

# ADD-vantage



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## Attention Deficit/Hyperactivity Disorder

*Issue 11*

## Newsletter

*Aug-Oct 2001*

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Dear Members,

Summer has come and gone, although as I write this the day is still very hot and humid and a good rainstorm would, I think, be welcome by all.

Our children have started, or are starting school and I know a lot of us have mixed feelings about this. Is it easier to keep them at home and not have to worry about the teacher's complaints and remarks from the other parents? The hassles with homework when they come home tired and still have to go to private lessons. Incidentally we have a very good book in our Resource Library on Homework Strategies.

Which brings me to another point. We do have some very good books and realize that since we do not bring them to our regular meetings, parents are not making as much use of the library as in the past. I say parents because professionals still do as they make a point of coming to borrow on a Friday morning when Vivienne opens.

During the summer months we have heard that very positive steps have been made towards having medication for AD/HD included as Schedule medication, i.e., it will be free to those children who have been diagnosed at C.D.A.U.

Our first meeting of the summer was held on 14<sup>th</sup> September and a very interesting talk on Creative Thinking given by Margaret Pace. PMIs and APCs were discussed and we all agreed that these and similar tools would be very useful for AD/HD people. Perhaps a follow-up talk can be arranged.

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Resilience and the "Resilient Mindset" is the title of a workshop at the Conference we attended in London last March. Dr. Sam Goldstein and Dr. Robert Brooks, both psychologists, have written a book detailing how the focus upon strengths in helping overcome adversity has been referred to in research literature as resilience. Resilience is the capacity to deal successfully with the obstacles that confront us on life's road while maintaining a straight and true path towards our goals. Further details can be obtained from our Resource Library.

## **\*\*RESILIENCE\*\***

Questions and Answers about Resilience  
by Sam Goldstein, Ph.D. <http://www.samgoldstein.com>

In the May 14, 2001 issue of Newsweek, Dr. Robert Brooks and I were interviewed about the topic of resilience. As a result of space limitations it was not possible for Newsweek to print all of the questions we were asked nor all of our answers. We have provided a link from our website to the Newsweek article but that link is no longer functional. We have received a number of emails asking how to obtain the questions as well as our responses. Given this interest, I decided to use this newsletter to convey the full set of questions and answers from Newsweek.

Question: Resilience seems to be one of those values taught more by experience, or exposure to some type of hardship. Is there a way of teaching children resilience without allowing them to be subjected to situations that parents may not feel good about?

Answer: The term resilience has typically been applied to children who have overcome difficult situations such as abuse, neglect, poverty, or school failure and gone on to lead satisfying, successful lives. These individuals possess what we call a resilient mindset. Such a mindset includes some of the following features and skills: they believe that there are adults who relate to them with unconditional love and are available for support and encouragement, they have excellent problem-solving skills, they demonstrate self-discipline, they are optimistic and recognize their strengths, and they view mistakes as experiences from which to learn. However, we do not believe that parents have to expose their children to undue hardship to develop this mindset since all youngsters will experience some stress and pressure as part of the process of growing up. We believe that if parents understand the components of a resilient mindset, then all of their interactions with their children can be guided by strengthening this mindset whether their

children face major stress or not. In effect, we advocate that just as children are inoculated to avoid physical disease, we should strive to inoculate them for the challenges they will face and we can accomplish this by nurturing a resilient mindset.

Question: You spoke of "empathizing" with your children, seeing the world through their eyes, as a step to raising resilient kids. If your kid tries to justify why he got into a fight with another kid in school, how can you show empathy if you realize it was your child's fault?

Answer: We have found that many parents confuse empathy with giving in to their children or not holding them accountable for their actions. However, empathy has nothing to do with giving in or making excuses for our children's unacceptable behaviours. Rather, empathy involves seeing the world through our children's eyes and asking such questions as, "How can I speak with my children so that they will be most responsive to hearing what I have to say?" and "Would I want anyone to speak to me the way I am speaking with my child?" Thus, if your child started a fight in school, an empathic parent would attempt to discover what happened, would acknowledge the feelings the child expressed (e.g., "I know you were angry"), would not be overly punitive but would discuss with the child why the behaviour is not acceptable and have the child consider more appropriate ways of showing feelings. An empathic parent would also employ consequences that would lead the child to learn from the situation. It is our belief that the more empathic parents are, the better able they can teach their children right from wrong.

Question: When should parents begin practicing effective communication with their children?

Answer: Effective communication should begin at birth even before children understand the words we are using or are able to use words themselves. We must remember that we communicate love to infants by holding and cuddling them and speaking with them in warm and soft tones and that we help to develop language by speaking with them. These actions set the stage for later, more sophisticated communication when our children are able to use words of their own and respond to our words. As children develop these skills, it is important for parents to keep in mind that an important component of effective communication is to listen actively to

our children and attempt to understand what they are saying to us. This, of course, also involves our ability to be empathic.

Question: Are children's temperaments the same from birth? Or can parents shape those temperaments along the way?

Answer: Researchers have found that the temperament of children even within the same family can vary greatly from birth. Some children are born easier to satisfy and soothe and possess a happy demeanour, others are born more cautious and shy, while still others come into the world difficult to please, seeming to be constantly unsatisfied. However, a child's temperament and view of the world can be greatly influenced by parents. This influence will be positive as long as parents understand and appreciate the unique biological make-up of each child. As an example, if your child has a strong-willed temperament and quickly experiences any request you make as unfair, it would be important to build in as many choices as possible. While this approach is also indicated for a child with an easy temperament, it is even of greater necessity for a child who possesses what has been called a "difficult" temperament lest power struggles arise. Thus, if bedtime were a problem, parents might ask, "Would you like to be reminded five minutes or ten minutes before bedtime that it is time to get ready for bed?" If cleaning up is a problem, the following question should help, "Do you want to clean up your toys by yourself or would you like me to help? It's your choice." This strategy fosters a sense of ownership and resilience in children, thereby lessening the feeling that the world is unfair.

Question: You ask parents to evaluate their relationship with their own parents and assess those things that gave them strength and those they resented as children. What should parents accomplish after this exercise?

Answer: We believe that reflecting upon our childhood experiences with our parents can serve as a guide for our interactions with our own children. This exercise helps parents to become more empathic and to modify their behaviour towards their children by prompting them to ask the following questions: "What is it that my parents said or did that boosted my feelings of self-worth and confidence and am I saying the same kinds of things to my children?" "What is it that my parents said or did that lessened my sense of self-worth and caused friction in my relationship with my

parents and am I making certain that I don't say or do similar things with my children?" Many parents have told us that this exercise helped them to improve the ways in which they interacted with their children, thereby facilitating the development of a resilient mindset.

Question: Can you give a specific example of a "negative script" and how that can be rewritten?

Answer: We use the term "negative script" to refer to behaviours that parents repeat over and over when relating to their children that are not only ineffective but actually lead to a deterioration in the parent-child relationship. These scripts are so well entrenched that even when parents know they are ineffective, many find it difficult to change. We believe that if we are doing something as parents that is not working then we have the responsibility of changing our script and doing something different. Our flexibility will often reinforce a more cooperative, flexible attitude in our children. One example of a negative script involved parents of a child who was having difficulty in school. Each evening for years they lectured the child to "try harder" and put in more of an effort. However, the child continued to struggle, which caused the parents to say even more often, "Try harder, you could do the work if you wanted to." Eventually, an evaluation revealed subtle learning problems that were interfering with this child's performance. Only when the parents changed their script by obtaining tutorial help and by empathizing with their child's struggles was this child able to feel more comfortable and confident about doing his homework and succeeding at school.

Question: Please explain the idea of "islands of competence"?

Answer: We use the metaphor of "islands of competence" to refer to the areas of strength that each child possesses. Since children are more likely to develop a resilient mindset and confidence when they are aware of their strengths and know that their parents value these strengths, it is especially important for parents to identify and reinforce their children's islands of competence. In our work we ask parents to make a list of their child's strengths and we then consider how to build upon these islands. For example, we knew one child who struggled with reading and consequently, became increasingly anxious about school. His parents identified his artwork as an island of

competence. Consequently, with the support of his teacher and principal he created colourful signs that were located in the lobby of the school, such as "Welcome" or "Visitors, please report to the office." Thus, the first thing he saw each morning when he entered the school were examples of his strengths displayed, helping him to feel more self-assured and less anxious. Rather than always trying to "fix" our children we should search for ways to build on their strengths.

Question: When you tell parents to "accept their kids for who they are, not what you want them to be," does this mean if your girl is shy and a bit unsociable, you won't attempt to draw her out of her shell?

Answer: Accepting children for who they are does not imply that we don't help them to change, especially if their behaviours are problematic. If we have a son whose temperament includes a short fuse, acceptance means that we recognize that our son has a short fuse but that we find ways to help him deal more effectively with frustration and anger. In the case of a shy daughter, acceptance means we don't angrily exhort her to speak up nor do we ignore her difficulties but rather we accept that this is her temperament and that there are ways we can help her. Thus, parents might say to their daughter, "We know it's not easy for you to say hello to people you don't know. It's not easy for a lot of kids. But I think we can figure out ways to make it easier. A lot of kids who have trouble saying hello when they're younger find that it gets easier as they get older." Setting a more understanding, hopeful, problem-solving tone will help to modify this girl's shyness.

Here's a little math that might prove helpful in the future?

What makes life 100% ??

IF,  
 A B C D E F G H I J K L M N  
 1 2 3 4 5 6 7 8 9 10 11 12 13 14

O P Q R S T U V W X Y Z  
 15 16 17 18 19 20 21 22 23 24 25 26

Then,

H A R D W O R K  
 8 1 18 4 23 15 18 11 = 98 %

K N O W L E D G E  
 11 14 15 23 12 5 4 7 5 = 96 %

But,

A T T I T U D E  
 1 20 20 9 20 21 4 5 = 100 %



**\*\*Are You a Parent Possessing a Mindset to Foster Resilience in Your Children? \*\***

Recently, Dr. Robert Brooks and I completed a brief quiz to help parents better understand the concept of resilience and also to provide self-evaluation as to a parent's effectiveness in utilizing resiliency concepts in parenting. In this month's issue, I provide a copy of this quiz. I look forward to your observations and feedback.

The Quiz

If we examine our parental goals, it would not be an oversimplification to conclude that to realize the goals of helping our children be happy and successful requires them to possess the inner strength to deal competently and successfully with the challenges and demands they encounter. We call this capacity to cope and feel competent resilience. Numerous scientific studies support the importance of resilience as a powerful force in helping children overcome not only significant adversity but also everyday stresses. Resilient children possess certain qualities and ways of viewing themselves and the world that are not apparent in youngsters who have not been successful in meeting challenges and pressures. Resilient youngsters are able to translate this view or mindset into effective action. Resilient children are hopeful and possess high self-worth.

We believe that when parents are engaged in the process of raising resilient youngsters they possess an understanding of what they can do in all of their interactions with their children to nurture a resilient mindset and behaviours. The following brief quiz will help you evaluate the extent to which your words and actions are reinforcing a resilient mindset in your children. Scoring high is an indication that you possess an understanding of the guidelines necessary to foster resilience in your children. If you no

not attain a high score, the good news is that with patience and effort, you can develop such a mindset.

1. My child leaves a favourite toy outside overnight. Though I've repeatedly reminded my child that the toy might "disappear" if left out, my reminders were not heeded. The next morning, the toy is gone and my child is crying. I would:

- a. Tell my child, "I told you so."
- b. Begin by empathizing with their unhappiness and saying, "I know you're upset that the toy is gone."
- c. Punish them.
- d. Buy them another toy.

2. When my child disagrees with me, it often appears that her goal is to make me angry or seek revenge. She will scream and yell and tell me that I'm not a good mother. When this happens, I should:

- a. Ignore her anger.
- b. Punish her more severely so she learns how to behave appropriately more quickly.
- c. Allow her to rant and rave until she runs out of steam.
- d. Acknowledge her anger but not change my plan.

3. Which of these statements is true?

- a. All children are basically the same when it comes to discipline and therefore discipline practices should be applied equally.
- b. Changing my approach will spoil my child.
- c. Our children should be more appreciative of our hard work and parental effort.
- d. Just because a particular strategy worked with me when I was a child does not mean it will be effective with my child.

4. In problem situations between parents and a child, the initial responsibility for change falls upon:

- a. Parents
- b. The child
- c. Both parties
- d. The counsellor

5. Which of the following will help children feel loved, special, and appreciated?

- a. Creating traditions and special times with them.
- b. Making certain to not miss significant events.
- c. Accepting your children for who they are, not what you want them to be.
- d. All of the above.

6. What is the best way to deal with mistakes:

- a. Serve as a model for dealing with mistakes and setbacks.
- b. Teach your children that mistakes are to be avoided.
- c. Lower your expectations so that your children will never make mistakes.
- d. Ignore them.

7. Your child tells you that he feels ugly and dumb. Your first response should be:

- a. "But, you're not ugly and dumb."
- b. "I know you feel that way. I'm not certain why you do but maybe we can figure out what will help you feel better."
- c. "If you keep feeling that way, no one will want to be with you."
- d. "I really get upset when you say those things."

8. Which of these statements is true?

- a. Spanking is one of the most effective consequences to develop self-discipline.
- b. Children who are spanked more often have been found to become more cooperative with their peers.
- c. Spanking as a form of punishment develops problem-solving skills in children.
- d. Children who are spanked have been found to become more aggressive with other children.

9. When your children are successful at a task, you can reinforce a resilient mindset by saying:

- a. "I'm glad I was here to help you since you would not have been able to do it on your own."
- b. "It was great to see how you figured that out."

- c. "Now that you see you can succeed, you shouldn't make excuses for not trying something in the future."
- d. All of the above.

10. At an early age it is important for parents to:

- a. Provide opportunities for children to help others.
- b. Involve them in making age-appropriate choices.
- c. Use time-out as the main form of discipline.
- d. All of the above.
- e. a & b

### Answers

The following are the answers that we believe indicate an understanding of how to reinforce a resilient mindset in children with our explanations:

1. b. The ability to see the world through your children's eyes and be empathic is essential for fostering resilience. You don't have to agree with everything they do but try to appreciate and validate their point of view as a bridge to begin every communication and as a foundation for them to listen and learn from you. In this instance, saying to your child, "I know that you're upset that the toy is gone" is an empathic statement that is not judgmental or accusatory, thereby lessening the probability that your child will become defensive. Telling them "I told you so" or punishing them is likely to lead to anger and resentment rather than learning. Buying them a new toy is also counterproductive since it does not permit them to experience the consequences of their behaviour. If children do not realize that there are consequences to their actions, they will have difficulty developing self-discipline, which is a major component of a resilient mindset.

2. d. When you interact with your children you should always consider whether you are saying things in a way that will allow them to be receptive to listening to you. If you interrupt, put them down, tell them how they should be feeling or use absolutes such as always or never in a critical way they are likely to become angry and tune you out. Begin by communicating that you hear what they are saying but then explain why their behaviour will not alter your actions. In this example, you can

say to your child in a calm voice that you know she is angry, but her yelling and saying you are not a good mother will not change the situation. Even if you believe she is yelling to make you angry, it is important not to confirm this feeling by yelling back at her. To do so will only fuel her anger. When she has settled down and is in a more receptive mood to listen, you can discuss with her what it is that might be upsetting her.

3. d. We tend to parent the way we were parented. However, the world has changed dramatically in the last twenty-five years. Reward and punishment strategies that may have been effective when we were children may not necessarily be as effective with our children. Many children are likely to challenge some of the limits we set as parents. Also, since every child is different temperamentally from birth, if your children have different temperaments than you do, what worked when you were growing up might not work for them. For example, if you were a temperamentally easy-going child but you have a child who is more strong-willed, it is not likely that your child will immediately comply with your setting limits. While you still have to set limits you may have to build in more choices so that a power struggle is not generated. For example, instead of saying to your child, "It is time to go to bed," you might have to say, "Do you want me to remind you five minutes or ten minutes before it is time to go to bed." While this kind of choice is helpful for all children, it is especially useful for youngsters who are quick to experience requests as impositions. And we must remember that if an approach doesn't work, it makes more sense to change it than continue to use the same ineffective strategy. This does not mean giving in to our children as long as the new approach holds them responsible for their actions.

4. a. Some parents believe that it is the responsibility of the child to make the first changes when there is conflict or a problem. They assume that if they make the first changes they might be giving in to the child and that the child will become spoiled. We believe the opposite to be true, namely, that if problematic situations are to improve and if children are to become more accountable, it is typically the parent who must take the initiative. As parents your ability to modify your behaviour models flexibility, adaptability, and receptiveness to new ideas and solutions. The goal is for your children to accept increasing responsibility and handle challenges and conflict more effectively as they develop. They

will be better able to do so if you have demonstrated this behaviour for them. It's important to remember that as you take the initiative in dealing with problem situations your children may not respond favourably at first but if you remain fair and consistent it is likely that your children will be more open to changing their behaviour. On the other side of the coin, don't fall into a trap of rescuing your children and not providing them with opportunities to learn how to deal with these situations. It is difficult for children to become responsible if opportunities for such behaviour are limited by parental overprotection.

5. d. There are many opportunities for parents to convey to children that they are loved and appreciated. One of the most powerful messages we can give is that we accept them for who they are. Our children may not always fulfil the expectations or dreams we have for them, but it is important that our love and acceptance not waver. If children constantly feel that they have disappointed their parents, it is difficult for them to develop a more optimistic, hopeful outlook. As parents, we must constantly assess how realistic our expectations are and make modifications when indicated. Love is also communicated by creating traditions and special times with them. Saying to a young child, "When I read to you each night, it is such a special time that even if the phone rings I won't answer" is but one example of vividly demonstrating your priorities as a parent. Being present at their sporting events or concerts or plays and letting them know how much you enjoy watching them in these activities conveys love. We must avoid losing those precious moments that help our children to feel we really care about them and love them.

6. a. Ask yourself what your children observe when you make mistakes. Kids are acutely aware of how parents deal with setbacks and failure. If they witness their parents over-react to mistakes they are more likely to fear mistakes and avoid taking risks. In contrast, if children see their parents respond by remaining calm and seeking more effective solutions, they will be more prone to acting in the same way. Mistakes are a natural part of life for kids and grown-ups. Most mistakes serve as opportunities for learning and parents must model this more positive view if their children are to develop a resilient mindset. We must also avoid the temptation to rush in and protect our children from possible failure or to lower our expectations so that our children are

not challenged; if we do so, we rob our children of experiences from which they can discover what they are capable of doing.

7. b. In most situations when we hear our children say negative things about themselves such as that they are ugly and dumb, our first inclination is to quickly support them by telling them that they are not that way at all. However, this kind of support, even if rooted in the best intentions, represents a missed opportunity to validate what our child is telling us and consequently, compromises effective communication. We must remember that validating what our children say does not mean we agree with them, but rather that we understand them. The feeling that one has been heard and validated is a critical component in helping children develop resilience. Thus, a parent might respond to their child's negative statement by saying, "I know you feel ugly and dumb and I'm sorry you do. I don't see it that way and maybe we can figure out what makes you feel that way and what will help you to feel better." This kind of statement is more likely to prompt your child to seek solutions to the negative feelings. Also, if our response is critical such as "no one will like you if you feel that way," our children will be less prone to examine and change their behaviour. Finally, we can let them know that it is upsetting when we hear them say negative things about themselves, but our first message should be one of empathy about how they are feeling.

8. d. The true meaning of the word discipline is "to teach." This, the optimal goal is to nurture self-discipline so that children will act responsibly even when we are not around. Researchers have demonstrated that spanking is not only an ineffective way of helping children develop self-discipline but actually leads them to demonstrate more aggressive behaviour towards others. Children who are spanked are taught that the way you solve problems is through hitting. They are robbed of opportunities to find more adaptive ways of behaving and of developing their problem-solving skills. Some parents believe that corporal punishment is an effective way of stopping a child's misbehaviour since many children will stop the behaviour at that moment. However, it is often a temporary "cure" since the misbehaviour persists and, if anything, the child's resentment towards the parent increases. The greater the anger and resentment the less likely the child is to learn from and respect the parent. We believe that

parents who spank must seek alternative ways of teaching their children.

9. b. One of the characteristics of resilient kids is that they relish and take realistic credit for their successes. Their sense of accomplishment and pride gives them the confidence to persevere the next time they face a challenge. Thus, it is important for parents to acknowledge and highlight the ways in which their children contribute to their own success. If you communicate to your children that they could not have been successful without your help, they will develop the mindset that their achievements are not truly their own. If you tell them that since they were successful they should not make excuses for not trying something in the future, you are lessening the sense of accomplishment they feel at that moment; thus, your statement will not be experienced as encouragement but rather as a warning.

10. e. From an early age kids love to be helpful. When we enlist their help we communicate our faith in their ability to handle a variety of tasks and convey our belief that they have something valuable to offer--a feeling that nurtures a sense of responsibility and a resilient mindset. Even when our children are three or four years old, we should say that we need their assistance in certain household responsibilities. Resilience is also reinforced when we help our children to learn how to make choices and decisions in keeping with their developmental level. Children with solid problem-solving skills are not afraid when faced with challenging situations since they have the capacity to figure out what to do. Finally, while time-out is frequently used as a form of discipline, we believe that for most children it is not a major strategy to foster resilience. Actually, the use of time-out with strong-willed children often backfires since they often refuse to comply with their parents' request; in such instances, the withdrawal of privileges through the use of logical consequences (i.e., something the parent has control of) is a more effective technique.

Give yourself 1 point for each correct answer. If you scored:

8-10 --You possess the mindset of a parent (or other caregiver) capable of fostering resilience in your children. You help your children to feel loved, to solve problems, to accept responsibility for their actions, to give back to their community, to deal effectively with both success and mistakes. You

constantly communicate that you accept them for who they are and appreciate their unique temperament and interests. In your actions you convey that being a parent is of paramount importance to you and that you will be available to your children and involved in their lives in a loving, caring way.

6-7 --You are beginning to understand the concepts of fostering resilience but have some work to do. Examine the areas in which you are nurturing a resilient mindset in your children and continue those practices. Most importantly, review the areas in which your actions may be working against your children become resilient and make a plan to change these behaviours. Since changing our "scripts" takes time and energy, don't attempt to do too much at once or your efforts are likely to lead to frustration and failure. Instead, focus on one behaviour to change and when you have experienced success with that area move to another one. Watch the positive feedback you receive from your children.

5 or below --It will be important for you to rethink your goals as a parent. Many loving parents fall into the trap of behaving in ways that work against their children developing a resilient mindset. Carefully review your answers to all 10 questions and consider ways in which your actions are fostering resilience in your children. Then, as we recommended above, select one or two areas to work on. Once you have had some success, you can move one to other areas. If you find that you are not able to change some of your usual ways of responding to your children, you may need the support of a friend or a child development specialist. Although you may have to expend a great deal of energy to change your parenting style, think about the alternative if you do not engage in this process of change. Always keep in mind that one of the greatest gifts we can reinforce in our children is that of demonstrating resilience.

Parents (and other caregivers) possessing the mindset to foster resilience in children, know about and appreciate the components of resilience so that their interactions with their children are guided by a blueprint of important principles, ideas, and actions. Grasping the complexities of this blueprint, however, is an ongoing process filled with challenges, frustrations, setbacks and successes. In our book, "Raising Resilient Children," we offer 10 guideposts and multiple strategies to help. Though some may wish for

a true-proved golden path to the future, such a path does not exist. However, you can be comforted by the knowledge that these guideposts will help you traverse and appreciate each child's unique strengths and truly foster a resilient mindset.

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**\*\*AD/HD: IMPULSIVITY,  
INATTENTION &  
LANGUAGE\*\***

Sam Goldstein, Ph.D.

Toddlers and preschoolers at risk to receive a diagnosis of ADHD are often impulsive and inattentive. These children also demonstrate a higher incidence of problems with language development. In some studies as many as 50% to 70% of young children with hyperactive and impulsive behaviour were experiencing problems in understanding and expressing ideas through language. These children also demonstrated a high rate of learning disability when they entered school. It is unclear whether their temperament contributes to delayed language or delayed language contributes to their difficulty temperamentally.

Before they learn to speak and begin to attach verbal labels to things, infants must touch, feel and taste as a means of gaining information about the world. Once they learn to use language effectively, words replace touch. Impulsive toddlers, however, often have difficulty making this transition. Typically they continue to need to touch and feel things, possibly as a means of gaining sensory input from the world. This problem may lead to

difficulty understanding personal space in older children with ADHD.

In long-term studies, Dr. Walter Mischel and colleagues found a most interesting relationship between a young child's ability to use language skills while waiting for rewards and later success as a teenager or young adult. In Dr. Mischel's study, a group of preschool children were given a snack and asked to wait a period of time before eating it. Some were able to wait, others ate the snack immediately. The children were then given a second snack and told if they could delay eating for a specific period of time they would be rewarded with additional snacks. Again some children immediately ate the snack and some did not. Dr. Mischel discovered that those who were able to wait talked to themselves and convinced themselves that waiting was worthwhile. In other words, they used language to delay gratification. In the smaller group of children who could not wait, verbal strategies were often absent. These children often attempted to use physical strategies such as covering their eyes as a means of delaying gratification, often with little success. Dr. Mischel attempted to teach these children verbal strategies similar to those used by the children capable of waiting but this group could not implement these strategies independently.

Both groups of children were followed as they grew up. As teenagers the group able to delay eating the snack functioned significantly better in many areas, including academic achievement, college entrance exams and general behaviour than the group who could not wait. While the snack test is certainly not a clinical measure and would not be expected to be an accurate predictor of future behaviour for every child, findings from this research are important. Research in this area helps us understand the relationship between language, the ability to wait for rewards and future success. Impulsive children, unfortunately, appear to have greater problems using language to guide their behaviour. As we have come to understand that the core problem for children with ADHD is an immaturity in the development of self-control and self-regulation the connection between language and ADHD has become better understood. Language appears to be the primary means by which each of us develops, strengthens and maintains the capacity for self-control. Self-control enables us to delay gratification or reward. Self-control enables us to stick with boring, repetitive, effortful or uninteresting

activities, to manage our emotions, to plan, organize, inhibit and open a window between experience and response. Self-control enables us to consider our actions, change the course of action if it is ineffective and monitor our behaviour as we progress. The use of language in this semantic way, as a means of relating and conveying meaning, appears to be critically tied to the development of self-control and the capacity to sustain attention and inhibit impulsive behaviour.

Past efforts focused on helping children develop self-control skills through the use of language based self-talk strategies, however, have not been found to be particularly effective in modifying the symptoms and consequences of ADHD. If current theory is correct, why haven't these strategies been effective? In part, I believe it is because knowing what to do is not the same as doing what you know. Thus, simply teaching a child with ADHD a language based strategy to facilitate self-control does not guarantee the child will be sufficiently self-cued as to when to use the strategy nor capable of consistently implementing and bringing the strategy on line at the right moment. Keep in mind that most children with ADHD appear to know what to do but don't do what they know. Increasingly we believe as a profession that this problem results from an inability to track cues and to use language to facilitate self-control.

I suggest that the reason children with ADHD have not benefited from the development of self-control strategies is not failure of the strategies but failure of the mindset of facilitators. Just as some children take an inordinately long period of time to develop the skills to swim or ride a bicycle, children with ADHD are going to take a long time to learn to use language for efficient self-directed behaviour. If parents and professionals develop a "learning to swim mindset" accepting that some children take longer and recognizing that with repeated trials all kinds of skills can develop then they are more likely to help children with ADHD develop self-control. Remember that ADHD has a strong biological basis. Therefore, if these problems are not the result of a faulty reinforcement history, simply modifying consequences is not likely to lead to long-term significant change. With the children in our Centre, I am increasingly directing their parents and teachers to utilize a model developed by Myrna Shure (author of the texts Raising a Thinking Child and I can Problem Solve) as a means of creating daily dialogue to facilitate self-control development in children

with ADHD. Time will tell as to the effectiveness of this intervention. However, the development of self-control appears to be an essential component for the future life success of children with ADHD.



## **\*\*AD/HD: AN ATTENTION PROBLEM?\*\***

Sam Goldstein, Ph.D.

Question: Many parents and teachers report that although children with ADHD are not supposed to be able to pay attention, there are many activities or situations during which their attention span appears focused, if not even more focused than unaffected children. If ADHD is a problem of paying attention, how is this possible?

### Answer

Problems sustaining attention are not the cause but one consequence of having ADHD. If you provide a child with ADHD with a roll of coins and bring him or her to an interesting arcade, that child "pays attention" quite well. In fact in some cases children with ADHD may sustain activities of interest such as computer games longer than unaffected children. What is it about the condition of ADHD that leads to this phenomenon? The fact of the matter is that children with ADHD have trouble paying attention in only some situations. These are situations in which children must bring on line increased self-control and effort in order to remain attentive. Such situations are defined as repetitive, effortful, uninteresting, and usually not of the child's choosing. When these situations do not provide immediate, frequent, predictable and meaningful payoffs or rewards for completion, children with ADHD struggle even further. Keep in mind that all of us struggle to sustain attention and effort in these types of situations.

What is it unaffected children do to function in these situations that children with ADHD appear unable or incapable of doing? The answer: self-regulate. Self-regulation or self-control must be brought online in these types of circumstances. Thus, when tasks are interesting and pay-offs valuable, research studies find that children with ADHD pay attention reasonably well. As tasks become more repetitive, less interesting and offer only delayed reinforcement, children with

ADHD lose focus and sustained attention faster than others. Thus, it is not that children with ADHD have something unaffected children don't have. It's that unaffected children are maturing quicker in a skill that children with ADHD struggle to develop - self-control. In fact, in research studies, children receiving a diagnosis of ADHD possess the self-regulation or self-control of children approximately two thirds of their chronological age. It is not that their self-control isn't developing, it's that it is developing at a much slower pace.

Self-control allows human beings to think, plan and organize; to open a window as it were between experience and response; to not necessarily be locked into a first response when faced with problems; to separate thought from feeling; to carefully consider alternatives and to sustain effort and focus even in the face of frustration or boredom. Although the clinical term for the condition still contains the words attention and hyperactivity, it is increasingly recognized by researchers and professionals that these are consequences of delayed or faulty self-control. Even parents of children with ADHD are quick to comment that there are many situations or activities during which their children appear to pay attention quite well, even if while engaged in those activities their children respond thoughtlessly or impulsively.

As scientific research emerges defining problems with the development of self-control as the core deficit in children with ADHD, a better understanding of treatment is also developing. Medications used to treat ADHD do not necessarily improve attention. They increase self-control leading to sustained effort, focus, attention, impulse control and enhanced capacity to manage physical activity. Stimulants, in fact, do not reduce hyperactivity but stimulate a centre in the brain that human beings use to govern and regulate themselves. It is for this reason that stimulants such as caffeine are popular in our culture because even unaffected individuals many derive some small benefits in regards to enhanced self-control from them. We now recognize, however, that while stimulant medication may reduce immediate symptoms of ADHD, the medication alone does not appear to contribute to positive long-term adult outcome for these children. Programs are being developed to help children during their formative years experience increased opportunities to learn and develop the self-control that is so essential and necessary to become a productive member of society. Presently, Dr. Myrna Shure

has developed the programs that I like best. They appear at the end of this article.

#### Resources

Barkley, R.A. (1995). Taking Charge of ADHD: The Complete Authoritative Guide for Parents. New York: Guilford Press.

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Taffel, R. (2000). Getting Through to Difficult Kids and Parents: Uncommon Sense for Child Professionals. New York: Guilford Press.

Ingersoll, B.D. (1998). Daredevils and Daydreamers: New Perspectives on Attention Deficit Hyperactivity Disorder. New York: Doubleday.

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I don't suffer from insanity, I enjoy every minute of it.

Don't take life too seriously, you won't get out alive.

Out of my mind. Back in five minutes.

Always remember you're unique, just like everyone else

Ever stop to think, and forget to start again?



## **\*\*RESPONDING RATHER THAN REACTING\*\***

By Alex Levin: he is an educator and writer living in Centre Conway, New Hampshire, USA. [alex@hedgehog-hill.com](mailto:alex@hedgehog-hill.com).

Children can very easily become stuck in acting-out behaviour. With challenging children, teachers and other adults may never get beyond reacting to the child's behaviour rather than actually responding to their needs.

A. During math, a hyperactive boy starts to disturb the class. Despite the teacher's entreaties for the boy to settle down, he continues his mischievous ways. The teacher threatens banishment, but the boy continues to disrupt the class with his silly and noisy antics. Finally, the teacher sharply admonishes the boy and demands that he head to the principal's office.

B. During math, around the time the class gets to the fourth problem, one child starts to fidget and make noises that disrupt the rest of the class. The teacher immediately requests that the boy run an errand, taking an important note for her to another classroom. When the boy returns to the classroom, the teacher has him sit at a table off to the side with another student who is a whiz at math. The teacher has the two boys work together for the rest of the hour.

These two scenarios, though somewhat simplistic, are not atypical of ones occurring regularly in most schools. The difference between the scenarios lies not with the boy's behaviour, but with the way in which the teacher handles the situation.

In the first, she reacts. In the second, she responds. . . .

The boy in the example though quite intelligent, has a significant learning disability, which requires him to decode everything he

hears, much like a second year French student visiting Paris has to translate what he hears before he can understand it. Unable to process information at the same rate as the other children, he begins to lag behind. While he is still decoding the first problem, the class has already moved on to the second and third problems, further compounding his difficulty -- for now is he not only lagging, but with his mind still on problem one, it appears as if he isn't paying any attention at all. Left to his own inadequate coping skills, ultimately he opts out altogether so as to protect what's left of his fragile self-esteem. Through experience, the boy living in the first scenario has also learned that if he continues to cause a disturbance, he'll be sent off to the principal's office, removing him still further from the perceived source of his angst. In the first scenario, the boy, who has become a label (hyperactive), is seen by the teacher in her frustration, as wilful and trying. To the anger swelling up within her, she reacts, judging the boy as bad and in need of correction.

In the second scenario, the teacher probably still feels frustration, but bringing consciousness to her feeling, she doesn't allow it to turn to anger. Instead, she recognizes that, just like the other children, this boy has longings to be cherished and to be productive. So she gives him a valuable mission that he can accomplish, and when he returns, she honours his different learning style and allows him to work at a pace that is comfortable. This strategy also provides enrichment for another child - the math whiz, who might be feeling frustration for a different reason. The quality of our human interactions is greatly enhanced by our ability to respond to people, rather than react from the emotions that they elicit from us.

We can't escape the emotional reactions that our bodies feel when confronted by another human being, particularly a person who acts in a way that is not in accord with our expectations.

Fear, frustration, disappointment are true and legitimate feelings and we can't help but entertain them. What we need to remember is that those reactions aren't all of who we are, nor do we have to be slaves to them. We have the ability to relate to our own wants and needs, rather than relate from them. That is the gift of human consciousness. Not only is the teacher honouring the needs of her students in the second scenario, she is also

honouring her own needs to be productive and to have order.

For any of us to be truly successful responders, we first have to have an understanding of our own needs and entertain a willingness to respond to the longings they create.

By not recognizing, in the first scenario, that part of the problem she was experiencing, was that her own needs weren't being met, the teacher sees the child as being naughty and sets herself up in opposition to him. She may feel a certain bit of vindication when she is able to banish the child to the principal's office, but deep down she probably harbours an unconscious recognition that she is failing that child. By sacrificing the child for the good of the class, she is in part failing to meet her need for productivity. She will need to cover this up with justification, and so in her eyes, the child's behaviour will now be remembered and retold as much worse than it actually was. Incurable will be the student's new label and the system just might unconsciously do or not do what it takes to make certain that he lives up to that label.

As children, for the most part, each of us lacked the capacity to define our needs, but as we developed, we gained the ability to step outside of ourselves and recognize our feelings in a more objective way. The larger part of what we refer to as immaturity is the inability to do that stepping outside and see our behaviour as others see it.

Fully occupied with the act of living, as children, we simply reacted to difficult situations, rather than responded to them consciously. At the time we really didn't have a choice; without the tools or the resources to remove us from harm's way, our reactive behaviours probably served a legitimate purpose. As adults, those old reactive patterns probably don't serve us very well, but because those patterns became ingrained at a very young age, they are second nature to us and without thinking we are apt to slip back into them.

But as adults we can make a choice (albeit a sometimes-challenging one) to consciously respond to situations rather than to simply react.

If you're a parent of a challenging child and you are reading this, you've probably already made the choice to be active in dealing with

that challenge. But just don't get caught up in merely looking for a way to fix your child! In the bigger scheme of things, that child might not even be broken -- but is acting out the only patterns he or she knows that will get his or her innermost needs met.

In any case, it isn't just the child who has a problem. As you've probably realized, you have the challenge of unmet needs as well. Recognition of this will keep you from exaggerating just how terrible your child's behaviour is. It will also provide you with a golden opportunity to learn (more about this another time). And most importantly, it will set the stage for working as a partner with your child in order to work through and grow from each of your complementary frustrations. Developing the capacity to consciously relate to our feelings rather than blindly from them is another milestone in both our individuation process and our spiritual growth. It's probably a bio-chemical happening as much as it is an experiential one. Much the same as the brain develops the capacity for algebra as it matures, it also develops the capacity for relating to something with understanding.

Young children cannot be expected to be fully responsive to their feelings, anymore than they can be expected to understand a quadratic equation. But we should expect more from ourselves. Living purely as a reactive being is an indulgence that good parenting simply doesn't allow. That's what it really means to be the adult in a situation.

This essay has been adapted from the book *Kicking Hyperactive Behaviour*, which is now available as an on-line publication for just \$4.95 (or for free as part of a special deal) at [hhpstore.com](http://hhpstore.com). That work details how martial arts training can help a child find peace with the world. It also provides tips for finding and affording a good school, as well as essays on awareness.

### **The Ways in which Parents Think About Parenting, Themselves, and Their Child May Affect Treatment Outcomes for Children With ADHD**

Although numerous studies on the treatment of ADHD have been conducted, most have been limited to examining the effectiveness of particular treatments (eg. medication, behavioural therapy, neurofeedback, dietary interventions, etc.) without regard to how aspects of parents' thinking may impact treatment outcome. Because parents are ultimately responsible for implementing prescribed treatments, it is possible that how

parents think about themselves and their child could influence children's outcomes through the influence these beliefs have on parents' willingness/ability to consistently implement the treatments that have been recommended.

It is not difficult to imagine examples of how this could occur. Parents who believe their child has no control over non-compliant behaviour may feel that imposing limits and consequences is pointless. They may, therefore, be unwilling to comply with recommendations that are part of behavioural treatment. Similarly, parents who lack confidence in their parenting ability, or who have low self-esteem in general, may find it difficult to enforce consequences or consistently administer medication when faced with resistance from their child. In other families, parents who believe the problematic behaviour of their ADHD child is always deliberate and wilful, and are unwilling to consider that ADHD symptoms are a contributing factor, may frequently react with anger and punitive discipline, and be unwilling to implement the kind of parenting strategies that can be more helpful for many children with ADHD.

Despite these reasons for hypothesizing that parents' thinking about their child, themselves, and their parenting may influence children's treatment outcomes, there has been virtually no research conducted on this important topic. A study published in the December 2000 issue of the *Journal of Abnormal Child Psychology* (Hoza, B. et al. Parent cognitions as predictors of child treatment response in ADHD, 28, 569-583), however, provides an interesting initial look at this understudied area.

This study was conducted in conjunction with the MTA study, the largest treatment study of ADHD ever conducted. In the MTA study, 579 6-12 year-old children with the combined type of ADHD were randomly assigned to one of four different treatment conditions -- careful medication management; intensive behavioural treatment, the combination of careful medication management and intensive behavioural treatment; and routine community care. (You can find a thorough discussion of this study here: <http://www.attention.com/library/articles/article.jsp?id=145&parentCatId=6&categoryId=3>)

The current study included 105 children and parents from 2 of the 6 MTA study sites who agreed to participate in an "add-on" investigation to the main study. These parents

completed a number of measures designed to assess their self-esteem, their feelings of parenting efficacy (i.e. how confident they felt about their parenting skills), the adaptiveness of their discipline strategies, and the types of attributions they made about their child's behaviour (i.e. did they consistently blame their child's non-compliant behaviour problems on lack of effort and/or poor mood as opposed to recognizing that such behaviour could also reflect other factors, including the impact of ADHD).

These aspects of parents thinking and disciplinary strategies were collected separately for mothers and fathers prior to any child receiving treatment. Fourteen months later, parent and teacher reports of children's ADHD symptoms and oppositional/defiant behaviours were collected. The authors could then examine whether parental thinking and disciplinary strategies influenced children's outcome even after treatment benefits had been taken into account. They predicted that regardless of which treatment a child received, the outcome would be better when parents had higher self-esteem, reported more adaptive disciplinary strategies, and held more adaptive attributions about themselves and their child.

## Results

For mothers, self-esteem and self-report of dysfunctional discipline both had a significant impact on child outcome. Across all 4 treatment groups (i.e. medication management, behavioural intervention, combined treatment, and community care) children whose mothers had higher self-esteem and who used fewer dysfunctional disciplinary strategies were doing better (i.e. their parents and teachers reported they were showing fewer ADHD symptoms and less oppositional behaviour).

For fathers, the use of fewer dysfunctional disciplinary strategies also predicted more positive outcomes. In addition, children did better when their fathers were less likely to "blame" their child's non-compliance on lack of effort and/or bad mood. Finally, there was a strong trend indicating that high parenting efficacy for fathers (i.e. having confidence in one's ability to handle the demands of parenting) predicted more positive child outcomes.

In addition to examining how aspects of parental thinking and disciplinary style related to children's outcomes, it is also interesting to

look at the relationship between these variables. For mothers and fathers, higher self-esteem was associated with a more positive disciplinary style. And, parents who felt more confident in their parenting ability (i.e. higher parental efficacy scores) were less likely to endorse dysfunctional disciplinary strategies or blame their child's non-compliance on lack of effort.

### Summary and Implications

The major findings of this study: parental cognitions and parental reports of dysfunctional disciplinary strategies predicted children's treatment outcomes 14 months later. It is important to emphasize that these factors had a significant impact on children's outcomes even after all gains associated with treatments received in the MTA study had been taken into account.

For mothers, self-esteem emerged as a significant predictor of child treatment response. The authors speculate that perhaps mothers with low self-esteem experience doubts about their parenting ability, thus making them prone to engage in dysfunctional disciplinary practices which have a negative affect on child outcome. Among fathers, those with higher feelings of parental efficacy, and were less prone to blame children's non-compliance on poor effort and/or bad mood, had children who were doing better. The authors suggest that this may occur because feelings of efficacy in fathers encourage more positive involvement with their child and fewer dysfunctional disciplinary practices.

Although the exact mechanisms by which these aspects of parental thinking influence treatment outcome cannot be determined from this study alone, the results provide strong evidence that such factors can play an important role. The authors argue that, because parents are the implementers of treatment for children with ADHD, parental factors such as those examined here should be considered as possible targets for treatment. As was demonstrated here, even when children are receiving the most careful medication treatment and/or the most systematic behavioural treatment available, certain aspects of parental thinking can still have an important influence on treatment success.

An encouraging aspect of these results is that they underscore the critical role parents play in the development of children with ADHD. For

parents who question whether they can play an important role in promoting their child's healthy development above and beyond making sure their child takes the right medication, these data clearly indicate they can. How parents think about themselves, and how confident they feel in their role as parents, may have a meaningful impact on the success of whatever treatment(s) their child is receiving. This paper will hopefully stimulate additional work in this important area.



## **\*\*THE PARENT COACH:**

### **PROACTIVE PARENTING\*\***

By Dr. Steven Richfield

Dr. Steven Richfield is a child psychologist in Plymouth Meeting, PA he can be contacted at [director@parentcoachcards.com](mailto:director@parentcoachcards.com)

A parent writes, My friend and I worry that our middle school son and daughter are turning into bullies. I don't understand how this happens. What can we do about it?

Children taunt, tease, and bully their peers in many ways and for many reasons. In certain cases, peer mistreatment serves as a rite of passage, enabling boys and girls to flex their social muscles without intending any true harm to their friends. Kids refer to this peer posturing as just kidding around, and it tends to be reluctantly tolerated by parents and teachers. An invisible line separates the socially acceptable posturing from the harmful brand that leaves its victims feeling isolated, alienated, and even enraged. Understanding this line requires keen observation and insight into the social dynamics within the peer culture of middle school.

One of the most critical concerns of early adolescents is social rank, which in the peer culture translates into popularity. It fuels self-esteem, establishes influence, and creates group alliances. Some kids possess personality traits, which reward them with this social payoff while others exploit the vulnerability of peers in an attempt to acquire popularity. In this latter context posturing takes on an insidious, and even sinister, character. Insults, threats, physical pushes, embarrassing accusations, and ominous gestures and expressions are among the sadistic repertoire of those boys and girls who bully for social advancement. Concerned adults need to be

watchful for these signs if they are to successfully intervene inside a culture that often condones, if not approves, of bully behaviour. Here are some ideas to expose and extinguish bullying:

Learn about today's bully tactics. Bullying is now more mainstream but can also be cleverly disguised. Sometimes it is so obvious that parents and teachers don't take much notice since it appears innocent. But this is a subjective judgment that may not be supported by the feelings left inside the chosen target. Mainstream tactics include coat-tailing, or taking advantage of a peer mistake exposed by an teacher/parent to further antagonize and embarrass. This is distinct from the cough-disguised threat/insult that contains a strong verbal strike that is hard to distinguish due to the fake coughing it is packaged within. Bullies also

employ "track-covering" such as "supposed accidents" of physical contact or "deliberate pretence" that involves contrived and mean-spirited conversations designed to be overheard by the target child but without direct mention of his/her name. Bullies also take advantage of the presence of involved onlookers who bolster the impact of his/her tactics even though they may be more restrained in their mistreatment. All of these manoeuvres leave some victims feeling verbally and physically pushed around, a sign that the posturing has definitely stepped over the invisible line.

Bullies target their own feelings of vulnerability. The middle school environment provides a cross-section of development, spanning the ranks of pre-pubescent children still very attached to parents to sexually active teens repudiating their childhood past. This melting pot of quiescence and impetuosity is ripe for bullying. Bullies target those children who can't help but broadcast their vulnerability through physical stature, emotional immaturity, lack of social savvy, and more juvenile interests. In doing so, they attempt to reject parts of themselves and strengthen their still fragile identity. This contributing factor is buried beneath the contempt bullies feel for their targets but can be unearthed. By exposing this link concerned adults can begin to educate bullies about the triggers operating in their psyches.

Bully sensitivity training combines education, awareness, and experiential exercises. Children who bully have a lot to learn about the reasons underlying their behaviour. In addition to social standing and vulnerability,

other sources of bullying include media portrayal, emotional problems, sibling relationships, and harsh parenting. Bullies can be taught about the impact and consequences their behaviour has on their victims and their own reputations. Simulated role-play exercises can be employed to help bullies step into the shoes of their targets, and listen to the inner feelings their behaviour leaves behind. Parents and teachers can work towards ensuring such programs are available to bully prone children

*Continued from Front Page.....*

For our next meeting on 12<sup>th</sup> October we are pleased to welcome Mrs. Joyce Callus of the Adlerian Psychology Association. Naturally she will be talking about Adlerian Psychology and explaining what its philosophy is. We look forward to seeing a good number of members attend.

The November meeting (09.11.01) will consist of an Extraordinary General Meeting to adopt the new Statute and then an open meeting. Please make sure you book the date as we need all paying members present to pass this adoption.

Education Minister Louis Galea announced the adoption of a new policy document on the inclusion of students with a disability in mainstream education. This affects facilitators and Statementing. Full details are available on the Times web site, Page 13 August 17<sup>th</sup> 2001, or you can contact us for a copy of the article if it escaped your notice.

We have also been approached by the Foundation for Educational Services in regard to the 'after-school' programmes, which they will be initiating. It sounds very interesting and we hope it is a first step to actually having the programme run concurrently with normal school hours. Any efforts made to help children learn the skills which they have missed out on for whatever reason and train the teachers who have been given this job, should be seen as a step forward. That there may always be room for improvement goes without saying but something is always better than nothing.

On 24<sup>th</sup> November 2001 there will be a Conference on Volunteering at the Trade Fair Grounds Naxxar. The Group will be taking part in the Poster Exhibition during the Conference and if anyone is interested in participating in the conference, please contact one of the Committee members.