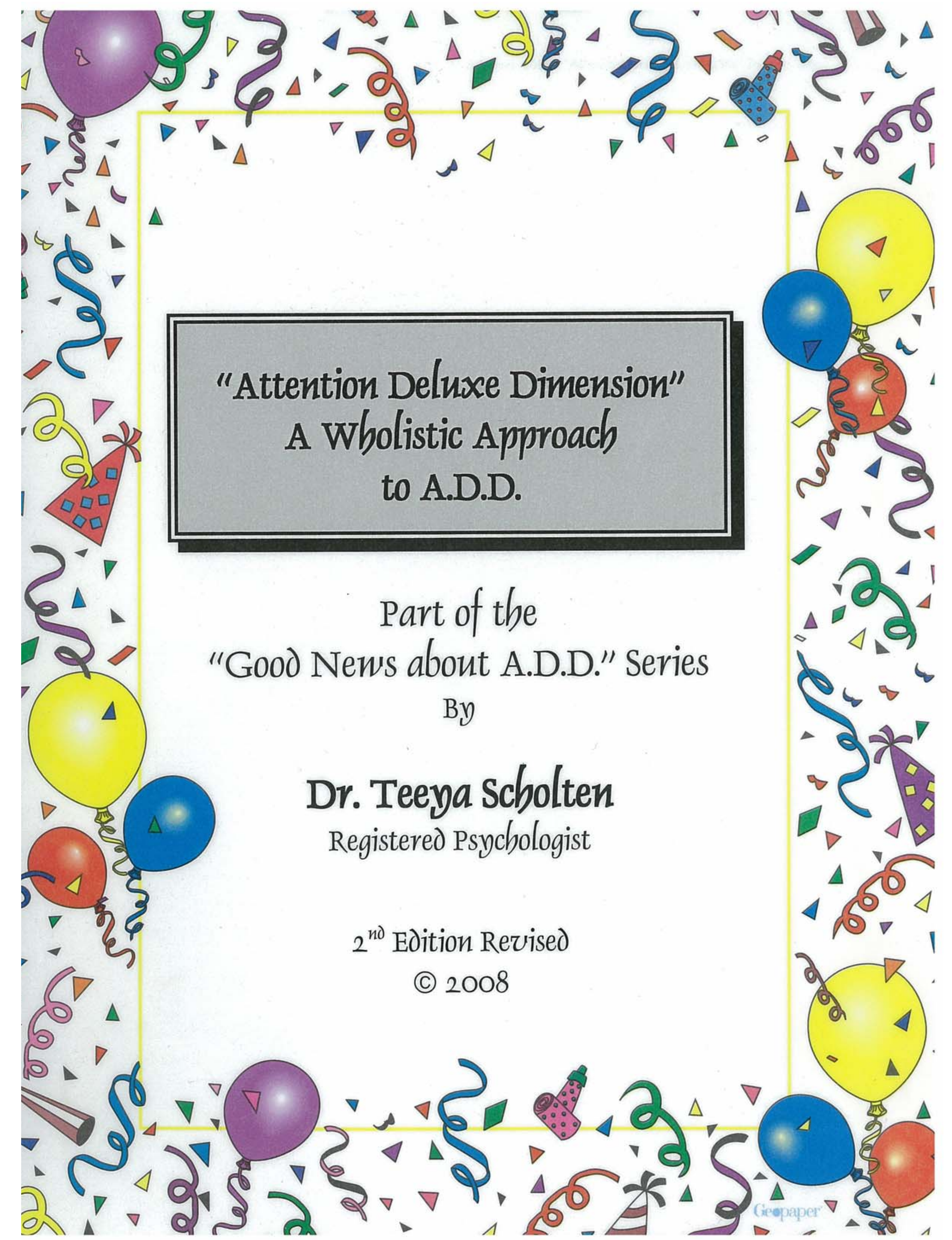

"Attention Deluxe Dimension" A Wholistic Approach to A.D.D.

Part of the
"Good News about A.D.D." Series
By

Dr. Teeya Scholten
Registered Psychologist

2nd Edition Revised
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Canadian Cataloging in Publication Data

Scholten, Teeya
Attention Deluxe Dimension: A Wholistic Approach to A.D.D.

2nd ed. Revised 2008
(The good news about A.D.D.)
Includes bibliographical references.
ISBN: 0-9731247-1-7

1. Attention-deficit disordered children I. Scholten Psychological Services. II. Title. III. Series: Scholten, Teeya Good news about A.D.D.

RJ506.H9S356 2003 616.85'.89 C99-900858-7

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Graphic art by Mrs. Chester Lees, Calgary, AB.

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Year of this printing: 2008
Published privately in Canada

"Attention Deluxe Dimension":
A Wholistic Approach to A.D.D.

Dr. Teeya Scholten, R. Psych.

author of the

"Good News About A.D.D." Series

The Books in this Series are:

- ☺ **Attention Deluxe Dimension**: *A Wholistic Approach to A.D.D.*
- ☺ **Overcoming Depression**: *Wholistic Strategies that Work*
- ☺ **Ready-Set-Go**: *A Three Step Problem-Solving Process for Improved Learning Performance*
- ☺ **The A.D.D. Guidebook:** *A Comprehensive, Self-Directed Guide to Addressing Attentional Concerns in Adults and Children*
- ☺ **Riding the Wave**: *Behavior Management for Parents of Children with A.D.D.*
- ☺ **Turning the Tides**: *Teaching the Student with A.D.D.*
- ☺ **Welcome to the Channel Surfer's Club!**

May you find ways to be the best you can be
as naturally as possible

Acknowledgements

My gratitude goes out to the many colleagues, principals, teachers, parents and students with whom I have worked over the 25 years in which I have been involved in the fields of education and mental health. Special thanks to Dr. Mel Levine and Dr. Geraldine Farrelly, two wonderful pediatricians who have allowed their material to be used as part of this resource. I am also grateful for the opportunity to have learned about a wholistic approach to A.D.D. and to be in a position to be able to share this information with you, the reader.

Thanks to those of you who took the time to review the manuscript and provide feedback – in particular, Dr. Laurie Carlson, Dr. Heather MacKenzie, Dr. June Bergman, John Bissett, Gary Semotiuk, Colleen Garrett, Carol Sebastian and Laura Edwards.

Much appreciation goes, as always, to my husband, children, other family members, friends, colleagues and Spirit, by whose presence I continue to feel blessed. Once again, from the bottom of my heart, "Thank you".

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Preface

I have A.D.D. without hyperactivity and at least one of my three children has it, too. We found out that my daughter had it in 1985 when she was 7 years old, but it wasn't until 1992 that I found out that I had it. By then, I was 44 years old and already what the world would consider "a successful professional". I had learned to work around the challenges that I experienced in maintaining consistent alertness, filtering out distractions and getting places on time. Although A.D.D. explained a lot of the issues I had faced, I thought I was O.K. and didn't need medication. It took me another two years before I tried it. What a difference it has made. Life seems so much easier!

During my Life-Before-Ritalin time, I had earned my Ph.D., been in administrative positions, written and co-authored several books, given workshops all over the country and been a wife and mother. Why am I telling you this? Perhaps to show you that people with A.D.D. CAN be successful? Perhaps to let you know that I've been there? That almost everything that is mentioned in this book, I have lived myself? All of the above? Yes. I have lived A.D.D. from the multiple perspectives of student, parent and professional. I think it makes a difference when working with those who have similar "challenges".

I, like many others of my generation, made it through the school system an undiagnosed ADDer[1]. I have a colleague with A.D.D. who introduces himself by saying that he survived an "undiagnosed childhood". I can relate to that. It was difficult. Yes, I felt like a square peg in a round hole much of the time. It took a lot of effort to achieve and I never felt very capable inside. But there were people (my parents and some very significant teachers in high school and university) who believed in me and saw potential where I did not.

So to all of you parents who are searching for answers of how to help your child be the "best they can be" as naturally as possible, I encourage you in your efforts. My hope that you will see your ADDer as a powerful natural resource whose energy can be harnessed for not only his/her benefit but for the good of society, in general.

Please visit www.empowermentplus.org for more detailed instructions in areas that are only briefly addressed here. Additional contact information is provided on the inside front page of this book.

Dr. Teeya Scholten, Registered Psychologist

[1] "ADDer" is a term coined by CHADD, a self-help organization dedicated to working with families of people with AD/HD (visit www.chadd.org for more information).

"Attention Deluxe Dimension": A Wholistic Approach To A.D.D.

Introduction

I have written this book to introduce you to the Empowerment Plus® approach to wellness. I use this approach when working with all of my clients, including people who have A.D.D.[2]. It has been successful in helping people be the best they can be as naturally as possible in a way that incorporates a natural approach with more traditional methods.. This book provides a brief summary or overview of the factors which we look into, it does not go into a lot of detail. If you want more information about how to use this approach, you may want to refer to some other resources, which are listed at the end of this book and also on our website www.empowermentplus.org. In writing this book, it was my intention:

- To describe what is involved in taking a "wholistic" approach to A.D.D. and how you might begin to do this
- To dispel a few myths
- To give you some hope and encouragement
- To share some stories to show you how a "wholistic" approach works
- To point you the way to some more resources which can help you to explore A.D.D. in further depth when you are ready to do so

Taking a "wholistic perspective" does not have to be difficult, expensive or time-consuming. Yet, it can make the difference between success or failure in making the most of the ADDer[3] about whom you are concerned.

[2] A.D.D. or AD/HD (Attention Deficit/Hyperactivity Disorder) is a neurological condition, generally characterized by a combination of distractibility, hyperactivity and impulsivity. It can be present in both children and adults and, if left untreated, can often interfere with reaching one's potential.

[3] ADDer is a term coined by CHADD, a national self-help organization dedicated to helping children and adults with A.D.D. and their families. Check www.chadd.org or www.chaddcanada.org to see if there is a CHADD chapter in your area.

A Wholistic Way Of Understanding Attention

A "wholistic" approach to anything means that you take the "whole person" into account when trying to understand someone and make the most of their abilities.

In the area of A.D.D., taking a "wholistic approach" means being able to understand the following:

- ways in which information processing is affected by attention challenges in a particular person
- Learning Discrepancies (or learning disabilities) and how you can make up for these areas of "challenge" and achieve success at school or work
- personality type and its implications for learning style
- food and/or environmental sensitivities and their possible affects on physical health, learning, emotion and/or behavior
- other factors that can affect daily functioning

Looking at your ADDer in a wholistic way doesn't have to take a lot of time; but it can make the difference between educational success and failure.

When you are working with someone who seems to have concerns in the area of attention, the first thing you should consider doing is to administer the Screening Checklist for Attentional Concerns, on the next page. This will give you an idea of how they are doing right now and some way to measure changes in their attention after you try certain treatment strategies. Fill out this form twice. The first time, rate the person, using a check mark (✓) on how they are when they are doing things they are interested in. The second time, rate the person, using a circle (○) on how they are when they are doing things that they are not interested in (e.g. chores or other assigned tasks). Do not include academics, such as reading, writing or math.

SCREENING CHECKLIST (SC/A)

FOR CHILDREN AND ADULTS WITH ATTENTIONAL CONCERNS

NAME:__________________________ DATE:___________ RATER:___________

	OBSERVATION	NOT AT ALL	JUST A LITTLE	PRETTY MUCH	VERY MUCH	
1.	Difficulty with details – makes careless mistakes					
2.	Difficulty sustaining attention to current task					
3.	Does not **seem** to listen or sustain attention to discussions. May ask for questions/statements to be repeated.					
4.	Difficulty following through on instructions					
5.	Difficulty starting/finishing tasks					
6.	Loses things necessary for tasks or activities					
7.	Easily distracted by noises or other surrounding activities					
8.	Fidgets or doodles					
9.	Uncomfortable staying seated for periods of time or leaves seat frequently					
10.	Talks excessively or dominates conversations inappropriately					
11.	Blurts out answers before questions have been completed					
12.	Interrupts others inappropriately					
13.	Daydreams					
	Scoring Section	x 0	x 1	x 2	x 3	SCORE
	NI					
	I					

SCORING: To calculate the score, add up the number of entries in each of the 4 columns and multiply the totals by the number (0, 1, 2 or 3) shown at the bottom the column. The sum of these is the SCORE.

THIS FORM MAY BE REPRODUCED

Adapted for use with adults and children by Dr. Teeya Scholten, R. Psych. Calgary, AB.
from checklist developed by the Calgary Learning Centre, 1996.

ww.empowermentplus.org

If there are 4-5 checkmarks in the Pretty Much to Very Much columns of the Screening Checklist for Attentional Concerns in Adults and Children, this DOES NOT NECESSARILY mean that you have A.D.D. All it means is that you have attentional concerns. ***What we don't know YET is the CAUSE***. There are many possible causes of attentional symptoms. These are outlined in Appendix A. Since there is no blood test yet for A.D.D., the process of making a diagnosis of A.D.D. consists of ***ruling out all other possible causes*** of these concerns. That's why it can be time-consuming, expensive and sometimes confusing and why it is important to be working with a professional or team of professionals who have expertise in a variety of areas such as mental, physical and spiritual health, learning disabilities, personality type, food sensitivities and parenting skills.

I believe that …

- *you need to have a proper diagnosis in order to try medication.*
- *medication should be the last option, not the first.*
- *there is a lot that you can do as an adult, parent, teacher, family doctor or other helping professional to begin to put the pieces of the puzzle together before you seek a formal diagnosis of A.D.D.*

What do YOU believe?

If you are a professional in the process of trying to make a formal diagnosis or a person just trying to understand yourself, your child, client or student better, you will probably want to be able to answer the following five questions[4] which are listed below.

1) What are the 4-6 areas of information processing that are affected by his/her attention?
2) Are there any Learning Discrepancies (LD)? Are there any academic supports or accommodations that are needed to help the ADDer succeed?
3) What is their 4-letter personality type?
4) Are there any food or environmental sensitivities?
5) What other factors influence functioning?

These questions are explained in more detail on the following pages.

---

[4] These questions are reflected from the process described on the author's website under the heading "Self-Managed Journey". www.empowermentplus.org

Steps in the Self-Managed Journey

1) What are the 4-6 areas of information processing that are affected by his/her attention?

Dr. Mel Levine has proposed 12 areas of information processing that can be affected by attention, no matter what the cause of the attentional challenges:

- maintaining consistent alertness
- taking in information deeply enough
- processing too passively or too actively
- determining the importance of information
- filtering out distractions
- ability to satisfy oneself
- previewing outcomes
- controlling one's behavior
- pacing of activities
- consistency of effort
- self-monitoring
- learning from experience

Usually, one person will be affected in only 4 to 6 areas of information processing, not all twelve. It can be good to know what these areas are and what you can do about it (see Appendix B – The Levine Information Processing Questionnaire, and Appendix C - Strategies for Improving Attention). Using this resource doesn't have to take a lot of time, it doesn't cost any money and you don't have to have a diagnosis of A.D.D. to benefit from the information.

I usually suggest that people pick ***one*** area of information processing to work on, consider the strategies and then pick just one strategy. Try it for several weeks to see if it is effective in addressing the concern. If it is, move onto the next area of information processing in which you are experiencing challenges.

2) Are there any Learning Discrepancies (LDs)? Are there any academic supports or accommodations that are needed to help the ADDer succeed?

There are nine major areas which have been identified in which people can experience Learning Discrepancies. They are:

- reading
- language
- spelling
- writing
- math
- visual-spatial
- attention
- organization
- social

I prefer the term "Learning Discrepancy" (LD) to "learning disability" because it is much more accurate and doesn't automatically create a negative impression. We all have strengths and weaknesses, but in those people with an LD, there is a big difference in how well they do in different areas.

If you can identify your area(s) of "challenge", there are strategies you can implement to remediate or teach the skill or accommodations that can be put in place to achieve success. This information has been summarized in The A.D.D. Guidebook and Turning the Tides, which I have written for parents and teachers, respectively.

Many people who have Learning Discrepancies may look like they have attentional concerns in their areas of "challenge". This is why it is so important for anyone involved in diagnosing A.D.D. to determine if the attentional challenges are in ALL areas of a person's life or if they are just in areas of academic difficulty. Frequently, those who have A.D.D. in addition to LD have a lot of trouble focusing on areas that are difficult or boring. This adds greatly to the challenge of teaching these individuals. But it is very important to address learning needs if the ADDer is going to be successful.

People with an LD may experience a single area of challenge (such as in spelling or math) or they may have a more "classic LD" pattern where they have a cluster of challenges. There are two major classic kinds of LD that we often see in dealing with people with A.D.D. These are a Visual-Spatial Learning Discrepancy (VSLD) or a Language-Learning Discrepancy (LLD).

- Visual-Spatial Learning Discrepancy (VSLD)

The majority of the people I see with A.D.D. have a pattern of abilities and challenges associated with a Visual-Spatial Learning Discrepancy (VSLD). In a VSLD, the person has strength in the verbal areas. They can usually understand most of what is being said to them and can express themselves well orally. As long as s/he is actually listening to you, they can probably understand what you are saying. They also tend be good readers (if there are no vision concerns) and to do well in Language Arts and Social Studies. But when it comes to writing their ideas down on paper, these people have a lot of trouble. Teachers often accuse them of being "lazy", because they know that these students understand the concepts, but can't seem to get their ideas on paper. Learning basic math facts and the sciences, such as Physics often present a great challenge to those with a VSLD.

80% of the people I see with A.D.D.
have a visual-spatial learning discrepancy.

Let's now look at a less common, but equally important pattern of abilities:

- Language-Learning Discrepancy (LLD)

A person with a Language-Learning Discrepancy (LLD) often has a hard time understanding language and abstract concepts, yet they are great with numbers and mechanical things. They may not understand the explanation of a concept the first time through. But if it can be explained in another way, such as through a visual diagram or concrete example, they can usually understand it. Once they've understood a concept, they are usually able to remember it. In these people with LLD, reading and language skills develop more slowly than their ability to do math calculations. These are the people that have a hard time figuring out what operation is needed in a math "word problem" (because of the reading and language involved). Yet, they know their math facts and can make rapid mental calculations.

If teachers, parents and students can recognize and understand if the ADDer has one of these classic patterns, they will know what they have to do to facilitate academic success. These strategies are outlined below.

Academic Accommodations for LD with or without ADD

For anyone with a Visual-Spatial Learning Discrepancy (VSLD), the use of a computer for written work tends to by-pass the challenges in writing and organization. However, a lot of effort may need to be put into learning math facts. Special tricks (e.g., flash cards, singing, jumping or tracing) for remembering may help.

For those with a Language Learning Discrepancy (LLD), giving extended time in exams permits the person time to read the material and often facilitates success. These students often need to make a special effort to learn the specialized vocabulary that goes with certain subjects which they are studying.

If these types of accommodations can be put into place, the individual often starts to experience success. Then the "ripple effect" takes place. As they begin to achieve the kinds of marks which reflect their understanding and intelligence, they begin to feel better and better about themselves. Soon changes happen in other areas, such as school involvement, initiative, self-esteem and responsibility for learning. See what happened to Captain Chaos (Appendix E) when he got the help he needed!

As a general rule, in order to facilitate academic success,
use a computer for those with a VSLD.
Give extra time on exams and
build vocabulary for those with a LLD.

3) What is the 4-letter personality type?

Determining your 4-letter personality type can be very useful in helping you to understand yourself, how you learn best, where you might get into trouble and what to do about it. It can also help you appreciate others, who may have a different personality than yours.

The following information is a very brief overview and is NOT intended to be an "official" test, nor does it replace any other writings on the Jungian Type (including the MBTI®)[5]

In each of these four sets of qualities below, you will have a *preference* for one or the other quality. It's a little like handedness. Although I have two hands, I am right-handed and it's more comfortable for me to use my right hand. If you consider the pairs of qualities outlined below, you should prefer one way of being over the other (even though you might act in the other way, at times). One of the ways described will tend to be your "first instinct" and what feels just a little more comfortable to you.

So, which one of each pair of characteristics tends to describe you more accurately? Are you more of:

- An **INTROVERT** (I) who needs time alone and who gets re-energized by being by themselves?

  Or an **EXTRAVERT** (E) who needs to be around people in order to feel re-energized and needs to "talk out" their ideas?

  Circle your choice: **I** **E**

- A **SENSING** (S) person who likes things neat, tidy and accurate, is able to memorize lots of details and who prefers to do tasks in a "step-by-step" way?

  Or an **INTUITING** (N) person who likes to think about the "big picture", abstract ideas, and doing things in new and different ways?

Circle your choice: **S** **N**

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[5] MBTI denotes the Myers-Briggs Type Indicator®, a registered Trade mark of the Myers-Briggs Type Indicator Trust. (www.myersbriggs.org)

- A **FEELING** (F) person who knows how others feel and tends to avoid arguments?

  Or a **THINKING** (T) person who likes to take the logical approach, "speak the truth", but may not always know how the other person is feeling?

  Circle your choice: **F** **T**

- A **JUDGING** (J) person who likes to be organized, make plans, have "TO DO" lists and finish what they start ?

  Or a **PERCEIVING** (P) person who is flexible and adaptable and who likes to spend time having new experiences rather than finishing tasks or old projects?

  Circle your choice: **J** **P**

What four letters did you circle? Write them on the lines below.

____________	____________	____________	____________
I or E	S or N	F or T	J or P

These four letters MAY be your 4-letter type, but it can be hard to tell with such a brief description. If you are not yet sure of your preferences, you may need to fill out a questionnaire and/or have a little more help figuring them out. See our website (www.empowermentplus.org) for further assistance and information on what you need to understand and celebrate how you are wired.

There are 16 different types and each relate to the world in a very different way. If you have A.D.D., you will be faced with very different challenges and will need to use very different strategies, dependent on your own personality type.

4) Are there any food or environmental sensitivities?

For many years, controversy has raged over whether or not A.D.D. is a *permanent* neurological condition or if it is a *temporary* one caused by physical factors (such as artificial colors and flavors, preservatives, sugar, allergies or a lack in basic nutrition, vitamins and/or minerals.) I think that it might be a little bit of both??!!?

I believe that *true ADDers* have brains that are wired for channel-surfing (see more about this in Myth #3, p. 23). They will have attentional symptoms no matter how pure their diet is or how good their nutrition is. And many people with A.D.D. may ALSO have food or environmental sensitivities that are affecting how they feel. In my opinion, any possible physical concerns need to be addressed prior to starting medication.

However, there are probably lots of other people who have attentional challenges, but whose symptoms are not caused by A.D.D. Their challenges with concentration are due to mainly to physical reasons or other causes (which are outlined in Appendix A, Common Causes of Attentional Symptoms). Maybe they have hypoglycemia (low blood sugar), a thyroid condition, some food or environmental sensitivity or some other physical concern. These people *look like* they have A.D.D., but they don't really have it because their attentional symptoms go away when their physical issues are treated!

Many people have attentional symptoms that are caused by something other than true A.D.D.

I have found that for 15% of the people who come in to my office to investigate A.D.D., going off just *a few foods* (which we choose based on their symptoms) completely removes ALL of their attentional symptoms within a week!

These people don't really have A.D.D., even though they might have checked off a lot of areas on the Screening Checklist (p.3). They probably have a "brain allergy" and can concentrate just fine, all on their own, once the "offending substance" is removed from their diet. That is why it is so important for professionals to rule out all possible causes of A.D.D. before making a diagnosis. I have seen people such as Mac (see his story on the next page) and others whose attentional symptoms disappeared within a week. Sometimes these are people who have been on

medication for years and who have found that drugs such as Ritalin helped them to concentrate.

As you will see from Mac's case, below, the removal of milk products from his diet resulted in a drastic reduction in the symptoms of hyperactivity as well as of his asthma. And he had been on Ritalin for 3 years previously! In other cases, I have seen similar results when sugar or wheat or artificial colours and flavours were removed. All of the attentional (and often behavioral) symptoms disappear within a week. But every BODY is different and you never know who is going to respond this way.

In most cases, however, the results aren't quite as dramatic as this. 85% of the people I work with feel better once a food is removed from their diets, and for the remaining 15% food elimination doesn't seem to make any difference at all.

In order to get a sense of how many physical concerns you have, you may want to fill out the Symptom and Food Diary on page 15. This form can be used to share any concerns with your family doctor, allergist, dietitian or nutritionist, to keep track of what you are eating and how you are feeling during any food testing. It really helps to keep written records when you are experimenting with food or other substances.

Mac's Story…personality type, food sensitivity and medication

13 year old Mac had been diagnosed with AD/HD several years ago and put on Ritalin. He had always had a "rebound" reaction in which his attentional and behavioral issues became much worse for a little while when his medication was wearing off. Mac heard his mother telling the family doctor how much his "rebound" behavior upset her and since he didn't want to hurt her in any way, he began refusing to take his medication. This was a few weeks before I met Mac.

His family was in the process of moving overseas and felt that a comprehensive assessment of his AD/HD[6] would be prudent, in order to support Mac's attentional needs in his new school setting.

During our work together, we discovered that he had an Extraverted-Intuiting-Feeling-Perceiving (ENFP) personality type and was friendly, innovative in his thinking, sensitive to the emotions of others and a flexible and adaptable kind of

[6]In my opinion, formal assessment of intelligence and achievement is not always necessary. I prefer to gather this type of information from the parents or client and test ONLY when the information is not available any other way.

guy. He wasn't particularly interested in details, accuracy or finishing what he started.

Testing revealed that he was highly intelligent and achieving well in all areas. However, it was hard for him to sit still and finish his work. He also had asthma. In view of his history of asthma, it was suggested that he try a milk-free week to see if this would alleviate either the asthma or attentional symptoms. It did both!!! But getting school work done was still a challenge.

Around this time, he spontaneously began to do his work at school. When asked what had happened, Mac indicated that his teacher had started giving detentions for incomplete work and he had decided that if he wanted to come home right away after school, he might as well do his work in school! (My sense was that he was finally able to "think" well enough to do his work in school.)

Six months later, the parents reported that at holiday time, Mac's diet was relaxed a bit and they saw the old behaviors of restlessness and impulsivity return; but during the school term the diet was strictly followed. His diet and very clear expectations for "work before play" have helped Mac to become a very successful student in his new country.

How do you tell which food(s) to take out of your diet?

In every culture, people tend to be sensitive to substances to which they are over-exposed. In North America, it is wheat, milk and corn. In Mexico, it is corn. It Indonesia, it is rice. Your symptoms will determine which foods come out of your diet for a week and are then re-introduced one at a time to see if and how they are affecting you.

If people have lots of colds, flus or ear infections (more than 2 per year), I usually suggest taking out *all milk products* for a week. Then put them back in for three days. See how you feel. Be sure to record what you eat and how you feel each day on the Symptom and Food Diary. Other people get in really bad moods for no apparent reason. They act like a "Dr. Jekyll and Mr. Hyde" kind of person. This is someone who is nice and pleasant one minute and grumpy the next. In this case, I usually suggest taking out *wheat products. Y*es, that's bread, pasta, pastries, etc. but it's just for a week and there are lots of other starches you can eat (like rye, oats, corn, rice, potatoes). In this way, you can find out if wheat is hurting you in any way. *Corn & sugar* (including alcohol) come out if you crave either of these substances (e.g. having popcorn every night) or if there is a history of diabetes or alcoholism in the family.

If you don't have any of these symptoms, you may consider if there is anything that you are already cutting down on that you eat every day or feel as though you can't live without. We are often addicted to or crave the foods and other substances to which we are allergic!

If you are a teacher or other helping professional, you probably have very little control over someone else's diet. But parents usually want to know how to help their children and you may be able to direct them to self-help resources such as The A.D.D. Guidebook, or the "Self-Managed Journey" on the website www.empowermentplus.org. There are detailed instructions as to how to take a suspected food or foods out of the diet for a week and then put back in for three days. Several different people are asked to observe any differences.

The use of rating scales and checklists (like the Screening Checklist for Attentional Concerns, p. 3 and the Symptom and Food Diary, p. 15) greatly assist in evaluating the effect of these dietary manipulations on attention.

I want to see people being the best that they can be as naturally as possible. When they do "qualify" for a diagnosis of A.D.D. after we have experimented with their food, I find that 100% of my clients who want to try medication DO respond to very small doses of Ritalin and without any side-effects!

By taking certain foods out of your diet and putting them back in one at a time you can observe the effects on your attention and physical symptoms.

If you want to take a more comprehensive approach to deciding which foods to eliminate, you may want to discuss this with a local naturopath or allergist. Muscle testing and computerized assessments are both forms of allergy testing that may be able to tell you your top ten sensitivities.

By taking certain foods out of your diet and putting them back in you can observe the effects on your attention and physical symptoms how you feel. Keeping careful records will increase the power of your observations. If you feel better off one particular food and want to try another one, be sure to keep the first food out when you are testing the second one. You want to find out just how good you can feel as naturally as possible.

SYMPTOM AND FOOD DIARY ** (SFD)*

Step 1: Write down all of the food items you ate/drank yesterday or on a typical day.
Step 2: Look through the list of symptoms in the Table below and decide which of them applied to you during that day. Put a number in every box below to describe the severity of the symptoms as follows:

0 - no symptom, 1 - just a little, 2 - moderate, 3 - severe

FOOD

BREAKFAST ______________________________

LUNCH ______________________________

SUPPER ______________________________

SNACKS: (State time of day) ______________________________

SYMPTOMS

TIME OF DAY/ SYMPTOM	BEFORE BREAKFAST	AFTER BREAKFAST	AFTER LUNCH	AFTER SUPPER	*SUB TOTALS*
TIRED OR DROWSY					
IRRITABLE					
OVERACTIVE					
HEADACHE					
RESPIRATORY (Stuffy Nose, Cough)					
DIGESTIVE (Nausea, bellyache)					
SKIN (Hives, Excema, Itching)					
URINARY (Frequent or Wetting)					
OTHER (please specify)					
				TOTAL SCORE	

SCORING: After entering the numbers in the appropriate boxes, add up the subtotals for each row and enter them into the right hand boxes. To calculate the Total Score, add these subtotals together.

COMMENTS: (Mention anything that happened to you today that might account for your symptoms other than food.... or any observations or ideas you may have, including cravings, etc.)

____

THIS FORM MAY BE REPRODUCED

* Adapted by Dr. Teeya Scholten R. Psych. from a rating format used by Dr. William Langdon, a pediatric allergist from London, Ont.
www.empowermentplus.org

Be careful not to go off more than a few foods permanently. We all need a well-balanced diet (i.e., a balance of protein, vegetables, fruits and starches). If you find that you are sensitive to a large number of foods, you may wish to consult with your family doctor, a dietitian, or a nutritionist to make sure that you are getting the nutrients that you need.

Be careful

that you maintain a well-balanced diet.

Another approach is to introduce a 5-day rotational diet advocated by Dr. Marshall Mandell (1979, 1981). Using this approach, you can eat everything, but you do not eat a particular food more frequently than every five days (i.e., if you had a milk product on Monday, you would not have anything with milk in it again until Friday.)

Just remember! Eliminating certain foods from your diet is only the first step in investigating attentional concerns (at least, in the way I work with people!). I have spent a lot of time telling you about it, because this information is NOT yet commonly available to people.

After investigating the possible role of food sensitivities, it will be important to rule out other possible causes reasons for your challenges (see Appendix A – Common Causes of Attentional Symptoms) and to understand how you function in other areas such as learning, personality type, etc. (see above, pp 1-15).

5) What other factors influence functioning?

In anyone, but especially someone with A.D.D., it important to know where their interests and abilities lie. These are things that will "turn them on", motivate and inspire them. Other factors, too, influence one's functioning. It may be position in the family, a history of alcoholism or different kinds of abuse.

Once you have all of this type of information, you will be able to understand the whole person better (mind-body-spirit) and they usually understand themselves better too. The question becomes not just "Do I have A.D.D. or not?" but rather "What factors are affecting how I function and how can I be the best I can be?" For more ideas, see the section in this book on Making the Most of your A.D.D..

The patterns which I have described in the sections above are "classic" ones and fit a large percentage of individuals with A.D.D. Other people require a more in-depth investigation into various areas such as their learning challenges or environmental sensitivities. But it is surprising how many clients fit these classic patterns and can experience success with minimal intervention.

If you want to learn more about A.D.D., you may wish to refer to some resources that have been written especially for parents of children or adults who suspect A.D.D. See the Selected Reading List at the end of this book, and other books which I have written. The A.D.D. Guidebook (Scholten, 2006) is a book that I have written specifically for adults who want to understand themselves or their children in all of the areas mentioned above, before or even after they go to a professional and get a diagnosis of A.D.D.

Riding the Wave (Scholten, 2003) is another book which describes a behavior management technique developed specifically for parents of children with attentional challenges. This is for children who need to learn self-control. And it works! In addition to these two resources, many other books are listed in the Selected Reading List to assist you in your process of self-discovery and mastery of this thing called A.D.D.

Myths about A.D.D.

I give a lot of lectures in the area of A.D.D., LD, and depression. During these, questions arise which suggest to me that there is a lot of misunderstanding right now about A.D.D. I hope that some of this might be cleared up for you, by considering some of the following myths which I have heard…and MY answers to them.

What do YOU believe?

Myth #1 – A.D.D. doesn't really exist. It's just a fad.

Myth #2 – People with A.D.D. are destined to be failures.

Myth #3 – A.D.D. is a curse.

Myth #4 – Food dyes cause A.D.D.

Myth #5 – If I take medication for my A.D.D., I will lose my "creative edge".

You will need to decide for yourself just what you think about these issues. What is your opinion? You might want to write out your answers now and then again, after you finishing reading this section!

Let's have a look at these one at a time.

Myth #1 – A.D.D. doesn't really exist. It's just a fad.

[7] ***The Truth[8] is…A.D.D. is real, but it takes skill to make a proper diagnosis.***

I DO believe (as do many others in the field of A.D.D.) that there really are more and more people with A.D.D. (see Myth 2, p. 20). But I also think that it seems like a fad because so many people, children, in particular, are being mis-diagnosed with A.D.D. when they do NOT really have it.

A.D.D. does exist, but we don't fully understand it yet. It was first discovered in the early 1900's. It's been called by a variety of different names over the years, such as "minimal brain dysfunction", "hyperactivity" and lately "Attention Deficit/Hyperactivity Disorder". It's just in the last 15 years that we have discovered that it can exist in adults and what A.D.D. looks like without hyperactivity. Not many practitioners currently understand that people with A.D.D. can look very different from each other depending on their personality type, Learning Discrepancies and food sensitivities. But we're getting there!

I believe that the reason it seems like a fad is that A.D.D. is presently being **mis-diagnosed**. In other words, people may be told they have A.D.D. and may be put on drugs to treat it, when the attentional symptoms are actually due to something else – not A.D.D. Remember Mac's story (p. 12)? In Mac's case, Ritalin had been prescribed and he had "responded" well, except for a "rebound" reaction. But his positive response to medication was certainly NOT a valid confirmation of his diagnosis of A.D.D. Unfortunately, this is what doctors are being incorrectly taught – that a positive response to Ritalin means that the person has A.D.D. In Mac's case, the medication wasn't even necessary, once the milk sensitivity was discovered and Mac was encouraged in the time management strategy of "work before play"!

It is important to always be aware that the attentional symptoms might be due to another reason, such as hypoglycemia, post-traumatic stress disorder, food sensitivities, depression or learning challenges (see Appendix A - Causes of Attentional Symptoms) and to rule these out prior to making a formal diagnosis of A.D.D.).

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[7] I'm using the little as a "For Your Information" sign!

[8] The "truth" at least, according to my understanding and professional opinion.

Myth #2 – People with A.D.D. destined to be failures.

The Truth is…people with A.D.D. can be very successful when they have learned how to "harness their energy" and are doing something in which they are interested.

I have A.D.D. and I don't think I am a failure. In fact, so many people with A.D.D. have been successful that Thom Hartmann has written at least three books on this aspect of A.D.D.. Attention Deficit Disorder: A Different Perception (1993) describes the benefits of A.D.D.; Success Stories (1995), tells true stories about people with A.D.D. who have experienced success. ADHD Secrets of Success, (2002) offers tips on a variety of topics, including how ADDers can take advantage of their traits by choosing an appropriate profession.

However, having A.D.D. CAN make life a little challenging – both for the person who has it and the people who are trying to parent or live with the ADDer!!! It is important for the ADDer to understand how s/he learns and works best. Many adults with A.D.D. have become very successful entrepreneurs – when they have learned how to "harness their energy". They can have boundless enthusiasm and can show a great deal of creativity in their areas of interest.

Hartmann (1993) proposed that people with A.D.D. have many talents, but often feel like "hunters" who are caught in a "farmer-like" environment. These concepts are illustrated by the cartoons of the "hunter" and the "farmer" on the next two pages.

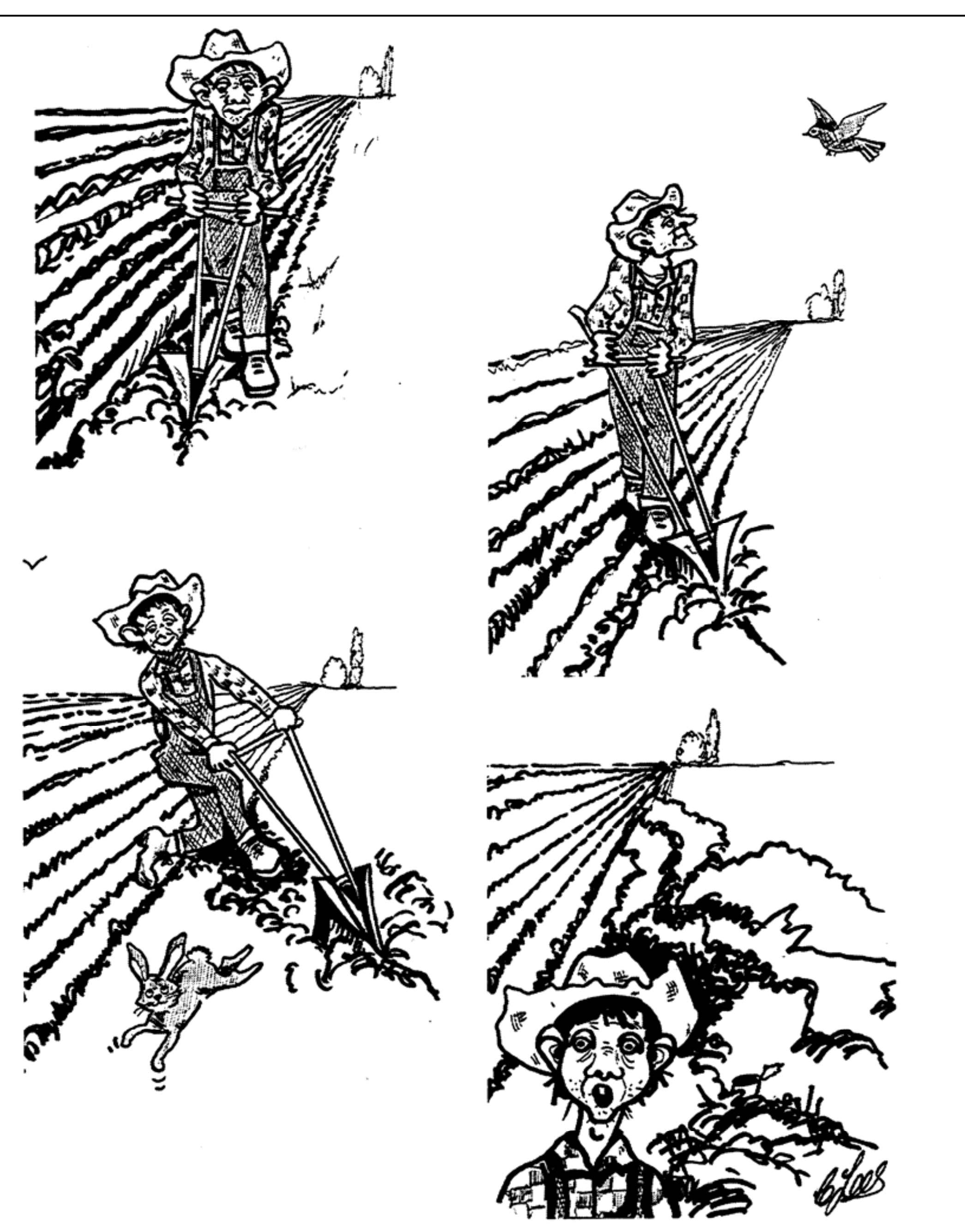
If you are a hunter in a "hunter situation" which requires lots of energy and the ability to think and act quickly in response to a number of different demands, that's great. If someone you know is like a farmer in a "farmer situation" that requires a focussed, single-minded, step-by-step approach, then they are fortunate, too. But if you are an ADDer who feels like a hunter and you find yourself in a situation with farmer-like demands, you may be feeling quite frustrated!

My hope is that we can become aware of the qualities that are needed in different kinds of environments and learn to match people's natural abilities with work and school environments which allow them to develop to their full potential!

Figure 1.0 - The "Successful" Hunter

This hunter was successful because of his ability to notice things like the rabbit hiding in it's burrow and the bird flying overhead. Should those behaviors be considered ***distractible or observant*?** What if the hunter was not a quick-decision-maker and took several minutes to make the decision to shoot the bird? The bird would have been gone! Shall we call that ***impulsive or quick-decision-making*?** Finally, when the hunter runs home to feed his family, is that being ***hyperactive*** or simply a sign of being ***energetic***? These qualities of being observant, making quick decisions and having lots of energy contributed to the success of the hunter in this environment.

Figure 2.0 The "Not-So-Successful" Farmer



Do you notice how the farmer starts off very well, but then gets ***"distracted"***. His plow gets off track when he notices the bird and then he ends up playing with the rabbit and forgetting about what he was supposed to be doing! The result is a plowing job that is ***messy and incomplete***. Isn't that how it feels to many of us, when we find ourselves in environments that don't make the best use of our uniqueness?

Myth #3 – A.D.D. is a curse.

The Truth is…the "channel-surfing brain" of the ADDer can be a real advantage in the right environment.

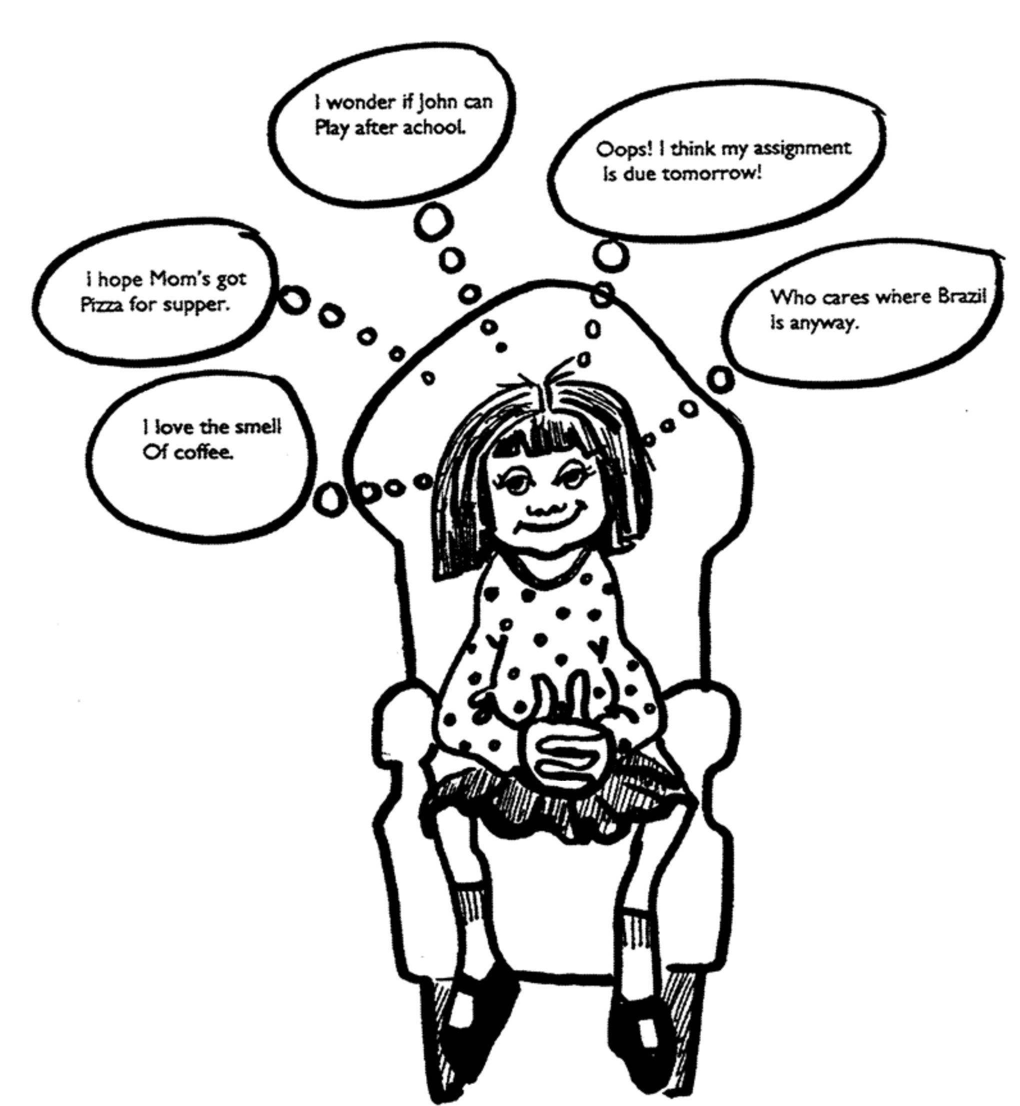
It may sometimes FEEL like a bit of a "curse" to have A.D.D., when it is difficult to concentrate, when you are trying to be patient, or when you've missed something that someone just said…but A.D.D. can actually have many advantages. This is illustrated in my 15 minute DVD that explains the Empowerment Plus® method that I have developed (see www.empowermentplus.org for more details).

People with Attention Deluxe Dimension can actually attend to a lot of different things at once!

I like to call A.D.D. "Attention Deluxe Dimension" because people with A.D.D. can often pay attention to a lot of things at once! I invented this term and started using it in 1995. I was tired of telling people that they had some kind of "disorder, dysfunction or disability". Labels can serve a purpose for educational funding or remedial support. Having a diagnosis can also help to understand what is going on and what is needed to achieve success. In general, however, I do not believe that using negative terms is empowering to people. Besides, people with A.D.D. seem to be able to do things like think on many different channels at once. So, I began to think about our minds as having a "deluxe" or abundance of attention.

Having "Attention Deluxe Dimension" permits such talents as "mental channel-surfing" - in your mind, in a way similar to what you probably do with the T.V. remote control. Not everyone can watch two or three programs at once, and make sense of them, you know! So this can be a wonderful ability, at times.

Figure 3.0 – The "Channel-Surfing Brain" of someone with "Attention Deluxe Dimension"



She's just sitting there quietly, but her brain is very busy! When an ADDer has A.D.D. with hyperactivity, you see the physical movement. When you have A.D.D. without hyperactivity, the body tends to be quieter. So you may not be aware of how much is going on inside the head! But, in both kinds of A.D.D., the brain is very busy, "channel-surfing" and thinking of all sorts of things and in new and different combinations. No wonder people with A.D.D. often come up with creative ideas!

Myth #4 – Food dyes cause A.D.D.

The Truth is…food sensitivities can cause symptoms that look like A.D.D., but are not really due to A.D.D..

Over the years there has been a lot of **controversy** about the cause of A.D.D. Some people think that it's due to artificial colours and flavours, or to sugar or to food sensitivities. Others say that this is not true at all, saying that the research which has been done on large groups of people has not yet "proven" this.

They are both right. Do you know why? It's because we are all different and no ONE substance is going to cause symptoms in everyone! But some substances have a significant effect on the functioning of some people.

What this means is that anytime there is a research project in which EVERYONE is taken off the same substance (like milk, wheat, corn, sugar or artificial colours or flavours), we will NOT get statistically significant results. Not everyone will have the same reaction to the same substance. Some people may react strongly to the substance being tested, but if this is not true for the majority, the researcher must conclude that it has "no effect".

But have you ever tried telling this to a mother who just "knows" that her child "hits the ceiling" when s/he has pop with red dye? She has learned from experience what affects HER child. What affects one person may not affect another. Therefore, we have to find out what affects YOU.

Since I am a psychologist and not an allergist, dietitian or nutritionist, I take what I call a very "actuarial approach" to this area of food sensitivity. This way of looking at things means that I look at averages or the statistics in a population and use this information when working with clients. In North America we tend to over-consume milk products, wheat, corn and sugar. Therefore, people who live here are likely to be sensitive to at least one (or more) of these substances.

Large scale research has not yet "proven" that foods or dyes are causes of attentional issues. Do you know why?
It's because our bodies are all different and react to different things!

Dr. Doris Rapp (1989), a well-known pediatric allergist says that if you have a reaction of sneezing, wheezing, itching or an unexpected emotional reaction, ask yourself "what have I tasted, touched or breathed in during the last hour?" By observing yourself carefully, you may begin to understand whether or not food or environmental sensitivities are having an affect on your learning and/or attention or even your physical or emotional health.

In my own case, I couldn't understand why I had felt so depressed since I was at least 8 years old. Finally, when I was 26 years old, I decided to listen to my neighbour who had been telling me for three years that my oldest son had allergies. Once I went to the allergist for my son, Jeff, I found out that it was wheat that was resulting in my depression and milk products that were contributing to Jeff's recurring bronchitis and ear infections. I am very grateful for this knowledge.

If you have not already done so, you may wish to take a few moments to complete the Symptom and Food Diary (p. 15) for the person whose attentional symptoms you are concerned about. This will give you a measure of how or he she normally feels. We call this a "baseline" and can be used to monitor any changes in how you feel when you start to change anything in your diet.

If you want to experiment, you may want to go to our website (www.empowermentplus.org) to see which foods you may want to eliminate. If you have symptoms that suggest you are sensitive to more than one of the targeted foods (e.g. milk, wheat, corn/sugar), be sure to go off them all at the same time. We want to find out how good you can feel! Do this for a week and go back ON the food(s), one at a time, for three days. See how you feel, so that we can determine what, if anything, these foods are doing to you. Be sure to complete a Screening Checklist (p. 3) before you begin and again after you have been off your suspected food(s) for a week. Fill out a Symptom and Food Diary (p. 15) every day of your ten day food test (i.e., 7 days off and 3 days back on a particular food) and then see what happens. For more information on this topic see pp. 11- 16 above or follow the instructions in the Food Sensitivities section of the "Self-Managed Journey" on our website.

Myth #5 – If I take medication for my A.D.D., I will lose my "creative edge".

> ***The Truth is…if a proper diagnosis of A.D.D. is made and the correct dose of medication identified, it should help you to feel alert, creative and very capable of being the "best you can be".***

There is a lot of controversy in the area of medication for A.D.D. Some adults are worried that it might change their personality. Many parents report that their children became "zombies" when they went on medication. These children are most likely over-medicated. I am on medication and so are 2/3 of my clients with A.D.D. and we are full of "vim and vigour". But then, I believe that they have had a proper diagnosis and are on the proper amount of medication (i.e. the least amount that gives the maximum payoff with no side effects).

People with A.D.D. can be very successful when they have learned how to "harness their energy!

I believe that much of the "bad press" about drugs like Ritalin comes from people being put on medication too early – before we are sure that they really have A.D.D. Some physicians have been taught (incorrectly) that if a person responds to Ritalin, that means that they have A.D.D. People can respond to medication for different reasons, as you read in Mac's story, p. 12. In order to make a proper diagnosis, all other reasons for the attentional issues need to be ruled out (see Causes of Attentional Symptoms in Appendix A, and Myth #3, p. 23).

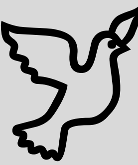
I believe that the "zombies" that we read about in the newspapers are usually the over-medicated ones. Some physicians are being taught (incorrectly) that the amount of Ritalin prescribed to a person should be determined by their body weight. Although this is true for many drugs, it is NOT true for Ritalin. Dr. Geraldine Farrelly is a Calgary pediatrician who has developed a cautious approach to doing a medication trial (see Appendix D – The Farrelly Protocol for a Medication Trial). It involves starting off with a small dose and working up slowly until you identify the smallest dose which gives you the maximum benefit. For more information about medication, how it works and detailed instructions about how to follow the Farrelly Protocol, see The A.D.D. Guidebook.

So now we know[9] that …

- ***A.D.D. is real, but it takes skill to make a proper diagnosis***
- ***people with A.D.D. can be very successful when they have learned how to "harness their energy" and are doing something in which they are interested***
- ***the "channel-surfing brain" of the ADDer can be a real advantage in the right environment***
- ***food sensitivities and other physical concerns can cause symptoms that look like, but are not A.D.D.***
- ***if a proper diagnosis of A.D.D. is made and the correct dose of medication identified, it should help you to feel alert, creative and very capable of being the "best you can be".***

If you want to know if you (or your child, student, patient or client) have A.D.D or something else that is causing attentional symptoms, it may be time to look into some resources that give you more detailed guidance or contact a professional trained in Empowerment Plus® or at least in an integrated approach to A.D.D. An integrated approach combines the best of Complementary and Alternative strategies (e.g. nutrition) with more traditional methods, such as medication.

You want to find out just how good you can feel as naturally as possible.



[9] It is important to remember that we are learning more about A.D.D. every day… this is just some of the information that we know right now…February 2008.

Making the Most of your A.D.D.

Perhaps you have already had a diagnosis of A.D.D. and are wondering if there is anything more you can do to help yourself. These are a few things I would recommend for making the most of your situation:

- Understand the pros and cons of A.D.D.
- Develop awareness of yourself and others
- Build on your strengths
- Reduce stressors
- Get support
- Build balance in mind-body-spirit

♦ UNDERSTAND THE PROS AND CONS OF A.D.D.

The first thing you will need to decide is HOW you look at your A.D.D. Do you consider it a "curse" or a "blessing"? Try to become aware of where A.D.D can help you to accomplish your dreams and make a contribution to this world and where it can get you into trouble. I choose to celebrate it, enjoy the advantages of a "channel-surfing mind" and have patience with myself in my many areas of "challenge". I hope that you will try to enjoy the energy, enthusiasm, and channel-surfing potential of your 21st Century mind!

It can be helpful to view people with A.D.D. in a more positive way and to learn techniques for dealing with their "channel-surfing" brains.

♦ DEVELOP AWARENESS OF YOURSELF AND OTHERS

Understand, accept and celebrate yourself and others. Accept your uniqueness and how it interacts with the gifts that your children, your partner, or your friends bring to your relationships. Understand the "whole person" and how your attentional patterns interact with your personality and learning strengths and challenges. This information will help you in getting along with others and making the most of your abilities.

You may want to pay particular attention to some of the "classic books" on A.D.D. which are mentioned in the Selected Reading List, p. 33. See those by Kelly and Ramundo (1995), Hallowell and Ratey (1995), Hartmann (1993, 1995, 2002) and Weiss (1992). If you are a helping professional and would like more detailed information on questionnaires and intervention strategies, see Barkley (1998 & 2000) and/or access resource material available through CHADD or your local resource libraries.

> ***Work with your strengths in the way that is most effective for you. Follow your passion.***

♦ BUILD ON YOUR STRENGTHS

Did you know that the reason many ADDers move around or fidget or doodle is actually an attempt to "stimulate the brain"? This kind of physical movement causes the chemicals in the brain called neurotransmitters to fire. This is what helps us to concentrate. Often parents, teachers or employers may think that ADDers "fidget" or doodle when we are not interested in listening. In fact, the opposite is often true. Moving helps us to concentrate. Interest also provides a lot of stimulation. That is why it is so important to understand ourselves, ***what we are good at*** and what we are most ***interested*** in doing. If we don't find ways to provide this stimulation for our own brains in a healthy, natural way, we may find other less healthy ways. We may engage in addictive or high risk behaviors or self-medicate in harmful ways. What are you good at? What do you enjoy doing? Are you doing it? If so, great! If not, why not?

♦ REDUCE STRESSORS

Examine your life and find ways to reduce unnecessary stressors whenever possible. A certain amount of stress can be a good thing, but too much ends up preventing us from "being the best we can be". There are a lot of things in our lives that cause us stress. Some things we can change, others not. We can also build up our ability to handle stress through rest, meditation and exercise. Tolle (1997) gives some step-by-step instructions in how to reduce the stress of daily life. Even drinking enough water can be very important to our well-being. For more information about your "stress bucket" and what you can do to reduce your stressors or build up the size of your bucket, see The A.D.D. Guidebook, which I have written as a comprehensive, self-directed guide, or other resources on stress management.

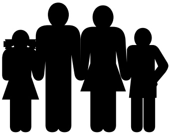
♦ GET SUPPORT

Talk with others who understand. There are many local self-help groups. CH.A.D.D.[10] is one the best that I am aware of at this point. You can learn from others who are going through the same experience. That's why I've included a few personal stories in this book (see the Preface, page iv, Mac's story, p. 12 and Appendix E - Captain Chaos gains Self-Control). If you need more assistance, organizations such as CH.A.D.D. can help you find professionals who are experts in the area of A.D.D.

♦ BUILD BALANCE IN MIND-BODY-SPIRIT

More and more people are coming to realize the importance of having a healthy mind and body as well as a fully-functioning spirit. Do you have a relationship with the Creator? If not, I encourage you to reflect upon this aspect of your life. It is very important, in my opinion. See my book Overcoming Depression for ways to connect with spirit as well as many tools to help you reach emotional mastery. Any of my books can be ordered through the website.

Once you have explored A.D.D. in a wholistic way,
you will need to decide if your concerns have been resolved.
Please get professional help, if you need it.



Your family is worth it!

[10] CHADD is a national self-help organization dedicated to helping children and adults with A.D.D. and their families. Check the Internet or contact the national office in Canada at www.chaddcanada.org or in the U.S.A. at www.chadd.org to see if there is a CHADD chapter in your area.

Summary

In this book, very basic material has been presented to give you a general idea of some things which you may wish to explore in further depth, or not! It has been my intention:

- To describe what is involved in taking a "wholistic" approach to A.D.D. and how you might begin to do this
- To dispel a few myths
- To give you some hope and encouragement
- To share some stories to show you how a "wholistic" approach works
- To point you the way to some more resources which can help you to explore A.D.D. in further depth when you are ready to do so

My hope is that you take from this book only the material which makes sense to you. Just ignore the rest. Some of this information may be what you need to hear now and some of it may be better for later. I encourage you to trust your own instincts as parents. I know that you want the best for your children, your partner and yourself.

Whatever you do take from this book I hope that, at the very least, you consider taking a positive approach by calling A.D.D. - "Attention Deluxe Dimension". We don't have a lot to lose by thinking of the ADDer brain as one that is "channel-surfing" and may be caught paying attention to "too many" things rather than as one that just CAN'T pay attention!

What questions do you still have? Are there other misunderstandings that you are aware of and that need to be cleared up? How was this book to read? Did it give you enough food for thought? I'd love to hear from you if you have the time to write, call or email and let me know.

Blessings on your journey!

Dr. Teeya

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Appendix A

Common Causes of Attentional Symptoms

There are many factors which affect our ability to attend to one thing at a time. These can also impact upon other characteristics commonly associated with A.D.D. All of these factors need to be ruled out or investigated in exploring whether or not you have an Attention Deluxe Dimension brain which is "wired for the 21st Century"! Some of these are:

Physical

- thyroid, hypoglycemia
- improper nutrition
- "brain" allergy to substances in the environment (such as dust, wheat, milk, corn, sugar, alcohol, etc.)
- substance abuse

Emotional

- depression
- post-traumatic stress disorder
- bi-polar disorder
- thought disorder
- psychotic reactions

Environmental

- learned behavior through living in a chaotic environment
- reaction to ongoing stress on the job or in relationships
- a reaction to past or present physical or sexual abuse

Personality

- personality type - some people have personality types which tend to be talkative, innovative and flexible, but somewhat procrastinating and prone to careless errors. These "types" may "look" as though they have A.D.D., but may just need a little help in time management strategies. Other personality types may actually have A.D.D., but NOT look like it especially if they are quiet, sensitive, and value accuracy and task completion.

Learning

- Learning Discrepancies/disabilities/challenges may result in symptoms that look like A.D.D. because it can be difficult to concentrate on something that is very difficult to do

Appendix B

The Levine Information Processing Questionnaire[11]

CLIENT NAME:_____________________DATE:______________RATER:________

Instructions:

In the space to the left of each question place a Y or N, for what would be true in comparison to others of a similar age. Put a questions mark (?) if you are not sure of the answer or don't understand the question. Each person completing the questionnaire should do so separately.

A. Input of Information

1.0 Maintaining Consistent Alertness

1.1 Does s/he seem to be tired (i.e., yawn, stretch) during the daytime?
1.2 Does s/he fidget a lot?
1.3 Does s/he seem to "tune out" or daydream during conversations, on tests or while working on projects?
1.4 Is there a history of unusual or difficult sleeping patterns?

2.0 Taking in Information Deeply Enough

2.1 Does s/he have a hard time remembering what is said (i.e., short term memory)
2.2 Does s/he ask for information to be repeated right away because it has been "forgotten"?
2.3 Is there inconsistency in his/her understanding of information that has recently been given?
2.4 Is s/he absent-minded?

THIS FORM MAY BE REPRODUCED

[11] This questionnaire was developed for use with children by Dr. Mel Levine and adapted for use with adults and children by Dr. Teeya Scholten and staff of the Calgary Learning Centre.

3.0 Passive or Active Processing

3.1 Is this someone who memorizes information rather than trying to understand it?
3.2 Does s/he seem to have a hard time relating new information or knowledge to material that has been learned previously?
3.3 Is this a person who seems to have no strong interests in any academic subject matter?
3.4 Does s/he complain of feeling bored much of the time?

4.0 Determining the Importance of Information

4.1 Are there indications that this person has a great difficulty deciding what's important and what's irrelevant?
4.2 Does s/he have trouble focusing on the important details?
4.3 Does s/he have a hard time summarizing or paraphrasing information?
4.4 Does s/he have trouble understanding the overall meaning of what s/he reads or hears?

5.0 Filtering out Distractions

5.1 Does s/he frequently look around (i.e., stare off into space) during conversations or while working?
5.2 Are there signs of being "tuned in" to or distracted by background sights or noises?
5.3 Does this person fidget with his/her fingers or other objects at inappropriate times?
5.4 Is it especially hard for this person to "filter out" noises?

6.0 Ability to Satisfy Oneself

6.1 Is this the sort of individual who wants things all the time and loses interest rather quickly when s/he finally acquires what s/he wanted?
6.2 Does s/he appear to crave highly intense experiences?

6.3 Does s/he like to "stir things up" in order to
produce excitement or high levels of stimulation?
6.4 Is it necessary for there to be ultra high levels of stimulation or personal
interest in order to concentrate effectively?

B. Output of Information

7.0 Preview of Outcomes

7.1 Does this person fail to look ahead?
7.2 Are there signs that s/he doesn't think about the consequences
before doing or trying something?
7.3 Does s/he work impulsively (i.e. without exerting sufficient planning)?
7.4 Does s/he have a hard time estimating how long tasks projects or
assignments might take?

8.0 Behavioral Control

8.1 Does s/he have a hard time controlling his/her own behavior?
8.2 Does s/he seems to do many things the hard way?
8.3 Is this someone who seems to lack alternative strategies (i.e., for learning
coping with stress, relating to others)?
8.4 Are there signs of poor motor control (i.e., clumsiness) when trying to
start or stop an activity?

9.0 Pacing of Activities

9.1 Does s/he do many things too quickly?
9.2 Are there times when s/he operates too slowly?
9.3 Is this someone with a weak sense of time - its allocation, its sequences,
its planning implications?
9.4 Does s/he make many careless mistakes because of rushing?

10.0 Consistency of Effort

10.1 Is there a lot of variability in the amount or quality of work done?
10.2 Does his/her performance deteriorate over time when he or she is trying to complete a task or assignment?
10.3 Is it often hard for this individual to get started with work?
10.4 Does s/he seem "lazy" or somehow poorly motivated?

11.0 Self-Monitoring

11.1 Is there a tendency to fail to notice when s/he makes errors in work?
11.2 Does s/he resist checking or proofreading their work?
11.3 In social interactions, does s/he have trouble knowing how s/he is doing (i.e. interpreting social feedback or other non-verbal cues from others)?
11.4 Does this person behave in inappropriate ways without seeming to realize early enough that s/he may be getting into trouble?

12.0 Learning from Experience

12.1 Does s/he have a hard time learning from his/her mistakes?
12.2 Does this individual seem indifferent to rewards or praise?
12.3 Are there indications that s/he fails to "learn from experience"?
12.4 Does this person seem relatively unable to make use of feedback given by others?

How to Interpret the Levine Information Processing Questionnaire:

Count the number of sections in which **more** questions have been answered with a "Yes" than with a "No". This will probably identify the 4-6 areas of information processing which are most strongly affected. (If you have identified more than 6 areas, you may wish to "count" only those areas where you have said "Yes" to every item.) Put an asterisk beside each area of concern and refer to Strategies for Improving Attention on the next page for ideas for appropriate interventions.

Appendix C
Strategies for Improving Attention[12]

Maintaining Consistent Alertness

- Sitting at the front of the class
- Getting enough sleep in order to be alert during work or class times
- Reduce the amount of work given at any one time
- Frequent breaks or opportunity to move around
- Use of hands for physical activity (i.e., "stress ball", piece of plasticene, doodling)
- Consultation with physician re medication trial to determine if this will facilitate alertness
- Use areas of interests in school projects /workplace

Taking in lnformation Deeply Enough

- Use self-talk or note-taking to review information (e.g., "What it is I have just learned?")
- Self-testing techniques to see if material is being understood
- Paraphrasing
- Repetition or demonstration of instructions or explanations

Passive or Excessively Active Processing

- Reminder cards ("Am I being passive or is my mind too active?")
- A disciplined approach to thinking more deeply about a subject (e.g., "What are the things you already know that this new material reminds you of? How is it pretty much like it? How is it new and different? How does this new information fit into the overall scheme?").
- Put effort into developing knowledge and skills in areas of interest
- Keeping score of how often there are "channel-surfing mind trips" and/or "wake up calls"
- Recording and making use of ideas which are generated during periods of daydreaming or creative thinking

THIS FORM MAY BE REPRODUCED

[12] These strategies were developed by Dr. Mel Levine and are meant to be used in conjunction with the Levine Information Processing Questionnaire which identifies 12 possible areas of information processing which can by affected by problems in attention.

Determining the Importance of Information

- Learn how to paraphrase and summarize
- Games emphasizing vigilance and attention to fine detail
- Margin monitoring, underlining and circling skills when reading/studying
- Practice crossing out irrelevant information (e.g. , in math word problems

Filtering Out Distractions

- Minimize distractions at home, work and school
- Use of consistent background sounds (e.g., use of ear plugs, music on a walkman) when reading or studying
- Frequent, but timed breaks from study

Ability to Satisfy Oneself

- Use of high motivational content for learning - give choices (i.e., What are you most interested in learning today - option a) or b)?")
- Stress on timed delays of gratification (e.g., "When it's break time in another 20 minutes, there'll be a chance to do . . .")
- Identification and acknowledgment of areas which are not interesting and in which there will be low motivation
- The establishment of "getting satisfied" time allocations at home

Preview of Outcomes

- Application of "what if ?" exercises to imagine future outcomes - in behavioral, social and/or cognitive-academic areas
- Practice describing final products (i.e., "What do I want this to look like when I finish? What is it I want to say in this report? What do I want others to think about me? How do I want to behave in a particular situation?)
- Diagramming of previewed outcomes
- Practice estimating answers

Behavioral Control

- Review of alternative (cognitive - academic, social, and/or behavioral) strategies and selection of strategy which has the best chance of working out (i.e., "best-bet"), along with "back-up" strategies in case it is needed
- Use of hypothetical (i.e., "what if...") case studies for above review
- Making plans for social survival or other challenging situations
- Using flow charts to diagram choices for behavior and possible outcomes
- Review of outcomes and exploration of other alternatives that might have worked better

Pacing of Activities

- Development of time management (in scheduling procedures at home and in school)
- Serve as a time manager at school/work
- Stress on time estimation ("How long should this take me?")
- Elimination of incentives for quick completion of tasks (i.e., no advantages to finishing or "getting it over with quickly")
- Use of time landmarks for writing/reading projects (i.e., "Where you should I be three weeks before the project is due?)
- Discussions of time and time management

Consistency of Effort

- Regularly-scheduled work breaks
- Conscious attempts to monitor and document graphically "on times" and "off times"
- Self-description - verbally and/or in writing- of what it feels like to be running out of "mental energy"
- Rotation of homework or reading sites at home
- Getting assistance in getting started without being "accused" (i.e., "jump starting" efforts by saying, "It's 7 p.m., didn't you say that you wanted to begin your project at that time?" instead of "Why can't you ever get started on your own?")

Self-Monitoring

- Stress on mid-task and terminal self assessment ("How am I doing?" or "How do I think I did?")
- Use of self-grading and commenting before submitting tests/ work assignments, with credit for accurate monitoring
- Proofreading exercises (e.g., COPS -Capitalization, Organization, Punctuation, Spelling)
- Routine proofreading of own work at least 48 hours after completion
- Use of hypothetical case studies to demonstrate the impacts of poor self-monitoring on behavior and interpersonal relating
- Inclusion of "quality control" measures in work and social plans
- Building self-monitoring as a step in planning actions or strategies

Learning from Experience

- Stress on very consistent consequences for actions
- Need for changing incentives in order to maintain their novelty
- Use of personal diaries to document outcomes of actions - possibly in diagrammatic form
- Lists of "What I've Done Right Today" and "Where I Went Astray Today" with a stress on lessons learned for the future. These lists can be reviewed with a "mentor" (with whom one has a valued relationship and to whom one can feel accountable for attaining the personal goals which have been set).

Appendix D
Farrelly[13] Protocol for a Medication Trial

Always begin with regular or **brand name Ritalin.** The prescribing physician should indicate and intitial "no substitutes" on the prescription pad; otherwise the pharmacist might substitute the generic brand or SR (Sustained Release). Dr. Farrelly considers these to be less effective than the brand name and suggests that the generic or SR can be tried once the medication trial has been completed to see if the same results are obtained.

Begin with a dosage of ½ of a 10 mg tablet of brand name Ritalin. Take it three times a day (i.e. just before breakfast, before lunch and between 4-5 p.m.). Never take the third dose after 6 p.m., as it may interfere with sleep. This third dose allows one to assess the effect of this amount of medication on homework, sports or other evening activities. Stay at each dosage level for three days. Increase the dose by 1/4 of a tablet per dose ***every three days,*** as follows:

Days 1-3 ....½ tab or 5.0 mg.
4-6 ....¾ tab or 7.5 mg.
7-9 ....1 tab or 10.0 mg.
10-12 ....1¼ tab or 12.5 mg.
13-15 ....1½ tab or 15.0 mg.
16-18 ....1¾ tab or 17.5 mg.
19-21 ....2 tab or 20.0 mg.*

Complete a **Screening Checklist for Attentional Concerns** every day of the trial so that responses can be monitored. Continue increasing the dosage level until signs of too much medication are noted (i.e., tiredness, irritability, light-headedness, feeling uncomfortable or "not oneself"). Then immediately cut back to previous level and stay on this dose until your next appointment. At this time, the Screening Checklists can be examined to see if you have responded to the medication and to identify the smallest dose that gave the optimal results. Once the correct dosage is determined, other medications that are taken once a day may be tried to see if similar effectiveness can be achieved. If Ritalin was not effective, other types of medication can be tried.

* Some individuals may require more than 20 mg. per dose, but this level should be very carefully supervised.

Dr. Farrelly advises that whenever possible, try to begin on a Saturday, in case the third dose results in wakefulness. Also, when possible, conduct the trial during a period of **stability** in the environment (i.e., avoid change in routine). **Each** individual is **unique** and their symptoms vary in severity. Individual responses may vary from dosage to dosage. The

[13] This approach to a medication trial was developed by Dr. Geraldine Farrelly, a Calgary pediatrician who has worked with A.D.D. for over 20 years. For more information on how to use this protocol and on questions related to medication issues and A.D.D., see The A.D.D. Guidebook by Dr. Teeya Scholten.

response can also be difficult to predict as some **small** individuals require **large** dosages, while some large individuals require small dosages. For this reason, a trial using **gradual increases in the amounts** of medication is really the only way to determine the exact dosage required. The **response** of the individual should be closely **monitored** across **many situations** such as home, school, workplace, and recreation by the use of **rating scales. The Screening Checklist for Attentional Concerns** should be completed by involved individuals (i.e., client/patient, partner, parent, teacher). Daily use of the Screening Checklist will assist the physician and/or mental health practitioner in assessing the response to medication. Keep in mind that feedback from the person him/herself is essential, regardless of age.

Reminder!!!

A positive response to medication does NOT confirm a diagnosis of AD/HD. There are many reasons that a person might show attentional symptoms and respond to the items on the Screening Checklist for Attentional Concerns. See Mac's story on p. 12 of **The A.D.D. Guidebook** by Dr. Teeya Scholten**.**

If there are 4-5 checkmarks in the Pretty Much to Very Much columns, all this tells us is that there ARE attentional concerns, NOT the cause of these concerns. That is why it is so important to rule out physical and emotional causes and to understand educational and personality factors before making a diagnosis of AD/HD and engaging in a medication trial.

Adapted Sept 27, 2004
Revised Jan 2008

Appendix E

Aaron's Case Study – Captain Chaos[14] gains Self-Control

Aaron Abbott was a fireball. Ever since he was a baby, he'd been on the go, like a wind up toy. He couldn't be left alone or he'd be into something. Parenting Aaron was exhausting and frustrating – for him and the rest of his family. It seemed like all he ever heard was "Don't touch that!" "Watch out, you'll fall!" "Can't you ever just do anything carefully?" His older brothers hadn't been anything like this and so his Mom and Dad knew that it couldn't be their fault. Or could it? His grandmother said that they just weren't being strict enough with Aaron. He was the baby and was being allowed to get away with murder.

Was Aaron's misbehavior the result of being allowed to "get away with murder" or was there something else going on?

By the time he was 7 years old, his parents felt like "remote control car" drivers, always telling Aaron what to do. It was a constant effort to try to get him up in the morning, ready for school, and out the door in time for the school bus. When he got home, the work began again -finding out what he had not completed in school that day and chasing him to do his homework. When he wasn't pulling the cat's tail, he was fighting with his brothers. Once he was finally in bed, he was up 10 times asking for a drink of water.

At the end of Grade Two, his teacher mentioned her concerns with his school work. She felt that Aaron was a lot more capable than his marks were showing. She wondered if he might have A.D.D. Both parents were upset at the thought, but once they learned more about it, they had to admit that he sure fit the stereotype. Mr. Abbott, wondered if A.D.D. was just an excuse and that his son just had to learn more self-discipline, but Mrs. Abbott wasn't so sure. She spoke to the family doctor about her concerns and he offered to put Aaron on Ritalin to see if that would help. Mrs. Abbott said she'd rather try some other things first. So she got

[14] Captain Chaos Lives Here is the name of a cute little book by Carol Johnson (1992). In it, she describes a very typical, little ADDer with hyperactivity. The story above is a fictional composite which I have created in order to illustrate how to use a wholistic approach in addressing the needs those with attentional concerns.

some information on A.D.D. and how to deal with it. She didn't really want to use drugs, but was willing to try them if nothing else worked.

Mrs. Abbott felt that the issue was not going to go away and that she was going to try to find out what was going on with Aaron. Her husband was skeptical but still willing at this point to see what could be done. So, they went to a seminar given by a psychologist who specialized in a wholistic approach to concerns in the area of attention and learning. Mr. and Mrs. Abbott liked the idea of looking at attention in a wholistic way and so they made an appointment.

First, they each filled out a Screening Checklist of Attentional Concerns in Adult and Children[15] (p. 3) on Aaron and had Aaron's teacher do the same. On all of their checklists, Aaron appeared to have an issue with attention. But what was the cause? Did he really have A.D.D. or was something else going on?

Did Aaron really have A.D.D. or was something else going on?

Mr. and Mrs. Abbott and the teacher completed the Levine Information Processing Questionnaire (see Appendix B) and were again in agreement on how Aaron's learning was being affected by his attentional challenge. He was having trouble filtering out distractions, determining the importance of information, satisfying himself, previewing outcomes and controlling his behavior. No wonder he had complained of things like not being able to think in school when the other kids were talking, or not being sure of what the teacher wanted him to do.

The parents and the teacher decided to work on only one area to begin with. They decided to see if ear plugs or wearing a walkman would help Aaron to be able to filter out noises in the classroom and allow him to concentrate on his schoolwork. He was so excited when he could actually think with the walkman on – both at school and at home. His teacher had arranged a visual signal for when he needed to turn it off to listen to instructions. However, Aaron still wasn't accomplishing very much school work unless he was particularly interested in doing it. He liked drawing and colouring maps, but he hated writing stories.

[15] All of the tools mentioned in Aaron's case study come from The A.D.D. Guidebook by Dr. Teeya Scholten.

Aaron was so excited that he could concentrate in his classroom when he wore his walkman to block out the distracting noises.

In the process of finding out whether or not Aaron had A.D.D., they would have to rule out all other causes of his attentional concerns. The psychologist took a detailed history from the Abbott's about Aaron's early development and what kinds of medical, educational and psychiatric concerns there were in the Abbott's and their relatives. The psychologist also observed Aaron in her office and his classroom and did some testing to make sure that he was able to read and write. The Abbott's had had Aaron's vision (eye co-ordination and acuity) and hearing tested the year before, so it wasn't necessary to repeat this. Since Aaron was having such a hard time making his letters neatly, the psychologist recommended having a consultation with an occupational therapist. The occupational therapist worked with Aaron for about an hour and showed Aaron how to hold his pencil properly. She also gave Mr. and Mrs. Abbott some exercises to do several times a week that would help Aaron develop his "fine-motor" muscles which are necessary for writing. She said that he was a bit behind in this area and felt that his written work should be reduced at school until his printing skills improved.

The psychologist then explained that food intolerances can sometimes affect how well our brain works. In order to see if this was the case with Aaron, the Abbott's would have to take particular food(s) out of his diet for seven days and then reintroduce them. They would then see if this made any difference to his attention. Aaron had had lots of ear infections as a baby and still got a lot of colds and stomach aches, so they decided to take all milk products out of his diet for a week. After they had made up a milk-free menu, they began the experiment.

At the end of the week off milk products, both his parents and the teacher filled out the Screening Checklist again and compared their results. Everyone felt that Aaron seemed a little calmer and more focused. Even his writing seemed a little neater, but not much. His complexion seemed better because he looked a little less pale and he seemed better able to handle frustration.

Off the milk, Aaron was a little calmer, more patient, focused and looked less pale.

However, he was still out of his seat a lot and there were still major attentional concerns. Although the Abbott's were working with Aaron at home on the printing exercises, he wasn't showing much improvement and he wasn't getting much done in the way of schoolwork. The psychologist was then able to diagnose Aaron with Attention Deficit/Hyperactivity Disorder: Combined Type. She felt that Aaron might also have challenges in the area of written expression. She suggested that it might be interesting to see if medication would help Aaron in his written work. If his printing still didn't improve, Aaron's issue with writing could be formally assessed further, if needed, once the attentional challenges were treated.

After the seven days off milk products, Mrs. Abbott reintroduced milk to see if it was affecting him. What a difference in Aaron when milk products were reintroduced! There were more fights at home, he got "the sniffles" and completely refused to do any work at all. That was enough to convince Mrs. Abbott that milk products were hurting Aaron and that they were moving in the right direction with him by keeping this substance out of his diet. She spoke to her family doctor about a calcium and magnesium supplement and told him of the progress they were making.

When Aaron was off milk again and producing some written work, his teacher mentioned that his printing seemed better but was still large and immature. It seemed to take a lot of effort to get things done and he was always rushing to get finished. The result was a very messy notebook. The Abbott's thought it was time to ask the teacher to reduce the amount of written work required by Aaron. She was willing to do this by having him write 3 lines when the rest of the class was expected to write 5 lines. On tests, he would be asked to complete every other question. Within a few days, the teacher noticed that Aaron was focussing better on his school work, he was getting more done and his work looked a little neater. He also seemed pleased that he could finish his work now.

The next area of focus was on Aaron's personality type. They discovered that he was an ENTP (Extraverted-Intuiting-Thinking-Perceiving) person. He was a friendly, little guy who loved being with people. He was creative, logical, flexible and adaptable. On the other hand, he didn't particularly care if his work was correct or if his desk, notebook and room at home were neat and tidy. Aaron also

seemed somewhat unaware of other people's feelings and didn't care if he finished anything. No wonder life was such a struggle for him (and others who were concerned about his school work!).

Since Mrs. Abbott was always having to "chase" Aaron to do his homework, the psychologist suggested that the Abbotts learn a behavior management technique[16] that would help Aaron to become more responsible for his own school work. She suggested the rule of "work before play" and explained how there should be an immediate positive or negative consequence for Aaron's choices.

Mrs. Abbott wanted Aaron to be able to play after school, but right after supper, she wanted him to go and do his homework. After that, he could play with his toys, his friends or watch TV. So they made up a rule which was stated in a positive way, applied to the whole family, wrote out the consequences and explained the plan to Aaron.

The Rule was: "We do our work before play."

(+) If Aaron decided to do his work before playing, the "positive consequence" of his choice was that ***he had the freedom to do his work independently.*** He could do his homework wherever he wanted in the house and in whatever order he liked.

(-) If Aaron chose NOT to do his work before play (and started playing after dinner or at any point before he was finished his homework), ***he LOST the freedom to do his work independently***. In this case, his mother would supervise his work. She would tell him where to do the homework, and in what order.

Mrs. Abbott couldn't believe that this approach would result in any kind of drastic change in Aaron, but she was willing to give it a try.

The first day, Aaron got up from the supper table and went to get his bicycle. Mrs. Abbott ran after him and calmly said: ***"Aaron, I notice that you have chosen NOT to do your work before play. As a result, you have lost the freedom to do it independently. Come into the kitchen and we'll start on the math".***

Aaron groaned, but he came inside. He finished his homework under Mrs. Abbot's supervision. The next night, Aaron got up from the supper table and said that he was going to do his homework. After a few minutes, Mrs. Abbott went to where

[16] The behavior management approach is explained in Riding the Wave, by Dr. Teeya Scholten

Aaron was working and said, ***"Aaron you have chosen to do your homework before playing. As a result, you have the freedom to do it independently!"*** Aaron beamed!

Unbelievably, within a few days, Aaron was remembering to begin his homework all on his own! But his parents were very good about noticing his positive choices and reminding him of the results and positive consequences. Occasionally, he would begin his homework but go to see what his brothers were watching on TV. When his parents "noticed" that he had chosen NOT to do his homework before playing, Aaron would say, "Whoops, I guess I have to work where you tell me to!"

The Abbott family started using a similar system with the other children too. And it seemed to work very well. Mr. and Mrs. Abbott brought in a few more rules for Aaron about getting ready for school on time and for the whole family about getting weekly chores done by Saturday at 4 p.m. This approach seemed to work well, as long as they stayed on top of the routine.

When they really thought about it, Mr. and Mrs. Abbott realized that family life seemed a little more settled and that Aaron's behavior and school work had improved. He was looking healthier, was not getting sick as often, could concentrate on reading if he wore his walkman and was finishing his homework at home. But in school, the teacher said that he was "fooling around" a lot just playing and was often out of his seat talking to his neighbours. Since he wasn't finishing his work in school, he had a lot of homework every night and it was tiring have to watch him every minute to make sure that he finished his work. He had improved, but it wasn't just not quite enough. Mr. and Mrs. Abbott were finally ready to consider medication.

Since they were confident about the diagnosis of AD/HD, they asked the family doctor if he would be willing to use the Farrelly Protocol (see Appendix D) for doing a "medication trial" of Ritalin. He thought that it looked reasonable to begin with small amounts of the drug and gradually increase it. They started off small at ½ table twice a day and increased the dose every week by ¼ of a tablet per dose. At 1½ tablets three times a day, they seemed to be getting very good results. Aaron was actually finishing the work he had been given at school. He had just ½ hr. of homework every night instead of a huge amount. When he was given 1 and 3/4 tablets to take, Aaron reported feeling very tired and he "did not seem to be himself". Mr. and Mrs. Abbott had been told that this was the sign of too much medication, so they cut him back to his previous dose of 1½ tablets three times a day. On this dose, he was calm, pleasant and focussed at school. It seemed easier

for him to understand the teacher's instructions and his written work was getting finished in school. However, it was still a struggle for him to print neatly and it didn't seem like he would ever be able to do all of it, like the other students. So, even on medication, written work was still an area of challenge.

On medication, their little Captain Chaos had become calmer, more pleasant and focused, but he still didn't wasn't able to finish all of his written work.

It was time to do more formal assessment, to see if he had a learning disability. Both the psychologist and the occupational therapist did some testing and concluded that although Aaron was above average in language areas, he was below average in non-language areas. They said that he had a visual-spatial learning disability and would benefit from learning how to do his written work on a computer. He should also be able to dictate some of his ideas and stories to others. They decided to continue to rule that if he had to write anything by hand, it was half the amount required of the other students.

Aaron was quick to pick up keyboarding on the computer at school and he loved illustrating his daily journal with graphics from the drawing program. This was the first time his parents or teachers had ever seen him do more than the minimum requirement in the way of written assignments! Pretty soon, using the computer, Aaron was able to do as many questions as the other students. The work was neat and he had learned to use the spell-checker, so he was very proud of what he was producing.

So that's Aaron's story. A very typical scenario. It took a lot of work in terms of diet, teaching Aaron how to use a computer, medication and behavior management at home. Just using any ONE of these interventions would NOT have "solved the challenges" for Aaron. Addressing A.D.D. in a wholistic way, resulted in a happier, healthier child and more peaceful family. To be sure, the work was not over and new issues would need to be addressed as Aaron grew older, but the Abbotts had the tools they needed to help their son be the "best he could be" as naturally as possible.

Captain Chaos had finally gained self-control!

Appendix F

Integrated Resource List

To assist readers in locating specific types of materials, we have used the following marginal icons:

🕮 Denotes a journal article

📼 Denotes a videotape

🕐 Is an item that deals with time and career management

🥨 Is an item that offers guidance on food sensitivities and diet

☺ The item discusses personality type

Adams L. and others (1994). Attention Deficit Disorders: a Handbook for Colorado Educators, Mountain Plains Regional Resource Center, Logan, UT. Available from Mountain Plains Regional Resource Center, Utah State University, 1780 Research Parkway, Logan, UT 84321.

- ❖ Contains appropriate intervention strategies for early childhood, an instructional framework for grades 1-12, suggestions for the entire school, and other resources about A.D.D..

Alberta Dept. of Education (1995). Resources for Special Education and Guidance & Counselling, Special Education Services Branch, Edmonton, Alberta.

- ❖ A guide that lists and annotates 120 English and 10 French resources.

Alexander-Roberts, C. (1995)., ADHD and Teens: A Parent's Guide to Making it Through the Tough Years. Taylor Publishing, Dallas, TX.

- ❖ A very practical book with a very realistic approach to parenting and the issues of adolescence, good for a parent of any teen.

Archer, A. and Gleason, M. (1990). Skills for School Success, Curriculum Associates, North Billerica, MA.

- ❖ Student and teacher handbook with lots of practical suggestions re organization and learning strategies. The primary resource used in Sandra Rief's books, videos and San Diego's award-winning PARD (Project for Attention-related Disorders) school program.

🕮 Armstrong, T. (1996). "Understanding Children: Labels Can Last a Lifetime", Learning, 24, 41-43.

- ❖ Offers suggestions for teaching strategies, classroom environment, school environment and home environment.

Barkley, R. (1998). AD/HD: A Handbook for Diagnosis and Treatment (2nd edition), Guilford Press, New York, NY.

- A wonderful resource for practitioners involved in diagnosing AD/HD.

Barkley, R. (1998). AD/HD: A Clinical Workbook, (2nd Edition), Guilford Press, New York, NY.

- Handy sets of questionnaires for interviewing children and adults for AD/HD

Barkley, R. (2000). Taking Charge of ADHD. Guilford Press, New York, NY.

- A comprehensive book for parents addressing a wide range of concerns.

Bender, W. (1997). Understanding ADHD: A Practical Guide for Teachers and Parents, Merrill/Prentice Hall, Upper Saddle River, NJ.

- A practical guide that presents specific strategies that facilitate learning in the elementary and secondary classrooms.

Berger, S. (1986) The Immune Power Diet, A Signet Book, New York, NY.

- A step-by-step approach to ways of building up your immune system through the elimination of offending foods and the use of nutritional supplements.

Bice, J. E. and others. (1995). Instructional Software and Attention Disorders: A Tool for Teachers, Oakland Schools, Waterford, MI. Available from Oakland Schools, Waterford, MI 48328.

- Handbook examines 31 software programs designed to instruct students with attention disorders in individual and group settings.
- 21 strategies for teaching A.D.D. students along with common features of computerized instruction which can assist in implementation.

Blakemore, B., Shindler, S. and Conte, R. (1993). "A Problem-Solving Training Program for Parents of Children with Attention Deficit Hyperactivity Disorder", Canadian Journal of School Psychology, 9 (1), 66-85.

- Describes the original 12 week parent program which formed the basis for Dr. Scholten's book: Riding the Wave, a behavior management approach to dealing with AD/HD.

Braswell, L & Bloomquist, M.L. (1991). Cognitive-Behavioral Therapy with AD/HD Children: Child, Family, and School Interventions, Guilford Press, NY.

- Appendix C contains suggestions from 450 elementary teachers, including comments on physical arrangement, lesson presentation, worksheets and tests, organization, and behavior.

Braswell, L., Bloomquist M. & Pedersen, S. (1991). AD/HD: A Guide to Understanding and Helping Children with Attention Deficit Hyperactivity Disorder in School Settings, University of Minnesota Professional Developments, Minneapolis, MN.

- ❖ Full of lots of practical tips.

☺ Briggs-Myers, I. (1987). Introduction to Type, Consulting Psychologists Press, Palo Alto, CA.

- ❖ A short paperback document which gives full-page description of each of the sixteen Myers-Briggs (MBTI®) personality types.

☺ Briggs-Myers, I. & McCaulley, M. (1985). Manual: A Guide to the Development and Use of the Myers-Briggs Type Indicator (MBTI), Consulting Psychologists Press, Palo Alto, CA.

- ❖ A handy reference document containing full page descriptions of MBTI® type and a list of the most commonly chosen careers for different personality types.

☺ Briggs-Myers, I. and Myers, B. (1980). Gifts Differing, Consulting Psychologists Press, Palo Alto, CA.

- ❖ A book that explains the origin of the Myers-Briggs Type Indicator® (MBTI®) and offers an overview of the 16 major personality types

🕮 Buchoff, R. (1990). "Attention Deficit Disorder: Help for the Classroom Teacher", Childhood Education, 67, 86-90.

- ❖ Teacher's role in monitoring child's behavior, organizing the child with regard to rules/homework/distractions and building self esteem.

Calgary Board of Education (CBE) (1997). "AD/HD: A Selection of readings and resources for teachers" – Jan. 1997, Professional Resource Centre of the Calgary Board of Education, Calgary, AB.

- ❖ A wonderful resource for teachers and parents.

📼 CHADD. "Facing the Challenges of A.D.D.: A Kit for Parents and Educators, Education of Children with Attention Deficit Disorder".

- ❖ A wonderful set of two videos – a ½ hr. one for parents which presents more of the emotional side of having an ADDer and an 1 hr. video for educational personnel discussing the need for a multi-disciplinary approach, structure and positive reinforcement in the classroom.

CHADD. (2007). CHADD Educator's Manual,
Available through CHADD (Children and Adults with Attention Deficit/Hyperactivity Disorder). Visit www.chadd.org for information.

- ❖ This comprehensive manual provides an overview of the latest information regarding common learning challenges often associated with AD/HD.

CHADD. (2007). New CHADD Information and Resource Guide to AD/HD, Available through CHADD (Children and Adults with Attention Deficit/Hyperactivity Disorder). Visit www.chadd.org for information.

- ❖ Includes life stories about AD/HD, Understanding AD/HD, Managing Social Skills All Day Everyday, AD/HD in Children, Managing Medicine for Children and teenagers with AD/HD, Behavioral Treatment for Children and Teenagers with AD/HD. AD/HD in Adolescents and Much more. A copy of this book is provided as part of CHADD membership.

Cherkes, J.M. (1997). Rethinking Attention Deficit Disorders, Brookline Books, Cambridge, MA. Available from Brookline Books, P.O. Box 1047, Cambridge, MA 02238-1047; telephone: 1-800-666-BOOK; fax: 617-868-1772.

- ❖ Practical suggestions for interventions in a variety of areas; classroom management (chapter eight), reading (chapter nine), written language (chapter ten), and mathematics (chapter eleven).

Chesapeake Inst. (1994). Attention Deficit Disorder: What Teachers Should Know, Chesapeake Inst., WA.

- ❖ Guidelines on how to identify and work with students with A.D.D. Includes individual and school-wide suggestions.

Chesapeake Inst. (1994). Teaching Strategies: Education of Children with Attention Deficit Disorder, Chesapeake Inst., WA.

- ❖ Booklet presents practices currently used by teachers in elementary and middle schools.

Copeland, E. (1991). Medications for Attention Disorders and Related Medical Problems: A Comprehensive Handbook, SPI Press, Atlanta, GA.

- ❖ A detailed resource about medications available for A.D.D. which is written for non-medical people.

Copeland, E. (1991). Medications for Attention Disorders and Related Medical Problems: A Comprehensive Handbook, SPI Press, Atlanta, GA.

- ❖ A detailed resource about medications available for AD/HD which is written for non-medical people.

Council for Exceptional Children (1992). Children with A.D.D.: A Shared Responsibility, Council for Exceptional Children, Reston, VA.

- ❖ Identifies classroom strategies that help children focus on learning, as well as classroom strategies that accommodate different abilities to maintain attention and keep activity within certain levels.

Covey, S. (1989). Seven Habits of Highly Effective People, Simon and Shuster, New York, NY.

- Good for time management concerns.

Crook, W. G. (1991). Help for the Hyperactive Child, Professional Books, Jackson, TN.

- A highly-readable parent's guide to investigating the potential influence of allergies on attention in children. It includes a section on *candida* (yeast infection).

Dice-Ziegler, B. (1988). Strategies for Teaching Handwriting to the Learning Disabled.

- Using multi-sensory instruction to teach handwriting to A.D.D. students.

Dornbush, M.P. & Pruitt, S.K. (1995). Teaching the Tiger: A Handbook for Individuals Involved in the Education of Students with Attention Deficit Disorders, Tourette Syndrome or Obsessive-Compulsive Disorder, Hope Press, Duarte, CA. Available from Hope Press, P.O. Box 188, Duarte, CA 91009-0188.

- Includes topics on teacher and peer education, classroom modifications, academic interventions, pitfalls, social skills and computer use.

DuPaul, G. J. & Stoner, G. (1994). AD/HD in the Schools: Assessment and Intervention Strategies, Guilford Press, NY.

- Provides information on diagnosis, treatment of AD/HD, relationship between AD/HD and learning disabilities, shows examples of handouts and behavioral coding sheets and offers suggestions on communicating with physicians and parents.

Fiore, T.A. & Becker, E.A. (1994). Promising Classroom Interventions for Students with Attention Deficit Disorders, Research Triangle Inst., Research Triangle Park, NC.

- School-based interventions regular classroom teachers can use, with eight chapters focusing on a single intervention program. Each chapter discusses intervention's purpose, content and activities, implementation requirements, impact on teachers, significant costs, effectiveness, limitations, research support and references.

Fiore, T. A. and others. (1993). "Educational Interventions for Students with Attention Deficit Disorder", Exceptional Children, 60, 163-73.

- Reviews current research-based knowledge of non-pharmacological interventions for A.D.D. students in exploratory not prescriptive format.

Fleet, J., Goodchild, F. & Zajchowski, R. (1992). Learning for Success: Skills and Strategies for Canadian Students, Harcourt, Brace Jovanovich, Toronto, ON.

- A practical, easy-to-use guide which offers great strategies for secondary students and beyond.

Fouse, B. & Brians, S. (1993). A Primer on Attention Deficit Disorder, Phi Beta Kappa Educational Foundation, Bloomington, IN. Available through Phi Beta Kappa, P.O. Box 789, Bloomington, IN 47402-0789.

- Strategies in managing A.D.D. including modification in tests and assignments and

instruction in learning strategies

Green, C. (1994). Understanding A.D.D., Doubleday, Sydney, Australia.
- ❖ Up-beat book to parents written in easy-to-read style with lots of practical advice.

Hallowell, T. & Ratey, J. (1995). Driven to Distraction, Simon and Shuster, New York, NY.
- ❖ A very useful book in question and answer format (also available in audiotape)

Hallowell, J. & Ratey, J. (1996). Answers to Distraction, Pantheon Books, New York, NY.
- ❖ Full of lots of practical suggestions.

Harpur. T. (1992). Uncommon Touch, McClelland & Stewart Inc., Toronto, ON.
- ❖ A well-researched book outlining the history and validity of therapeutic touch.

Hartmann, T. (1993). Attention Deficit Disorder: A Different Perception, Underwood Books, Grass Valley, CA.
- ❖ Discusses the adaptability of individuals with A.D.D. and compares them to a "hunter" in a "farmer" environment.

Hartmann, T. (1995). Success Stories, Underwood Books, Grass Valley, CA.
- ❖ Celebrates the successes of a number of adults with A.D.D..

Hartmann, T. (2002). ADHD Secrets of Success, Select Books Inc.
- ❖ More tips on a variety of topics, including how ADDers can take advantage of their traits by choosing an appropriate profession.

Johnson, C. (1992). Captain Chaos Lives Here! ... A Survival Guide for Parents Raising Very Active Children, Chaos Consultation and Training, Calgary, AB.
- ❖ A cute little book which has lots of practical suggestions for the young, very active child with AD/HD who experiences organizational challenges!

Keirsey, D. and Bates, M. (1978). Please Understand Me, Promethean Books, Del Mar, CA.
- ❖ A brief, readable book which contains a formal questionnaire for identifying 4-letter personality type.

Kelly, K. and Ramundo. P. (1995). You Mean I'm NOT Lazy, Crazy or Stupid?, Scribner, New York, NY.
- ❖ An up-beat book about the authors' process of self-discovery of A.D.D. and includes lots of practical tips for organizational challenges.

☺ Keirsey, D. and Bates, M. (1978). Please Understand Me, Promethean Books, Del Mar, CA.
- ❖ A brief, readable book which contains a formal questionnaire for identifying personality preferences.

Kohlberg, J. & Nadeau, K. (2002) ADD-friendly Ways to Organize Your Life. Psychology Press, UK.

- More practical strategies for ADDers.

Kottler, J.A. & Kottler, E. (1993). Teacher as Counselor: Developing the Helping Skills You Need, Corwin Press Inc., Newbury Park, CA.

- This book introduces beginning teachers to tasks they may be asked to do in addition to teaching and classroom management.

☺ Lawrence, G. (1979). People Types and Tiger Stripes, Center for Application of Psychological Type, Gainesville, FL.

- A book written for teachers and parents which indicates how to teach students with certain personality preferences.

Lerner, J. W., Lowenthal, B. & Lerner, S.R. (1995). Attention Deficit Disorders: Assessment and Teaching, Brooks/Cole Publishing Co., Pacific Grove, CA.

- Prepares current and prospective teachers and other school personnel to teach and work with A.D.D. students.

Mandell, M. (1979). Dr. Mandell's Five Day Allergy Relief System, Crowell: Pocket Books, New York, NY.

- A book which outlines Mandell's discovery that we can eat what we are allergic to as long as we don't eat a particular food more than once every 5 days. Menus and lists of food families are included.

Mandell, M. (1981). Dr. Mandell's Allergy-Free Cookbook, Crowell Books, New York, NY.

- Offers recipes and practical tips for cooking with allergies and on a 5-day rotational diet.

🕮 Mann, S. (1996). "The A.D.D. Strategies Worksheet", School-Counselor, 44, 155-157.

- A short but helpful worksheet designed for use in parent-teacher conferences.

Markel, G. & Breenbaum J. (1996). Performance Breakthroughs for Adolescents with Learning Disabilities or A.D.D.: How to Help Students Succeed in the Regular Education Classroom, Research Press, Champaign, IL.

- Presents an integrative model for teachers at the middle school and high-school levels including information on helping students through specific strategies to develop skills in reading, listening, note-taking, preparing for and taking tests, academic writing and homework.

Meltzer, L.J. and others. (1996). Strategies for Success: Classroom Teaching Techniques for Students with Learning Problems, PRO-ED, Austin, TX.

- Cost-effective classroom teaching strategies for late elementary through early high school including specific strategies for decoding and spelling, reading

comprehension, written language, automaticity and problem solving in mathematics and strategy use across content areas.

📖 Michigan State Dept. of Education. (1993). "Attention Deficit Hyperactivity Disorder: ADHD Task Force Report", Center for Education Networking, Lansing, MI.

- ❖ Report contains 23 appendices which include handouts for parents, checklists, list of teaching strategies and student characteristics, information resources, and an AD/HD rating scale.

Moghadam, H. & Fagan, J. (1994). Attention Deficit Disorder: A Concise Source of Information for Parents and Teachers (2nd ed.), Detselig Enterprises, Calgary, AB.

- ❖ Paperback book written by 2 Calgary pediatricians describing the symptoms and treatment of AD/HD.

Morgan, P. (1998). Love Her As She Is: Lessons from an ADDicted Daughter (published privately in Calgary, AB. 1-403-242-7796).

- ❖ Powerful reading for any parent who has struggled with issues related to addiction, adoption and A.D.D. and how to express unconditional love while living with the "choices" made by one's children.

📖 Moskowitz, F.C. (1988). "Strategies for Mainstreamed Students", Academic Therapy, 23, 541-7.

- ❖ Helpful tips in point form for teachers of students with deficits in the areas of attention, organization, auditory processing, visual and visual-motor, language and memory.

Moss, R. (1990). Why Johnny Can't Concentrate, Bantam Books, New York, NY.

- ❖ An easy-to-read book that covers A.D.D. across the lifespan with or without hyperactivity.

Nadeau, K. (1992). Survival Guide for College Students with A.D.D. or L.D., Magination Press, New York, NY.

- ❖ Easy-to-read, full of practical for secondary and post-secondary students.

Nadeau, K., Dixon, E. and Briggs, S. (1993). School Strategies for A.D.D. Teens, Chesapeake Psychological Publications, Annandale, VA.

- ❖ A wonderful resource which reviews many learning strategies that would be useful to many high school and post-secondary students.

📖 Nahmias, M.L. (1995). "Communication and Collaboration between Home and School for Students with A.D.D.", Intervention in School and Clinic, 30, 241-247.

- ❖ Article identifies areas for collaboration as well as planning, intervention and monitoring behavioral and academic success.

Nussbaum, N. & Bigler, E. (1990). Identification and Treatment of Attention Deficit Disorder, Pro-Ed, Austin, TX.

- ❖ Excellent appendices (C and E) which include 25 suggestions for the classroom, additional education suggestions for young elementary students (K-2) and activities to improve attention, listening and memory skills.

Parker, Harvey C. (1992). The A.D.D. Hyperactivity Handbook for Schools: Effective Strategies for Identifying and Teaching A.D.D. Students in Elementary and Secondary Schools, Impact Publications, Plantation FL.

- ❖ Authorized teaching resource in Alberta for elementary, junior and senior high special education. Includes classroom interventions (contracts, worksheets for self-monitoring and token systems), solutions to common problems, teaching strategies, and suggestions for training in social skills, problem-solving and self-monitoring.

Pfiffner, L.J. (1996). All About ADHD: The Complete Practical Guide for Classroom Teachers, Scholastic Professional Books, NY.

- ❖ A highly-rated, easy-to-read book that is divided into many short sections to help a teacher understand and engage a child with A.D.D. Lot of charts, boxes and practical tips; great gift to a teacher.

Purvis, J.R., Jones, C.H. & Authement, C. (1992). "Attention Deficit Hyperactivity Disorder: Strategies for the Classroom", B.C. Journal of Special Education, 16, 112-9.

- ❖ Classroom strategies, methods for controlling behavior, and the need for collaboration and consistency between home and school.

Randolph, T. and Moss, R. (1989). An Alternative Approach to Food Allergies, Harper and Row, New York, NY.

- ❖ An overview of the origins of the field of clinical ecology and the potentially harmful effects of foods and other substances in the environment on hyperactivity, alcoholism, depression, etc.

Renzi, G. (1996). "Attention Deficit Disorders in the Mathematics Classroom", Paper Presented at the 51st Annual Conference of the Association for Supervision and Curriculum Development, New Orleans, LA, March 16-19, 17 pages.

- ❖ A collection of suggestions for ADDers in the mainstream mathematics classroom. Includes behaviors and mathematical indicators associated with AD/HD; a listing of mathematical concepts troublesome to or liked by these students. Specific strategies are organized into lists dealing with classroom management, teaching techniques. Available through EDRS.

Rapp, D. (1989). "Is there a connection between food and behavior?" Videotape of the Phil Donahue Show, Dec. 1989.

- ❖ An interview with Dr. Doris Rapp, a pediatric allergist on the effects of food and environmental sensitivities on behavior.

Reeve R. and others. (1996). "A Continuing Education Program on Attention Deficit/ Hyperactivity Disorder", Council for Exceptional Children, Reston, VA.

- A manual and accompanying videotape intended to be used as a continuing ed. program to enhance the skills of special and general educators.

Rief, S. (1993). How to Reach & Teach ADD/ADHD Children: Practical Techniques, Strategies, and Interventions for Helping Children with Attentional Problems and Hyperactivity, The Center for Applied Research, West Nyack, N.Y.

- A comprehensive resource that addresses the "whole" child as well as a team approach to meeting the needs of these students. Includes management techniques that promote on-task behavior and adaptations to the classroom that maintain student attention and involvement.

Rief, S. (1995). "ADHD: Inclusive Instructions and Collaborative Practices", National Professional Resources Inc., Port Chester, NY.

- A wonderful 38 min. video which illustrates the award-winning PARD (Project for Attention-Related Disorders) school in San Diego. Full of practical suggestions for classroom adaptations.

Rief, S. (1997). "How to Help Your Child Succeed in School", National Professional Resources Inc., Port Chester, NY.

- Provides an opportunity to view real parents interacting in a positive, supportive way, helping their children overcome obstacles related to school achievement (i.e., reading, writing, math and organization).

Rief, S. (1997). The ADD/ADHD Checklist: An Easy Reference for Parents and Teachers, Prentice Hall, Paramus, NJ.

- Practical and concise format presents suggested solutions to common A.D.D. problems such as fighting, disobeying rules, failing to complete homework, poor hygiene and talking back. Organized for quick access.

Samuels, M., Burrows, I., Scholten, T. & Theunissen, D. (1992, 1994). Asking the Right Questions: Assessment and Program Planning for Individuals with Learning Difficulties, Calgary Learning Centre and Alberta Vocational College, Calgary, AB.

- A manual written to assist adult educators in the process of understanding special learning needs and working with their students.

Scholten, T. (2003). Overcoming Depression, Scholten Psychological Services Press, Calgary, AB.

- A self-help book that focuses on strategies for attaining emotional mastery in body, mind and spirit.

Scholten, T. (2007). Attention Deluxe Dimension: A Wholistic Approach to A.D.D., 2nd Edition Revised, Scholten Psychological Services Press, Calgary, AB.

- Written in an up-beat, easy-to-read, positive style, providing a brief introduction to a wholistic approach to A.D.D..

Scholten, T. (2007). Turning the Tides: Teaching the Student with A.D.D., 2nd Edition, Scholten Psychological Services Press, Calgary, AB.

- Reviews a number of factors which should be considered by teachers when they are concerned about attentional challenges in their students and illustrates the behavior management approach which teaches self-control.

Scholten, T. (2007). The A.D.D. Guidebook: A Comprehensive, Self-Directed Guide to Addressing Attentional Concerns in Adults and Children, 3rd Edition Revised, Scholten Psychological Services Press, Calgary, AB.

- Written to guide individuals in the process of understanding factors which may be related to attention. Includes information about Learning Discrepancies, personality type, food sensitivities.

Scholten, T. (2007). Welcome to the Channel-Surfer's Club, 2nd Edition, Scholten Psychological Services Press, Calgary, AB.

- Written for children 8-12 years old who have been diagnosed with AD/HD.

Scholten, T. (2007). Riding the Wave: A Handbook for Parenting the Child with A.D.D., 2nd Edition, Scholten Psychological Services Press, Calgary, AB.

- Describes in step-by-step fashion a behavior management program designed specifically for parents of children with attentional challenges.

Scholten, T., Samuels, M., Conte, R. & Price, A. (1993). "Aspects of the Vocational Rehabilitation of Individuals with Learning Disabilities", Paper commissioned by the Government of Alberta, Edmonton, AB.

- Provides an overview of commonly-accepted beliefs and interventions in the area of learning disabilities.

Scholten, T. and Dunning, D. (2007). Ready-Set-Go: A Three Step Problem Solving Process for Improved Learning Performance, 2nd Edition, Scholten Psychological Services Press, Calgary, AB.

- Illustrates the use of a cost-effective positive problem-solving model as a method for clarifying and addressing concerns with special needs students.

Souveny, D. M. and Souveny, D. L. (1995). ABC's for Success: Attention Deficit Disorders, A Children's Services Centre Publication, Red Deer, AB.

- An upbeat publication written for parents about ways to promote success by adapting situations, choosing positive beliefs and introducing positive and negative consequences.

Sullivan, J. E. (1991). Attention Deficit Disorders: A Guide for Teachers; The AD/HD Student and Homework. Available from EDRS (Electronic Data Resource Services: www.library.mcgill.ca/edrs).

- ❖ Contains a guide outlining areas of difficulty, needs, considerations for teachers, suggestions for parents, and some general homework suggestions.

Taylor, J.F. (1992). "Answers to A.D.D.: The School Success Kit", Sun Media, Salem, OR.

- ❖ Full of practical tips for addressing a variety of A.D.D. problems in a wholistic way.

Templeton, R.A. (1995). "ADHD: A Teachers' Guide", The Oregon Conference Monograph, 7. Available from EDRS.

- ❖ Paper includes a section on ways to make school successful for students with attention deficits including characteristics of successful teachers, the classroom environment, modifying the curriculum, ways to help students listen and attend, the need for frequent breaks, and homework.

Tieger, P. D. and Barron-Tieger, B (1993). The Personality Type: The Career Professional's Guide to DO WHAT YOU ARE, Communications Consultants, Inc. West Hartford, CT.

- ❖ Information on types of careers appropriate to certain MBTI® personality types.

Tolle, E. (1997). The Power of NOW: A Guide to Spiritual Enlightenment, Namaste Publishing, Inc. Vancouver, BC.

- ❖ A step-by-step approach in how to live in the present.

Tolle, E. (2003). Stillness Speaks, New World Library.

- ❖ Brief thoughts on how to live a more authentic life.

Trieger, M.S. & Parker-Fisher, S. "The Attention Dimension: Looking at Attention Problems", CHADD video.

- ❖ A 12 min. up-beat, but realistic video designed to show other children (in Grades 3 – 8) what it is like to have A.D.D. – a brief "rap" song helps to reinforce the concepts and need to develop self-control.

Utah State Office of Education (1993). The Utah Attention Deficit Disorder Guide 1993: A Resource for Educators and Parents, Utah State Office of Education, UT.

- ❖ Contains a section on interventions and a list of 11 recommendations and conclusions as well as "pointer boxes" that list particular techniques, books and resource materials.

Weiss, L. (1992). A.D.D. in Adults, Taylor Publishing Co. Dallas, TX.

- ❖ Contains a checklist of attentional symptoms and information to assist you in dealing with your A.D.D. in a positive manner.

Weiss, L. (1992). A.D.D. in Adults Workbook, Taylor Publishing Co. Dallas, TX.

- ❖ A self-help workbook designed to assist adults in dealing with their attentional concerns

Weiss, L. (1998). A.D.D. and Success, Taylor Publishing Co. Dallas, Texas.

- ❖ This book recounts the experiences of 16 individuals who learned to incorporate ADD attributes positively into their lives.

🕮 Wilson, R. (Ed) (1989). "Narrowing the Gap between Research and Practice", LD Forum, 15.

- ❖ Special issue with articles on teaching listening skills and study skills a well as specific interventions and management strategies for the teachers of A.D.D. students.

About the Author

Dr. Teeya Scholten is a Registered Psychologist, consultant and author who has been working in the field of education and mental health for over 30 years. She runs a successful private practice in Calgary, Alberta where she specializes in the areas of learning, attention and depression in adults, adolescents and children. She offers a variety of services, including consultation, assessment and individual counselling, behavior management programs for teachers and parents of children with A.D.D., and in-service training in the form of workshops and consultations to other professionals. She has published in the areas of consultation, assessment and program planning for individuals with learning and attentional challenges. She is committed to the empowerment of clients and professionals and believes in the importance of Body, Mind and Spirit integration in order to maximize one's potential. She has developed Empowerment Plus® which is a cost-effective model psychological service delivery. Training is available to qualified practitioners upon request.

Dr. Scholten is the founder and director of The Empowerment Plus® International Institute.

The "Good News about A.D.D." Series

1. The A.D.D. Guidebook: Comprehensive, Self-Directed Guide to Addressing Attentional Concerns in Adults and Children

Part One contains an overview of "Attention Deluxe Dimension" and ways to look at A.D.D. in a more positive way. Information is given as to causes of attentional difficulties, steps in the process of diagnosis and resources which can be accessed.

Part Two is called the Toolbox. The tools are accompanied by detailed instructions on how to explore this part of yourself.

Part Three contains a basic description of the steps in the use of ***Riding the Wave***, a behavior management method developed specifically for parents of children with A.D.D. This book is written in such a way as to be appropriate for those of you who like a step-by-step approach as well as for others who prefer a more random approach and want to begin with the aspect that most interests them at the moment.

Part Four contains additional resources, such as the author's story and an annotated bibliography.

2. Riding the Wave: A Handbook for Parenting the Child with A.D.D.

This book was written for parents to be able to learn and apply a powerful behavior management method designed to teach children self-control. Use of this method has been shown to result in increases in self-monitoring, self-esteem, motivation. It has been used by the author with her children and taught extensively to other families.

In addition to the basic steps which are covered in The A.D.D. Guidebook, this handbook provides more a lot more information to guide those who are trying to learn the method. Along with real-life personal and composite stories, there are general guidelines for parenting and lots of practical examples. Although a family would only apply one rule to begin with and work up to around five rules, there are over 25 different problem behaviors listed, with a suggested rule and possible positive and negative consequences to help parents in generating their own rules.

The use of ***Riding the Wave*** has been shown to help children learn to make positive choices and to see how often they actually do it. It does wonders for family life, too!

3. Welcome to the Channel-Surfers' Club! (For ADDers 6-12 years old)

Is a small, up-beat book which summarizes information which has been learned about children who have participated in a wholistic process of being diagnosed with A.D.D. After a reminder about the advantages of having a "channel-surfing brain" and "Attention Deluxe Dimension", there is a brief summary of ways that s/he learns best according to:

- areas of information processing affected by their attention
- their 4-letter personality type and
- their learning strengths and challenges

There is also a section on information about medication and other alternatives and how they help one's brain to focus.

4. <u>Turning the Tides: Teaching the Student with A.D.D</u>.

This book is organized into three parts. Part One outlines the approach taken by the author in her work with both adults and children with attentional concerns. In addition to promoting a more positive view of A.D.D., it gives teachers practical information about identifying and working with Learning Discrepancies, 4-letter personality and how to approach parents who are resistant to hearing about attentional difficulties in their children.

Part Two illustrates the ***Riding the Wave*** behavior management method as adapted to the school system. Examples of more than 25 different problem behaviors are given with appropriate rules and consequences from which teachers may wish to select a few to adapt to their own classroom environment.

Part Three contains an annotated bibliography of books, journals and videotapes which address the issue of A.D.D. and how to address it in the school environment.

5. <u>Ready-Set-Go: A Three-Step Problem-Solving Process for Improved Learning Performance</u>

This book was written by Dr. Teeya Scholten and Donna Dunning. It describes a method which has been extensively utilized by Dr. Scholten over her almost 30 years of consultation and counselling practice. It uses a case study approach to illustrate how the scientific, positive problem-solving process can be used to address almost any type of problem in a cost-effective way. It can be used by teachers in schools as well as by any other type of helping professional in a variety of settings as a method for clarifying and addressing concerns. A more simplified version can even be taught to children.

6. <u>Overcoming Depression: Wholistic Strategies that Work.</u>

If you have felt sad, hopeless, angry or just not interested in life … for 5 months or 15 years, ***<u>Overcoming Depression</u>*** is meant to provide you with a place to start. It contains the tools that facilitate emotional mastery and health in body, mind and spirit.

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"Attention Deluxe Dimension"

Feedback Form

1. How did you find out about this book?

2. What did you like best about it?

3. What didn't you like about it?.

4. What role do you have in relation to A.D.D?
(Check all the roles that apply to you. and put a star * beside your primary concern, at this time.)

Are you a:

- ☐ person who suspects you might have A.D.D.
- ☐ parent who suspects your child might have A.D.D.
- ☐ person who has A.D.D.
- ☐ partner of a person who has or might have A.D.D.
- ☐ teacher of a student with A.D.D.
- ☐ school administrator
- ☐ resource personnel
- ☐ teacher's aide
- ☐ health care professional working with students with A.D.D.
  (Please specify type of professional: __ physician, __ psychologist
  ___ social worker ___ other ________________________________)
- ☐ other (Please specify____)

5. Do you have any additional comments or suggestions?

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Phone (403) 239-8597
e-mail: teeya@shaw.ca www.empowermentplus.org

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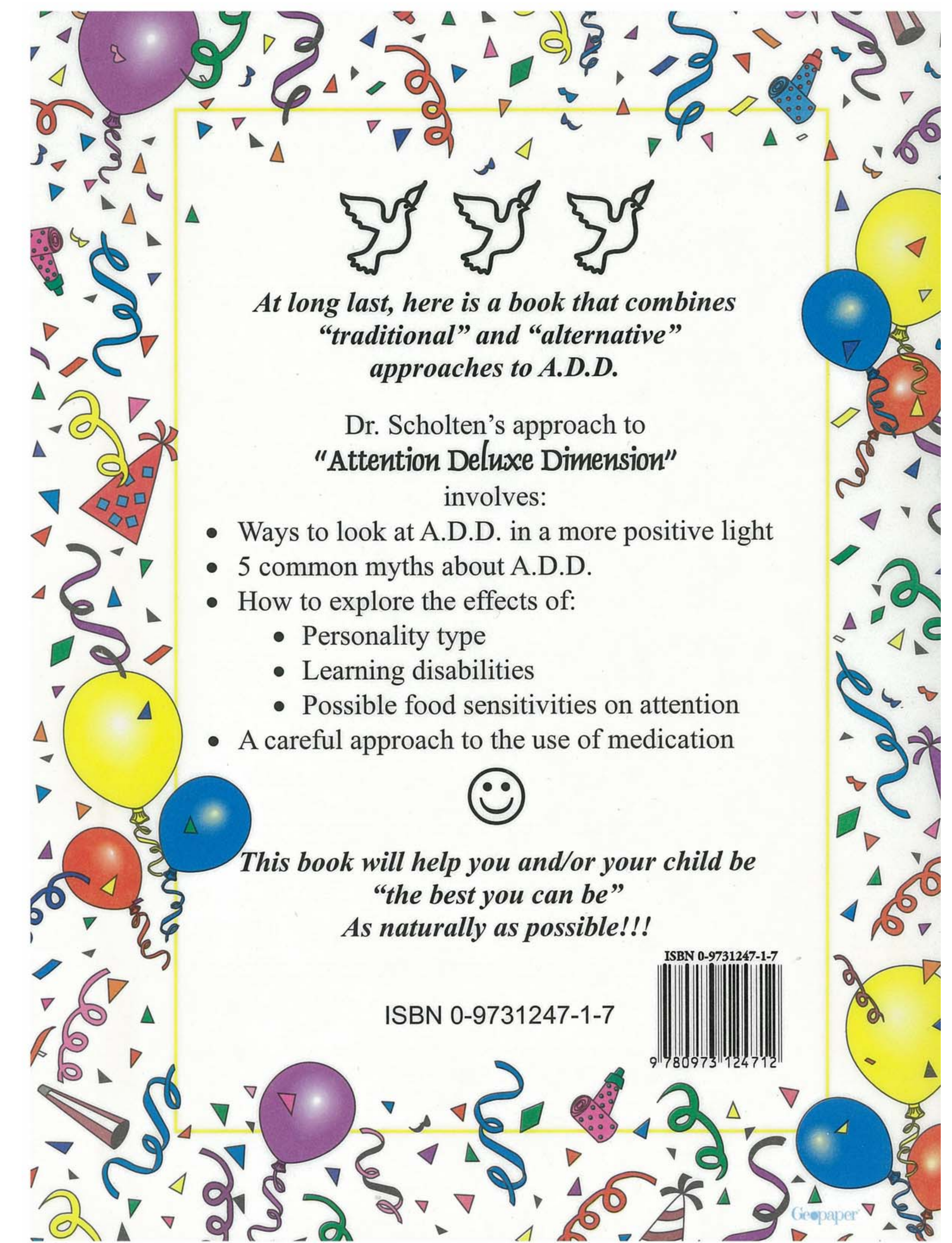

At long last, here is a book that combines "traditional" and "alternative" approaches to A.D.D.

Dr. Scholten's approach to
"Attention Deluxe Dimension"
involves:

- Ways to look at A.D.D. in a more positive light
- 5 common myths about A.D.D.
- How to explore the effects of:
  - Personality type
  - Learning disabilities
  - Possible food sensitivities on attention
- A careful approach to the use of medication

☺

This book will help you and/or your child be "the best you can be" As naturally as possible!!!

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