

ADD-vantage



Attention Deficit/Hyperactivity Disorder

Issue 18

Newsletter

Winter 2006/7

Dear Members,

We wish you all a belated Happy Christmas and a fun-filled and healthy New Year. I think we can say that 2006 ended on a very busy note for the Group with the seminar addressed by Prof. Eric Taylor in November and our participation in Istrina on the 30th December

The very first seminar organised by the Group was for doctors and given by the late Dr. Veira Bailey, also a psychiatrist, and we were very honoured to welcome to our shores Prof. Eric Taylor who is also an extremely important psychiatrist, not only in the field of AD/HD but in general too. The Seminar was a big success and we thank all of you who attended for contributing to this result.

Unfortunately the Group is once again homeless as I am sure many of you are aware. Our meetings are currently being held at Junior College once again which is, undoubtedly, comfortable space wise but of course leads to some problems with access to the library. Thanks to the contribution we will be receiving from Istrina we will be in a position to rectify this and the Committee is thinking about purchasing a garage in the area of Hamrun, Msida, G'Mangia. We would then have a permanent office, although we would have to continue to meet at Junior College, so if anyone knows of anywhere available please contact a Committee member.

We would also like to thank all those members who turned up at Istrina to lend a hand and also Susanne and her two children for letting the cameras into their home to film the clip which was shown during the programme.

The Editor

****AN EXCERPT FROM JARVIS CLUTCH: SOCIAL SPY****

By Dr. Mel Levine and Jarvis Clutch – All Kinds of Minds

1. Don't be too fake by trying to be too cool. Make sure you are not wasting your time and your energy trying to be someone you're not just so you can have a herd or admiring fans (instead of real friends).

2. Know all about social cognition and how it works. Learn the words for the things you need to do (like code switching and conflict resolution). These words help you think about what you're doing in the dangerous, wonderful social universe.

3. Talk to other kids about social cognition. Don't just take it all for granted.

4. Try to be a part of groups that are not all alike. Find groups that encourage or at least allow kids to be different from each other instead of forcing them all to be the same.

5. Respect kids who are different or odd; there's a very good chance you'll be working for them some day. Being a little weird is good (I hope).

6. Find an adult you can talk to and trust with social questions and problems you have.

7. Don't bully, make fun of, torture, or create misery for another kid because he or she isn't fitting in. Don't make fun of people for things they can't help (like problems with social cognition). It's OK to some teasing, but it's not OK to cause major embarrassment (Levine calls that humiliation). That's just pure, plain, total complete cruelty to humans.

8. Ask yourself whether you are paying too much to be popular. I don't mean money. Is your popularity affecting your grades, your future, your family life, your real self, or something else important that could hurt you badly later on?

9. If you have a weakness in your social cognition, get help with it. Don't just ignore it or think that it will go away by itself. Ask your sociable local doctor or someone at your school where or how you can find some help.

10. If you know a kid who is not fitting in but would like to, help that kid. That's what I call being a real hero (or heroine).

Most children begin their educational careers as enthusiastic learners and energetic thinkers. But before long, many of them begin to fall behind in traditional school programs because of the way their brains are "wired."

Children who are struggling present a range of issues from severe breakdowns in learning to the frustrations of those whose efforts in school far exceed their achievements. Some have brains that are wired to handle a lot of information at once. Others can only absorb and process a little information at a time. Still others must look at information many times before grasping it. Some kids' brains can recall information and skills rapidly, while others need more time to process and respond to a stimulus.

Fortunately, all kids' minds have the potential for great growth.

Too many kids struggle needlessly simply because the way in which they learn is incompatible with the way they're being taught. Schools are filled with kids who have given up on themselves and conclude that they are "stupid." It's tragic. It's also painful – painful for the student, teacher, and parent.

All of these individuals may be unaware that the "wiring" of a child's brain simply is not in sync with the demands of the situations at hand. Telling a student "You can do better..," doesn't help, particularly when he has done his best to no avail. Criticizing him for an inability to complete a particular task in a particular way, similarly, is ineffective - not to mention inappropriate. And humiliating him inadvertently, in private or in

public, for circumstances beyond his control is simply hurtful and unnecessary.

Yet these types of responses to children with learning differences are all too common. The fact is that these kids often have good minds with real and obvious intellectual strengths. However, they suffer from what are often subtle dysfunctions – patterns of brain wiring that make certain aspects of learning exceedingly difficult. These children are highly vulnerable – and they're slipping through the cracks.

Can These Kids Succeed?

In general, kids have very little tolerance for humiliation or failure. One of a student's most important goals is to make it through the day without embarrassment. Imagine then, the frustration of children with differences in learning, who are at risk of growing up deprived of experiencing success. Naturally, they compare themselves to their peers and siblings. While some may see themselves as "different," many will feel inferior.

Unfortunately, these feelings are likely to endure. When they do, serious complications can develop including plummeting self-esteem, behavior problems, excessive dependence on peers, alienation from family, deep anxiety, and a loss of motivation. The sad reality is that a difference in learning, not addressed as such, can lead to anti-social behavior, substance abuse, dropping out, and other serious forms of maladjustment.

Success is a vitamin that every kid must take in order to thrive during his or her school years. We, as teachers and parents, must make sure that this critical learning "supplement" is available to all students. All Kinds of Minds believes that our odds of succeeding at this essential task will be increased by embracing the unique set of ideas and practices that follow.

Dr. Mel Levine Co-Chair and Co-Founder
All Kinds of Minds

Food for Thought

An elderly Italian man lay dying in his bed. While suffering the agonies of impending death, he suddenly smelled the aroma of his favorite Italian anisette sprinkled cookies wafting up the stairs.

Gathering his remaining strength, he lifted himself from the bed.

Leaning against the wall, he slowly made his way out of the bedroom, and with even greater effort, gripping the railing with both hands, he crawled downstairs.

With labored breath, he leaned against the door frame, gazing into the kitchen. Where if not for death's agony, he would have thought himself already in heaven, for there, spread out upon waxed paper on the kitchen table were literally hundreds of his favorite anisette sprinkled cookies.

Was it heaven?

Or was it one final act of heroic love from his devoted Italian wife of sixty years, seeing to it that he left this world a happy man?

Mustering one great final effort, he threw himself towards the table, landing on his knees in a crumpled posture.

His parched lips parted, the wondrous taste of the cookie was already in his mouth, seemingly bringing him back to life.

The aged and withered hand trembled on its way to a cookie at the edge of the table, when it was suddenly smacked with a spatula by his wife.....
"Back off!" she said, "They're for the funeral."

****NORMALIZATION: THE ULTIMATE GOAL FOR TREATMENT SUCCESS****

A conversation with Dr C. Keith Conners, pre-eminent thought leader on ADHD and normalization

"Partial ADHD symptom improvement is not enough. In order to achieve treatment success, clinicians must aim to bring patient functioning into a normative range."

— Dr C. Keith Conners

What Does "Normalization" Mean in Terms of Treating ADHD?

Dr Conners: "Normalization in ADHD occurs when there is no further room for improvement relative to one's peers. Many children with ADHD are just on the borderline of normal, but as their impairment or symptoms increase, you have a greater likelihood of severe outcomes. Tailoring treatment to achieve normative levels will lessen or even eradicate this severity.

"It is now widely understood and accepted that ADHD is a real medical condition with a neurobiologic basis. Therefore, treatment progress should be measured in the same way other medical conditions are monitored — by checking, on a regular basis, that the disease is controlled to an extent that is comparable with the healthy population.

"Essentially, we want to see that the patient is getting the greatest treatment success with the fewest side effects. I have found in my practice that setting normalization as a treatment goal is the best way to achieve this outcome."

Why Is It So Important to Bring Patients to Normative Levels?

Dr Conners: "Physicians don't settle for partial improvement in most other medical disorders, and ADHD should be no exception. For example, if a hypertensive patient's blood pressure improved from 170/100 to 150/94 after initiating drug

therapy, a physician wouldn't stop there. He or she would continue to adjust therapy until blood pressure fell within the normal range of <140/90, aiming for an ideal of 120/80. The same should be true for ADHD — clinicians must go beyond partial symptom improvement and treat the disorder so that patient functioning begins to mirror that of children without ADHD.

"Aside from the social and school-related consequences of untreated ADHD, even more serious outcomes may result as children grow older. In later childhood, adolescence, and adulthood, people with ADHD are more likely than the normal population to develop substance abuse disorder, get into motor vehicle accidents, and engage in other risky behaviors."^[25]

How Do You Get Patients to Normative Levels?

Dr Conners: "The best, most reliable way to know if your patient has reached a normative level of functioning is to test and retest him or her with normed, validated ADHD scales. It's important to use scales that allow feedback from both teachers and parents because the child needs to be normalized in the settings in which he or she is impaired — at school and at home. The best scales come from the largest, most representative norms, are drug-sensitive, and age- and gender-specific.

"Two of the scales I've developed — the CGIS-T and CGIS-P (Conners' 10 item Global Index Scale-Teacher and Parent versions) — are particularly popular with clinicians because they're short but also normed, validated, and drug-sensitive. Other normative scales I use include: ADHD-RS IV (ADHD Rating Scale, 4th Edition), ADHD-SRS (ADHD Symptoms Rating Scale), CRS-R (Conners' Rating Scales-Revised), and IOWA Conners' Rating Scale, which also addresses oppositional defiant disorder and other aggressive behaviors.

"It's extremely important to establish a baseline level of impairment before starting a patient on medication. Once that baseline has been determined using one of the validated scales, prescribe a medication that has been shown to reduce the core impairments of ADHD and bring functioning

to a normative level. Numerous, well-controlled clinical studies have shown that stimulant medications can achieve this goal.

"Schedule follow-up visits to retest your patient with the same scales you used to determine a baseline. Frequent testing will not only tell you how close you are to the normative range, but will ensure ongoing contact with patients and parents, as well as providing a chance to monitor medication compliance. If you find that scores are not reaching normative numbers, you may want to consider titrating your patient's dose or, if that doesn't work, switching to another medication.

"As I mentioned earlier, the best outcome will result from finding a dose that provides optimal efficacy with minimal side effects. Remind patients and their parents that the incidence of side effects may diminish over time, so it's important to allow time to assess the tolerability. While stimulant medications are the cornerstone of ADHD therapy, psycho-social treatments such as psychotherapy, behavior modification, mentoring, and strong school and family support systems are also important components of a comprehensive treatment program aimed at getting a patient to a normal level of functioning. When you make normalization the goal of ADHD therapy, you give a patient the opportunity to enjoy the same achievements and successes as children without ADHD."

Doctors, please take note!

A distraught senior citizen phoned her doctor's office.
"Is it true," she wanted to know, "that the medication you prescribed has to be taken for the rest of my life?"
"Yes, I'm afraid so," the doctor told her.
There was a moment of silence before the senior lady replied,
"I'm wondering, then, just how serious is my condition because this prescription is marked 'NO REFILLS'."

****OPTIMISING ASSESSMENTS****
Ten tips for Parents

by Dr. Mel Levine

1. Do your homework! Before having an evaluation performed, make sure you have acquired some knowledge of learning differences yourself, so that you will be in a better position to evaluate the evaluation. You might consider reading my book, *A Mind at a Time*, (Simon and Schuster 2002) or else some other text that covers the whole range of differences in learning. Become an informed and slightly skeptical consumer of evaluations.
2. Have some hunches. After reading up on the issues, decide what you think are the most likely possibilities (e.g., "I think Susan may be having some problems with her memory and with attention.")
3. Ask very specific questions of the evaluator(s). Don't just go on a diagnostic "fishing expedition" (i.e., "what's wrong with my kid?"). Inquire about any strong possibilities you can think of (e.g., "Have you made sure my child does not have problems interpreting language? What's your evidence that she does not have this kind of problem?").
4. Try to have your child evaluated by a team of professionals, if that is possible. A single clinician may not be able to cover the wide range of issues and may have some strong biases. A team might include a physician, a child psychologist, and an educational diagnostician (sometimes called a psychoeducational specialist). Also, avoid conflicts of interest. Sometimes a school evaluating one of its own students may have trouble being objective about her needs. Additionally, be a somewhat cautious consumer whenever an evaluator recommends a treatment he provides (i.e., sells).
5. Note the difference between an assessment to determine if a child is eligible for services in school and a true thorough evaluation of a student's strengths and

weaknesses. An assessment for eligibility doesn't purport to pinpoint a child's dysfunctions and strengths. A thorough evaluation is supposed to do so.

6. Ask for more than just a label (like "ADD or "LD") for your child. In fact, it is best to receive no label at all but instead to come away with an accurate description of his or her profile of strengths and weaknesses, along with any emotional or other factors that could be influencing performance.

7. A prompt and thorough written report of findings and recommendations should be sent only to the parents. You can take it to the school. Insist on obtaining a list of practical suggestions for what needs to take place in school and the kinds of help you should be providing at home. There should not merely be a recommendation for medication or special education or tutoring. Management suggestions should focus on the cultivation of a child's strengths and special interests as well as any dysfunctions and behavioral issues.

8. Every struggling student needs demystification. The person assessing a student should take time to explain to that kid exactly what his strengths and weaknesses are, using language that the student can process and think about. A student needs to learn the specific terms for the things he needs to be working on. After all, you can't work well on improving a particular ability or mind function if you don't know what to call it! The demystification should be optimistic and not at all "preachy" in its tone. A child should feel upbeat and motivated following an evaluation.

9. A diagnostician should be more than a giver of tests. There are many important learning issues (such as organizational problems, trouble using strategies or difficulty with certain kinds of memory) for which there are no good tests. An evaluator needs to take a careful history, interview the child and the parent, and closely examine samples of work, along with test results, to detect any of the many hidden but highly significant dysfunctions.

10. Whoever evaluates a child should be willing and able to provide excellent follow-up services, seeing the child back on a regular basis to monitor progress, provide advocacy, and offer ongoing suggestions for management.

Best of luck to you. Most importantly, don't ever give up on your child or allow her or him to give up. So many struggling kids grow into remarkably productive and gratified adults, especially if we offer them the understanding, support, respect, and love they so desperately need during a tough era in their lives.

Underwear is very important

Always wear clean underwear in public, especially when working under your vehicle...

From the Daily News comes this story of a Walsall couple who drove their car to Asda, only to have their car break own in the parking lot.

The man told his wife to carry on with the hopping while he fixed the car in the lot. The wife returned later see a small group of people near the car.

On closer inspection, she saw a pair of male legs protruding from under the chassis.

Although the man was in shorts, his lack of underpants turned private parts into glaringly public ones.

Unable to stand the embarrassment, she dutifully stepped forward, quickly put her hand UP his shorts, and tucked everything back into place.

On regaining her feet, she looked across the bonnet and found herself staring at her husband who was standing idly by. .

The mechanic, however, had to have three stitches in his forehead.

****MASTERING MATH****

Mathematics is often thought of as a subject that a student either understands or doesn't, with little in between. In reality, mathematics encompasses a wide variety of skills and concepts. Although these skills and concepts are related and often build on one another, it is possible to master some and

still struggle with others. For instance, a child who has difficulty with basic multiplication facts may be successful in another area, such as geometry. An individual student may have some areas of relative strength and others of real vulnerability.

THE IMPORTANCE OF EARLY INTERVENTION

Because math is so cumulative in nature, it is important to identify breakdowns as early as possible. Children are more likely to experience success in math when any neurodevelopmental differences that affect their performance in mathematics are dealt with promptly - before children lose confidence or develop a fear of math.

BASICS OF MATHEMATICS

The Developing Math Student

MATH MILESTONES

Some math skills obviously develop sequentially. A child cannot begin to add numbers until he knows that those numbers represent quantities. Certain skills, on the other hand, seem to exist more or less independently of certain other, even very advanced, skills. A high school student, for example, who regularly makes errors of addition and subtraction, may still be capable of extremely advanced conceptual thinking.

Because math skills are not necessarily learned sequentially, natural development is difficult to chart; problems are equally difficult to pin down. Nevertheless, educators identify sets of expected milestones for a given age and grade as a means of assessing a child's progress. Learning specialists pay close attention to these stages in hopes of better understanding what can go wrong and when

In his book, Developmental Variation and Learning Disorders, Dr. Levine outlines many of these milestones for four age groups, pre-school through grade

Pre-school to Grade Two
During this stage, children should begin to:

count with understanding and recognize "how many" in sets of objects;

- > use multiple models to develop initial understandings of place value and the base-ten number system;
- > develop understanding of the relative position and magnitude of whole numbers and of ordinal and cardinal numbers and their connections;
- > develop a sense of whole numbers and represent and use them in flexible ways, including relating, composing, and decomposing numbers;
- > connect number words and numerals to the quantities they represent, using various physical models and representations;
- > understand and represent commonly used fractions, such as $1/4$, $1/3$, and $1/2$.

Grades Three to Five
During this stage, children should:

- > understand the place-value structure of the base-ten number system and be able to represent and compare whole numbers and decimals;
- > recognize equivalent representations for the same number and generate them by decomposing and composing numbers;
- > develop understanding of fractions as parts of unit wholes, as parts of a collection, as locations on number lines, and as divisions of whole numbers;
- > use models, benchmarks, and equivalent forms to judge the size of fractions;
- > recognize and generate equivalent forms of commonly used fractions, decimals, and percents;
- > explore numbers less than 0 by extending the number line and through familiar applications;
- > describe classes of numbers according to characteristics such as the nature of their factors.

Grades Six to Eight
During this stage, children should:

- > work flexibly with fractions, decimals, and percents to solve problems;
- > compare and order fractions, decimals, and percents efficiently and find their approximate locations on a number line;

- > develop meaning for percents greater than 100 and less than 1;
- > understand and use ratios and proportions to represent quantitative relationships;
- > develop an understanding of large numbers and recognize and appropriately use exponential, scientific, and calculator notation;
- > use factors, multiples, prime factorization, and relatively prime numbers to solve problems;
- > develop meaning for integers and represent and compare quantities with them.

Grades Nine to Twelve
During this stage, children should be able to:

- > develop a deeper understanding of very large and very small numbers and of various representations of them;
- > compare and contrast the properties of numbers and number systems, including the rational and real numbers, and understand complex numbers as solutions to quadratic equations that do not have real solutions;
- > understand vectors and matrices as systems that have some of the properties of the real-number system;
- > use number-theory arguments to justify relationships involving whole numbers.

Additional information about milestones and K-12 math curriculum is available on The National Council of Teachers of Mathematics Web site. (<http://standards.nctm.org/>) NCTM's Principles and Standards for School Mathematics outlines grade-by-grade recommendations for classroom mathematics instruction for both content matter and process.

Math in Adulthood

Competence in mathematics is increasingly important in many professions. This competence draws on more than just the ability to calculate answers efficiently. It also encompasses problem solving, communicating about mathematical concepts, reasoning and establishing proof,

and representing information in different forms. Making connections among these skills and concepts both in mathematics and in other subjects is something students are more frequently asked to do in the classroom setting and later in the workplace. For specific information about the range of skills and concepts in school mathematics, please visit the Principles and Standards for School Mathematics on the National Council of Teachers of Mathematics Web site.

NEURODEVELOPMENTAL FUNCTIONS AND MATH

In recent years, researchers have examined aspects of the brain that are involved when children think with numbers. Most researchers agree that **memory, language, attention, temporal-sequential ordering, spatial ordering, and higher-order thinking** are among the neurodevelopmental functions that play a role in mathematics. These components become part of an ongoing process in which children constantly integrate new concepts and procedural skills as they solve more advanced math problems.

Memory may have a significant impact on thinking with numbers. As Dr. Mel Levine points out, "Almost every kind of memory you can think of finds its way into math."

> **Factual memory** in math is the ability to recall math facts. These facts must be recalled accurately, with little mental effort.

Procedural memory is used to recall how to do things - such as the steps to reduce a fraction or perform long division.

Active working memory is the ability to remember what you're doing while you are doing it, so that once you've completed a step, you can use this information to move on to the next step. In a way, active working memory allows children to hold together the parts of math problems in their heads. For example, to perform the mental computation 11×25 , a child could say, "10 times 25 is 250 and 1 times 25 is 25, so adding 250 with 25 gives me 275." The child solves the problem by holding parts in his or her mind, then combining those parts for a final answer.

Pattern recognition also is a key part of

math. Children must identify broad themes and patterns in mathematics and transfer them within and across situations. When children are presented with a math word problem, for example, they must identify the overarching pattern, and link it to similar problems in their previous experience.

Memory for rules is also critical for success in math. When children encounter a new problem, they must recall from long-term memory the appropriate rules for solving the problem. For example, when a child reduces a fraction, he or she divides the numerator and the denominator by the greatest common factor - a mathematical rule.

Language demands of mathematics are extensive.

- > Children's ability to understand the language found in word problems greatly influences their proficiency at solving them.
- > In addition to understanding the meaning of specific words and sentences, children are expected to understand textbook explanations and teacher instructions.
- > Math vocabulary also can pose problems for children. They may find it confusing to use several different words, such as "add," "plus," and "combine," that have the same meaning. Other terms, such as "hypotenuse" and "to factor," do not occur in everyday conversations and must be learned specifically for mathematics. Sometimes a student understands the underlying concept clearly but does not recall a specific term correctly.

Attention abilities help children maintain a steady focus on the details of mathematics.

- > For example, children must be able to distinguish between a minus and plus sign - sometimes on the same page, or even in the same problem.
- > In addition, children must be able to discriminate between the important information and the unnecessary information in word problems.
- > Attention also plays an important role by allowing children to monitor their efforts;

for instance, to slow down and pace themselves while doing math, if needed.

Ordering plays an important role in mathematics.

Temporal-sequential ordering involves appreciating and producing information in a particular sequential order. **Spatial ordering** involves appreciating and producing information in an appropriate form.

- > Sequencing ability allows children to put things, do things, or keep things in the right order. For example, to count from one to ten requires presenting the numbers in a definite order.
- > Dr. Levine points out that "Math is full of sequences." Almost everything that a child does in math involves following a sequence.
When solving math problems, children usually are expected to do the right steps
> in a specific order to achieve the correct answer.
- > Recognizing symbols such as numbers and operation signs and being able to visualize - or form mental images - are aspects of spatial perception that are important to succeeding in math.
- > Visualizing as a teacher talks about geometric forms or proportion can help children store information in long-term memory and can help them anchor abstract concepts. In a similar fashion, visualizing multiplication may help students understand and retain multiplication rules.

Higher-order thinking helps children to review alternative strategies while solving problems, to monitor their thinking, to assess the reasonableness of their answers, and to transfer and apply learned skills to new problems

****THE IMPORTANCE OF SELF DISCIPLINE****

By Dr. Sam Goldstein

In 1985 the average American had three people in whom to confide matters that were important. Today, according to a recent study published in the American Sociological Review, American's have a third fewer close friends and confidants than just two decades ago. This appears to be a signal that people are living lonelier, unconnected and isolated lives than in the past. In fact, in this study, one in four people reported no close confidants at all. One of the co-authors, Lynn Smith-Lovin, a Professor of Sociology at Duke University in Durham, North Carolina, is surprised that there is such a significant change in social relations in the past few decades. Hypotheses abound beginning with the increasing time many of us spend on line - communicating in isolation.

In our work, Dr. Bob Brooks and I have repeatedly emphasized the importance of connections. We have often referred to the people we confide in, whether it be with children or adults, as charismatic individuals, a term first used by the late Dr. Julius Segal, referring to adults from whom a child gathers strength. In our book, *Raising Resilient Children*, I summarized one of my cases about a young teen referred due to problems with depression, anxiety and learning disability. As he and spoke, it became clear that his worried, hopeless feelings were deep seeded. He had performed poorly in school since kindergarten. Though he received help in and out of the classroom, he continued to struggle and lag far behind his classmates. He was not so much depressed I recalled thinking as demoralized. He had few friends and in his eyes there was precious little he could do well.

One of the things I frequently talk with children about is their view of the future. This helps me appreciate how they see the present and perhaps what course they believe may lead to their perceived future. I ask the typical question. If you could be anyone for a day who would you choose to be? I typically preface this question by suggesting the child choose an adult, thereby giving me some view into the future. The goal is to generate some idea of the child's hope and optimism by soliciting his

view as to whether and how he might achieve equal status in the future.

Without hesitation this young teen responded "my dad."

I was surprised by this response and inquired why he chose his father. Without hesitation he looked back and answered "you just have to know my dad. He really loves me."

This powerful connection, the role his father played as a charismatic adult in this young man's heart and mind helped him gather strength to face many more challenges than most youth.

The American Sociological Review study also found that isolation and loneliness was associated with mental and physical illness. Fewer contacts with community resources were also reported. In this study people rely increasingly on family, as the percentage of confidants being family members rose from 57% to 80%. The number relying on a spouse was up from 5% to 9%. At least these people report having someone to rely on. Further, sociologist Barry Wellman of the University of Toronto suggests, that while people may not have a lot of strong ties even casual acquaintances are important. Though Dr. Brooks and I would not disagree with Dr. Wellman's view that even casual social contact is important, this is not the equivalent of a strong confidant, a charismatic person with whom you identify and from whom you gather strength. In fact, Dr. Segal's ideas are supported by several studies of adults with childhood histories of risk, including abuse, neglect and school failure. Those who manage to rise above adversity often point to at least one individual in their lives, typically an adult, who cared about and loved them. Further, this adult would advocate for them and was available, especially in times of need.

Those of us fortunate to have a number of charismatic individuals in our lives are truly blessed. In our experience, even having one can make the difference between sinking into despair, hopelessness and depression versus

gathering strength from another to face challenges in times of need. Such support can't help but contribute to a resilient mindset.

MURPHY'S OTHER LAWS

Light travels faster than sound. This is why some people appear bright until you hear them speak.

He who laughs last, thinks slowest.

A day without sunshine is like, well, night.

Change is inevitable, except from a vending machine.

Those who live by the sword get shot by those who don't.

Nothing is foolproof to a sufficiently talented fool.

The 50-50-90 rule: Anytime you have a 50-50 chance of getting something right, there's a 90% probability you'll get it wrong.

It is said that if you line up all the cars in the world end to end, someone would be stupid enough to try to pass them.

If the shoe fits, get another one just like it.

The things that come to those that wait may be the things left by those who got there first.

Give a man a fish and he will eat for a day.

Teach a man to fish and he will sit in a boat all day drinking beer.

Flashlight: A case for holding dead batteries.

The shin bone is a device for finding furniture.

A fine is a tax for doing wrong. A tax is a fine for doing well.

When you go into court, you are putting yourself in the hands of 12 people who

weren't smart enough to get out of jury duty.

****DOES YOGA HELP CHILDREN WITH ATTENTION PROBLEMS?****

by Dr. David Rabiner,

In this issue of Attention Research Update I review an interesting preliminary study on the use of Yoga as an intervention for children with attention difficulties. As you are probably aware, attention problems have been found to be strongly associated with academic achievement difficulties in a number of studies. Although behavior therapy an/or medication treatment can be

helpful to many children with attention difficulties, behavior therapy can be difficult to consistently implement in the classroom, and many children continue to be have struggle with attention in the classroom even though medication treatment may be helping them. Thus, there remains a pressing need for research on alternative and complementary interventions that can be readily implemented and that may enhance the impact of more conventional approaches. The study reviewed below is a nice example of such work and the results, although preliminary, are certainly quite promising.

David Rabiner, Ph.D. Duke University

There are a number of reason why there is a pressing need to develop treatments for ADHD in addition to medication and behavior therapy that have strong research support.

Regarding medication, not all children benefit from taking it, some experience intolerable side effects, and many continue to struggle even though medication may be helpful. Behavior therapy can be difficult for parents and/or teachers to consistently implement and does not generally reduce behavior difficulties to normative levels.

Furthermore, even though both treatments can be extremely helpful in managing ADHD symptoms and reducing oppositional behavior, they do not induce lasting changes in the child that persist after treatments is discontinued. Finally, despite numerous studies documenting the short- and intermediate term benefits of these treatments, there impact on children's long-term success remains to be clearly documented.

In addition to these important limitations of what are currently treatments for ADHD with the most extensive research support, prior research has shown that attention difficulties, even when they may not be severe enough to warrant a diagnosis of ADHD, can often have important adverse effects on children's academic performance. For children with more moderate attention difficulties who are not diagnosed with ADHD, medication would generally not be considered an appropriate treatment;

however, improving their attention and on-task behavior in the classroom remains important.

Because of these limitations with conventional treatments, there have been numerous efforts to develop alternative and complementary treatments for ADHD that may enhance the benefits offered by medication and behavior therapy. I am well aware that many subscribers to Attention Research Update have a keen interest in research on such interventions, and was thus pleased to find a very interesting study recently on the use of yoga as an intervention for children with attention difficulties (Peck, H., (2005). Yoga as an intervention for children with attention problems. *School Psychology Review*, 34, 415-424).

As you are probably aware, yoga "...incorporates physical postures, breath control, mental concentration, and deep relaxation..." in an effort to positively affect mental states. Practitioners report that it produces similar effects as relaxation training and tends to "...promote self-control, attention, and concentration." Thus, the purported outcomes of yoga suggest that it could be a helpful intervention for children with attention difficulties, as it "...seems sensible that children's heightened body awareness, reduced tension, and improved concentration would be conducive to learning.

Participants in this study were 10 1st - 3rd grade children (3 boys and 7 girls) whose teacher had referred them for consultation services at their school because of concerns related to attention difficulties in the classroom. None of the children had been formally diagnosed with ADHD and none were receiving medication for attention difficulties.

**** Yoga Intervention ****

The Yoga intervention was delivered using the "Yoga Fitness for Kids" videotape, a commercially available product (See <http://www.gaiam.com> and search for Yoga for Kids; note that video for older children does not seem to be available.) The videotape required children to follow an

adult instructor and 3 children as they engaged in deep breathing, physical postures, and relaxation exercises. The videotapes depicted movement between various physical postures in an age-appropriate and game like manner, and the instructor frequently reminded the children to take slow, deep breaths when engaging in the postures. Each session concluded with guided imagery "...where the children laid on their backs on the floor envisioning peaceful images such as being a seed that sprouted into a beautiful flower."

Students were grouped for the intervention by grade level and the yoga sessions were thus conducted in small groups rather than individually. The sessions were held during the school day for 30 minutes, twice a week, over a period of 3 weeks. All children attended each session and reported that they enjoyed it very much.

**** Study Design ****

There were 3 phases to the study - a baseline phase that lasted at least 3 weeks, the 3-week intervention phases, and then a 3-week follow-up phase. During each week, participants were observed for 2 10-minute sessions each week so that their time on task over the entire study could be determined. Children were engaged in either whole group lessons or individual seatwork, most often in language arts, during the observations.

At the time that each participant was observed, a child of the same gender as the participant was observed to serve as a comparison peer, which a different child serving as the comparison during each 10-second observation interval. A second trained observer independently coded 20% of all observation sessions to determine that the coding system was being used reliably, and the observers agreed about whether the child was on- vs. off-task for over 90% of the joint observations. Thus, there was good evidence that the behavior observations were reliable.

This procedure provided a careful measure of how time on-task during the study for children referred for attention difficulties who had received the intervention compared to

their classmates who had neither been referred for attention difficulties nor received the yoga intervention.

**** RESULTS ****

If the yoga intervention was helpful, one would expect that participants would have been on-task substantially less often than peers during the baseline phase, but that this difference would diminish or disappear when the intervention began. Ideally, participants increase in on-task behavior would persist across the 3-week follow-up period.

As expected, there was a substantial difference in on-task behavior between students with attention difficulties and their classmates during the baseline phase. On average, intervention students were observed to be on-task only about 65% of the time, compared to about 85% of the time for their classmates. This is a substantial difference and one can imagine being on task an average of 20% less often than classmates how over an entire school year could have an important adverse impact on students' acquisition of academic skills as well as their performing up to their ability level.

During the 3-week intervention phase, during which students were observed a total of 6 times, this significant time on-task difference disappeared. In fact, during the intervention, students with attention difficulties were observed to be on-task at virtually the exact same rate as comparison students.

For the 3-week follow-up period, a reduction in on-task behavior for intervention students was observed, as they were once again on-task less often than their classmates. However, despite this decline, they did continue to demonstrate higher rates of on-task behavior than they had during the baseline period. Thus, even though the intervention benefits had diminished, there remained some evidence of continued benefits.

**** SUMMARY and IMPLICATIONS ****

Results from this interesting study provide preliminary evidence that yoga may be a helpful intervention for improving time on-task in the classroom for students with attention difficulties. In this report, the beneficial affects associated with yoga practice occurred quickly, showed some evidence of persisting beyond the training itself, and essentially normalized rates of on-task behavior for formally inattentive students during the time that yoga training was occurring.

These are certainly promising results and the authors of this interesting study should be commended for their effort to systematically study the potential benefits of this approach. Despite the promising nature of these findings, which clearly support the need for additional research in this area, it is important to recognize several important study limitations that would need to be addressed before any definitive conclusions about the impact of yoga on attentional difficulties could be addressed.

The most important limitation - in addition to the small sample size - is that the research who conducted the majority of the behavioral observations was the same person who supervised the yoga intervention. This certainly has the potential to have biased the results, although the fact that the researcher adhered strictly to the strictly defined criteria for time on-task and that good reliability with an independent observer was attained, mitigates somewhat against this concern. However, as the researchers themselves note, it would be essential to replicate these results using an observer who is blind to the purpose of the study and to which children had received the intervention.

A second limitation is the absence of a control group. In this study, students essentially served as their own controls by examining their on-task behavior before, during, and after the yoga intervention. However, a stronger design would be one where a larger group of students with attention difficulties were randomly assigned to receive the yoga intervention or to a

control condition in which they also met in small groups with an adult but did not engage in the yoga training.

Documenting that only children who received yoga showed the increase in on-task behavior would enable one to have greater confidence that yoga training itself, and not simply extra time with a supportive adult, is what was responsible for the gains. As noted above, observers in such a study would need to be blind to whether children were in the experimental or control groups.

Finally, given the adverse impact that attention problems have on children's academic achievement and performance, it would also be helpful to incorporate assessments of children's academic performance. Documenting that yoga training enhances day-to-day academic performance in addition to time on-task would be an important addition to the study findings and one that could be used to justify pulling students from the classroom to receive such training.

In addition, because participants in this study were not formally diagnosed with ADHD, it would also be quite important to test whether this intervention can be helpful to students' whose difficulties with attention are likely to be more severe than many of the children who took part in the current investigation.

Until a follow-up study with these factors has been conducted, it is not possible to draw any firm conclusions about the impact of yoga on students with attention difficulties, even though the results reported here appear promising. Hopefully, these promising results will stimulate other researchers to conduct a more extensive and better controlled trial of yoga as an intervention for ADHD, so that more definitive conclusions about the potential benefits of this complementary intervention approach can be made.

****RAISIN' BRAIN: MAINTAINING HOMES FOR ALL KINDS OF MINDS****

Dr. Mel Levine
www.allkindsofminds.org

School is not the only arena in which children's minds need to be nurtured and expanded. Equally vital is the kind of education and brain building that a student undergoes at home. Parents can do much to establish a domestic milieu that helps every child to develop his or her very special and sometimes very specialized kind of mind. How does this get accomplished? Let's take a look at some of the measures parents can take to foster optimal intellectual development, to be highly effective at "raisin' brain."

First, parents need to become mind readers - not in the supernatural way, but in a more practical down to earth manner. They need to monitor with care and open-mindedness their child's development over the years, so that they can come to know her or his particular strengths, shortcomings, and areas of talent and natural inclination. Children most often possess minds that differ substantially from those of their siblings; so each child needs to be observed and thought about as the possessor of a uniquely wired brain. As they gain insights into their children's distinct profiles, mothers and fathers can strive constantly to help each child strengthen strengths at the same time they are seeking to shore up any important gaps or areas of dysfunction.

Parents need to instill intellectual content into home life. While children require time for rest and recreation, welcome respites from the rigor of school, it is also important that there not be a huge gulf between the cognitive content of school and the home. For example, there can be a wide difference between language use at home and school. It can be helpful for parents to encourage the use of good literate language abilities at home, just as they receive emphasis within the classroom. So a family can have a rule stipulating, "in this home, we always speak

in full sentences - no single word responses, grunts, or verbal "cop-outs" such as "stuff" and "thing."

Life at home should include opportunities to discuss issues in the news, to share opinions, to elaborate on daily experiences and, in so doing, to be building and refining thinking and verbal communication skills.

An optimal home for all kinds of minds is one in which life is not so totally structured (i.e., kung-fu Monday, oboe Tuesday, soccer Wednesday and Friday, etc) that imaginary play, brainstorming and downtime to entertain oneself are eliminated totally from the life of a kid. The active pursuit of some totally liberated time is a much-needed part of healthy brain growth. Also, parents should see to it that their children are not being overdosed with what I like to call "visual-motor ecstasy," a range of activities that entail exhilarating rapid movement, tend to be nonverbal, and are mostly devoid of any intellectual enrichment. These intensely stimulating pursuits have their place, but they can be detrimental when they dominate the home lifestyle of a child. Equally deleterious are excessive exposures to TV and the Internet.

Parents need to develop close collaborative relationships with their child's school, so that what is being learned at school can be reinforced at home. Parents of children who are struggling with certain academic demands need to have an open line of communication with teachers, so they can ensure that the school has a firm grasp on the educational needs of the child, while the school can feel that parents are aware of what is being done support the child in the classroom. Sometimes a parent needs to advocate vigorously for a struggling student whose educational care seems inadequate. The list below delineates some of the most important roles parents play in maintaining a home that is most suitable for "raisin' brain":

SOME FEATURES OF PARENTS WHO ARE MOST EFFECTIVE AT RAISIN' BRAIN

- Parents who are learning about neurodevelopmental function in general and are vigilant and responsive to their own children's emergent profiles.
- Parents who serve as the principal early detectors of dysfunction.

- Parents who act as benevolent taskmasters, teaching their kids how to work.
- Parents who find and nurture individual strengths and affinities in their children.
- Parents who advocate for kids without "fighting all their battles" for them.
- Parents who operate as interested and concerned "sounding boards" for their children.

- Parents who collaborate and communicate actively with schools.
- Parents who model some form(s) of intellectual activity for their children (e.g., reading, writing, going to museums).
- Parents who can be overheard boasting about each of their kids on a regular basis.
- Parents demonstrate both love and respect for their children.
- Parents become educated consumers of their children's education as well as any interventions that are ever deemed necessary.
- Parents provide an intellectually stimulating atmosphere, so that language, literacy, and higher cognition are strengthened at home as well as in school.
- Parents who help their children develop efficient organizational/strategic tactics for academic and other forms of work output.
- Parents who are very careful to treat siblings as individuals, people who are expected to differ from each other in their strengths and weaknesses.
- Parents who serve as sensitive schoolwork consultants to kids without doing their work for them.
- Parents who establish a lifestyle that balances freedom with responsibility and structure with opportunities for spontaneous self-expression.

None of these roles is entirely easy to accomplish. Yet, in the long run, the effort pays off, as parents are able to take genuine

pride in their children's unique strengths and accomplishments

IS THIS WHERE WE'RE HEADING??

A gentleman went to the doctor and the doctor was able to have him fitted for a set of hearing aids that allowed the gentleman to hear 100%. The elderly gentleman went back in a month to the doctor and the doctor said "Your hearing is perfect. Your family must be really pleased that you can hear again."

The gentleman replied, "Oh, I haven't told my family yet. I just sit around and listen to the conversations. I've changed my will three times!"

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An elderly couple had dinner at another couple's house, and after eating, the wives left the table and went into the kitchen. The two gentlemen were talking, and one said, "Last night we went out to a new restaurant and it was really great. I would recommend it very highly. The other man said, "What is the name of the restaurant?" The first man thought and thought and finally said, "What is the name of that flower you give to someone you love? You know... the one that's red and has thorns." "Do you mean a rose?" "Yes, that's the one," replied the man. He then turned towards the kitchen and yelled, "Rose, what's the name of that restaurant we went to last night?"

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Hospital regulations require a wheelchair for patients being discharged. However, while working as a student nurse, I found one elderly gentleman--already dressed and sitting on the bed with a suitcase at his feet--who insisted he didn't need my help to leave the hospital. After a chat about rules being rules, he reluctantly let me wheel him to the elevator. On the way down I asked him if his wife was meeting him. "I don't know," he said. "She's still upstairs in the bathroom changing out of her hospital gown."

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Couple in their nineties are both having problems remembering things. During a checkup, the doctor tells them that they're

physically okay, but they might want to start writing things down to help them remember. Later that night, while watching TV, the old man gets up from his chair. "Want anything while I'm in the kitchen?" he asks. "Will you get me a bowl of ice cream?" "Sure." "Don't you think you should write it down so you can remember it?" she asks. "Well, I'd like some strawberries on top, too. Maybe you should write it down, so's not to forget it?" He says, "I can remember that. You want a bowl of ice cream with strawberries." "I'd also like whipped cream. I'm certain you'll forget that, write it down?" Irritated, he says, "I don't need to write it down, I can remember it. Ice cream with strawberries and whipped cream - I got it, for goodness sake!" Then he toddles into the kitchen. After about 20 minutes, the old man returns from the kitchen and hands his wife a plate of bacon and eggs. She stares at the plate for a moment. "Where's my toast?"

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Three old guys are out walking. First one says, "Windy, isn't it?" Second one says, "No, it's Thursday!" Third one says, "So am I. Let's go get a beer."

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A man was telling his neighbor, "I just bought a new hearing aid. It cost me four thousand dollars, but it's state of the art. It's perfect." "Really," answered the neighbor. "What kind is it?" "Twelve thirty."

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