCET, Mao Shing Li, Lac, DOM, PhD, Michael Gurian, MFA, CMHC, and Ned Hallowell, MD, EdD.