ORDER IN THE HOUSE!

Articles from a national newsletter for parents, educators and behaviour management specialists about Attention Deficit Hyperactivity Disorder (ADHD) and related topics.

Edited by Sue Dengate, published from 1993-1999, mailed to up to 800 individuals and organisations

(Note that the material below is an archived version and that, although complete, it contains some repeats from when it was printed for distribution.)

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dyspraxia; Disability discrimination; Smoking and ADD; Sugar industry workshop; Pycnogenol; Getting in touch - exam provisions; Diet - School rules on snacks, Hyperactivity and food additives revisited

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Issue 19 Term 1 1999

An Order in the House! feature

Thinking in pictures

Jeffrey Freed is a former teacher who works exclusively with ADD and gifted children in Colorado, USA. He sees 45 children a week and has a two year waiting list. His success is based on acknowledging that ADD children think in a different style. You can help your child by using his techniques for ten minutes a day.

If you have to remember someone from your past, can you best remember their name or the way they look? Most ADD and gifted children are picture thinkers who learn by remembering the way things look and by turning words into mental pictures (see scientific evidence, next page). When asked to remember a person, they will flash an image, remembering even the most minute detail. Most teachers are word thinkers who store information in names and words rather than images. They can easily recall a name but struggle with the face or details.

Picture thinking children tend to have difficulty with colouring or handwriting, be good with building toys, need to like their teacher in order to do well in class, be easily distracted or daydream a lot, need constant reminders to do certain things, be a perfectionist to the point that it gets in the way of trying new things and have a good sense of humour.

Picture thinkers (also called right-brained) pick up skills more easily by having them demonstrated than explained. They prefer drawing and creating to writing and thinking. They can be perfectionists and creative geniuses, and can hold images in their heads for prolonged lengths of time, for example as architects or builders.

"If you encourage the picture thinkers' ability to hold an image, you can enable them to succeed at school."

Our schools which are primarily worlds of words, full of people who are generally logical and reliable, enjoy talking and writing things down, work well in a group, find it easier to grasp spelling, grammar and foreign languages, excel in timed-test situations and like making and following rules.

Powerful memory

Picture thinkers have a powerful memory which is not always obvious. They may be terrific at remembering where Dad mislaid his car keys. Cramming on the night before the exam works well for them because their learning style allows them to speed-read the material, then to recall it with ease and accuracy. Human calculators, like Dustin Hoffman's "Rainman" character in the casino, are picture thinkers. They have the ability to visualise and hold numbers in their minds. Don't ever try to play poker with a picture thinker!

Teaching methods

These methods will work best for picture thinkers with an IQ over 125 who are frustrated and doing poorly in school. Instead of calling them learning disabled we can find a way to use their strengths.

ADD children like a good challenge. They tend to trip up more on easy tasks, during which their minds wander and they lose their powers of visualisation. Tty seventh grade algebra with a fourth grader: "this is so hard, there is almost no chance of someone your age getting it right, so don't worry if you make a mistake". Once your child is confidently doing seventh grade maths, he'll find it less intimidating to go back and fill in the gaps.

Set aside ten minutes a day to do exercises like the following with your child. Find a time when he's not too tired, and a quiet place (no television or siblings). Don't worry if he's crawling under the table. Choose a subject he is interested in. When ADD children find work interesting and relevant, they seem not to have ADD at all.

Use their strength

The trick with picture thinkers is to teach them to use their visualisation skills. For example, get the child to close his eyes and make a "movie" of your instructions - "get up from the table, go down to the car, open the passenger door three times and the driver's door once, come back upstairs", and so on If your child can play back the movie or repeat the instructions back to you, he's visualising. Your child can learn auditory instructions, if he learns to turn them into a picture.

Spelling

Start with a slightly harder word than he can usually spell. Write the word in very large letters on white paper using a different colour for each syllable. Hold the paper at least a food away from your child. Tell him to look at the word until he can see it in his mind - at least twenty seconds. Then turn the paper face down and ask your child to spell the word out loud. If the child is successful, ask him to spell it out backwards. True picture thinkers will find this almost as easy. Let him know how clever he is. Work on three or four words a day.

Reading

This exercise is for a seven-year-old who is already uncomfortable about reading. Find a book your child is familiar with that is a year or two below his current grade level. Ask the child to read it out as much as he can, *slowly* using your finger as a visual guide. Point directly under the word you want your child to read. This method keeps your child's eye focused on one word at a time and slows down the process, allowing time for visualisation to occur. If the word is *dog*, what does the dog look like? If he isn't getting a picture, encourage

him to close his eyes and visualise the word and a dog in his mind. Tell him that when he comes across a word he has a chance of missing, he should allow you to read it for him. This

- removes anxiety
- keeps him from blurting out the wrong word, which imprints on his brain and is difficult to undo
- helps your child to commit more difficult words to visual memory as you read them

At the end, review the words you read to him. The next day, begin by having the child read the passage entirely by himself.

Maths

Many ADD children struggle with tables and easy addition. Picture thinkers do not respond to drill, repetition and timed tests. For a twelve year old picture thinker who hates maths, try this technique. First, take the pencil out of his hand. When they are concentrating on writing, they're not visualising. Then start with a simple number - "take your time, and go into your head to solve these problems" - for example, "divide 8 in half ... now add 3 ... now double that number." You play scribe anad write down the answer (14). "Now, divide 14 in half ... add three ... square that number." Write down the answer (100), and so on. This exercise tests your child's ability to add, subtract, multiply and divide. After a few successful sessions like this, your child will have enough confidence to try more difficult maths at school.

Writing

This is the hardest task for the picture thinker. For middle and high school students having trouble, try the "writing and weaning" technique". If your child has an assignment due, you can model the correct way to do it by writing it not for him but with him. Sit down with paper and pencil or computer and "coproduce" the paper. Show how to break down an assignment into steps, to get him over the hurdle of getting started. Perhaps "first, I'd like you to read this chapter ... think about what you'd like to put in your report as you go ... make a few notes if you like. Then let's sit down and you can just tell me what you remember". You can write or type while he talks. Ask "tell me more about that" or "what do you mean by that". Each time you work with your child, wean him of your help, for example, by insisting that he insert several sentences of his own in the next essay.

Handwriting

Picture thinkers will never become good handwriters. The computer can make it easier for them to express thoughts and ideas on paper. Encourage them to visualise the computer keyboard, a little at a time, to make typing easier.

Further reading.

Right brained children in a left-brained world **(by Jeffrey Freed and Laurie Parsons, Simon & Schuster, 1997, available from Silvereye, phone 02 4987 3457) contains many detailed ten-minute suggestions by age and problem which can be used to help with homework.**

Research

Thinking in words or pictures - the evidence

Brain activity in ADHD and unaffected men was monitored while they completed a task. Participants heard a series of numbers, one every 2.4 seconds, and were asked to add the last two digits they heard. Looking at positron emission tomography (PET) scans, Emory University researcher Julie B Schweitzer saw two major differences between the groups. First, the ADHD individuals maintained high levels of blood flow, whereas the controls displayed deactivation in the temporal gyrus region, indicating some kind of learning. The ADHD group also activated brain areas used for visual tasks.

Researchers found that instead of repeating the numbers to themselves as some of the controls did, many of the ADHD group had visualised the numbers.

- *Scientific American, August 96 p9*

In this issue

Editorial

While reading Jeffrey Freed's book (cover story), I thought 'this is my son'. Maths coaching homework used to be a prolonged session of grumbling and procrastination. After three sessions using Freed's confidence-boosting maths methods, I don't even see the maths sheets - they are finished within minutes - no help needed from me. There are other methods in Freed's book, such as "writing and weaning" which I have used in the past - and they worked.

Last week I worked with a mother from Nagoya University who is translating my first book, 'Different Kids', into Japanese. She says we have to change the title because in Japan, 'different' means 'wrong'. My agent, who was also raised in a traditional Asian family, says 'ADD is a very foreign subject in the Asian countries. In Asia, a child with ADD would be considered lazy and problematic, and in many cases parents would be blamed for not raising their child properly'. Are things so different here? They can be. See "For the good of the child", page 7 (?).

In my research project on the effect of food on children's behaviour, now nearly finished, most of the mothers unexpectedly reported dramatic changes in their children's learning. They reported 'actually wanted to do homework', 'bringing home readers and reading them to me instead of us having to read it to him', 'more interested in school' and 'spelling improved greatly'. According to previous research, food chemicals can affect learning ability without behavioural changes, see p0.

- *Sue Dengate, editor*

In brief

CDA application form review

The Child Disability Allowance Assessment Tool (CDAT) is under review (again). The government would like our opinions on the wording and effectiveness of the assessment tool (application form); the inclusion of additional indicators for childhood behaviours and special care needs; and a review of the lists of recognised disabilities which confer automatic entitlement to the CDA.

More information from or send your opinions to: Antony Bartolo, Dept of Family & Community Services, PO BOx 7788, Canberra Mail Centre 2610.

Danger in dust

Old houses with flaking, lead-based paint contribute to children's lead levels through dust. In the USA, there are more than a million children under the age of six with blood lead levels between 100 and 300 micrograms per litre. These doses are enough to impair mental development. A study in New Jersey arranged for cleaners to wet-mop floors, sponge walls and suck up dust with a powerful vacuum cleaner in toddlers' homes every few weeks for a year. Within a year, children's lead levels had fallen by 17 per cent, and in homes cleaned more than 20 times, by up to 34%.

- *Pediatrics, vol 103, p551.*

Cueing:

'Most teachers don't cue properly when there's a change. If the teacher tells the children, "Take out your maths books now and turn to page 17," a handful of kids are probably only going to hear "turn to page 17."

Then, those children have no clue what's going on; they think they're supposed to turn to page 17 in their Reading books and before you know it, they're totally lost. Whether a child has ADD or an auditory lag or whatever - a simple "Boys and girls, can I have your attention? Please take out your maths books and turn to page 17." Is probably all the teacher need do to get everyone on task and making the change. Simple, but I doubt there are many teachers that consistently cue before changes.'

- *letter from Barb to the ADDparents Internet list, quoted in the ADASA newsletter.*

Overreation to loud noises

The sound of a fairly loud noise - from music to cheering at a sports event - is enough to give some people vertigo. The condition, known as superior canal dehiscence syndrome (SCDS) has been identified by Lloyd Minor and his colleagues at the Johns Hopkins Centre for Hearing and Balance in Baltimore, Maryland. About 2 per cent of the population are predisposed to develop the condition because they have abnormally thin temporal bones directly above the ear's upper balance canal. A slight injury or even coughing can break the bone which means that noises aren't processed properly and instead create strong vibrations, leading to vertigo. The condition can be treated by repairing the cracked bone.

- *New Scientist, 27/2/99, p16*

Drugs for children

The vast majority of drugs have never been tested on children, yet children are not simply miniature adults. They react to chemicals quite differently. For example, adverse effects have been reported in children taking cisapride which helps gut contractions and is given every year to thousands of young children with reflux. Some children who were given unsuitably high doses suffered dangerous heart problems. The manufacturer now plans to test the drug in children. In the USA, drug companies will be granted a six-month extension of their patents in

exchange for comprehensive paediatric data. In the UK, a newly formed British Forum for Use of Medicine in Childhood announced their aim to improve research, development and training in paediatric pharmacology.

- *New Scientist, 20/2/99*

Medication

State dependent learning

Hollywood movie director John Huston tells a story about legendary star Marilyn Monroe during the filming of *The Misfits*. Since Monroe believed that she would keep her stunning beauty only if she got enough sleep, she took large doses of sleeping tablets. The day before filming and while half-sedated she would have her lines read out to her, over and over. The next day, Monroe would take barbiturates to counteract the sleeping tablets. When she arrived on the set, she would know her lines - the main words in them, how long they were and the exact rhythm of each line. But she would get the tenses all wrong. She wouldn't know whether a given line was in the past, present or future.

This curious anecdote is probably an example of the effects of state dependent learning, a little-understood condition of the brain whereby information that is learned in a certain state, whether medicated, drunk or sober, is best remembered in the same condition.

It is possible that certain kinds of information learned while on stimulant medication may not be easily recalled when off the medication and vice versa. In her book *Fed Up*, Sue Dengate recounts the experiences of a businessman who visited Indonesia while undertaking a trial of Ritalin. Previously fluent in Indonesian, he found that when he tried to give directions to the airport taxi driver, he couldn't remember a word. When he stopped taking Ritalin, his fluency returned. Results of early studies suggest effects are small, but state-dependent learning is one of ten important questions about the effects of medication to be investigated in a massive study currently underway at the US National Institutes of Mental Health.

Further reading: story about Marilyn Monroe from *Are you Somebody?* by Nuala O'Faolain, Sceptre, 1996; Swanson JM, *'The Effects of Stimulant medication on children with Attention Deficit Disorder: A review of reviews', Final report from the University of California-Irvine ADD Centre*, 1997.

Review

Movement programs

Is there any place for "old-fashioned" motor programs? An increasing number of schools think so. As one teacher said:

"Children don't do enough of these physical things any more. Everything is inside. That's why we need to do more movement activities than ever we did."

A new book by Barbara Pheloung, co-author of *Overcoming Learning Difficulties*, reviews motor programs in a number of Australian schools. Children with learning difficulties were withdrawn from class three days a week in a three year program at Oxford Falls Grammar School in Sydney. During each half-hour session they practiced activities like crawling, rolling, throwing and catching, balance, left/right activities, hopping and skipping. Children also attended remedial class. A control group attended remedial class without the sensory integration program. Children attending the SI program for a year made more gains than the control group.

In the final year, all the kindergarten teachers took their classes on the program. The children who were good at the activities enjoyed doing them and achieving. Children who found it difficult at the beginning became as capable as others through the constant repetition. The small number of children who obviously weren't improving were easily identified by teachers and referred for professional help. But it isn't only young children who can benefit from movement prpgrams.

A program for 13-15 year old boys with behaviour and learning problems at Bundamba State High School in Brisbane included swinging from ropes, trampolining and climbing for six or seven 40-minute periods a week.

Program organiser John Newberry describes the results: "Within three weeks, parents reported the boys were more tractable at home, had stopped fighting with Mum and chucking tantrums. They had started to succeed at something they enjoyed. They were supposed to be doing home exercise programs as well, although that was spasmodic. There was enough progress in terms of the observable changes - self-confidence, self-esteem, physical abilities ... That group of boys are the Year 12s now. They have mostly done quite well. There are no genius scholars but they have got back into the mainstream classrooms and they have coped."

Further reading "Help your Class to Learn" by Barbara Pheloung available from Silvereye Educational Publications

Exercise

Exercise for adults

- The gurus of adult ADHD, Drs Hallowell and Ratey have this to say about exercise: **"Choose "good", helpful addictions such as exercise. Many adults with ADD have an addictive or compulsive personality such that they are always hooked on something. Try to make this something positive."**

- ADHD people who find the complicated steps of aerobics too hard to learn are flocking to a new exercise class called PUMP, offered in gymnasiums around the country. Basically lifting weights to music, PUMP is billed as 'the fastest way in the universe to get fit', is very addictive, and highly suited to ADHD adults (minimum age 16).

- The email discussion list "Physical Activity for Mental Health" is an Australian-based discussion group for those interested in 1) relationship between physical activity and mental health and 2) methods to achieve greater community mental health and reductions in rates of psychological depression through promoting physical activity. Members contribute their ideas and their knowledge to assist one another. **Subscribe (free) by sending an email to: bicycle-subscribe@topica.com**

Medication

The estimate of prescriptions dispensed through community pharmacies in Australia for dexamphetamine (Dex) and methylphenidate (Ritalin) in the years 1990 to 1997 is as follows:

Year	Dex	Ritalin
1990	9,940	13,400
1991	13,880	16,610
1992	26,630	23,190
1993	47,210	31,040
1994	82,390	46,540
1995	127,850	64,460
1996	168,940	78,380
1997	207,300	83,700

Adults

More tips for adults with ADHD

- Use pizzazz. Try to make your environment as peppy as you want it to be without letting it boil over.

- Set up your environment to reward rather than deflate. To understand what a deflating environment is, all most adult ADD'ers need do is think back to school. Now that you have the freedom of adulthood, try to set things up so that you will not constantly be reminded of your

- limitations.

- Acknowledge and anticipate the inevitable collapse of X% of projects undertaken, relationships entered into, obligations incurred.

- Embrace challenges. ADD people thrive with many challenges. As long as you know they won't all pan out, as long as you don't get too perfectionistic and fussy, you'll get a lot done and stay out of trouble.

- Make deadlines.

- Break down large tasks into small ones. Attach deadlines to the small parts. Then, like magic, the large task will get done. This is one of the simplest and most powerful of all structuring devices. Often a large task will feel overwhelming to the person with ADD. The mere thought of trying to perform the task makes one turn away. On the other hand, if the large task is broken down into small parts, each component may feel quite manageable.

- Prioritize. Avoid procrastination. When things get busy, the adult ADD person loses perspective: paying an unpaid parking ticket can feel as pressing as putting out the fire that just got started in the wastebasket. Prioritize. Take a deep breath. Put first things first. Procrastination is one of the hallmarks of adult ADD. You have to really discipline yourself to watch out for it and avoid it.

- from Fifty tips for ADD adults on the internet by Drs EM Hallowell and JR Ratey, two US psychiatrists with ADHD. Authors of Driven to Distraction and Answers to Distraction, available from Silvereye Educational Publications, phone 02 4987 3457, email:silvereye@hunterlink.net.au

Education

Specific handwriting difficulties

Some of us have children whose handwriting problems make it impossible to demonstrate how much they know in an exam situation. Alternative accommodations include use of a scribe, cassette recorder or computer. But first, we have to prove they have a problem.

The *Handwriting Speed Test* has been developed by three occupational therapists and normed on nearly 1300 Australian students across the middle primary to senior secondary school years. It enables objective evaluation of children and adolescents with handwriting difficulties and can be used by therapists, teachers, paediatricians and psychologists to:

- evaluate an individual student's speed of handwriting

- determine the need for special allowances for individual students

- evaluate the effect of intervention on handwriting

- screen a class of students for handwriting difficulties
- conduct research into handwriting difficulties and intervention efficacy

The HST may be used with a wide range of students including those with cerebral palsy, spina bifida, arthritis, head injury, learning difficulties, specific handwriting difficulties and those in rehabilitation.

Materials required are a Handwriting Form, a Student information and record form, 2B pencil and Test Manual. The Handwriting Speed Test (HST) by Margaret Wallen, Mary-Anne Bonne and Lyn Lennox, Helios Art & Book Co, 1996. Test Manual $42.95, Primary school handwriting form (25), $10.00, Secondary school handwriting form (25), $10.00, student information & record form (25) $15.00, available from ACER, phone 03 9277 5656, email: sales@acer.ed.au

Research

Food colours and learning

Twenty hyperactive children (18 boys, 2 girls, average age 10 years) were given a diet free of artificial food dyes and other additives for 3 days then given a disguised blend of nine food dyes or a placebo. Their learning ability was tested before the challenge and at intervals up to 3½ hours afterwards. The food dye challenge significantly impaired performance on a learning task. The effect took over half an hour to become evident, reached its maximum by 1½ hours and lasted at least 3½ hours. No difference was seen in social behaviour.

Further reading: Swanson JM and Kinsbourne M 'Food dyes impair performance of hyperactive children on a laboratory learning test', *Science*, 207, 1485 (1980)

Research

ADHD and zinc deficiency

Three studies suggest a possible relationship between ADHD symptoms and zinc deficiency.

- hair samples of 31 of 46 hyperactive children showed zinc levels below the normal range in an uncontrolled study (Colquhon and Bunday, *Medical Hypotheses* 1981)
- a higher baseline zinc predicted a better placebo-controlled response to stimulant medication in 18 boys with ADHD (Arnold and others, *International Journal of Neuroscience,* 1990)
- serum zinc levels of a group of 21 ADHD children treated with Ritalin were significantly lower than a group of 28 normal volunteers. **Zinc levels of 30% of the ADHD children were also significantly below the normal range.** Children were eating a balanced diet. Researchers from the Tel-Aviv Community Health Centre suggest that zinc deficiency may be linked with aggressive behaviour.

Further reading: Toren P and others, 'Zinc Deficiency in ADHD', Biological Psychiatry, 1996; 40:1308-1310

ADD or What?

The toothbrush

A young man in Britain held his toothbrush in his mouth while washing his hair in the shower. When he threw his head back to rinse, he had a sudden coughing fit and swallowed the toothbrush. Ignoring what had happened, he went to work, only to come down with excruciating stomach pains that evening. He was rushed to hospital, where he needed emergency surgery.

- from Jill Margo's *Man Maintenance*, Penguin 1996. *Watch for "The Chainsaw" in the next issue*

Internet

Youth Suicide Prevention

The complete 100 page manual from the Keep Yourself Alive (KYA) program (funded under the National Suicide Prevention Strategy) is available for download free of charge from the AusEinet site as an Adobe Acrobat .pdf file.

<http://Auseinet.flinders.edu.au/projects/kya/index.html>.

Primarily aimed at professionals, the manual underpins the 4 videotapes and the 7 hour workshop program, but provides a useful resource in its own right. It covers Signs, Crisis Management, Therapeutic Intervention and what to do after a suicide (Postvention).

Classics

An early study of hyperkinesis

Dr Oliver Sacks is a London-born professor of neurology in New York famous for his brilliant case histories in books like ***An Anthropologist on Mars*** *(autism and Tourette's syndrome),* ***Islands of the Colour Blind*** *(colour blindness and Guam disease) and* ***The Man Who Mistook His Wife for a Hat*** *(neurological syndromes, including autistic savants). In* ***Awakenings****, he describes his work with the patients who were the first to bring hyperkinetic syndromes to the attention of the medical profession.*

In the winter of 1916-17 a new illness suddenly appeared all over the world. It would affect about 5 million people, killing about a third, before disappearing mysteriously ten years later. Called *encephalitis lethargica* (sleeping sickness), its manifestations were so varied that no two patients were exactly the same.

While most patients slept too much, in some patients the cerebral mechanisms for sleep were destroyed and they were totally unable to sleep. Sometimes these insomniac states were accompanied by a frenzy of body and mind, a state of ceaseless excitement and movement until death from exhaustion a week or ten days later. This was the first time sleep had been shown to be a physiological necessity for life.

Children sometimes showed abrupt changes of character and became **impulsive, provocative and destructive, with tantrums and rages**. Although many patients seemed to make a complete recovery, after years or even decades of perfect health, the majority of them developed post-encephalitic syndromes covering a wide range of behaviours including impulsive and emotional hyperkinetic-tourettic symptoms.

Dr Sacks defined hyperkinesia as "increased force, impetus, speed, violence and spread of movement; usually associated with excess of 'background' movement ... and often with impulsiveness, impetuosity, irritability, insomnia, etc."

Despite trials of medication, including the L-DOPA trials made famous in the movie *Awakenings*, Sacks emphasised the effects of the external environment, the "circumstances and vicissitudes" of each patient's life on their symptoms. He concluded that:

• **happiness, freedom and good relationships** made his patients better

• **stress, isolation and boredom** made them worse.

These effects were at least as important as the effects of drugs according to Dr Sacks. He found his patients had a reduced tolerance for insufficient sleep or rest. They also had an intolerance of stress such as pain, disability, frustration, anxiety and anger and a need for strategies to manage their problems. But more important than all of them was:

"the establishment of proper relations with the world, and - in particular - with other human beings, or *one* other human being".

How similar this sounds to findings by Canadian researcher Weiss and Hechtmann in 1986, when they asked adults who were studied as hyperactive children what had helped them most. The majority chose a significant person, usually a parent or teacher who had helped them and "believed in" them.

Further reading: *Awakenings* by Oliver Sacks, Picador, first published 1973, reprinted 1990

Research

Biochemisty of autism

There is a feeling that the number of cases of autism is rising, that it is part of a modern 'plague' in developmental illnesses which includes attention deficit syndrome, hyperactivity and dyslexia. Autism is characterised by a complete withdrawal from social contact, a lack of speech and a general unawareness. Many autistics are retarded but some have normal IQs. In the milder form of autism known as Asperger's syndrome, the symptoms may be no more than **extreme physical and social clumsiness** - the so-called eccentric boffin syndrome.

Patients who have improved after suffering severe autism talk about how their minds fail to pull the world together in a coherent way. The withdrawal, the uncomprehending tantrums, the fascination for simple or repetitive stimuli all follow from not being able to make sense of the world. One sufferer said she could not see faces, just collections of noses, eyes and mouths. Words were just strange noises. She found people, with their looming presence and unpredictable movements, too threatening and so lost herself in safer activities such as watching motes of dust floating in the air.

In Britain, biochemist Paul Shattock, himself the father of an autistic son, has stumbled on a possible mechanism to explain why autism may be caused by dietary substances leaking through the gut wall and eventually reaching the brain. He has discovered that the levels of a breakdown product of inoleacrylic acid are higher in the urine of autistic children. Very little is known about the acid except that it is a byproduct of the pathway that transforms the amino acid tryptophan into hormones and neurotransmitters like serotonin. Shattock does not know why autistic children may make more indoleacrylic acid, or whether it is a cause or effect of autism, but he intends to pursue his theory.

-from 'Gut Reaction', New Scientist, 20 June 1998, p42-5

ADD Networking

WHAT'S HAPPENING AROUND AUSTRALIA

Do you have some news which will prevent people in other states from reinventing the wheel?

SA

"For the good of the child"

'This time last year we faced with great trepidation the first year of high school for the first of our ADHD girls. Dutifully, we attended orientation day, listened with interest and then enquired what the policy with the school was for the administration of Dex. We were told that our daughter was not allowed to have her Dex at school and we would need approval for her to have it on the grounds. This was December 1997.

Now, in December 1998, we have an emergency bottle of Dex at school for those days when the tablets are left at home. We are incredible lucky to have had the committed teaching staff of a learning support unit, where eleven girls have one teacher and for most lessons a School Services Officer. Our daughter also has a one-on-one teacher for two hours a week

After a series of false starts where the school tried to make Michelle fit into the school and ignore her particular problems, a meeting was set up between the school, the family and the paediatrician. This meeting eventually gave the school the knowledge to deal with Michelle in new and innovative ways. Time Out and Suspensions are not part of her management. Behaviour management is dealt with on the spot by the teacher who sees inappropriate behaviour. This involved asking her if she has had her medication, if not, her medication is given and she is supervised for 20 minutes until it words. Then and only then does discussion take place about the current problem, never without medication are her actions discussed, this has resulted in her always identifying her action and her always seeing a way to rectify the problem.

At the time of the above school meeting, we also applied to the Special Education Resource Unit for a laptop for Michelle to use both in school and at home. The school didn't hold out much hope for the provision of the laptop, as some other more identifiable disabilities have a higher priority. Nevertheless, midway through Term 4, Michelle became the proud owner of a laptop.

As a direct result of all parties acting for the good of the child, we have had the school adapt their policies and re-think their educational processes in regard to Michelle (she also has 30% more time to complete tasks, reports, exams, etc).

As a result, she entered high school at year 8 level and within one school year she is finishing year 10. This has been so successful that at speech night she is expected to gain a number of academic certificates. The support offered by the staff have allowed Michelle to progress through three years' work in one. As a family, we are looking forward to seeing her through Year 11, with this continued support. Additionally, our youngest daughter is also joining her elder sister at high school next year and yes, she also has ADHD.

Now, for all you curious people, thinking where is this wondrous school, Michelle goes to Gepps Cross Girls High.

Do not think that your school cannot help your with your child: stand your ground.

Demand to have a Negotiated Curriculum Plan.

Demand to see a guidance officer.

Do not allow the system to overrun you or your family or your parental instincts.

Do make lots of noise about the education of your child and please at all times remember that our children are the future and only the very best is good enough. Finally, we would like to thank Debra Basset (Special Education Co-oridnator), Jo Armstrong and all the other Special Education Staff. Without their dedication we would not have the successes of this year.'

- *Jane L Curtis - reprinted from the ADDPLAD newsletter*

On the Internet

ADD Parents Support Group

To subscribe, email: <listserv@bdtp.com> with <subscribe add-parents list> in the body of the message

Conference

Children's chemical exposure

The Australian Chemical Trauma Alliance (ACTA) will hold its 1999 conference at the University of New England, Armidale NSW on the 13 -15 August.

The focus of this conference will be the effects of chemical exposure on children, including Multiple Chemical Sensitivity (MCS), Chronic Fatigue Syndrome (CFS), Attention Deficit Disorder (ADD) and other disorders where there has been a toxic or environmental association. Guest speakers will include Dr Gunnar Heuser, assistant Professor of Medicine at the University of California, Los Angeles School of Medicine since 1970, a member of the National Association of Physicians for the Environment and a member of the Society for Occupational and Environmental Health.

The Sunday Expo will be a free information day where support groups will be invited to present table displays and, where possible, presentations including discussions with the public.

Contact:

Tracy Brown, phone & Fax:-02 6772 0066,

E-mail: acespade@northnet.com.au

, http://www.ozemail.com.au/~actall

WHAT'S ON

April 17 Tertiary students and adults with LD and/or ADHD skills development workshops, Uni of Western Sydney, Milperra, 02 9772 6229

June 6-8 AusEinet (Australian Early Intervention Network for Mental Health in Young People) international conference Adelaide, contact Lesley Woods, ph 08 8274 6060, fx 08 8274 6000, http://AusEinet.flinders.edu.au

August 13-15 Conference: Chemical Effects on Children University of New England, Armidale NSW, contact Tracy Brown, phone/fax-02 6772 0066, email: acespade@northnet.com.au

, http://www.ozemail.com.au/~actall

Networking

Have you heard about dyspraxia?

A child who appears clumsy or who has difficulty communicating may have a disorder known as dyspraxia. Behavioural problems due to frustration are commonly associated with this disorder. If you suspect your child is dyspraxic, ignore the "s/he'll grow out of it" advice. Early diagnosis and assistance can make a huge difference!

Characteristics of motor dyspraxia

Children with motor dyspraxia know what they want but appear to be clumsy and disorganised. They are likely to have one or more of the following problems:

- take longer to learn new tasks, eg riding a bike, skipping, tying shoelaces
- may avoid complex fine motor tasks such as puzzles at preschool and frequently avoids participating in drawing and paining activities
- usually have significant difficult with handwriting when beginning school
- seems disorganised and poorly coordinated

Characteristics of verbal dyspraxia

A child with verbal dyspraxia knows what he wants to say but is unable to sequence the sounds needed for speech. Some children have difficulty pronouncing sounds, others have difficulty sequencing words. Some children have difficulty co-ordinating their lips, tongue and palate to make sounds. Expressive language is often delayed. These children need lots of intensive speech therapy in order to learn how to plan, sequence and produce speech sounds.

Problems often include

- sounds in the wrong order, eg puc for cup
- simplification of words, eg jum for jumping
- inconsistent patterns, eg bog, god or tod for dog
- child's tongue seems to go everywhere
- using a gesture system instead of words
- difficulty with consonant blends, eg bue for blue

What to do

Assessments and therapy are available from occupational therapists and physiotherapists for motor dyspraxia and from speech pathologists for verbal dyspraxia offer assessments and management for motor dsypraxia. You can find free therapists in local community health centres or private therapists listed in the yellow pages. Children with developmental dyspraxia can expect a big improvement with therapy.

Video

'Dyspraxia is a severe condition (not just a "clumsy child") with major implications for the child, family and all support services' according to Dr Paul Hutchins, senior Paediatric Consultant at the New Children s Hospital Educational and Research Centre. He recommends the 22-minute video *Have you heard about dyspraxia?* as 'an exceptional and essential resource'.

More information

For the video ($25 plus postage), free information package and world-wide support group details, contact:

Dyspraxia Information and Resources

Lapstone Preschool Kindergarten Association

PO Box 51, Glenbrook NSW 2773 ph 02 4739 2606, fx 02 4739 0020, email Lapstonepreschool@mountains.net.au

Getting in touch

Sandy is an ADHD university student from Hong Kong using dietary management. She would like to correspond with others using diet: eschau@hknet.com

ORDER IN THE HOUSE! *production team*

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The terms ADD and ADHD are used synonymously throughout this newsletter.

Please acknowledge the source when reprinting articles and for cartoons, Joanne Van Os .

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ORDER IN THE HOUSE! *does not endorse any particular school, service, business, treatment or theory. Articles and announcements are for information only.*

Issue 18 Term 4 1998

An Order in the House! feature

Something in the water

TCE is a chemical which often finds its way into drinking water in the USA. A component in degreasing solvents commonly used by manufacturers, TCE - properly know as trichloroethlyene - is in many cases dumped illegally onto the ground or discharged into streams, ultimately contaminating water supplies. Drinking water contaminated by TCE has been reported in Japan and in Milan in Italy as well as the USA.

Low-level effects of TCE on behaviour may occur before any obvious sign of illness. An individual is defined as being exposed when there is evidence that a recognised contaminant found in air, drinking water, soil, food or surface water has been ingested, inhaled and/or absorbed through the skin. Long-term chronic exposure of any intensity or high-dose acute exposures can produce long-lasting or permanent effects characterised by cognitive and behavioural changes. Short-term, very low-level exposures are far less likely to produce any health effects.

In one study, 54 people from communities in Boston, Ohio and Minnesota were examined. They had suffered low-level, chronic exposure to TCE in their drinking water for years. Memory and attention test performance were the feature most likely to be impaired. Irritability was noted in 40 out of 54 individuals.

Children may be affected differently than adults. In one family, all four children performed below average on academic tests and language tasks, although their mother's school performance had been average. In a study of Michigan families exposed to TCE in drinking water, 10 adults complained of fatigue, somnolence, lack of energy, numbness and tingling, headache, dizziness and tremor. **Among 12 children, 9 had major behavioural difficulties, including poor learning, aggressive behaviour and poor attention span.**

Many studies have demonstrated the neurotoxicity of organic solvents, which form at least a quarter of all chemicals with known neurotoxicity. The effects of solvent exposure have been investigated by Professor Roberta White, research director of the Boston Environmental Hazards Centre at Boston University's School of Medicine, for the last 16 years. Professor White finds that the attentional system is one of the first to be affected by exposure to neurotoxicants prenatally or in childhood (including lead as well as solvents) and has seen ADHD clinically a number of times in such children. "It seems to me that **the effects are often magnified or more pronounced in a child who is genetically at risk for ADHD or any other cognitive developmental disorder** and then is exposed to chemicals that affect the central nervous system," she comments.

"the attentional system is one of the first to be affected by exposure to neurotoxicants"

Solvents account for about a quarter of 167 chemicals identified as having behavioural or neurological effects by the American Conference of Governmental Industrial Hygienists in 1984. Of other chemicals with demonstrated neurotoxic effects, polychlorinated biphenyls (PCBs) have been implicated in a number of studies.

Like TCE, PCBs also turn up in waterways. In the early 1980s, psychologists studied more than three hundred children whose mothers had eaten two or three meals of fish a month from the Great Lakes, known to be contaminated with PCBs. In some cases, the women had eaten no fish during pregnancy, but **PCBs accumulate in body fat and are passed on to babies through the placenta and breast milk**. Differences between the children of fish-eating mothers and non-fish eating mothers were evident from birth. Researchers found persistent evidence of neurological impairment, including weak reflexes and impaired cognitive functioning. Years later, children of women with the highest PCB levels showed

• lower scores in verbal and memory tests and

• oppositional behaviour.

The behavioural toxicity of environmental factors like chemicals and heavy metals is a relatively new area of research. Although the National Health and Medical Research Council's 1997 report on ADHD considers the cause of ADHD be unknown, exposure to environmental factors such as lead is acknowledged as a possible contributing factor. The findings of such research may have **benefits for parents who for years have been bedevilled by a lack of understanding from the community and accusations that they themselves cause their children's bad behaviour through poor parenting techniques.** -by Sue Dengate

Further reading:

Feldman RG and others, 'Neurotoxic effects of trichloroethylene in drinking water', in 'The vulnerable brain and environmental risks, vol3, Toxins in air and water', ed RL Isaacson and LK Jensen, Plenum Press, NY 1994

White RF and Proctor SP, ' Solvents and Neurotoxicity' Lancet 1997, 349:1239-1243

Jacobson JL and others 'Effects of in untero exposure to polychlorinated bephenyls and related contaminants on cognitive functioning in young children', *Journal of Pediatrics*, (1990), 116:38-48

Report from expert panel

Ritalin in the long term

Children suffering from ADHD who are treated with stimulants show **almost no improvement in academic achievement and social skills**, according to an expert panel convened by the US National Institutes of Health..

Stimulants such as Ritalin have been hailed as a breakthrough in the treatment of ADHD, allowing disruptive children to concentrate in class. Psychiatrists assumed that this would mean improved educational performance. But that's not what the NIH panel found. One of the studies considered followed the progress of ADHD children on Ritalin for 14 months. "The evidence is not very impressive," says Samuel Guze, a psychiatrist at the Washington University School of Medicine in St Louis, Missouri. **"They start lower than average and they remain lower than average,"** says Naomi Brelau, director of research at the Henry Ford Health System in Detroit, Michigan.

The NIH panel is not opposed to using drugs to control ADHD. But one expert who gave evidence to the panel argues that drugs such as Ritalin only treat the symptoms rather than addressing the underlying cause of the condition. Rosemary Tannock of the Hospital for Sick Children in Toronto suspects that ADHD is fundamentally misunderstood. She has tested ADHD children using a battery of tests that measure their reaction time. "These kids are ubiquitously slow," she says. "It doesn't fit the picture of hyperactivity and impulsiveness."

Tannock thinks the children have problems with tasks that require them to store some pieces of information while simultaneously manipulating others, and has anecdotal evidence that **an extremely structured classroom setting** can improve their educational performance. She advocates trials to test the effective of changing the classroom setting, but cautions that this treatment will almost certainly be more expensive than drugs.

- *New Scientist* 28/11/98, p5 (editorial), p24

Diet

In the long term

Dietary management does not produce a magical change within an hour the way medication can. But what do studies show of long term effects?

Following up after two years on families avoiding additives and salicylates, U.S. researchers found 13 out of 14 mothers described their children's behaviour as having improved since the end of the study. Typically, they reported **marked improvement in schoolwork and a steady, gradual increase in self-control.**

In a British study which used the Few Foods diet, 92% of children in the study were still continuing with the diet when last seen. Researchers commented that being on an acceptable diet did seem to make **a remarkable difference** in the lives of many of these families.

A study of 6000 institutionalised juvenile offenders found antisocial behaviours were reduced by nearly half following the introduction to a diet low in processed foods. Not everyone improved equally. About 20 per cent of the delinquents accounted for nearly 50 per cent of the bad behaviour. Behavioural improvements started within a few weeks of beginning the diet and **continued improving over a period of nearly five months**, when they stabilised at the reduced level.

Further reading: Conners, CK *Food additives and hyperactive children*, Plenum, 1980

Egger J and others 'Controlled trial of oligoantigenic treatment in the hyperkinetic syndrome', *Lancet* 1985, (1), 540-45 Schoethaler, S, 'Diet and delinquency'', *Int J Biosocial research*, 1985; 7(2):108-131

In this issue

Editorial

It has long been assumed that children who concentrate better on Ritalin will do better at schoolwork and because people like them more, their social skills will improve. Not so, say the experts. Long term Ritalin use makes little or no difference to children's academic achievement and social skills. More details on this shock report from a special panel convened in Washington by the National Institutes of Health on page 2.

In issue 16, we published an article on the effects of solvents from a paper in the *Lancet*. Behavioural and learning problems were associated with small, chronic, longterm exposure to doses formerly considered to be safe. The problems sounded so similar to what we encounter that I wrote to the principal researcher Professor Roberta White about a possible connection with ADHD. Her response led to the article on page 1.

We all want our children to be happy, but are they? The Happiness and Optimism pilot project report on page 0 suggests that many are not, but the situation can be changed.

What do you do if you discover marijuana in your teenager's schoolbag? As a number of readers have raised this question, we approached the specialists for some answers, see page 0.

More evidence for an association between ADHD and food intolerance as new research in the *Lancet* supports the old theory of increased gut permeability, page 0.

Finally, thank you all for your marvellous support. It is your comments which keep us volunteers going, like this one: "as a family therapist I find your newsletter invaluable and encourage parents of ADD/ADHD children to subscribe". Best wishes for a Merry Christmas and happy school holidays from all of us at OITH!

- Sue Dengate, editor

In brief

Ritalin and hearts

Children who take Ritalin to treat ADHD are at no increased risk of heart failure, says the American Heart Association (AHA). The association has been investigating a handful of sudden deaths among children taking

the drug, which is prescribed to about 1.5 million children in the US. Some doctors have been giving children on the drug routine electrocardiograms. But the AHA says that only children from families with histories of sudden death or specific heart problems should be monitored, and then just as a precaution. - New Scientist, 21/11/98, p5

Mental Health Infoline

Mental health information for rural and remote Australia for the cost of a local call, Mon-Fri 1.30-4.30 AEST

Phone: 1300 785 005

Email: mhirra@gpo.com.au

Autistic animals

Guinea pigs which show a reluctance to explore or respond to their surroundings and are much less likely to interact with other animals have been bred by researchers in Paris. The guinea pigs have the same abnormality in their cerebellum, the part of the brain responsible for coordination, as is found in some autistic people. An animal model for autism could lead to understanding the condition better.

- New Scientist 31/10/98, p25

Nicotine addiction in teenager smokers

An Australian study has shown that as little as 2% of young smokers quit. This appears to be due to dependency on nicotine. The success rate of nicotine patches in teenagers who want to quit is currently being studied, as these have proved successful method with adults.

Renee Bittoun, Smoking Research unit, University of Sydney (at the CAMHS conference)

Mood disorders

Out of 100,000 adolescents, two to three thousand will have mood disorders out of which 8-10 commit suicide. - *Kids Helpline newsletter, June 1998*

Combining drugs

Should people who take Prozac be warned that combining Prozac with the recreational drug ecstasy can cause death? Drug companies argue there is no need to warn customers about effects of illegal drugs. But some scientists insist that users need to know that Prozac (and some other drugs) interfere with a liver enzyme called CYP2D6 which is needed to metabolise certain drugs such as ecstasy. To make matters worse, between 3 and 8 per cent of the population have a genetic defect which makes them particularly poor at metabolising some drugs. For these people, mixing Prozac with ecstasy may result in a full-blown overdose.

- *New Scientist* 12/7/97, p20

Education

The H.O.P.E. Project

The H.O.P.E. (Happiness and Optimism in Primary Education) project is a response to the evidence that increasing the resilience or hardiness of a young person can prevent the development of problems including depression and anxiety. It makes more sense to provide young people with coping skills rather than waiting for problems to emerge, and then intervene.

The program was run over a period of 10 weeks (90 minutes weekly) with 8 students in Year Seven.

How were students selected?

1. Students self identified as being ‘not as happy as they would like to be’ and completed a test of self esteem (Piers Harris) and a test of coping strategies (Adolescent Coping Scale).

2. Teachers identified students they considered low in self esteem or perceived to be unhappy who might benefit from the program.

3. Parents were contacted and given details of the program. Parents who agreed for their children to take part were asked to fill in two questionnaires, similar to those the children had completed.

H.O.P.E. is based on a model of Cognitive-Behaviour Therapy with a primary orientation will be toward cognition and behaviour, stressing the role of thinking, deciding, doing and questioning.

What areas are covered over the 10-week program?

• Thinking Skills: individuals are helped to recognise and challenge negative or distorted thinking and to develop positive self-talk.

• Multiple Intelligence: individuals are helped to recognise and use their own particular skills and talents based on the work done by Gardner.

• Personal Strengths: individuals are helped to recognise and reinforce their existing strengths and personal resources.

• Keeping Calm: individuals are taught to keep calm by using self-management, stress reduction, coping strategies and self-regulation.

• Problem Solving: students are encouraged to define their problems, consider solutions to their problems and use step by step approaches in carrying out and evaluating the solution

• Support Networks: adolescents are helped to acknowledge the importance of developing a support network and encouraged to seek help, when necessary to maintain their emotional well being.

• Interpersonal Problem Solving: individuals are helped to consider how growing older and more responsible can lead to disputes with peers and adults during the period of adolescence.

• Keeping the Peace: during the program individuals are helped to examine the value of empathy in keeping the peace. They are encouraged to understand that getting along with people is easier if we can acknowledge and see things from the other person’s perspective.

What did we find?

Anecdotal results only from the participants are available at this stage.

• The sessions were a highlight of the week for everyone including the presenters. Students said they looked forward to the group a great deal.

• Through regular ‘home-work’ students realised that skills they learned were actually meant to be used in the outside-the-group world.

• All students said that they felt more confident about themselves personally and in their relationships with others

• All students felt that the program had helped them become better problem solvers and that they had learned useful skills. They became aware of their particular intelligences

• Every student is now able to think of positive things that are happening in their lives (this was not possible for any of them prior to the program).

• Students have developed strong friendship networks within the group and provide caring support for one another.

My only area of concern has been that most of the students commented that their parents have not said anything to them about noticing changes. It is possible that parents have noticed changes and just not commented or perhaps they have not noticed. The same comments were true about teachers. I am planning to run more sessions in the new year and this time I plan to do more work with teachers and parents.

- by Monika Sherwood.

Monika has a BA(Hons) in Psychology, a Grad Dip in Special Education and a Grad Dip in Applied Linguistics. She is Senior Special Education Adviser in the Northern Territory and co-director of Win-Win Networks (Psychology/Mediation). E-mail: mondoug@topend.com.au. The H.O.P.E. program was co-presented by Sean McCarthy.

Research

ADHD and leaky gut

British researchers made headlines around the world when they suggested a possible connection between the measles mumps rubella (MMR) vaccination and autism in 12 children in a February issue of the *Lancet*, a highly-regarded peer-reviewed British medical journal. A flood of outraged letters to the *Lancet* followed. Everyone agrees that the association between MMR and autism has not been proved. However, what has been shown by Dr AJ Wakefield and his colleagues is an association between **an inflamed or dysfunctional intestine** (characterised by diarrhoea, abdominal pain, bloating and some food intolerance) and behavioural changes in some children.

In the *Lancet* a month later, Wakefield and his colleagues provided an update, saying
"we have now investigated 48 children in with developmental disorder in whom the parents said 'my child has a problem with his/her bowels which I believe is related to their autism'. Hitherto this claim had been rejected by health professionals with little or no attempt to investigate the problem. The parents were right. They have helped us to identify a new inflammatory bowel disease that seems to be associated with their children's developmental disorder."

Severe constipation with acquired megarectum was noted in almost all affected children. The behaviour of several of the children improved when their intestinal pathology was treated. Most parents noted behavioural improvement after the bowel preparation for colonoscopy, and improvement which was maintained if recurrent constipation could be prevented.

The same bowel disease in children was linked with non-IgE-mediated food allergy and ADHD, asthma or atopic dermatitis in the July issue of the *Lancet* by researchers Dr A Sabra and colleagues from Georgetown University Medical Centre in Washington.

Both groups of researchers suggest that increased intestinal permeability allows passage of antigens into the blood. The finding of bowel conditions in ADHD has opened unanticipated lines of investigation concerning the interactions between ADHD symptoms and intestinal permeability. These reports may change the nature of current treatment of ADHD. Underlying intestinal disease is often overlooked in children with ADHD.

Further reading: *The Lancet*: Wakefield AJ and others, Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children, *Lancet,* Feb 28 1998, (351), 637-641, Wakefield AJ, Murch and others, Authors reply *Lancet* March 21, 1998, Sabra and others , letter, *Lancet* July 18, 1998.

Adults

More tips for adults with ADHD

• **Don't feel chained to conventional careers** or conventional ways of coping. Give yourself permission to be yourself. Give up trying to be the person you always thought you should be--the model student or the organised executive, for example--and let yourself be who you are.

• **Remember that what you have is a neuropsychiatric condition**. It is genetically transmitted. It is caused by biology, by how your brain is wired. It is NOT a disease of the will, nor a moral failing. It is NOT caused by a weakness in character, nor by a failure to mature. It's cure is not to be found in the power of the will, nor in punishment, nor in sacrifice, nor in pain. ALWAYS REMEMBER THIS. Try as they might, many people with ADD have great trouble accepting the syndrome as being rooted in biology rather than weakness of character.

• **Try to help others with ADD**. You'll learn a lot about the condition in the process, as well as feel good to boot.

• **Establish structure.** Structure is the hallmark of the non-pharmacological treatment of the ADD child. It can be equally useful with adults. Tedious to set up, once in place structure works like the walls of the bobsled slide, keeping the speedball sled from careening off the track.

• **Make frequent use of**:

- lists

- colour-coding

- reminders

- notes to self

- rituals

- files

Colour-coding deserves emphasis. Many people with ADD are visually oriented. Take advantage of this by making things memorable with colour: files, memoranda, texts, schedules, Virtually anything in the black and white of type can be made more memorable, arresting, and therefore attention-getting with colour.

- from Fifty tips for ADD adults on the internet by Drs EM Hallowell and JR Ratey, two US psychiatrists with ADHD. Authors of Driven to Distraction and Answers to Distraction, available from Silvereye Educational Publications, phone 02 4987 3457, email:silvereye.hunterlink.net.au

Education

Specific handwriting difficulties

Some of us have children whose handwriting problems make it impossible to demonstrate how much they know in an exam situation. Alternative accommodations include use of a scribe, cassette recorder or computer. But first, we have to prove they have a problem.

The *Handwriting Speed Test* has been developed by three occupational therapists and normed on nearly 1300 Australian students across the middle primary to senior secondary school years. It enables objective evaluation of children and adolescents with handwriting difficulties and can be used by therapists, teachers, paediatricians and psychologists to:

- evaluate an individual student's speed of handwriting

- determine the need for special allowances for individual students
- evaluate the effect of intervention on handwriting
- screen a class of students for handwriting difficulties
- conduct research into handwriting difficulties and intervention efficacy

The HST may be used with a wide range of students including those with cerebral palsy, spina bifida, arthritis, head injury, learning difficulties, specific handwriting difficulties and those in rehabilitation.

Materials required are a Handwriting Form, a Student information and record form, 2B pencil and Test Manual. The Handwriting Speed Test (HST) by Margaret Wallen, Mary-Anne Bonne and Lyn Lennox, Helios Art & Book Co, 1996. Test Manual $42.95, Primary school handwriting form (25), $10.00, Secondary school handwriting form (25), $10.00, student information & record form (25) $15.00, available from ACER, phone 03 9277 5656, email: sales@acer.ed.au

What would you do if ...

... you found marijuana in your child's schoolbag?

We sought advice from a centre specialising in habitual behaviours. The centre offers one-to-one counselling and skills training in relation to **behaviours of habit**, including drug use, anger management, stress management and assertion training.

The bottom line regarding teenage use of drugs is **harm minimisation**. We all know that prohibition can encourage rebellion and increase the very behaviours we are trying to stop. We have to acknowledge that drug-taking is an acceptable part of our culture, eg. cigarettes, caffeine and Ritalin. Every drug has benefits and costs. If you increase the dose, you increase the risk of undesirable side-effects.

Maybe the best we can do is to say:

"We would prefer you not to do this because of the consequences. But I have to acknowledge that you are becoming an adult, making your own decisions, and I am not in control of you all the time. So what can I teach you to protect yourself if you do decide to use drugs?"

The following table shows a range of possible reactions by parents and their consequences.

Phase Common Thoughts Common Feelings Unhelpful Responses Helpful Responses

Suspected use Not my child Anxiety Search their room. Talk to the young person.

How can I find out? Disbelief Look for signs. Ask the young person calmly.

Curiosity Ask friends, friends' parents. State your reasons for asking.

Read mail. Be prepared for a "yes".

First known use I must stop this! Self doubt Call in the "big guns" Talk to the young person about

I can't cope. Anger eg. experts the advantages and

What did I do? Inadequacy Restrict freedom/punish/ disadvantages of drug use.

How did this start. Disappointment protect Seek to understand and

express feelings.

Regular use I failed as a parent Guilt Hide the drug use from friends/ Be consistent

Who will help me Embarrassment family Spend time together.

control this? Anger Increased restrictions Increase communication

What will my friends Concern Increase controls Discuss and engage in

/family say? Determination Do more for the young person, alternatives,

Optimism eg lend money, do chores Encourage responsibility for

Fear Make up excuses and consequences and decision cover up making.

Seek professional help.

Long term use My family will never be ideal. Resignation Alienate the young person. Encourage open discussion.

I can't understand the Frustrations Tolerate unacceptable Encourage mutual young person Loss behaviour. understanding/ tolerance.

I have to let go. Abandonment Rescue from consequences. Lessen the harm.

I have to change this. Rejection. Give in to excessive Let go controlling behaviour.

Acceptance demands. Encourage responsibility.

Ambivalence Seek professional help.

Love/Hate Move to parenting an adult rather than a child.

Keep communication channels open.

From Coping with Drug Use: a practical guide for parents from Queensland Health, phone 1800 177 833 freecall outside Brisbane. Many thanks to Amity Community Services 8981 8030, freecall country NT 1800 422 599. Information in other states available from: 02 9361 (freecall country NSW 1800 629 683), 02 6205 4545 (ACT 24 hour helpline), 08 8274 3333 (13 1340 free call metro and country SA), 08 9442 5000 (1800 198 024 freecall country WA), 03 6228 2880 (freecall country Tas 1800 811 994), 03 9416 1818 (1800 136 385 freecall country Vic).

Research

ADHD and zinc deficiency

Three studies suggest a possible relationship between ADHD symptoms and zinc deficiency.

- hair samples of 31 of 46 hyperactive children showed zinc levels below the normal range in an uncontrolled study (Colquhon and Bunday, *Medical Hypotheses* 1981)

- a higher baseline zinc predicted a better placebo-controlled response to stimulant medication in 18 boys with ADHD (Arnold and others, *International Journal of Neuroscience*, 1990)

- serum zinc levels of a group of 21 ADHD children treated with Ritalin were significantly lower than a group of 28 normal volunteers. **Zinc levels of 30% of the ADHD children were also significantly below the normal range.** Children were eating a balanced diet. Researchers from the Tel-Aviv Community Health Centre suggest that zinc deficiency may be linked with aggressive behaviour.

Further reading: Toren P and others, 'Zinc Deficiency in ADHD', Biological Psychiatry, 1996; 40:1308-1310

ADD or What?

The toothbrush

A young man in Britain held his toothbrush in his mouth while washing his hair in the shower. When he threw his head back to rinse, he had a sudden coughing fit and swallowed the toothbrush. Ignoring what had happened, he went to work, only to come down with excruciating stomach pains that evening. He was rushed to hospital, where he needed emergency surgery. - from Jill Margo's *Man Maintenance*, Penguin 1996 - *watch for "The Chainsaw" in the next issue*

Internet

Youth Suicide Prevention

The complete 100 page manual from the Keep Yourself Alive (KYA) program (funded under the National Suicide Prevention Strategy) is available for download free of charge from the AusEinet site as an Adobe Acrobat .pdf file.

<http://Auseinet.flinders.edu.au/projects/kya/index.html>.

Primarily aimed at professionals, the manual underpins the 4 videotapes and the 7 hour workshop program, but provides a useful resource in its own right. It covers Signs, Crisis Management, Therapeutic Intervention and what to do after a suicide (Postvention).

Classics

A study of hyperkinesis

Dr Oliver Sacks is a London-born professor of neurology in New York famous for his brilliant case histories in books like ***An Anthropologist on Mars*** *(autism and Tourette's syndrome),* ***Islands of the Colour Blind*** *(colour blindness and Guam disease) and* ***The Man Who Mistook His Wife for a Hat*** *(neurological syndromes, including autistic savants). In the classic* ***Awakenings****, he describes his work with the patients who were the first to bring hyperkinetic syndromes to the attention of the medical profession. Do his observations have any lessons for us?*

In the winter of 1916-17 a new illness suddenly appeared all over the world. It would affect about 5 million people, killing about a third, before disappearing mysteriously ten years later. Called *encephalitis lethargica* (sleeping sickness), its manifestations were so varied that no two patients were exactly the same.

While most patients slept too much, in some patients the cerebral mechanisms for sleep were destroyed and they were totally unable to sleep. Sometimes these insomniac states were accompanied by a frenzy of body and mind, a state of ceaseless excitement and movement until **death from exhaustion** a week or ten days later. This was the first time sleep had been shown to be a physiological necessity for life.

Children sometimes showed abrupt changes of character and became **impulsive, provocative and destructive, with tantrums and rages**. Although many patients seemed to make a complete recovery, after years or even decades of perfect health, the majority of them developed post-encephalitic syndromes covering a wide range of behaviours including impulsive and emotional hyperkinetic-tourettic symptoms.

Dr Sacks defines hyperkinesia as "increased force, impetus, speed, violence and spread of movement; usually associated with excess of 'background' movement ... and often with impulsiveness, impetuosity, irritability, insomnia, etc."

Despite trials of medication, including the L-DOPA trials made famous in the movie *Awakenings*, Sacks emphasises the effects of the external environment, the "circumstances and vicissitudes" of each patient's life on their symptoms. He concluded that:

• **happiness, freedom and good relationships** made his patients better, and that

• **stress, isolation and boredom** made them worse.

These effects were at least as important as the effects of drugs, says Dr Sacks. He found his patients had a reduced tolerance for insufficient sleep or rest. They also had an intolerance of stress such as pain, disability, frustration, anxiety and anger and a need for strategies to manage their problems.

But more important than all of them was **"the establishment of proper relations with the world,** and - in particular - with other human beings, or *one* other human being".

How similar this sounds to findings by Canadian researchers in 1986, who asked adults who were studied as hyperactive children what had helped them most. The majority chose **a significant person**, usually a parent or teacher who had helped them and "believed in" them.

Further reading: *Awakenings* by Oliver Sacks, Picador, first published 1973, reprinted 1990

Research

ADHD brain study

The brain activity in ADHD and unaffected men was monitored while they completed a task. Participants heard a series of numbers, one every 2.4 seconds, and were asked to add the last two digits they heard. Looking at positron emission tomography (PET) scans, Emory University researcher Julie B Schweitzer saw two major differences between the groups. First, **the ADHD individuals maintained high levels of blood flow**, whereas the controls displayed deactivation in the temporal gyrus region, indicating some kind of learning. The ADHD group also activated brain areas used for visual tasks. Researchers found that instead of repeating the numbers to themselves as some of the controls did, many of **the ADHD group had visualised the numbers**.

- *Scientific American, August 96 p9*

Research

Biochemisty of autism

There is a feeling that the number of cases of autism is rising, that it is part of a modern 'plague' in developmental illnesses which includes attention deficit syndrome, hyperactivity and dyslexia. Autism is characterised by a complete withdrawal from social contact, a lack of speech and a general unawareness. Many autistics are retarded but some have normal IQs. In the milder form of autism known as Asperger's syndrome, the symptoms may be no more than **extreme physical and social clumsiness** - the so-called eccentric boffin syndrome.

Patients who have improved after suffering severe autism talk about how their minds fail to pull the world together in a coherent way. The withdrawal, the uncomprehending tantrums, the fascination for simple or repetitive stimuli all follow from not being able to make sense of the world. One sufferer said she could not see faces, just collections of noses, eyes and mouths. Words were just strange noises. She found people, with their looming presence and unpredictable movements, too threatening and so lost herself in safer activities such as watching motes of dust floating in the air.

In Britain, biochemist Paul Shattock, himself the father of an autistic son, has stumbled on a possible mechanism to explain why **autism may be caused by dietary substances leaking through the gut wall and eventually reaching the brain**. He has discovered that the levels of a breakdown product of inoleacrylic acid are higher in the urine of autistic children. Very little is known about the acid except that it is a byproduct of the pathway that transforms the amino acid tryptophan into hormones and neurotransmitters like serotonin. Shattock does not know why autistic children may make more indoleacrylic acid, or whether it is a cause or effect of autism, but he intends to pursue his theory.

-from 'Gut Reaction', New Scientist, 20 June 1998, p42-5

ADD Networking

WHAT'S HAPPENING AROUND AUSTRALIA

Do you have some news which will prevent people in other states from reinventing the wheel?

VIC

Dr Rick Jarman, consultant paediatrician with the Centre for Community Child Health and Ambulatory Paediatrics at the Melbourne Royal Children's Hospital recommends that **fragile X DNA testing** should be considered for all children with specific learning difficulties, attentional problems and global delay. For more information about Fragile X syndrome, see:

http://www.ozemail.com.au/~fragilex/

QLD

Betty Smith has thirty years' teaching experience and a special interest in dyslexia. Her book *"Success Stories in spite of early learning problems"* is designed to provide hope and inspiration for the up to **15% of our population who are intelligent but find academic learning difficult**. Such people often fail in the school situation. These stories show how talented they are and their value to society. Containing more than 100 stories, the book is an entertaining and inspirational read.

For example, Kerry Packer: "I was academically stupid - I loathed school and my way of surviving was sport. A serious illness caused missed schooling and I was helplessly behind everyone else. I became a bit of a laughing stock because of it."

Available from Betty Smith, phone/fax 07 3393 0506, $18.95 per book plus $3.50 p&p, PO Box 7572, East Brisbane, Qld 4169.

NSW

Warringah Council has produced a leaflet called "Learning and Attention Problems: selected resources" which includes 23 books about learning and attention problems, 2 audio cassettes, 9 videos and 6 books on self-esteem held in the five branches of the Warringah library. More information from

library@warringah.nsw.gov.au or website warringah.nsw.gov/lib-home.htm. Show this to your local library!!

WHAT'S ON

March 6-5 Brisbane seminar on ADHD. Details from PO Box 1661, Milton, QLD 4064

April 17 Tertiary students and adults with LD and/or ADHD skills development workshops, Uni of Western Sydney, Milperra, 02 9772 6229

June 6th-8th Early Intervention in the Mental Health of Young People international conference, Adelaide, 08 8274 6060

From the CAMHS Conference

Wilderness and Adventure therapy for adolescents

Wilderness and adventure therapy like that used by Outward Bound has shown benefits for adults and adolescents for many years. In Australia, the **Brief Intervention Program (BIP) for adolescents** at Austin and Repatriation Medical Centre in Heidelberg, Melbourne has successfully incorporated wilderness and adventure into an evaluated intensive day-program treatment for adolescents with a range of severe emotional, behavioural, social and psychiatric problems.

During the 10 week course, a group of 8 teenagers aged 13-18 take part in a an outdoor experience nearly every each week, ranging from 1-day **bushwalks, caving, ropes-courses, rock-climbing and abseiling to 4 or 5 day hikes, white-water rafting and cross-country ski-touring and snow-camping**. Activities are structured and sequenced in an integrated way with other therapies including group and individual therapies, work experience and psychodrama. A clinic psychologist and an occupational therapist are the principal group therapists in conventional therapies as well as being 'duel trained' to provide the wilderness and adventure therapy components.

Many child and adolescent mental health services and youth welfare agencies are starting to use such approaches, making the current scarcity of knowledge and experience in wilderness and adventure therapy extremely concerning. Consequently the Association of Wilderness and Adventure Therapists was established in 1996 with the aim of **promoting standards of training and practice of wilderness and adventure therapy.**

More information about the BIP program or the Association of Wilderness and Adventure therapists from Simon Crisp and Matt O'Donnell, Austin CAMHS, Locked Bag 25, Heidelberg 3084, phone: 03 9496 5108, email: scrisp@vicnet.au

Getting in touch

We at ADASA (The Attention Disorders Association of SA) are considering mounting **a pilot early identification and intervention program for kids (ages 3-6) with ADHD, ODD & Conduct Disorder**, in collaboration with the Mental Health Unit of the SA Health Commission. One of the first things we need to do is to establish whether anyone in Australia is already researching this area, and or running such a program. Could you let me know ASAP if you have heard of Aussie research in this

area, or currently running programs? Thanks. **tayneu@iaccess.com.au**

ORDER IN THE HOUSE! *production team*

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Genetic research

Where would we be without ...?

American researchers are considering the prospect of neonatal tests to reduce the risk of producing a manic-depressive child. 'Is this, I wonder, tantamount to culling a potential Isaac Newton or a Spike Milligan?' asks writer Robbie Vickers.

- from a review of *Mood Genes* by Samuel Barondes, *New Scientist 13/6/98,* p43

Sound familiar?

A 'twitchy' mind

'His mind was twitchy, like his fingers, which were always moving.'

- Ophelia Dahl describing her father in 'Roald Dahl Treasury'

Chemicals

What's new with head lice?

Head lice infestations are becoming more widespread as resistance develops to chemical treatments. Several readers have asked about non-toxic treatments.

Parents who are concerned about toxicity worry about warnings like the one on malathion which states that repeated minor exposure may have a cumulative poisoning effect, and that poisoning can occur through skin absorption.

In Belgium, researchers found that the only treatment with evidence of effectiveness was 1% permethrin cream, that lindane and natural pyrethrins were 'not sufficiently effective to justify their use' and that malathion and carbaryl 'needed more research'.

Parents are encouraged by health experts to minimise the use of pesticides to a single wash with the head lice treatment followed by intensive combing with a nit comb. Are there any other options?

A new product containing cold-pressed oil from the Indian neem tree which demonstrates 'no mammalian toxicity' is recommended by representatives of several schools. Canteen manager Lindy Scott says, 'Nimbin Central School introduced Liceguard early in 1996 when head lice were raging though the community. The reports I have received have been nothing but positive ... I recommend this product simply because it works where other, much more expensive products left a lot to be desired.'

Further reading: Vander Stichele RH and others Systematic review of clinical efficacy of topical treatments for head lice. British Medical Journal 1995;311:604-608

Neem products : ask for **Liceguard** at your local health food store or pharmacy, or phone/fax the national distributor on 02 6688 6150

ORDER IN THE HOUSE! 1998

Articles from a national newsletter for parents, educators and behaviour management specialists about Attention Deficit Hyperactivity Disorder (ADHD) and related topics.

Edited by Sue Dengate, published from 1993-1999, mailed to up to 800 individuals and organisations

(Note that the material below is an archived version and that, although complete, it contains some repeats from when it was printed for distribution.)

Issue 17 Term 3 1998

An Order in the House! feature

A *calm* approach to oppositional teenagers

Psychiatric nurse Eben Assan knows about difficult teenagers. Eben works at a mental health facility in Melbourne, where sixty percent of all referrals have behaviour problems. It is the 20 to 30 per cent with serious behaviour problems who reach Eben, and his approach was developed "as a result of desperation to find a way of firstly, engaging the group and also doing some work with them". We all know from 1,2,3 - Magic that there are two main reasons for discipline not working.

1) losing temper and

2) raising voice.

Eben's approach avoids both of these.

Introduction

Conduct disorder is the second most common form of psychopathology, after depression, affecting about 9% of males and 2% of females under 18, and accounting for about 50% of the work in child and adolescent facilities. [See article on p4 for more about conduct disorder.] About 30-40% of those referred to the service fail to attend. Of those who stay in the service, about 22% drop out.

First, understand what makes them tick

Teenagers with CD feel as if they are playing to an imaginary audience. Everything they do is for display because they feel that everyone is looking at them. They feel powerful because "my parents have given up on me, they can't stop me; I can tell the teachers where to go; I can do anything I want and I won't go to prison". The more people look at them, the more powerful they feel, the more they act to the audience ... and so on.

Use a calm approach

• **Capture**

This involves engaging and being engaged. You cannot force these teenagers to do anything. They have to ask. When you first meet them, talk about yourself. You might be able to engage them by revealing something of yourself, showing you are human, telling a story about your interests outside teaching, for example. In effect, you are saying: "I'm like you. I do other things outside school, I like some things that you like". These kids complain that teachers have too much power and push them around. Teachers are seen as authority figures who need to be brought down. If they see you as being just like them, then they don't need to bring you down.

• **Acceptance**

Establish a relationship. You have to demonstrate, "I take you as you are". Be genuinely interested in them. If they want to talk about selling drugs or stealing a car, listen and ask interested questions.

•**Prepare for the unexpected**.

Maybe this won't work. If it does, reward them for persistence.

• **Be truthful**

to them and yourself. Everyone else has failed them, so why do you think you can succeed? Sell yourself as unique.

• **Be realistic**

Don't pick on minor things like swearing. although you can make a personal statement, for example, "I personally don't like swearing because it doesn't add anything more to what you are saying". They won't respond to an order if they don't know you. You must be prepared to back down. Know your limits. You must be genuinely interested in working with these kids. Working with teenagers like this can be exhausting. In schools, a system like this will work best if it is adopted by the whole school.

•**Always, *be calm*.**

From "Challenging the challenge - a calm approach: working with adolescents with challenging behaviours" presented by Eben Assam at the 1998 Child and Adolescent Mental Health Conference.

Education

Unspeeded examinations

Provisions for learning disabled students such as coloured paper, larger font, or readers would generally not benefit non-disabled students. The one provision which is most requested and is most likely to been seen to advantage disabled students is **extra time**.

Extra time by itself is considered less useful for students with learning disabilities than the use of reader/writers, but this issue is worth considering because the concept of unspeeded examinations is firmly supported by research and would avoid 'unfair' claims.

The term unspeeded refers to examinations which avoid time pressure by providing more time than is needed for all examinees to complete the questions, for example, if most students are likely to finish in two hours, then three hours are allocated.

Traditionally, time limits for examinations are used for administrative convenience even though a test of knowledge and achievement rather than speed is usually the aim of the examination.

Comprehensive research about alternative assessment methods has been carried out by Willingham and co-workers at the University of Princeton in New Jersey, who found that increasing the speed of tests significantly reduces the validity of the scores of hearing impaired, learning disabled, physically disabled and visually impaired students.

They concluded that double the amount of testing time was a generally appropriate time limit for most disability groups, with blind examinees requiring nearly three times the testing time. This is far more than the 5 to 10 minutes per hour sometimes permitted in Australian schools.

Students with learning disabilities are more likely to benefit from a reader/writer than from extra time. However, learning disabled students who will benefit from unspeeded examinations include those who:

- refuse to use a reader/writer ('a shame job')
- have the common problem of handwriting difficulties (speed of handwriting is directly correlated with success in exams)
- fail to apply for examination provisions through lack of information, will all benefit from unspeeded examinations.

Non-disabled students are also relieved of intense time pressure and have the opportunity to display their knowledge and achievement so there are no grounds for complaints of disadvantage.

Research would be needed to set reasonable guidelines, for example, time needed for an essay of a specific word count.

- from a paper about special examination provisions presented by Sue Dengate to the ACACA conference in July 1998. Thanks to John Cook from the NSW Board of Studies. Further reading - Parr, P., Levi, N. and Jacka, K. Unspeeded Examinations: An equitable and practical method of assessment, University of Western Sydney, 1996, available from the LD Coalition office, phone 02 9540 3300

Drugs

Marijuana and psychosis

A link between regular cannabis use and psychosis was recently established by the University of Melbourne's Early Prevention and Intervention Centre (EPIC). The Centre has conducted a series of world-first studies on young people aged 16 to 30 who have used cannabis and had an episode of psychosis.

There is a strong suggestion that young persons who continue to use cannabis once they have had an initial episode of psychosis are more likely to have another episode", says Dr Jane Edwards, deputy director of EPIC. She says that for young people at risk of psychosis, "any use of cannabis is potentially problematic."

The finding support a 1996 study by German professor Dr Martin Hembrecht, which found that a third of those surveyed began using substances in a problematic way before the onset of any psschotic symptoms, while seveon ouyt of 10 started using them after the onset of psychotic symptoms.

From WE Australian, Sept 12-13, p29. For a heartwrenching account of her son's marijuana-induced psychosis, schizophrenia and ultimate suicide, read Anne Deveson's book *Tell me I'm Here,* Penguin, 1991.

In this issue

New Medical Advisory Board

Diet

Review of studies 1985-1995

Editorial

When I was invited to attend the Child and Adolescent Mental Health Conference in Sydney, thanks to the NSW Department of Health, I thought most of it would be irrelevant to my ADHD interests. I was wrong! See report, back page, and the front page story.

Behaviour problems are the most distressing all the features which can be associated with ADD, so we've continued the theme on page 1 with articles on oppositional defiance and conduct disorder. Experts differ in their recommendations, behaviour management p0, and medication, p0, diet p0.

This newsletter has long supported dietary management as part of multi-modal treatment of ADHD, sometimes in the face of strong criticism. I have been stunned by the response to my latest book, *Fed Up*. The first print run of 6000 copies sold out in 8 weeks. We mothers know that some foods affect our children. Now it appears that mainstream opinion leaders including a new book by US psychiatrist John Ratey, a new US medical advisory board (p0), and research (p0 and p0) are catching up with us.

- *Sue Dengate, editor*

In brief

Increase in mental disorders

Mental illnesses will replace infections and malnutrition as one of the leading causes of disability and premature death early next century, according to a World Health Organisation study. Completed over the last six years, it determines health trends into the next century. What has surprised researchers is the expected rise in neuro-psychiatric conditions including panic disorder and schizophrenia, which appear to have been seriously under-estimated by medical researchers. "While psychiatric conditions are responsible for little more than 1 percent of deaths, they account for almost 11 per cent of disease burden world-wide", the authors say. The study predicts that depression will change from its current fourth ranked cause of disability and premature deaths worldwide to become second by 2020. - *Murray & Lopex, 'The Global Burden of Disease', World Health Organisation, 1998*.

Dyslexia with numbers

People with dycalculia struggle have difficulty understanding 'manyness'. A new test assesses their dyscalculia by asking how many dots in a visual display. Most people could instantly put a number to a group of three dots, for example on dice, but dycalculics seem to resort to counting. The tests also ask which of two numbers is larger because dyscalculics find this very hard.

- *New Scientist, 12 Sept 1998, p21*

Intellectual dysfunction

Throughout the world, up to 3 per cent of any community are considered to have an intellectual disability, but in some regions, levels now approach 20 per cent. This is often paralleled by a much greater incidence of milder, 'sub-clinical' intellectual dysfunction. In some African cities more than 90 per cent of children now have blood lead levels than can cause intellectual problems. The reason is the presence of environmental agents that destroy intellectual potential, such as heavy metals or radiation, and the absence of nutrients necessary for the proper development of the brain, such as iodine or iron. There are also synergisms between the two. For example, iron deficiency can speed up the body's uptake of lead.

- from "Terminus Brain: The environmental threats to human intelligence" by Dr Christopher Williams, Cassell, 1998

Mood disorders

Out of 100,000 adolescents, two to three thousand will have mood disorders out of which 8-10 commit suicide. - *Kids Helpline newsletter, June 1998*

Health benefit of hugs

Embracing and other physical contact such as touch or hugging can help lower blood pressure and cholesterol, regulate heartbeat, strenghten the immune system and even lull hyperactive children, claims the American Hugs for Health Foundation. The foundation offers this prescription for a healthier and happier life - four hugs a day for survival, eight for maintenance and 12 for growth.

Prenatal PCBs cause attention deficits

About 2000 people were poisoned by cooking oil contaminated by polychlorinated biphenyls (PCSs) and dibenzofurans in Taiwan in 1979. These chemicals persist in human tissue and children born to exposed mothers well after the event were affected through transplacental exposure and breast milk. They suffered a permanent five-point IQ decline, attention deficits, developmental delay, behavioural problems and a range of other adverse effects.

- *Science,* 1998, vol 241, p334.

Behaviour

How to treat behaviour disorders

The following articles are based on a feature about disruptive behaviour disorders by Dr Joseph M Rey, director of the Rivendell Unit, Central Sydney Area Health Services and clinical professor, department of psychological medicine, University of Sydney, which appeared in ***Australian Doctor****, 4 September 1998, pages II and VI.*

Oppositional Defiant Disorder

The main features of this disorder are:

• irritability

• non-compliance

• defiance

Oppositional behaviour is interactional and does not manifest itself in all situations, for example, if the adolescent is not frustrated. ODD adolescents seldom carry out serious antisocial or delinquent acts (such as stealing or truance) and their conduct can be normal in some situations (for example, at school, in social situations).

Individual counselling is seldom useful because these youngsters do not believe there is anything wrong with them. They resent being taken to counselling and, if forced, this can create new problems.

Medication does not have a place in treating oppositional disorder unless oppositionality is present at the same times as other disorders (such as ADHD) or if oppositionality is the manifestation of another condition such as depression.

"oppositional behaviour is interactional and does not manifest itself in all situations, for example, if the adolescent is not frustrated"

Dr Rey suggests that the basic treatment should take place in the family context. Parent management training has been shown to be effective. In this approach, therapists educate the parents on techniques for handling the adolescent's oppositionality and defiance.

Several points should be kept in mind when dealing with oppositional defiance.

• Parents need to learn to give children several choices rather than just telling them to do something, These young people need to feel they have control over what they do. Involving them in decision-making may achieve this.

• Some adolescents become oppositional if they feel their parents are too intrusive or unnecessarily controlling. Giving young people personal space may avoid some of these problems. Adolescents need privacy and emotional elbow room.

• Parents need to identify important issues compared to matters which are trivial and not worth the fuss. Parents are sometimes afraid that if they give in their child will get out of control and walk all over them. They can end up nagging, saying no all the time, or trying to set even more limits and controls. Therapists can help parents identify what is really worth a fight and what is not.

• Some parents may just give in and think their child is too strong-willed for them. This can happen easily in single-parent families. Change is difficult and requires time. Parents need to be advised about ways of gradually setting boundaries between them and the children and taking charge of the situation.

• Remember, adolescence is a preparation for adulthood. Teenagers need to have an increasing degree of freedom and responsibility.

• Dead-end discussions about good and bad behaviour are not useful and lead nowhere. Limits are more acceptable when expressed in terms of safety rather than bad behaviour: eg. "It is too dangerous for your to travel on your own at night. I am happy for you to go to the movies but I need to be sure you are safe. I can pick you up or you can come home earlier."

A negative, angry pattern of interactions (arguments, screaming, prohibitions) can become almost the only way in which parents and child relate. They bring out the worst in each other.

Parents need advice on how to break that cycle by finding areas of common interest for them and their child (for example, a father may invite his son to got fishing with him and discover his son enjoys it. This can provide position warm and enjoyable experience shared by both on which change may be built.

Conduct Disorder

Conduct disorder describes a pattern of behaviour characterised by:

• breaking rules

• deceit

• lack of respect for the rights of others.

Adolescents with this disorder also have constant conflict with parents, teachers, peers and society as a whole. Although a high proportion of juvenile delinquents have conduct disorder, isolated antisocial acts do not warrant this diagnosis.

Course and prognosis

It is widely accepted that conduct disorder is often the result of a poor family environment. Parental neglect, inconsistency, physical or sexual abuse, harsh discipline, poor supervision etc are all associated with this condition.

Genetic factors (for example, antisocial personality in parents), low intelligence, a difficult temperament the child and the presence of ADHD also increase the risk.

About one-third of adolescents with conduct disorder will grow up to have an antisocial personality. Overall, the earlier the onset of antisocial conduct (for example, before the age of 10) or the greater the number and variety of antisocial behaviours, the more likely it is that problems will persist into adulthood.

Predictors of a better adult outcome include

• above-average intelligence

• absence of a learning problem

• having a caring, affectionate relationship with at least one adult

• having friends who don't get into trouble

• experiencing achievement in some activities (for example, sports)

• later onset of symptoms (in adolescence)

• no other mental disorders present (such as ADHD, depression)

• remaining at school until the age of compulsory schooling or longer

Treatment

Dr Rey suggests that many treatments produce short-term relief of symptoms but none of the therapies available is particularly effective in the longer term. Improvements usually wear off quickly.

Once the bad habits of conduct disorder are established they become resistant to change. Individual counselling is difficult and ineffective in many cases because these young people lack remorse and believe they have done nothing wrong.

They are not used to receiving sympathy from adults and often react by refusing it or by being angry with the counsellor or may attend therapy to avoid a more unpleasant consequences.

The more promising treatments are problem-solving skills training, parent management training, functional family therapy and multisystemic therapy.

A close working partnership between the family and therapist offers the best chance of success. This needs to continue for a lengthy period of time.

On some occasions, treatment can be done while the child is at home, but because of the severity of the difficulties or because parents are unable to set consistent limits on the child's behaviour the youngster may need to be placed in a residential setting..

Facilities with a small number of children at any one time and that can offer treatment for a substantial period, for example, longer than one year, are likely to produce the best results. There are few services that provide this.

The best way of dealing with conduct disorder is by preventing its development. It is essential that parents, teachers and doctors identify the early signs and treat them persistently to prevent the

development of conduct disorder. The most useful intervention at that stage is teaching parents to be more caring, effective and consistent in their parenting.

Medication

New drug for ODD

Children with ADHD often have comorbid ODD. Sometimes, medication for ADHD does not help with the ODD. The children behave as long as everything goes their way, but with frustration, or a refusal of some request, there will be a major temper outburst and defiance.

In an open trial, 50 children whose ADHD was treated by standard medications but whose ODD remained a major problem were also treated with Buspirone, an antianxiety agent, for a minimum of 6 months up to 2½ years. Dosage varied from 15 to 60 mg/day. Two children were dropped from the study because of side effects. Of the remaining 48 children, 4 showed no improvement, 4 were mildly improved, 17 were moderately improved, 15 showed excellent improvement and 8 were rated as outstandingly improved. Ratings were made by parents, since ODD symptoms were much more prevalent with family than at school.

- from a letter by Dr MD Gross of Chicago Medical School to the Editor published in J Am Acad Child Adolesc Psychiatry, (1995) vol 34, no 10, p1260.

Conduct disorder and diet

The Shipley Project

British policeman Peter Bennett first made headlines when he gave a teenager the choice of going to prison or changing his diet. The teenager chose diet and later said,"I feel better, I sleep better, I enjoy myself, I don't get into arguments now, I don't want to go back to my old life." When Superintendent Bennett was put in charge of a division, he asked his youth aid officer to find him the worst young criminals in the district. They were chronic offenders - their average arrest rate was more than once a month. All were hyperactive and some were violent. Their offences included violence, criminal damage, theft, indecency, arson, and solvent/alcohol abuse. The results of their trial of diet have just been published:

Nine children (one girl) aged 7-16 with persistent anti-social, disruptive and/or criminal behaviours were recruited through police records to try a comprehensive elimination diet.

The children remained at home in the care of their parents while following a restricted diet. The health and behaviour of all nine children improved.

Although parents were advised to minimise temptation from visible food for other family members, only one mother used the diet with the whole family - and the husband's debilitating panic attacks improved.

Two brothers and their fellow gang member abandoned the diet, two of whom re-offended and were placed in care while the third moved home and accepted enzyme-potentiated desensitization (EPD) treatment. Altogether four children used EPD treatment, all of whom were then able to tolerate previously reactive foods. Seven children continued to improve in health, behaviour and school performance over 6 months. In the following 18 months, two more re-offended but with much reduced frequency and violence than before the project. After 2 years, five of the nine subjects had not re-offended. Researchers concluded, "the [dietary] approach appears to work within an ethical, efficient, effective, economical and preventative paradigm without harm".

Further reading: Bennett CPW and others, 'The Shipley Project: treating food allergy to prevent criminal behaviour in community settings', *J Nutr & Environmental Med*, (1998), 8, 77-83

Adults

Five more tips for adults with ADHD

6. Educate and involve others. Just as it is key for you to understand ADD, it equally if not more important for those around you to understand it--family, job, school, friends. Once they get the concept they will be able to understand you much better and to help you as well. **7. Give up guilt over high-stimulus-seeking behavior.** Understand that you are drawn to high stimuli. Try to choose them wisely, rather than brooding over the "bad" ones.

8. Listen to feedback from trusted others. Adults (and children, too) with ADD are notoriously poor self-observers. They use a lot of what can appear to be denial.

9. Consider joining or starting a support group. Much of the most useful information about ADD has not yet found its way into books but remains stored in the minds of the people who have ADD. In groups this information can come out. Plus, groups are really helpful in giving the kind of support that is so badly needed.

10. Try to get rid of the negativity that may have infested your system if you have lived for years without knowing what you had was ADD.

- from Fifty tips for ADD adults on the internet by Drs EM Hallowell and JR Ratey, two US psychiatrists with ADHD. Authors of Driven to Distraction and Answers to Distraction, available from Silvereye Educational Publications, phone 02 4987 3457, email:silvereye.hunterlink.net.au

Self-medication

Alcohol and drugs

Nearly half of all Australian women who abuse substances have a mental disorder, as do a quarter of males aged 18-34, according to the National Survey of Mental Health and Well-Being. More than 10 percent of those surveyed in the 18-34 age group had a an alcohol abuse disorder and almost 5 per cent abuse drugs. Individuals scored high on the abuse scale if they developed tolerance, took a long time to get over the effects, spent a lot of money on drugs, found their habit affected their job and caused health problems. Regular drug and alcohol consumption often leads to *a 'vicious cycle' of self-medication* followed by a period of withdrawal characterised by feelings of anxiety and depression. The prompts the user back to intoxication to alleviate the symptoms, says Professor Wayne Hall from the National Drug and Alcohol Research Centre. - *WE Australian, 12-13 Sept 1998, p29*

In the USA

Neuro -Immune Dysfunction Syndrome (NIDS)

A new US Medical Advisory Board has formed at accelerate research on NIDS , which includes;

- autism
- pervasive deficit disorders
- attention deficit hyperactivity disorder
- chronic fatigue syndrome.

NIDS Medical Board comprises distinguished researchers and clinicians in there disorders. Chairperson of the board, Dr Michael Goldberg visited Australia recently to address medical practitioners about this research. "We can no longer patiently wait for the normal five to ten year period of traditional research ... A child's brain continues to evolve from birth for at least ten years. Research time is critical for children suffering from these disorders."

More information from http://www.neuroimmunedr.com

Research

Review of 13 diet studies

The decision of scientists in 1980 to discredit Dr Feingold's hypothesis about the effect of food on children's behaviour and learning appears to have been premature. When Queensland dietitian and researcher Joan Breakey reviewed recent research, she found that mood, especially irritability, is the symptom most affected by diet. Since rrritability is the core of oppositional defiant disorder, these findings are crucial.

In Breakey's review of 13 significant diet/behaviour studies from 1985-1995, almost all studies showed a statistically significant change in behaviour with dietary intervention. Responses could be full or partial compared to all-or-nothing earlier expectations of the effects of food. Children most likely to be affected include those with a personal or family history of "allergy", a family history of migraine, young children, and those for whom a definite food reaction has been noticed in either the child or a relative.

"Mood, especially irritability, is the symptom most affected by diet"

Foods and food chemicals implicated in reactions include natural and medicinal salicylates, natural and added monosodium glutamate, natural amines and added colour as well as flavour and preservatives, and wholefoods (especially which have produced a definite physical or behavioural reaction in the child or first degree relative at some time), such as milk, wheat, egg, peanut, fish and soy. Non-food items which have been implicated in behavioural reacations are perfumes, fumes, inhalants commonly implicated in allergy, infections and stress. Many researchers report that most subjects react to more than one test item.

Professionals can now be aware of dietary treatment as an option for some children. They can be supportive of parents who wish to consider diet, particularly as motivation is important in the diet implementation.

Breakey concludes: **"Rather than saying diet is too hard, or it is easy (just excluding the well known suspect foods)", diet can be most effective with the help of a dietitian**, preferably one experienced in this specialised area.

Joan Breakey was awarded an M.Sc for her research into behavioural effects of food. Further reading: Breakey J "The role of diet and behaviour in childhood" J Paediatr Child Health (1997) 33,190-194 and Are you food sensitive? by Joan Breakey, $20 incl p&p from PO Box 8, Beachmere, Qld 4510, fx 07 5496 8194.

Research

ADHD brain study

The brain activity in ADHD and unaffected men was monitored while they completed a task. Participants heard a series of numbers, one every 2.4 seconds, and were asked to add the last two digits they heard. Looking at positron emission tomography (PET) scans, Emory University researcher Julie B Schweitzer saw two major differences between the groups. First, the ADHD individuals maintained high levels of blood flow, whereas the controls displayed deactivation in the temporal gyrus region, indicating some kind of learning. The ADHD group also activated brain areas used for visual tasks. Researchers found that instead of repeating the numbers to themselves as some of the controls did, many of the ADHD group had visualised the numbers.

- *Scientific American, August 96 p9*

Reader comment

Powerhouse brain

***-An 18 year old writes about the elimination diet*:**

"...the diet has been immeasurably useful. I can now think better, clearer, and I can reason logically where before an idea would just revolve around in my head. I can now do household chores! This might not seem too momentous, but just ask anyone in my household. I actually have fun cleaning up the kitchen now!

I have ventured forth from the den of my room, and have spent less time skulking around the Net and more time socialising ...

Thanks to the diet, I am going to try again to pass Year 12 next year, so I can go to university and do a degree in journalism. It's quite interesting to trace the time in my life when I started doing badly in school. It was the exact time that I moved to the city, started eating more junk food like meat pies, ham etc. I continued to do worse and worse in school until I dropped out of Year 13 last semester. Now, I can be confident of having my old powerhouse brain back again.

- *Russell Dovey*

Research

Biochemisty of autism

There is a feeling that the number of cases of autism is rising, that it is part of a modern 'plague' in developmental illnesses which includes attention deficit syndrome, hyperactivity and dyslexia. Autism is characterised by a complete withdrawal from social contact, a lack of speech and a general unawareness. Many autistics are retarded but some have normal IQs. In the milder form of autism known as Asperger's syndrome, the symptoms may be no more than extreme physical and social clumsiness - the so-called eccentric boffin syndrome.

Patients who have improved after suffering severe autism talk about how their minds fail to pull the world together in a coherent way. The withdrawal, the uncomprehending tantrums, the fascination for simple or repetitive stimuli all follow from not being able to make sense of the world. One sufferer said she could not see faces, just collections of noses, eyes and mouths. Words were just strange noises. She found people, with their looming presence and unpredictable movements, too threatening and so lost herself in safer activities such as watching motes of dust floating in the air.

In Britain, biochemist Paul Shattock, himself the father of an autistic son, has stumbled on a possible mechanism to explain why autism may be caused by dietary substances leaking through the gut wall and eventually reaching the brain. He has discovered that the levels of a breakdown product of inoleacrylic acid are higher in the urine of autistic children. Very little is known about the acid except that it is a byproduct of the pathway that tranforms the amino acid tryptophan into hormones and neurotransmitters like seratonin. Shattock does not know why autistic children may make more indoleacrylic acid, or whether it is a cause or effect of autism, but he intends to pursue his theory.

-from 'Gut Reaction', New Scientist, 20 June 1998, p42-5

WHAT'S ON

Oct 10 Social Skills workshop for children/Teens with learning difficulties (also Dec 5 and March 13), University of Western Sydney, Milperra, phone 02 9772 9229

Oct 11, 18, 25 Spalding reading method teacher courses, Sydney (Cherrybrook), phone 02 9894 5711

Oct 13 Autistic Spectrum Disorder Workshop, including Semantic Pragmatic Disorder, Tourette's Syndrome, ADHD, Hurstville, Dr Tony Attwood, phone 02 9540 3011, Cost $150

Nov 6-7 Depression in Young People national seminar, Adelaide, contact Einet

Nov 21 Managing behaviour in difficult-to-handle young children, Dr Paul Hutchins & Dr Jessica Grainger, Uni of Western Syndey, Milperra, 02 9772 9229

In the USA Nov 13-15

1st National ADD Advanced Meeting, Palm Springs California.

Contact: FH@futurehealth.org.

Topics: Attention Differences & Directions, Gifts, Alternative & Mainstream Approaches & the Neurobehavioral Continuum: for professionals focusing on ADD/ADHD, Autism, Tourettes, Aspergers and Peak Performance, assessment, treatment, empowerment, scientific & professional topics Confirmed Speakers include Thom Hartmann, Lynn Weiss, Lynda Thompson (co-author, The ADD Book), topics to include: assessment: brain imaging, diagnostic criteria, populations: ADD/ADHD: child, adult, women, gifted, couples, comorbidities; autism, tourettes, neuro-behavioral continua, professional topics: practice management/ development, insurance, advocacy, legal issues Interventions: treatment, medications, nutrition, exercise, education, therapies, optimal functioning coaching strategies, neurofeedback, Complementary alternative approaches Positive models: gifts of ADD/HD, creativity, non-pathological models, self-esteem

ADD Networking

WHAT'S HAPPENING AROUND AUSTRALIA

Do you have some news which will prevent people in other states from reinventing the wheel?

SA Many teacher training courses offer no education about ADHD, and others devote 5 or 10 minutes of a three year course to the topic. WHen ADHD is metnioned it is often with out-of-date misinformation which tends to reinforce the mistakes and the prejudices put out by the media. ADASA intends to apprach tertiary institutions to rectify this situation. DEET has already been informed of the problem. *Nayano Taylor-Neumann ADASA 08 8221 5166*

WA The *Learning Base* clinics in Perth offer pre-apprenticeship literacy and numeracy skills for Year 9 or 10 boys, in particular, who want to work with their hands but who need help with specific literacy and numeracy issues to help get them into a job. One young man who wanted to be a butcher was able to learn to spell the various types of meat he was dealing with because he was interested and could see the need to learn. "We try to find out what they are good at and then use that as a basis to extend their skills," says Victoria Carlton, who runs the clinics. In as little as seven weeks, students could be given the skills they need to get them into a traineeship or apprenticeship.

NSW A special education teacher in NSW explains, 'thanks to screening every student who goes into the school for visual processing disorder, at the school where I worked for a while **volunteer reader/writers go into every examination for about 60 kids from year 7-12** and have done for some years. Parents are referred by the teacher to the parent support group and on to a diagnostician.' If this isn't happening at your school, then your child may be disadvantaged. We suggest you write to the Chairperson of the Board of Studies in your state, explain that this is happening in some schools in NSW, and ask why it isn't available locally.

QLD After more than 10 years of study, Griffith University researchers have improved the reading speed of visual dyslexics by up to 25 per cent in some cases. Applied psychology lecturers Dr Elizabeth Conlon, Dr Trevor Hine and Dr Mark Manning have devised a treatment program based on colour. "The whole idea of using coloured lenses and overlays has always been controversial. The previous claim that a single colour suits everyone has just proved too simple," says Dr Conlon. "For most individuals who suffer dyslexia and visual stress, there is a particular colour used in tinted glasses or plastic page overlays which will bring their reading up to speed'.

Networking

CAMHS CONFERENCE

The third Child and Adolescent Mental Health conference was held in Sydney in July. It was attended by 400 health professionals and 60 carers/consumers, including adolescents. Sessions included schools and mental

health, children with special needs, disruptive disorders, conduct disorders, personality problems, development disability, suicide prevention, early intervention, depression, medication use in young people (3 papers almost entirely about ADHD because they are the biggest user group), family therapy, wilderness and adventure therapy, autism, psychosis, anxiety disorders and a consumers' forum. Because ADHD is the biggest cause of referrals to mental health services for under 18 year olds, ADHD and co-morbid conditions were well covered.

Presenters ranged from distinguished psychiatrists and paediatricians to parents and consumers. A highlight was Agrivaine MacLachlan's dynamic address about her experiences. Agrivaine spent years as a psychotic in the street kid/punk rock scene and is not afraid of the 'f' word. Her address was moving but definitely not boring.

Consumer participation was capably organised by Adelaide ADHD parent and OITH reader Beth Smith. Part of the value of the conference was meeting others and we had plenty of opportunity to do this.

One result of the national mental health conferences is the formation of a national association. Beth says, **"we need a national mental health group because lots of smaller national groups with single issue focus, eg ADD, Autism, Tourettes, are too small to have to strong political voice that is needed to bring about change in legislation and funding."**

There is now a national mental health website: <http://auseinet.flinders.edu.au>) and mailing and discussion list. The focus will be on Early Intervention for Mental Health in Young People. Argument, criticism, discussion, clinical information and any other matters you may wish to promote are expected. To subscribe simply email majordomo@auseinet.flinders.edu.au, and in the body of the message put: subscribe einet.

The fourth national CAMHS conference will be held at the end of next year in Brisbane. We'll keep you posted. There will be more highlights from this year's conference in our next issue.

- *Sue Dengate*

ADDnet committee: Acting president Beryl Gover ACT 06 290 1984, Secretary Rosemary Borg phone 07 3817 2429, Treasurer Jan Clark TAS 03 6425 9403, Ros Mitchell NSW 02 9411 2186, Geraldine Moore VIC 03 9650 2570, Sue Dengate NT 08 8981 2444, Nayano Taylor-Neumann SA 08 8222 5159, Tracy Willet WA 08 9401 6282

Getting in touch

If you or your children have diabetes or gestational diabetes, the Southern ADD Support Group would like to hear from you. Write to Kath Pascoe, PO Box 352, Happy Valley SA 5159

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DO YOU WISH TO BE INCLUDED IN THE REGISTER OF ADD SUPPORT GROUPS AND PHONE CONTACTS Y/N

Genetic research

Where would we be without ...?

American researchers are considering the prospect of neonatal tests to reduce the risk of producing a manic-depressive child. 'Is this, I wonder, tantamount to culling a potential Isaac Newton or a Spike Milligan?' asks writer Robbie Vickers.

- from a review of *Mood Genes* by Samuel Barondes, *New Scientist 13/6/98*, p43

Sound familiar?

A 'twitchy' mind

'His mind was twitchy, like his fingers, which were always moving.'

- Ophelia Dahl describing her father in 'Roald Dahl Treasury'

Chemicals

What's new with head lice?

Head lice infestations are becoming more widespread as resistance develops to chemical treatments. Several readers have asked about non-toxic treatments.

Parents who are concerned about toxicity worry about warnings like the one on malathion which states that repeated minor exposure may have a cumulative poisoning effect, and that poisoning can occur through skin absorption.

In Belgium, researchers found that the only treatment with evidence of effectiveness was 1% permethrin cream, that lindane and natural pyrethrins were 'not sufficiently effective to justify their use' and that malathion and carbaryl 'needed more research'.

Parents are encouraged by health experts to minimise the use of pesticides to a single wash with the head lice treatment followed by intensive combing with a nit comb. Are there any other options?

A new product containing cold-pressed oil from the Indian neem tree which demonstrates 'no mammalian toxicity' is recommended by representatives of several schools. Canteen manager Lindy Scott says, 'Nimbin Central School introduced Liceguard early in 1996 when head lice were raging though the community. The reports I have received have been nothing but positive ... I recommend this product simply because it works where other, much more expensive products left a lot to be desired.'

Further reading: Vander Stichele RH and others Systematic review of clinical efficacy of topical treatments for head lice. British Medical Journal 1995;311:604-608

Neem products : ask for **Liceguard** at your local health food store or pharmacy, or phone/fax the national distributor on 02 6688 6150

Issue 16 Term 2 1998

An Order in the House! feature

ADHD and giftedness

Giftedness has traditionally been associated with high academic achievement but since the 1980s, the concept that gifted students can also have learning disabilities has gained acceptance. A similar trend is occurring with

ADHD. It is difficult to consider a student's giftedness when confronted with a student who is in constant motion, being verbally and physically abusive and defiant of teacher authority. In the face of such misbehaviours, it is understandable that a teacher may not see the child's gifts and talents. The giftedness is masked by the ADHD.

Conversely, the behaviour and attitudes shown by gifted and creative students may be misinterpreted as ADHD. With few exceptions, the behaviours associated with ADHD may also be associated with giftedness (see table).

Behaviours associated with ADHD (Barkley, 1990) Behaviours associated with giftedness (Webb, 1993)

1. Poorly sustained attention in almost all situations. 1. Poor attention, boredom, daydreaming in specific situations.

2. Diminished persistence on tasks not having immediate consequences. 2. Low tolerance for persistence on tasks that seem irrelevant.

3. Impulsivity, poor delay of gratification 3. Judgement lags behind development of intellect.

4. Impaired adherence to commands to regulate or inhibit behaviour in social contexts. 4. Intensity may lead to power struggles with authorities

5. More active, restless than normal children. 5. High activity level; may need less sleep

6. Difficulty adhering to rules and regulations. 6. Questions rules, customs and traditions.

Off-task behaviour

Gifted children may spend from a quarter to a half of their classroom time waiting for others to catch up. Their specific level of academic achievement is often two to four grades above their actual grade placement. Such children often respond to slow-moving class situations by off-task behaviour, disruptions and other attempts to amuse themselves. This is often the cause of a referral for ADHD.

Attention span

Children with ADHD usually have a very brief attention span in virtually every situation except for television and computer games whereas children who are gifted can concentrate comfortably for long periods on tasks that interest them and do not require immediate consequences.

Activity levels

Many gifted children are highly active, and as many as one quarter may require less sleep, but their activity is generally focused and directed. This permits them to spend long periods of time focusing on whatever truly interests them, which may not coincide with the expectations of teachers or parents.

Variability of performance

Children who are gifted routinely maintain consistent efforts and high grades in classes when they like the teacher and are intellectually challenged, although they may resist repetition of tasks perceived as dull. In contrast, the academic performance of children with ADHD can vary dramatically on a day to day basis. They can achieve 95% one day and 35% two days later on a test of the same material, yet when questioned by the teacher can retrieve an enormous amount of detail.

'Gifted students with ADHD, by their very nature, are particularly disposed to underachievement.'

Overlap

When the characteristics of giftedness and ADHD overlap, the student is likely to have a record of academic failure as well as a history of significant social difficulty with same age peers and possible rebellion. The student will also display many characteristics of giftedness, including cognitive abilities far beyond those of classmates whose performance on IQ tests is within the same range. Gifted students with ADHD, by their very nature, are particularly disposed to underachievement. Their level of achievement may improve with a highly structured program.

Identifying giftedness and ADHD

Children with ADHD are known to underachieve on standard IQ tests and at school. When identifying giftedness in this group, the critical factor is the presence of a discrepancy between the student's potential and their performance. Recently, teacher nomination has become an accepted practice in identification of gifted students. Obviously, teacher nomination is particularly important when dealing with ADHD or any other situation which interferes with test-taking. In this case, teachers' knowledge of both ADHD and giftedness will enable discrimination between these two conditions. The aim is to help gifted ADHD children to achieve their true potential.

Further reading

Barkley, R Handbook of ADHD, Guilford, 1990

Mendaglio, S and others 'Gifted/ADHD case illustrations of coexisting conditions', paper presented at the 11th world conference on gifted and talented children, Hong Kong, 1995.

Webb, J and Latimer, D, 'ADHD and children who are gifted', ERIC Digest #522, 1993

Medication

Cocaine and Ritalin

A possible connection between Ritalin and later cocaine use made front page news in the Sydney Morning Herald. What's behind it?

A similarity between the way Ritalin and cocaine affects the brain has been found by US researchers. They suggest that cocaine may have a bigger impact on people who were treated with Ritalin, thus increasing the likelihood they will 'develop a taste for cocaine'. Animal experiments support the claim that Ritalin may encourage cocaine use. Further, a long-term study of 5,000 Californian adolescents with ADHD found that, as adults, those treated with Ritalin were three times more likely to use cocaine, although they were no more likely to abuse alcohol or marijuana than those who did not take the medication.

Research by Dr Nora Volkow, director of nuclear medicine at the Brookhaven National Laboratory in Upton, New York, used positron emission tomography (PET) to find

the distribution of Ritalin in the human brain was 'almost identical to that of cocaine ... we've given it to cocaine users and they say it's almost indistinguishable' says Volkow. Cocaine is one of the most addictive substances of abuse, and Volkow explains 'if we don't treat them, they will turn to substance abuse' as a form of self-medication. Although 10 to 30 per cent of cocaine abusers take cocaine because they have ADHD, 'when we give them Ritalin, the cocaine problem is revolved.'

After finding that stimulant-taking rats were more likely to choose cocaine, pharmacologist Dr Susan Schenk at Texas A&M University in College Station joined Dr Nadine Lambert, a psychologist with the University of California at Berkeley for the adolescent survey. They found that, as well as being more likely to abuse cocaine, adolescents who had used Ritalin were more likely to smoke.

Other researchers do not agree. Psychiatrist Lily Hechtman at the Montreal Children's Hospital compared people who had taken Ritalin for 3-5 years with an ADHD non-Ritalin group and non-ADHD group. She found no differences in substance abuse between the groups.

A conference this November, hosted by the US National Institutes of Health, will focus on research findings regarding the effects of Ritalin.

***New Scientist* 18/4/98, p18-19**

In this issue

Editorial

Five years ago, our readers wanted to know about ADHD: 'what is it?'. Now, we notice more interest in treatment options: 'what can we do?'. Psychologists, teachers, doctors and paramedicals now know about ADHD and help is available. Hailed as the most comprehensive parenting manual available in Australia today, Dr John

Irvine's *Who'd be a parent?* is a good example of new-look advice to parents, with plenty of information about ADHD, see page 0.

The susceptibility of people with ADHD to illegal drug use is always a worry to parents. In this issue, see articles on cocaine (p.0) and marijuana (p.0).

My son has been lucky to have a number of exceptional teachers. His all-time favourite took over an uncooperative class with a high proportion of difficult individuals and created happy, productive children with high self-esteem. She used virtually all the management techniques in Brooks' *The self-esteem teacher.* The strategies work equally well for creating happy families. I can't recommend it highly enough (p.8)

There is now less expectation that medication will be a single magic cure. Management, educational programs (p.0), Efalex (p.0), diet and other methods are increasing in popularity. A Southern reader reported, 'I looked at lots of group newsletters and decided to subscribe to yours because it has the most information about diet.' There are two new books about dietary management out this month. Yes, one of them is mine (see p.0).

- *Sue Dengate, editor*

In brief

Autism

About half of all close relatives of autistic children have milder symptoms including language and social problems. Researchers at Johns Hopkins Medical School used magnetic resonance imaging to look at the brains of twins with autistic symptoms. They found some areas were significantly smaller in those with autistic symptoms. These were areas involved in emotion, learning and memory, shifting attention from one task to another, planning and problem solving and language processing. These effects have been obscured by natural variations in previous non-twin studies.

- *New Scientist*, 13/6/98, p11.

Sleeping pills

More than 250,000 Australians use sleeping medication for six months or more. Be careful! Prolonged use results in tolerance to the drug, nervousness, tension, trembling, sweating and disturbed sleep. "So the very medication that starts helping you sleep if taken one or two nights a week eventually disturbs your sleep if taken for too long', warns Melbourne clinical psychologist and sleep specialist Dr David Morawetz.

- *The Weekend Australian Living IT*, 13/6/98, p15

Classroom behaviour

A well managed, highly structured classroom is necessary for children with ADHD, according to Dr Alan Hudson of RMIT's Department of Psychology and Intellectual Disability Studies. Teacher praise and disapproval are not sufficiently strong reinforcers for ADHD children and reinforcers such as stickers may still be insufficient. Teachers and parents can work together so that the child has access to home-based rewards such as television viewing or pocket money.

- Hudson A 'Classroom instruction for children with ADHD' *Aust J Early Childhood* (1997),22 (4):22-27

The reading list

A novel for high school students who love reading, try *The Beach*. It's about a group of young backpackers who drop out on a secret beach in Thailand. Gripping. They'll read it in one gulp.

- *The Beach* by Alex Garland, Penguin, 1996.

For teachers

A reader comments, 'so far I've only read the first chapter and I've learned heaps' about the new book for teachers, '*Attention Deficit/Hyperactivity Disorder: Medical, psychological and educational perspectives*'. Specially produced by the Australian Association of Special Education, the book is edited by Professor Jeff Bailey, director of CHERI (Children's Health and Education Research Institute) and senior lecturer in Education at University of Southern Queensland special education Dr Don Rice.

- Available from Deborah Pearce, CHERI, New Children's Hospital, PO Box 3515, Parramatta NSW 2141. $19 incl p&p. Ph 02 9845 3017, fx 02 9845 3082, visa and mastercards accepted.

Lead

Lead is the only environmental factor associated with ADHD symptoms in the NHMRC report. A new study questions effects on the foetus. Researchers exposed pregnant rats to the same levels of lead as ingested by humans from lead water pipes or leaded house paint. At 13 weeks, the rat pups showed an abnormal immune response which may be associated with susceptibility to viruses and perhaps asthma.

- *New Scientist*, 23/5/98, p7.

Spell checker

The *Innovations Spell Checker* offers spell checking on up to 80,000 words in English (not American), will search for missing letters, and search mode includes phonetical checking. It also includes a calculator function. At $39 it is a lot cheaper than a word processor. Has anyone tried it? For more information, phone 1300 303 303 (order code is SISA).

Adults

Five tips for adults with ADHD

1. Be sure of the diagnosis. Make sure you're working with a professional who really understands ADD and has excluded related or similar conditions such as anxiety states, agitated depression, hyperthyroidism, manic-depressive illness, or obsessive-compulsive disorder.

2. Educate yourself. Perhaps the single most powerful treatment for ADD is understanding ADD in the first place. Read books. Talk with professionals. Talk with other adults who have ADD. You'll be able to design your own treatment to fit your own version of ADD.

3. Coaching. It is useful for you to have a coach, for some person near you to keep after you, but always with humour. Your coach can help you get organised, stay on task, give you encouragement or remind you to get back to work. Friend, colleague, or therapist (it is possible, but risky for your coach to be your spouse), a coach is someone to stay on you to get things done, exhort you as coaches do, keep tabs on you, and in general be in your corner. A coach can be tremendously helpful in treating ADD.

4. Encouragement. ADD adults need lots of encouragement. This is in part due to their having many self-doubts that have accumulated over the years. But it goes beyond that. More than the average person, the ADD adult withers without encouragement and positively lights up like a Christmas tree when given it. They will often work for another person in a way they won't work for themselves. This is not "bad", it just is. It should be recognised and taken advantage of.

5. Realise what ADD is NOT, ie., conflict with mother, etc.

- from Fifty tips for ADD adults on the internet by Drs EM Hallowell and JR Ratey, two US psychiatrists with ADHD. Authors of Driven to Distraction and Answers to Distraction, available from Silvereye Educational Publications, phone 02 4987 3457, email:silvereye.hunterlink.net.au

Reader comment

Efalex and pycnogenol

We continue to hear from readers who say that Efalex is worth a try. It doesn't work for everyone, and some children get worse (oppositional, withdrawn, or 'won't eat'), but a number of readers have noticed that after days or up to three weeks, their children are calmer. Pycnogenol seems to work for a fewer number. Both are expensive.

Booklets with information and results of research (for Efalex) are available from the distributors, Efalex, phone freecall 1800 064 953, Pycnogenol phone 02 29437 3888. Note: this article is for your information, not an endorsement.

Parenting

Who'd be a parent?

I wish this book had been available when I had my first child. The worst problems I was experiencing didn't even appear in parenting manuals then. This one has them all listed with heaps of sensible and sympathetic suggestions. Whether you're looking for a specific problem or just browsing, you'll be entertained and learn from this book. For example:

- hug-shy kids - *'As grown-ups, they may constantly search for sex at any price to earth their emotional electricity'*
- discipline - *'Dedication and persistence are much more powerful tools than violence'*
- 'An absent Dad' story by Peter Ritchie, McDonald's businessman, which begins: *'I have many regrets about my priorities as a father ... I wasn't there when I should have been'*
- the parent pentathlon homework medley event, and how to avoid it
- classic kids' styles from Bossy Bianca to Forgetful Fred, Cyclone Sam and Angry Alex - which one is yours? - and how to handle them
- describing the function of condoms to kids
- from PM John Howard: *'I believe that bringing up children is the most important thing people do in their lives and nothing replaces time spent with your children'.*
- and the '*ADD wanted'* story about the coach whose football team won the season by drinking red cordial.

This book would make a great gift for new or old parents. And can you be without it yourself?

Who'd be a parent? **by Dr John Irvine, Pan McMillan, 1998, RRP $19.95, in all good bookstores**

Education

Reading

Children's illiteracy is a 'major public health problem' according to the U.S. Public Health Service's declaration in 1997. An estimated 40% of American children are poor readers and half of those have severe problems. An Australian survey in 1996 found that nearly 30% of students in Years 3 and 5 did not reach a set standard on reading. If a child hasn't learned to read well by age 9, most likely they will remain poor readers for

the rest of their lives. With that failure often comes a lifetime of disappointment and privation - and burdens for society, according to reading researchers.

A long-established reading program from the U.S. is now gaining popularity in Australia. Unlike other multi-sensory methods such as Lindamood-Bell and Slingerland which are for learning disabled children, the Spalding method acknowledges the increase in the number of pupils with specific learning disabilities and is designed for the ordinary classroom.

'If a child hasn't learned to read well by age 9, most likely they will remain poor readers for the rest of their lives.'

Developing the eyes, ears, voice, hand and arm muscles and the right and left sides of the brain concurrently, Spalding encourages the growth of the mind's power to reason, imagine and remember. It begins by teaching kindergarten pupils the 45 sounds of the English language. In 2 to 3 months the children are taught to recognise, name and write the single letters and the 2-, 3- and 4-letter combinations called phonograms which represent the 45 sounds. With the help of 70 phonogram cards which show all the possible sound combinations in English produced by, for instance, 'ea' as in 'eat', 'head', 'break', the youngsters can master all the basic aural and visual patterns in words.

Spalding teaches as much phonics as the children need. Once these skills are fully in place the pupils can concentrate on reading comprehension and writing to develop the love of reading which is responsible for lifelong learning. The emphasis is on teaching reading effectively to all levels of students, thus avoiding the need for remedial programs later on.

Staff at three exclusive girls schools, Ascham, Presbyterian Ladies College and Tangara, are enthusiastic about the program. Mrs Sallie Norsworthy, Headmistress of PLC, says 'Spalding ... is proving to be even more effective for more children ... most girls have already achieved a spelling age of one to five years ahead of their grade expectation'. In the US, a 'Spalding School' has held the highest ranking on US national and state assessments of Reading and English Language for the last eight years.

In Australia, Spalding courses offered are teacher training 1 & 2, and a parents' introduction. See What's On.

More details from the Spalding Education Foundation, PO Box 6105, Dural Delivery Centre, Dural 2158, ph 02 9894 5711, fx 02 9634 6184

Adults

Marijuana and ADHD

The following is a summary of a talk presented by John Anderson to ADDult NSW.

Statistics suggest that 40% of ADHD children are predisposed to substance abuse during adolescence or adulthood. Of the ADHD population who are poly substance users, 67% smoke marijuana. Many behavioural changes are similar to those of ADHD: academic ability decreases; sniffles, colds, trivial illness, especially respiratory system; concentration levels decrease; depersonalisation; increased levels of anxiety; increased depression; reaction times slows; short-term memory difficulties; a lack of motivation or interest in things previously enjoyed; increased impulsivity; space and time distortion; may increase appetite.

Research suggests:

* Two cannaboids found in marijuana affect chromosomal structure. Three studies have shown that females who were heavy smokers of marijuana prior to pregnancy produced children who demonstrated significantly disturbed behaviours compared to mothers who did not smoke marijuana - the behaviours described were ADHD.

* Smoking one joint a day, three days a week for six month results in changes in brain physiology that can be detected three to five years later.

* Marijuana decreases the amount of T-cells in the blood, weakening the immune system.

* There is a higher incidence of jaw, tongue and throat cancer among marijuana users.

* Long term users may develop drug-induced psychosis. Other than those who develop drug-induced psychosis and cancer, all other effects are fully reversible with total abstinence.

You can obtain an audio tape of this talk for $8 from ADDult NSW, PO Box 472, Sutherland 2232.

Management

Can you teach kids to concentrate?

The danger for children being given drugs to calm them down is that they come to believe that they do not have to take responsibility for their own actions, according to teacher Jean Robb and children's librarian Hilary Letts. For such children, the pride in learning self-control, self-discipline and new skills for new stages of life has been taken away.

Robb and Letts' book is full of suggestions which sound so simple you wonder if these authors really understand ADHD, but they claim to be successful. The authors recommend observing your children, paying attention to them, teaching them the consequences of their actions, social and other skills. In one anecdote, an Asperger's girl named Margaret was cruel to animals. The mother was advised to explain to her daughter that a vulnerable animal needs her care and to think about the consequences of her actions. 'When Margaret's mother tried these things she found that they worked. She was able to talk to Margaret and Margaret was fascinated by the discussion.'

***Instructions for teaching an ADHD child to be still*:**

1. Ask the child to lie down and see if he can be still by the time you count to ten - slowly. Lying still means not moving at all.

2. When the child moves, tell him which number he managed to get to before he moved and then try again and see if he can get further.

3. Take it in turns so sometimes he counts to ten while you lie still. This gives him a chance to see someone else being still.

If these suggestions really do work, they are worth a try. We'd love some feedback on this one, please.

'Creating kids who can concentrate: proven strategies for beating ADD without drugs' Jean Robb & Hilary Letts, published by Hodder & Stoughton, 1997.

Environment

Steer clear of solvents

Symptoms of exposure to solvents can include behavioural and learning problems such as poor short term memory, poor coordination, mood change and developmental disorders. Effects are dose-related and subclinical effects have been detected in workers who are not really ill. Some people have been affected by chronic, long-term exposure to levels smaller than those considered safe. Drinking alcohol can worsen the effects on the nervous system. Effects can be permanent. Treatment consists of avoidance of further exposure and treatment of symptoms with drugs such as antidepressants or stimulants. Occupations identified as high-risk for solvent toxicity include:

- mechanical and automotive engineering
- metal-part degreasing
- spray painting, painting and varnishing
- dry-cleaning
- hobbies such as crafts which use solvents
- solvent abuse

Further reading: White RF and Proctor SP 'Solvents and neurotoxicity' ***The Lancet,*** **349, 1997:1239-1243**

Education

Youth suicide blamed on school pressures

The Principal of a top Queensland private school has linked Australia's high youth suicide rate to inadequate education facilities for less academically gifted students. Nudgee College Principal Brother Harney said that the lack of vocational programs deprived four out of every 10 students of the opportunity to learn. 'They are gifted and talented in their own right but their skills don't lie in physics classes, for example. They are graphic artists, skilful musicians, skilled at manual labour and construction, talented cooks and clothing designers. Because vocational programmes cost more to run, governments have tended to ignore students in this area.' The hopelessness youth experience after failing school was one factor which contributed to Australia's record high youth suicide rate.

- *Courier Mail 21/3/96*

WHAT'S ON

July 23-26 **Child and Adolescent Mental Health** conference, Sydney

Sept 3-5 1st international Neurocare conference, special guest lecture by **neurologist Dr Oliver Sacks**, Adelaide, ph 08 8357 8909

Sept 25-27 **Montessori** National Conference, Freemantle, WA, fx 08 9385 2424, email zbeehive@cc.curtin.edu.au

Spalding teacher courses, phone centre 02 9894 5711 unless indicated otherwise:

Darwin: July 7-16

Sydney (Waverley) 6-10 July, 13-17 July

Tamworth 24-26th July, 14-16 August, 4-7 Sept, ph 0267 664420

Orange 26 Sept-4th Oct, 02 6392 0300

Sydney (Cherrybrook) 11,18,25 Oct

Spalding parent courses

Tasmania (Gagebrook) 22-26 June, ph 03 6233 7415

Brain studies

ADHD functioning

The brain activity in ADHD and unaffected men was monitored while they completed a task. Participants heard a series of numbers, one every 2.4 seconds, and were asked to add the last two digits they heard. Looking at positron emission tomography (PET) scans, Emory University researcher Julie B Schweitzer saw two major differences between the groups. First, the ADHD individuals maintained high levels of blood flow, whereas the controls displayed deactivation in the temporal gyrus region, indicating some kind of learning. The ADHD group also activated brain areas used for visual tasks. Researchers found that instead of repeating the numbers to themselves as some of the controls did, many of the ADHD group had visualised the numbers.

- *Scientific American, August 96 p9*

ADD Networking

WHAT'S HAPPENING AROUND AUSTRALIA *(and the world)*

Do you have some news which will prevent people in other states from reinventing the wheel?

USA

In Pennsylvania and many other states groups of parents, educators and business people are allowed to band together to create public schools to serve a segment of the population not being adequately served by the existing school system. Called charter schools, they are funded by tax money and must not be of a religious nature. Otherwise, community groups have free rein in creating a school, as long as they satisfy the criteria imposed by the state, such as a proven need for such a school, proven community support, access to a safe facility and an educationally sound program. Some charters in Pennsylvania accommodate children at risk, some are for special interests such as performing arts, technology, environment or Gardner's theory of multiple intelligences.

Most are beneficial for ADD students in that they tend to have smaller class sizes (16-20 per class instead of 25-30), and often feature more hands-on learning and physical movement in the classroom instead of sitting at a desk the whole day.

Currently planned is a Montessori-type program based on child-directed learning: the child's educational program is designed together by the teacher, parent, and child; each child would receive an Individual Educational Program (in public school, IEP's are only given to gifted students or special needs students); the teacher would function more as a facilitator to provide the resources for the child's independent study and the school would rely heavily on interested parent volunteers in the classroom. It might be a good answer for some of the learning needs of ADD kids.

Charter schools have detailed charters listing every aspect of their program. You can purchase copies of the charter for other groups to use as a template in creating their own schools (electronic copy $150, hard copy $100, both for $200, which is a good deal when you consider the months of research that went into creating the charter and the many hours of groundwork that a group could save by using a template). If you'd like to know more, I can give you website and e-mail addresses so you could pursue this further.

- *from Arlene Schar in Pennsylvania. Anyone like more details?*

Diet

Increasing recognition of dietary management

Although the Feingold diet was officially discredited in 1980, more recent research suggests that diet may contribute to behaviour problems in some children. The official NHMRC recommendation (1997) is that if diet is to be instituted, it should be under the supervision of a qualified dietitian, preferably with experience in this area. The Dietitians' Association of Australia recommend a low-chemical elimination diet and state that a patient's request for investigation of diet is sufficient indication for dietary investigation, as refusal usually results in patients seeking advice from fringe or unorothdox practitioners.

Two books aimed at helping families sort out food sensitivities have hit the shelves this month. Dietitian Joan Breakey has a special interest in the effects of food on children's behaviour. She has researched and practised diet therapy for over twenty years, including as a dietitian for Child Community Psychiatry in the Division of Youth, Welfare and Guidance and as adviser in Nutrition to the Department of Health in Queensland. *Are you food sensitive?* outlines her unique 'diet detective' method where families can create their own diet, designed to make food manageable for sensitive families. The book is packed with useful hints about individual foods and food sensitivities drawn from Joan's many years of experience.

The second book is by Sue Dengate, author of the best-selling *Different Kids*. 'Kids have changed', says a school principal in *Fed Up*. "They come to school angry or unhappy and stay that way all day ... you have to look at food.' *Fed Up* provides support for families who would like to know more about the low-chemical elimination diet or who have seen a dietitian and come out saying 'where do I start?'.

Are you food sensitive? **by Joan Breakey, $20 incl p&p from PO Box 8, Beachmere, Qld 4510, fx 07 5496 8194, see order form on insert for multiple rates.**

Fed Up **by Sue Dengate, Random House, RRP $19.95, available at all good booksellers.**

Networking

ADDnet NEWS

Dr Brooks in Australia

Brought to Australia by ADDnet, US psychologist Dr Robert Brooks gave talks in Tasmania, Melbourne, Sydney, Newcastle and Brisbane in May. Following is a summary of the main points in his presentation ***Fostering family closeness and respect in times of stress*** to an audience of 400 in Newcastle.

- To understand what is truly important for our families and ourselves
- The importance of empathy: seeing the world through each others eyes. How would our children describe us?
- The development of stress hardiness: use the '3 C's' mindset - Commitment, Challenge and Control
- To change negative 'family scripts' into positive ones: use humour, have some fun.
- Communicate effectively: active listening, validate what others say.
- Set realistic expectations and goals; accept each person's individuality.
- Teach our children effective ways to solve problems and made decisions.
- Promote a 'curriculum for caring': teach responsibility by modelling caring behaviour; provide them with opportunities to contribute to the community and to the lives of others.
- Search for 'islands of competence', identify and reinforce their strengths, especially during times of stress.

- Discipline with respect. Use constructive discipline that strengthens self-discipline and self-control.

- Offer encouragement and positive feedback: help each family member to feel special and appreciated.

- Teach our children, and remember ourselves, that mistakes and failure are part of learning and part of life.

Reprinted from the newsletter of the Newcastle-Hunter ADHD support group. This group is would like to thank the Hon John Mills, MP and his electorate office staff for their exceptional assistance in preparing for the Brooks seminar and workshops in Newcastle.

If you missed Dr Brooks in Australia, you can buy:

- **his excellent book *The self-esteem teacher*** (how to be a popular teacher/parent in a happy and productive classroom/family)

- **audio cassette *Fostering self-esteem in children and adolescents: the search for islands of competence***

- **V*ideo of the children's workshop in Newcastle***.

See enclosed order form or contact ADDnet treasurer Mrs Jan Clark, PO Box 514, Ulverstone, Tas, 7315.

ADDnet committee: Acting president Beryl Gover ACT 06 290 1984, Secretary Rosemary Borg phone 07 3817 2429, Treasurer Jan Clark TAS 004 293 332, Ros Mitchell NSW 02 9411 2186, Geraldine Moore VIC 03 9650 2570, Sue Dengate NT 08 8981 2444, Nayano Taylor-Neumann SA 08 8222 5159, Tracy Willet WA 08 9401 6282

Getting in touch

A number of children aged from 13 months to 14 years have experienced dramatic itchy skin rashes up to 30 hours after eating instant noodles, pies or party pies. The rashes are intensely itchy and follow a course, eventually covering the whole body and lasting 5 to 10 days. As they may be associated with a new additive, we would love to hear from anyone who has experienced this. Phone 08 8981 2444.

ORDER IN THE HOUSE! *production team*

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DO YOU WISH TO BE INCLUDED IN THE REGISTER OF ADD SUPPORT GROUPS AND PHONE CONTACTS Y/N

Genetic research

Where would we be without ...?

American researchers are considering the prospect of neonatal tests to reduce the risk of producing a manic-depressive child. 'Is this, I wonder, tantamount to culling a potential Isaac Newton or a Spike Milligan?' asks writer Robbie Vickers.

- from a review of *Mood Genes* by Samuel Barondes, *New Scientist 13/6/98*, p43

Sound familiar?

A 'twitchy' mind

'His mind was twitchy, like his fingers, which were always moving.'

- Ophelia Dahl describing her father in 'Roald Dahl Treasury'

Chemicals

What's new with head lice?

Head lice infestations are becoming more widespread as resistance develops to chemical treatments. Several readers have asked about non-toxic treatments.

Parents who are concerned about toxicity worry about warnings like the one on malathion which states that repeated minor exposure may have a cumulative poisoning effect, and that poisoning can occur through skin absorption.

In Belgium, researchers found that the only treatment with evidence of effectiveness was 1% permethrin cream, that lindane and natural pyrethrins were 'not sufficiently effective to justify their use' and that malathion and carbaryl 'needed more research'.

Parents are encouraged by health experts to minimise the use of pesticides to a single wash with the head lice treatment followed by intensive combing with a nit comb. Are there any other options?

A new product containing cold-pressed oil from the Indian neem tree which demonstrates 'no mammalian toxicity' is recommended by representatives of several schools. Canteen manager Lindy Scott says, 'Nimbin Central School introduced Liceguard early in 1996 when head lice were raging though the community. The reports I have received have been nothing but positive ... I recommend this product simply because it works where other, much more expensive products left a lot to be desired.'

Further reading: Vander Stichele RH and others Systematic review of clinical efficacy of topical treatments for head lice. British Medical Journal 1995;311:604-608

Neem products : ask for **Liceguard** at your local health food store or pharmacy, or phone/fax the national distributor on 02 6688 6150

Issue 15 Term 1 1998

An Order in the House! feature

Assessment provisions for students who have learning disabilities

This article grew out of reports from readers about their problems with secondary education.

Parents of ADHD children often report that their children do worse in examinations than their ability and level of knowledge would suggest. Some parents do not realise that examination provisions or accommodations are available, others would like to apply for special provisions but do not know what would be appropriate for their child. A high number of students with ADHD have associated learning disabilities which are sometimes unrecognised. Their problems may be compounded by the restlessness, inattention and impulsivity which are core features of ADHD.

The concept underlying exam provisions is that each person should be tested on their knowledge not their disability. While it is easy to understand that a person in a wheelchair should be tested on their knowledge of maths or science not whether they can reach an exam room on the second floor, it is more difficult to grasp the concept that someone who is a poor reader should be tested on their knowledge of science or maths not their spelling or ability to read the question. This concept is the basis for the federal Disability Discrimination Act of 1993 which essentially gives students with diagnosed learning disabilities the right to alternate assessment provisions in all learning and assessment situations.

Assessment

The first step in applying for extra help is diagnosis of learning disability, for example, measurement of reading rates, speed and accuracy. This is best done by a professional with a special interest in psychometric testing. One student whose reading ability was tested by a private consultant was tested by the school counsellor months later. The student came in the normal range for his age group. This information was forwarded to the Board of Studies by the school counsellor and the student was denied exam provisions. Since the IQ of the student was very high, the reading should have been in the range of the IQ of the student, that is, much higher than chronological age. The statistical probability of a person with such a high IQ reading at his chronological age should have been brought to bear in the application.

People who need extra help in exams will benefit from on-going support thoughout school and for other forms of assessments. This can be tutoring, help with organisation, study skills and extended deadlines for assignments. The remedial approach is recommended by psychologists who acknowledge the tendency of ADHD students to rush through exams, often answering the wrong question. They can be helped by counselling with 'stop and think' strategies taught to them long before exam time.

A flexible approach

Some students who have consistently underachieved throughout school do well at university and attribute their success to accommodations. In the U.S.A. educational institutions are legally required to provide accommodations for which the cost is not unduly burdensome and which do not require a fundamental alteration of any essential aspects of the program. In Australia 'reasonable accommodations' have been available in universities for some time, but such provisions in secondary schools are less well known.

The Northern Territory University's disability officer, Jeremy Muir, emphasises the need for a flexible approach, for example, discussing options with the student and trying a specific strategy. Does it work? If not, try another strategy. Students must be happy with the suggested provisions.

Some ADHD students are unaware of their learning disabilities and improve when problems are identified. The role of disability officer also includes education of staff as some lecturers are unaware of learning disabilities and surprised at the problems these students face. Others have fears of 'making it unfair', yet non-LD students may well be disadvantaged by provisions such as coloured paper or larger font.

One ADHD student who is gaining credits and distinctions in her course has a note-taker during lectures so she can listen without distraction because 'she would flounder without notes'. Other accommodations include a tutor for an ADHD student with organisational difficulties.

Which provisions are available?

All states in Australia have secondary examination boards which have published information regarding their policies on examination provisions. Provisions such as coloured paper, enlarged print, readers, scribes, computers, audio-tapes and extra time are generally available in universities but may vary from state to state for secondary students.

The examination paper

Students with visual perception or scanning problems will often skip a bit of the question, or answer the wrong question. They may be helped by:

- coloured paper (especially pink or green)
- size of font (14, 16 or even 18 may be most effective)
- using a ruler under each line for reading
- questions which are left justified and clearly laid out
- a reader

Simple provisions were enough to help a young apprentice with dyslexia who became so angry and frustrated by 'the words jumping around' on his exam papers that he refused to attempt answers. With pink paper, a larger font and using a ruler under the line he and his lecturer were surprised and delighted when he achieved 84% and 100% in his next exams.

Readers

The single most important aspect of exam-taking for learning disabled students is the need to read and understand all of the questions. Missing whole questions or misunderstanding through omitting important words such as *not* is common. If a student cannot understand the questions within a reasonable amount of time and with a reasonable amount of effort then a reader is appropriate, although controversial, in some states.

- in some cases the student can read all the questions aloud to him or herself in a separate room.
- a reader can read all of the questions to the student.

- the reader can also read the student's answers.

A special education teacher in NSW explains, 'thanks to screening every student who goes into the school for visual processing disorder, at the school where I worked for a while volunteer reader/writers go into every exam for about 60 kids from year 7-12 and have done for some years. Parents are referred by the teacher to the parent support group and on to a diagnostician.'

Writer

Research at Sydney University has shown that success in examinations is closely correlated with speed of writing.

A writer will be helpful for children who have problems with:

- verbal processing
- spelling
- low muscle tone leading to hand cramps.

Experts recommend that readers and writers should be competent, sympathetic adults who are good spellers and writers, rather than junior students. The student and reader/writer should have an opportunity to work together before the examination. The exam session can be tape recorded to enable validation of the transcription.

At the age of 12, a girl with severe dyslexia and spelling problems was advised by an education department guidance officer to pursue a career in sport because she would never succeed academically. Still a terrible speller but aided by special provisions to help with writing and spelling she is now completing a doctorate in science.

Additional time and breaks

Extra time alone is unlikely to help a student with predominantly hyperactive/impulsive ADHD but may help a student with predominantly inattentive ADHD. It is more likely to be useful if combined with breaks. Breaks can be recommended, for example, for five minutes every half hour, or ten minutes every hour. If possible the student can decide which is more appropriate at the time.

Computers

Some students may be able to use a word processor or spell-checker to overcome their handwriting or spelling problems.

Audio-taping of stories

Students who have severe writing problems will try to write the minimum, use the smallest words, and will be distracted by their writing difficulties rather than concentrating on the question. Audio-taping can be an alternative.

Separate room

Students who are easily distracted will feel more comfortable in a separate room. This will also make accommodations such as special breaks easier. Some students find the flicker of fluorescent lighting distracting or certain computer screens distracting and will perform better with natural or incandescent lighting. Rooms should be checked in advance of exams for this requirement.

How to apply

Access to exam provisions varies significantly from school to school and state to state. Based on National Health and Medical Research Council statistics, 2000-3000 students may be eligible to apply for exam provisions in NSW alone. In practice, the number of children applying for special exam provisions for learning disabilities varies from a few students in one state to hundreds in another. A disproportionate number of applications are from independent and Catholic schools.

One teacher who had never heard of exam provisions was enthusiastic about the possibility of a scribe (or writer) for a gifted student: 'He's an excellent reader and thinker but he can't get it down on paper. He would get straight As if he had a scribe', she exclaimed. In another school where a year 12 ADHD student was granted special examination accommodations for English, the head teacher commented 'You don't really need these, do you?' and insisted that the student herself inform each invigilator of the accommodations. The student failed her final exam but gained a provisional entry to university where she achieved a distinction in English. What made the difference? 'The people and their attitude,' she declared.

The best place to start asking is the special education teacher at your school, your child's teacher or the secondary examination board in your state. You should start thinking about this **at least one year** before the examination for which you require provisions and possibly more. 'Exam provisions are unfair for the others,' is the most common objection. One representative of a secondary examination board explained, 'people are not going to go to all this trouble to apply to special provisions if they don't have a problem. We must give them the benefit of the doubt.' - *Sue Dengate, Darwin*

Do you have any experience with exam provisions? We'd love some feedback! (08 8981 2444)

With thanks to Ted Milliken, psychologist, Jeremy Muir, NTU Disability Officer, OITH readers, Wendy Ridley, special education teacher, Fiona Shanahan, Master Coaching, Mary Temple, psychologist and research from the University of Western Sydney Special Education Unit.

In this issue

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Editorial

If you think that self-esteem is something warm and fuzzy you do after you have sorted out everything else, think again. Good self-esteem is the very foundation for behaviour management and success, and building it is not just a matter of saying nice things to your child. Dr Robert Brooks, considered by many to the the world's leading expert on self-esteem, deals with real life, like problem getting your child to do homework.

I showed the Brooks video *What did you do that for?* to an enthusiastic audience of parents and teachers. 'How can we see this man?' asked my audience. If you are lucky enough to live anywhere near Sydney, Newcastle, Brisbane, Melbourne or Ulverstone, then don't miss the Brooks seminars in May. Dr Brooks is coming to Australia as the result of hard work by ADDnet. Read more about it on page 00.

As a parent, I know just how difficult ADHD children can be. As a former teacher I am appalled by what teachers have to cope with when they have several ADHD children as well as the rest of the class. Read about the teachers' views on p00,00 and 00. And at last, a book about ADHD written by educators for educators, see review p00.

- *Sue Dengate, editor*

In brief

Hitting doesn't work

Children who are spanked once or more a week are much more likely to develop anti-social behaviour in the next two years, according to a U.S. study. This effect was particularly strong in older children. The authors estimated that if parents who spanked once per week stopped altogether, about 20% of children could benefit.

Further reading: Straus MA and others Spanking by parents and subsequent antisocial behaviour of chidlren. Archives of Pediatric and Adolescent Medicine 1997;151:761-767

What's in a label?

Labels such as 'distractible', 'hyperactive', 'reactive', or 'oppositional' can be replaced by corresponding labels such as 'perceptive', 'spirited', 'sensitive', or 'determined', according to Jenny Young-Loveridge, Senior Lecturer in Education Studies at Waikato University and

mother of an ADHD child. She tells of a professional who wrote about her son: 'his intensity and inability to accept "no" are both highly positive attributes in many professional careers!'

Ref: Young-Loveridge, J 'A personal perspective on challenging behaviour: ADHD? *Aust J Early Childhood* (1997),22 (4):1-5 in the December 1997 themed edition which contains seven articles about ADHD including one by OITH editor Sue Dengate.

Reward and punishment

Researchers recently found that Ritalin may depress responsiveness to reward while elevating reactions to punishment. They suggest that this may make a return to normal functioning less probable.

Further reading: Arnett PA and others 'The effect of Ritalin on response to reward and punishment in children with ADHD' *Child Study Journal* (1996), 26(2),51-70

Classroom behaviour management

There is no doubt that a well managed, highly structured classroom is necessary for children with ADHD, according to Dr Alan Hudson of RMIT's Department of Psychology and Intellectual Disability Studies. Behavioural interventions have been found to be highly effective, although teacher praise and disapproval are not sufficiently strong reinforcers for ADHD children. Reinforcers such as stickers may still be insufficient. Teachers and parents can work together so that the child has access to home-based rewards such as television viewing or pocket money. Further reading: Hudson A 'Classroom instruction for children with ADHD' *Aust J Early Childhood* (1997),22 (4):22-27

Leave school with dignity

Teenagers who choose to leave school early should not be called 'drop outs' according to educator Dr CH Payne. Some overseas research shows that many make sensible decisions, pursuing what they want to do, and reserving the option of further education if and when they need it. As from July 1998, young people will have to be engaged in full-time study or training to be eligible for the Commonwealth Youth Allowance. This will probably mean more teenagers choosing to remain at or return to school. More flexible and varied courses should be developed to meet the needs of this new group of school students.

Payne, CH 'Youth Allowance', NT Board of Studies Newsletter (1998),1:3

Teacher comment

In the classroom

OITH has received feedback from a number of teachers concerned with increasing difficulties in the classroom. Experienced teachers who have good control of a class are often allocated more than their share of problem children until they too are struggling.

Dread going to school

'We don't know how to cope,' said one teacher with more than 20 years experience. 'Children weren't like this when I started teaching. In my first year as a teacher I had a transition class

of 42 children and only one, maybe two, whom I would have considered to have any behaviour problems. I loved that class and I looked forward to going to work every day. Now I have a class of 30 of whom 10 have ADHD, learning disabilities or behaviour problems. I have to struggle with a child who spends his whole time running around the room and jumping on the tables. It's all I can do to get him to sit down, let alone to learn anything. He takes up half my time, the remaining children with problems get most of the rest, and the others have to make do with what's left. We haven't been trained to deal with children like this. We need more help. I feel overloaded all the time, I dread going to school and I'd like to get out of teaching.'

Education

Drop in standards

Echoing what so many teachers have told us, Bob Denahy from Hornsby NSW returned to the classroom after 15 years absence and was so shocked at what he found that he wrote a letter to the editor of The Australian newspaper, 30/11/96. An extract follows:

- The principal determinant in educational achievement is the home, not the school.

- Most teachers are devoted and work hard but the education system is a mess.

- There has been an astonishing drop in standards of student behaviour. Rare is the day when I return home not having been treated by students almost as scum. Recently I was pelted with stones as I left the school. In the 60s and 70s most classes had one or two recalcitrants but no student ever spoke or acted in the way that up to a third of the class does in the 90s in this country.

- Large numbers of schools are headed for chaos.

Spell checker

The *Innovations Spell Checker* offers spell checking on up to 80,000 words in English (not American), will search for missing letters, and the search mode includes phonetical checking. It also includes a calculator function. At $39 it is a lot cheaper than a word processor. Has anyone tried it? For more information, phone 1300 303 303 (order code is SISA).

Education

Reading together program

Research in the USA has shown that cross-age student tutoring systems work and have a strongly beneficial effect on the self-esteem and behaviour of older students. Thanks to special eduction teacher Jan Eupene for her account of an effective program.

Set up: We set up the equipment for the program in a large red box in a special place in the library so that readers and folders were available even if the coordinator was absent. This encouraged the year 7 students to run the program themselves, phoning if late and reorganising themselves if anyone was unable to attend.

The box contained

- sequenced readers which were unread (not used in classrooms) short and humorous

- a folder for each student containing a list of readers, a reading log and clues for assisting with reading.

There were also blackline masters of a letter to middle primary staff requesting identification of students who would benefit from the program, and a letter to year 7 students who had been identified as suitable tutors, outlining the program. Ongoing commitment was required.

Outcomes: Supportive methods to assist poor readers (such as pause, prompt, praise) were demonstrated and the program did need to be monitored but the Year 7 students ran the program. By using Silent Reading time no-one missed out on any class work. The Year 7 tutors were competent readers who continued to read widely. It was a pleasure to watch the rapport develop between the year 7 tutors and their reading partners. The reading partners took great pleasure in acknowledging their tutors in the school grounds.

Details of this program are available from OITH.

Environment

Steer children clear of solvents

Symptoms of exposure to solvents can include behavioural and learning symptoms such as poor short term memory, poor coordination, mood change and developmental disorders. Effects are dose-related and subclinical effects have been detected in workers who are not really ill. Some people have been affected by chronic, long-term exposure to levels smaller than those considered safe. Drinking alcohol can worsen the effects on the nervous system. Effects can be permanent. Treatment consists of avoidance of further exposure and treatment of symptoms with drugs such as antidepressants or stimulants. Occupations identified as high-risk for solvent toxicity include:

- mechanical and automotive engineering

- metal-part degreasing

- spray painting, painting and varnishing

- dry-cleaning

- hobbies such as crafts which use solvents

- solvent abuse

Further reading: White RF and Proctor SP 'Solvents and neurotoxicity' *The Lancet*, 349, 1997:1239-1243

Chemicals

What's new with head lice?

Head lice infestations are becoming more widespread as resistance develops to chemical treatments. Several readers have asked about non-toxic treatments.

Parents who are concerned about toxicity worry about warnings like the one on malathion which states that repeated minor exposure may have a cumulative poisoning effect, and that poisoning can occur through skin absorption.

In Belgium, researchers found that the only treatment with evidence of effectiveness was 1% permethrin cream, that lindane and natural pyrethrins were 'not sufficiently effective to justify their use' and that malathion and carbaryl 'needed more research'.

Parents are encouraged by health experts to minimise the use of pesticides to a single wash with the head lice treatment followed by intensive combing with a nit comb. Are there any other options? A new product containing cold-pressed oil from the Indian Neem tree which demonstrates 'no mammalian toxicity' is recommended by representatives of several schools. Canteen manager Lindy Scott says, 'Nimbin Central School introduced Liceguard early in 1996 when head lice were raging though the community. The reports I have received have been nothing but positive ... I recommend this product simply because it works where other, much more expensive products left a lot to be desired.' Ask for **Liceguard** at your local health food store or pharmacy, or phone/fax the national distributor on 02 6688 6150 Further reading: Vander Stichele RH and others Systematic review of clinical efficacy of topical treatments for head lice. British Medical Journal 1995;311:604-608

Adults

Marijuana and ADHD

Statistics suggest that 40% of ADHD children are predisposed to substance abuse during adolescence or adulthood. Of the ADHD population who are poly substance users, 67% smoke marijuana. Many behavioural changes are similar to those of ADHD: academic ability decreases; sniffles, colds, trivial illness, especially respiratory system; concentration levels decrease; depersonalisation; increased levels of anxiety; increased depression; reaction times slows; short term memory difficulties; a lack of interest in things previously enjoyed; increased impulsivity; space and time distortion; may increase appetite.

Research suggests:

* Two cannaboids found in marijuana affect chromosomal structure, causing genetic mutation.

* The gene affected is the same gene implicated in ADHD. Three studies have shown that females who were heavy smokers of marijuana prior to pregnancy produced children who demonstrated significantly disturbed behaviours compared to mothers who did not smoke marijuana - the behaviours described were ADHD.

* Smoking one joint a day, three days a week for six month results in changes in brain physiology that can be detected three to five years later.

* Marijuana decreases the amount of T-cells in the blood, weakening the immune system.

* There is a higher incidence of jaw, tongue and throat cancer among marijuana users.

* Long term users may develop drug-induced psychosis. Other than those who develop drug-induced psychosis and cancer, all other effects are fully reversible with total abstinence.

This is a summary of a talk (no references available) presented by John Anderson to ADDult NSW. You can obtain an audio tape of this talk for $8 from ADDult NSW, PO Box 472, Sutherland 2232.

Management

Beating ADD without drugs ?

The danger for children being given drugs to calm them down is that they come to believe that they do not have to take responsibility for their own actions, according to teacher Jean Robb and children's librarian Hilary Letts. For these children, the pride in learning self-control, self-discipline and new skills for new stages of life has been taken away. These authors recommend observing your children, paying attention to them, teaching them the consequences of their actions and social and other skills. You can teach an ADD child to be still:

1. Ask the child to lie down and see if he can be still by the time you count to ten - slowly. Lying still means not moving at all.

2. When the child moves, tell him which number he managed to get to before he moved and then try again and see if he can get further.

3. Take it in turns so sometimes he counts to ten while you lie still. This gives him a chance to see someone else being still.

Their book is full of suggestions which sound so simple you wonder if these authors really understand ADHD, but they claim to be successful, as with the mother of an Asperger's girl named Margaret who was cruel to animals. The mother was advised to explain to her daughter that a vulnerable animal needs her care and to think about the consequences of her actions. 'When Margaret's mother tried these things she found that they worked. She was able to talk to Margaret and Margaret was fascinated by the discussion.' If these suggestions really do work, they are worth a try. We'd love some feedback on this one, please.

'Creating kids who can concentrate: proven strategies for beating ADD without drugs' Jean Robb & Hilary Letts, published by Hodder & Stoughton, 1997.

Audio

Feedback

A mother with ADHD reports that the self-hypnosis cassettes *I'm not hyper, angry or lazy* and *Clear calm and healthy* have helped her to sleep better, become more organised and to start an exercise program. 'I feel much better because of it'. She plays *I'm not hyper* to her children after they are asleep. Her ADHD son's handwriting has improved and he is doing

better at school. Most surprising is that she hears her daughter repeating phrases she could only have heard on the tape, such as 'you should treat other people the way you want to be treated yourself'. ***Available from Positive Input, phone 00000000000000***

Sound familiar?

A 'twitchy' mind

'His mind was twitchy, like his fingers, which were always moving.'

- Ophelia Dahl describing her father in 'Roald Dahl Treasury'

Education

Laptops for learning disabilities

A two-year pilot study into the effects of using laptops with LD students has been underway at Robertson State School in Brisbane. In July 1995, Apple PowerBook laptops were issued to students aged 8-12 enrolled in the special education class. Teacher Larissa Lambalot reports that students who had previously avoided writing made rapid progress as writers. She explains that writing is like any other skill - you get better at it the more you do. With laptops, LD students who previously failed to complete writing assignments now experienced success and were motivated to keep writing. This is because laptops help the children to read what they have written, and they don't have to read the same piece of text five times and still make mistakes because they can cut and paste and change things around painlessly to produce work which looks so professional that they can be proud of it.

Some students have severe fine motor problems which affect their handwriting ability. These students are easily fatigued and focus on the letters rather than the ideas they want to impart. They benefit greatly from a laptop because they can write to longer and focus on what they want to write. Some of the Robertson students have shown substantial improvement in rate and volume of writing.

Teachers report that the students have developed confidence as writers. Written tasks are generally started without argument or groan. The rate of task completion has risen significantly. Negative self talk has all but disappeared and the students enthusiastically read their writing to others to gain feedback. It appears that parents also have seen the benefits, as three families have now purchased laptops for their children. - *from Apple magazine August 1997*

Diet

In the USA

Dietary management may not be recommended by ADHD experts in the USA, but that doesn't mean it isn't used. Twenty years after Dr Feingold first introduced his controversial theory about the connection between foods, behaviour and learning disabilities, Feingold Association president Jane Hersey has published a massive, well-indexed 473-page book about his diet. This is an entertaining read which makes you feel 'I'm not the only one' and provides a fascinating glimpse of life in the USA, although the dietary information and food

lists seem out-of-date to us - food such as pineapple, dates, lemon juice, cola drinks, fast food hamburgers and amine-containing foods such as chocolate are still recommended. There is little emphasis on slow, cumulative build-up and delayed reactions which is perhaps why this association permits many foods that have been found to cause problems by Australian researchers. But there is plenty to learn, too. Years of product information research have unearthed some surprising practices by the food industry. Did you know that many cereal manufacturers add the antioxidants BHA and BHT to the inside of the bag containing the cereal which allows the chemical to slowly migrate into the contents? And examining highly publicised recent research, Hersey points out that while was sugar was not found to affect children's behaviour, the behaviour of all the children 'generally improved' on the 'essentially free of additives' experimental diets, a fact not mentioned in the press release of the Wolraich and others 1994 sugar study.

Behaviour ratings 'generally improved' on diets 'essentially free of additives'

If planning a trip the States, you will be pleased to hear there is an amusement park called Sesame Place in Langhorne, Pennsylvania, which tries to avoid 'unsavoury additives' and that Disney World contains a small grocery store but you should call the Guest Relations office before you leave home if wanting to eat in the restaurants. Be warned, the local ADD support groups called CHADD do not support families using diet. Hersey recounts how a Feingold speaker was denied permission to address a CHADD group because 'it might make the members feel guilty [that they weren't using diet]'.

From amusing accounts such as 'the war with my mother-in-law' and 'how I saved Fairfax country $62,296.00' by keeping a child out of an LD class, to the reports of epileptics affected by artificially-coloured Tegretol, the real strength here is in the stories. It is heartening news to read that young adults who have grown up on this diet find it easy to say no to recreational drugs because they like being in control. If you're into diet for the long haul, this is a useful reference which will give you solid support and remind you 'it's worth the effort' every time you dip into it.

'Why can't my child behave?' by Jane Hersey is available for $US27.00 including shipping from Pear Tree Press Inc, PO Box 30146, Alexandria, VA 22310, USA

Reader Comment

Coping with boredom

A successful ADHD adult tells us how to manage long boring meetings: doodling or word games like anagrams. ADHD people do better while doing two things at once. No need to ask these students to stop doodling. They are probably paying better attention because of it.

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Youth suicide blamed on school pressures

The Principal of a top Queensland private school has linked Australia's high youth suicide rate to inadequate education facilities for less academically gifted students. Nudgee College

Principal Brother Harney said that the lack of vocational programs deprived four out of every 10 studedts of the opportunity to learn. 'They are gifted and talented in their own right but their skjills don't lie in physics classes, for example. They are graphic artists, skilful musicians, skilled at manual labour and construction, talented cooks and clothing desingers. Because vocational programmes cost more to run, governments have tended to ignore students in this area.' The hopelessness youth experience after failing school was one factor which contributed to Australia's record high youth suicide rate. Courier Mail 21/3/96

ADD Networking

WHAT'S HAPPENING AROUND AUSTRALIA *(and the world)*

Do you have some news which will prevent people in other states from reinventing the wheel?

WA

When the principal of East Maddington Primary School imposed a five-day suspension on 12 year old Robert Farmer for allegedly striking a female teacher, he could not have forseen the consequences. Robert's mother June Woods removed her other son, aged 8 from the school in protest and a bitter four-month battle ensued. On the day the boys finally returned to school, teachers cancelled classes and went on strike for three days because 'the boys were too dangerous'. After various offers from the education department including a behaviour mangement centre and private tutoring while at school, the boys were finally moved to another school. Allegations against the boys ranged from assault on other students and teachers to causing disruptions in class, but the lack of documented evidence highlights the need for principals to note any incidents and to follow suspension and exclusion procedures carefully. *The West Australian*

30/10/97, p10

QLD

A 10 year old boy who had been in the care of his maternal grandmother all his life was taken away from her by the Department of Family and Community Services on the order of a magistrate because she had refused to follow the recommendation of a doctor that he be placed on drugs to treat his condition, diagnosed as Attention Deficit Disorder. The grandmother had accepted the diagnosis, but did not want to use drugs. Instead she had hoped to minimise his disruptive, anti-social behaviour by means of a tightly controlled diet. The magistrate, describing the grandmother's conduct as "somewhat remiss' and noting that her approach had produced no significant improvement in the behaviour of the child, had ruled that this constituted neglect and placed the boy in the care and protection of the department. The grandmother appealed, and 'not surprisingly to many', won. *The Courier Mail, Brisbane, 28/2/98, page 23*. (The mother who sent this article commented that she was glad to have the opportunity to do a proper elimination diet because she finds a combination of Ritalin and diet produces best results).

USA

In Pennsylvania and many other states groups of parents, educators and business people are allowed to band together to create public schools to serve a segment of the population not being adequately served by the existing school system. Called charter schools, they are funded by tax money and must not be of a religious nature. Otherwise, community groups have free rein in creating a school, as long as they satisfy the criteria imposed by the state, such as a proven need for such a school, proven community support, access to a safe facility and an educationally sound program. Some charters in Pennsylvania accommodate children at risk, some are for special interests such as performing arts, technology, environment or Gardner's theory of multiple intelligences. Most are beneficial for ADD students in that they tend to have smaller class sizes (16-20 per class instead of 25-30), and often feature more hands-on learning and physical movement in the classroom instead of sitting at a desk the whole day. Currently planned is a Montessori-type program based on child-directed learning: the child's educational program is designed together by the teacher, parent, and child; each child would receive an Individual Educational Program (in public school, IEP's are only given to gifted students or special needs students); the teacher would function more as a facilitator to provide the resources for the child's independent study and the school would rely heavily on interested parent volunteers in the classroom. It might be a good answer for some of the learning needs of ADD kids. Charter schools have detailed charters listing every aspect of their program. You can purchase copies of the charter for other groups to use as a template in creating their own schools (electronic copy $150, hard copy $100, both for $200, which is a good deal when you consider the months of research that went into creating the charter and the many hours of groundwork that a group could save by using a template). If you'd like to know more, I can give you website and e-mail addresses so you could pursue this further. - *from Arlene Schar in Pennsylvania. Anyone like more details?*

READERS' QUESTIONS

In this section we take your questions to an expert. Most families find that they are offered many different ways of dealing with ADD. These answers will suggest yet another point of view for your consideration. The responses are personal views of the writers. You should consult with your child's physician about any issues relating to individual situations.

Q. My teenage son is planning a career in the army, will ADHD affect enrolment?

A. In Australia current treatment with stimulant medication brands an applicant unfit to serve in any of the forces. This is of great concern as the structure and activity of such a career suit the ADHD temperament. If you plan to join the army make sure you are seen to be complying with their strict criteria at least one year before the interview. Check the current situation with the local recruiting office well in advance.

Drs Christopher Green and Kit Chee, from their new book ***Understanding ADHD.***

Q. My son is taking Dex and Catapres. Can we do the elimination diet?

A. The elimination diet can be tried while patients are on medication. The effects of diet are different from those of medication. Some patients need both medication and diet in order to control their symptoms. Most patients report that if diet has a role, then the dose of medication needed to control symptoms is less, or not needed at all. ***- Dr Anne Swain***.

Dr Swain is a dietitian at Sydney's Royal Prince Alfred Hospital, and co-author of the book ***Friendly Food***

Networking

ADDnet NEWS

After the Russell Barkley conference in Sydney in 1994 there was an informal meeting of support group representatives from all over Australia. Since we were all working towards the common goal of improved provisions for our children, we realised how useful it would be to keep in touch and share information. And, for lobbying purposes, that there is strength in numbers!

Since then there has been at least one committee meeting each year with representatives from all over Australia and ADDnet became an incorporated association in 1997. ADDnet provides media releases about ADHD, communicates with politicians when ADHD issues are to be raised in parliament and made submissions regarding the National Health and Medical Research Council's report on ADHD and the Child Disability Allowance.

The visit of Dr Brooks is by far the biggest event that ADDnet has undertaken. We are convinced it is one of the very best ways we can help improve the well-bring and self-esteem of Australian children, and particularly ADHD children. This has meant a lot of hard work for all of us in organisation and attracting sponsorship. We hope you'll take advantage of the opportunity to see this wise and inspiring man in action.

Have you joined ADDnet?

ADDnet protects your interests by networking and lobbying on national issues. You can support our work as an individual or group by joining ADDnet.. We have to charge a membership fee to cover incorporation but we have kept this as low as possible. For more than a year, *Order in the House* has been the official newsletter of ADDnet. See details below for how to subscribe to this newsletter and to join ADDnet.

ADDnet raffle

If you'd like to buy or sell raffle tickets to raise money for ADDnet, contact Lyn Mulley on 02 4987 3249. First prize is a car. Last year's second prize of a computer was won by OITH reader Fiona Shanahan. ***- by Dale Stauffer***

ADDnet committee:President Dale Stauffer ph/fax 02 4951 6513, Vice-president Beryl Gover ACT 06 290 1984, Secretary Rosemary Borg phone 07 3817 2429, Treasurer Jan Clark TAS 004 293 332, Ros Mitchell NSW 02 9411 2186, Geraldine Moore VIC 03 9650 2570, Sue Dengate NT 08 8981 2444, Nayano Taylor-Neumann SA 08 8222 5159, Tracy Willet WA 08 9401 6282

Thank you

Here at OITH, we hard-working volunteers are grateful for readers' comments like the following:

- *please note change of address, I don't want to miss getting your valuable newsletter*

- *we really look forward to the newsletters - they are always interesting and informative. We particularly appreciate information on new research and advances in understanding the rights of people living with ADHD especially in regard to education*

- *I would like to thank whoever was responsible [Margie] for the lunchbox muffin recipe [in the Dietpage], they go down very well with the whole family.*

ORDER IN THE HOUSE! *production team*

Editor: *Sue Dengate*

Assistant editor: *Dale Stauffer*

Subscriptions: *Margie Turner*

Cartoons: *not to be copied for profit: Joanne Van Os (copyright)*

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Back copies may be ordered at $2.50 each.

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The terms ADD and ADHD are used synonymously throughout this newsletter.

Please acknowledge the source when reprinting articles and for cartoons, Joanne Van Os .

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Subscription enquiries Margie 08 89 88 1688 weekdays 8am-2pm CST.

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PARAP NT 0820

NAME OR GROUP NAME

.....

ADDRESS.....

.....

PHONE.....

DO YOU WISH TO BE INCLUDED IN THE REGISTER OF ADD SUPPORT GROUPS AND PHONE CONTACTS Y/N

WHAT'S ON

April 4 Health and Education Conference CHERI New Children's Hospital Westmead, phone Deborah Pearce 02 9845 3017

May 9-26 **Brooks seminars** on fostering self-esteem Tasmania (May 9th) ph 03 6429 3332, Melbourne (May 15)ph 03 9650 2570, Newcastle area (May 20th) ph 049 59 6604 Sydney (May 23rd) ph 02 9845 3017 Brisbane (May 26th) ph 07 3817 2429

Review

NHMRC Report on ADHD

It's official! ADHD kids *are* different although the cause is 'essentially unknown'. After a year's delay, the long-awaited National Health and Medical Research Council's report on ADHD has finally hit the shelves. Among the recommendations:

- that a specific and individualised management plan should be formulated for each ADHD child, addressing associated problems such as learning difficulties, peer relationships, low self-esteem, family dysfunction and co-morbid conditions

- that treatment should be multimodal, involving simultaneous medication, behaviour management, family counselling and support, educational management and specific developmental issues

- that if a special diet is instituted, it should be under the careful supervision of a qualified dietitian, preferably with experience in this area.

Although this publication gives credibility to the existence of ADHD, the media have been quick to notice that 'the long-term safety of stimulants has not been established'. There are cautions about medication for young children and teenagers, and that 'further research should examine the efficacy and safety of medications, particularly psycho-tropic medications and prolonged or continued use of stimulant medication.'

Available from the Australian Government Publishing Service, phone 132 447 (Freecall), credit cards accepted.

Book review

How teachers feel

It sounds like the plot for a science fiction novel: large numbers of children develop a behavioural disorder for no apparent reason and need to take a drug which alters their brain function. No wonder teachers have been slower than parents to accept the reality of ADHD.

The teachers most likely to observe ADHD children closely are special education teachers so it is appropriate that this book about ADHD has been organised and published by the Australian Association of Special Education.

What a relief it is to see editors Jeff Bailey and Don Rice acknowledge the pain that families have been through while trying to get help for their children being told nothing is wrong, or their problems are due to poor parenting.

Written for teachers as a collaborative effort between eleven professionals, the topics range from an overview of ADHD to case studies, how parents and teachers feel and what to do about it. Particularly illuminating is an interview with a new teacher who talks honestly of her fears about an ADHD student in her class - how can she help him socially and academically, how to handle his aggression, what if the other children in the class are missing out? Each worry is considered sympathetically and constructively.

In the classroom, Dr Loretta Giorcelli considers that homework is the area most likely to cause daily tension for ADHD students and their families. Her list of 19 strategies to minimise the conflict, and other strategies for coping in the classroom are realistic and helpful.

Obviously aimed at teachers, some of this book is fairly academic. If you've been looking for a book to give your child's teacher, here it is. But have a look at it yourself first!

Bailey J and Rice D (eds) 'Attention Deficit/Hyperacivity Disorder: Medical, psychological and educational perspectives', AASE, 1997 is available from Deborah Pearce, CHERI, New Children's Hospital, PO Box 3515 Parramatta NSW 2141. $19 incl p&p. Phone 02 9845 3017 fax 02 9845 3082 Visa and Mastercard accepted.

Research

Why ADHD children are bribable

We parents know that our ADHD children are exceptionally bribable. Ever wondered why? This interesting research on hyper-reactive rats in America's Great Lakes area has an explanation which can be used to our advantage. As well, the research findings challenge our

current thinking that ADHD must be genetic because we can see that the child's father or mother has ADHD. What if the parent's ADHD was caused by chemical toxicity and passed on to the child? Impossible? Not according to this generational study on rats.

A consistent pattern of behavioural changes can be seen in rats fed on a diet of Lake Ontario salmon, which is known to be high in chemical contaminants such as now-banned PCBs commonly used in the 1940s. Compared to rats fed from uncontaminated Pacific salmon, or to standard laboratory rat chow, Ontario-salmon-fed rats are hyper-reactive to unpleasant events, such as electric shocks or disappointing rewards, but 'react normal when 'life is pleasant". (In a parallel study on children of human mothers who have eaten Lake Ontario salmon, the children were also found to be hyper-reactive to negative events.) But researchers were surprised to notice that affected rats were also found to work harder and longer at certain tasks than control rats when they were sure of a immediate, satisfying reward. This unexpected finding was explained by researchers as a hyper-reactive response to a positive situation.

'Affected rats worked harder and longer at certain tasks than control rats when they were sure of a immediate, satisfying reward.'

Rats were fed with the Lake Ontario salmon before, but not during, pregnancy. Following the rats through several generations, researchers found that the behavioural changes in adult rats fed with Lake Ontario salmon also appeared in their offspring.

Further reading: Daly, H. Laboratory rat experiments show consumption of Lake Ontario salmon causes behavioural changes: support for wildlife and human research results. Journal of Great Lakes Research 1993 19(4):784-788

Alternatives

Efalex

We have been inundated by requests for more information about Efalex. Some paediatricians have expressed their disapproval of this product, saying there is no evidence for its effectiveness. Journal articles referenced below tested essential fatty acid deficiency; not Efalex (a brand name) itself. This article is for your information only. We are not endorsing Efalex. Some readers say it 'is brilliant' or 'has helped a lot' especially with dyslexia, others report no change or that their children refuse to take so many capsules (the product is now available as a liquid), or even that their children were worse (depressed, withdrawn or worse behaviour).

Efalex contains tuna oil (containing omega-3 fatty acids), evening primrose oil (containing omega-6 fatty acids), vitamin E, thyme oil, glycerol and gelatine. In a controlled study of a group of ADHD boys aged 6-12, Purdue university researchers found more behaviour problems, temper tantrums and sleep problems in those with omega-6 deficiencies; and more learning and health problems in those with lower omega-3 fatty acid concentrations. Dr Jacqueline Stordy found 15 dyspraxic children showed an improvement in manual dexterity, ball skills and balance when treated with an Efalex-type supplement for three months.

You can ask the supplier for information about Efalex on Freecall 1800 064 953. Further reading: Stevens et al, Essential Fatty Acid Metabolism in Boys with ADHD Am J Clin Nutr 1995;62:761-8 Stevens et al, Omega-3 Acids in Boys with Behaviour, learning and Health Problems, *Physiology and Behaviour 1995, 59 (4/5):915-920*

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- Take it in turns so sometimes he counts to ten while you lie still. This gives him a chance to see someone else being still.

This book contains suggestions which sound so simple you wonder if these authors really understand ADHD, but they claim to be successful, as with the mother of an Asperger's girl named Margaret who was cruel to animals. The mother was advised to explain to her daughter why a vulnerable animal needs her care. 'When Margaret's mother tried these things she found that they worked. She was able to talk to Margaret and Margaret was fascinated by

the discussion.' If these suggestions really work, they are worth a try. We'd love some feedback on this one.

'Creating kids who can concentrate: proven strategies for beating ADD without drugs' Jean Robb & Hilary Letts, published by Hodder & Stoughton, 1997.

USA

In Pennsylvania and many other states groups of parents, educators and business people are allowed to band together to create public schools to serve a segment of the population not being adequately served by the existing school system. Called charter schools, they are funded by tax money and must not be of a religious nature. Otherwise, community groups have free rein in creating a school, as long as they satisfy the criteria imposed by the state, such as a proven need for such a school, proven community support, access to a safe facility and an educationally sound program. Some charters in Pennsylvania accommodate children at risk, some are for special interests such as performing arts, technology, environment or Gardner's theory of multiple intelligences. Most are beneficial for ADD students in that they tend to have smaller class sizes (16-20 per class instead of 25-30), and often feature more hands-on learning and physical movement in the classroom instead of sitting at a desk the whole day.

Currently planned is a Montessori-type program based on child-directed learning: the child's educational program is designed together by the teacher, parent, and child; each child would receive an Individual Educational Program (in public school, IEP's are only given to gifted students or special needs students); the teacher would function more as a facilitator to provide the resources for the child's independent study and the school would rely heavily on interested parent volunteers in the classroom. It might be a good answer for some of the learning needs of ADD kids. Charter schools have detailed charters listing every aspect of their program. You can purchase copies of the charter for other groups to use as a template in creating their own schools (electronic copy $150, hard copy $100, both for $200, which is a good deal when you consider the months of research that went into creating the charter and the many hours of groundwork that a group could save by using a template). If you'd like to know more, I can give you website and e-mail addresses so you could pursue this further. - *from Arlene Schar in Pennsylvania. Anyone like more details?*

Issue 14 Term 4 1997

An Order in the House! feature

Self-esteem

American psychologist Dr Robert Brooks, member of the Harvard Medical school faculty and Director of the Department of Child and Adolescent Psychology and Psychoeducation in Belmont, Massachusetts, will visit Australia next May (see insert). The following article is a brief introduction to some of Dr Brooks' ideas including his islands of competence concept. Based on his book ***The self-esteem teacher****, strategies are designed for teachers but will work for parents.*

There is increasing evidence that self-esteem is significantly implicated in how motivated and successful students are at school. A student with high self-esteem is willing to take risks and to learn from rather than to feel defeated by failure. Research has shown that teachers can make a difference.

Understanding how children feel

To understand your child's feelings, describe a typical day in your child's life, but through your child's eyes. For example, how does your child feel when he (she) first gets up in the morning, sees you, goes to school? How does your child feel about herself (himself), about his (her) abilities to succeed? How does your child experience being taught, encouraged, disciplined? Children with high self-esteem believe that their own efforts and ability determine their success, compared to children with low self-esteem who attribute success to luck or chance, thereby lessening their confidence that they will succeed in future. Such children feel that education is imposed on them, 'I don't like school but I have to go.'

To assess children's self-esteem levels, look at how children respond to failure. For example, of two children who have just failed a spelling test, one may say 'I can do better than this, next time I'd better study harder.' The other says, 'the teacher never told us those words would be in the test - he should be fired.' The child who blames someone or something for his or her failure needs to learn that mistakes can be the basis for learning and growth.

Islands of competence

Children with low self-esteem can be perceived as swimmers drowning in a sea of self-perceived inadequacy. To counteract this image of drowning, imagine that every person in this world possesses at least one small 'island of competence', one area that has the potential to be a source of pride and achievement. In the school environment it is imperative to find ways of displaying a student's islands of competence. If students experience school as a place where their strengths rather than their deficits are spotlighted, they are likely to be more motivated to achieve and learn.

There are three categories of in-born temperament: easy, slow-to-warm-up, and the difficult children who often leave parents and teachers feeling frustrated, angry and not very competent. A teacher's own style can influence how a particular child is viewed. One boy who could be oppositional and demanding was seen as disrespectful and not interested in learning by his third grade teacher, whose teaching style was very structured. In contrast, his fourth grade teacher's flexible style lessened the boy's defiance and increased his cooperation.

Strategies for improving self-esteem

Develop an alliance. Perhaps the most influential force in determining the effectiveness of self-esteem strategies is the relationship that students have with their teachers and among themselves. At the beginning of the year we should develop an alliance with students, an alliance which implies trust and cooperation in the classroom, and support and encouragement for the students' efforts, preferably permitting the individual style of each student to shine. For instance, a very active boy who needed time at the beginning of each day to settle in was recruited as the attendance monitor. At the request of the principal, he walked the hallways with a clipboard and checklist of classrooms, noting any teacher absences. This responsibility helped him to adjust to the day.

Create a sense of belonging and being special. One teacher sent a postcard to each student a week before the start of term, welcoming them to the class and inviting them to bring a photograph of themselves and a drawing for display on the first day. Some teachers schedule brief individual appointment times into their day. Feedback is that these meetings foster a sense of security in students and other students learn to respect and not to interrupt the appointment times of their classmates.

Create a classroom identity, such as a class name or logo and a diary documenting events like school camps and include a list of birthdays. .

'When presenting an oral book report - a difficult personal task - my teacher allowed those of us who preferred sitting to do so. It was a positive experience and opened the door for me.'

Students who blame the teacher for a poor test grade, or become the class clown, or say they don't care about not doing homework are struggling to hide any sign of weakness, to cope with fear of failure. Although counterproductive, their coping mechanisms are the equivalent to a suit of armour. Yet the way we respond to these is often to demand that our students remove their protective armour before we have built an alliance with them. In response, they will put on an even stronger piece of armour. Dr Brooks advocates that we assume responsibility for designing learning environments that develop competencies in academic areas, minimise fear of failure, highlight their islands of strength, and hold our students responsible for their actions in a manner that is not perceived by them as demeaning, controlling, or judgemental.

Change negative scripts. How can we change the negative scripts of students, enabling us to foster a positive relationship with them that will promote learning and success in the classroom? Dr Brook believes that we must be willing to take risks and change our typical response to these students. Frequently, our response to a very active boy whose behaviour in class is disruptive is to remind him to sit in his seat, perhaps event to punish him for failing to do so. Instead, the role of attendance monitor, above, respected this boy's temperament and coping style and noticeably lessened his disruptive behaviour. In another example, an oppositional girl was failing to do homework with a belligerent, 'I don't care' attitude. This girl enjoyed interacting with and instructing younger children so she was engaged as a tutor. When she encountered a young child who didn't want to work, discussions helped the girl to change her own productivity. In order to motivate students and to help them relinquish counter productive and disruptive coping behaviours, we must provide them with opportunities to increase their self-worth. At times in providing these opportunities we must respond in totally new and unexpected ways since our typical responses will only serve to alienate students further.

Dr Brooks suggests many ways to build self-esteem. Establishing the student's own space helps. In one classroom, parents even built a loft where students could relax and read. *Praise.* Commonsense suggests that people welcome realistic words of encouragement and appreciation more than they do words of criticism. Unexpected or unusual expressions of appreciation, like a small note, are most remembered and are the best way to overcome the immediate verbal rejection which is sometimes the response of a difficult student. A strong

parent-teacher alliance helps, and it is equally important for the teacher to receive positive feedback from the parent.

Develop responsibility. A basic ingredient of self-esteem is a feeling of responsibility for what occurs in our lives. As educators, we should strive to provide our students with opportunities to assume responsibilities in the school, such as becoming monitors or students-as-tutors. In one study the drop-out rate of young adolescents was cut significantly by involving them as tutors of younger children.

Teach how to learn from mistakes. Fear of making mistakes is one of the most formidable barriers to learning. Teachers can ask at the beginning of the year, 'Who feels they will probably make a mistake in class this year?' The teacher then raises his or her own hand.

'My sixth-grade teacher always gave us choices about books to read and where to hang reports in the room. He respected our opinions.'

Provide a sense of ownership through choice and opportunities for decision making. This can be as simple as 'which day do you want your maths test, Friday or Monday?' or alternatives for homework. *Foster the development of self-discipline.* Inner discipline is shaped by the ways in which adults set limits, guidelines and consequences for children. Discipline is not the same as punishment. Teachers who use self-esteem strategies are following a crisis-prevention rather than a crisis-management approach. Students are more likely to develop a strong alliance with the teacher and are less likely to engage in disruptive activities when they feel they are being respected and empowered.

Parenting

The role of fathers in ADD

'Is it ADD or DDD (Dad Deficiency Disorder)?' asks high-profile Australian psychologist Steve Biddulph. He tells the story of a truck driver named Don whose eight-year-old son had been diagnosed with ADD. Don, who had previously left parenting to his wife, decided that 'attention deficit' must mean that his son wasn't getting enough attention and worked at spending more time together. During school holidays and sometimes after school, Don took Troy in the truck with him. On the weekends, when Don had previously spent time with his mates riding classic motorbikes, Troy came along too. Within a few months, Troy had calmed down so much he wasn't ADD anymore and dropped his Ritalin. But father and son continued to hang out together - because they enjoyed it.

According to Biddulph, all through the primary school years and into mid-high school, boys should spend a lot of time with their fathers and mothers, gaining their help, learning how to do things and enjoying their company. From an emotional viewpoint, the father is now significant. They boy is ready to learn from his dad, and listens to what he has to say. This window of time - from about age six to the fourteenth birthday - is the major opportunity for a father to have influence on, and build the foundations of masculinity in, his son. Little things are important, like playing the backyard on summer evenings, going for walks and yarning about life and telling him about your own childhood, working on hobbies or sports

together for the enjoyment of doing it. Says Biddulph: 'This is when good memories are laid down that will nourish your son, and you, for decades to come ... All I can do here is plead with you - don't leave it too late!'

In Biddulph's view, boys with ADD and their parents need help which should go far beyond just prescribing drugs. He points out that:

* the long term use of powerful drugs such as Ritalin has ***not*** been proven safe or effective

* that much more help must be given to boys (who make up 90 per cent of cases) in learning calming and concentration skills, and that

* ADD does not make children violent, only distractible and jumpy. Violence in children always arises from factors in the home environment.

* Other possible explanations for ADD-type behaviour should be eliminated, such as sexual abuse, upset over divorce or violence at home, erratic discipline and learning difficulties at school which make the child feel useless. The use of medication can create a window of time for family and child to calm down and start learning. This time should be spent learning new skills and getting more help. *Don't depend on the drugs to do it all,* urges Biddulph, work towards the long-term goal of not needing drugs at all.

Further reading: Raising Boys by Steve Biddulph, Finch, 1997

In this issue

Diet

In the USA

Editorial

In Australia, the first wave of ADHD awareness started nearly ten years ago with Dr Serfontein's book *The Hidden Handicap*. Medical doctors, usually paediatricians, described the symptoms of ADHD and how to treat the condition with medication.

The second wave began when families and research found that medication alone was not enough. As Sydney psychologist Ian Wallace says, 'After pills, then what?' Second wave psychologists explore other ways, such as behaviour management, educational management and self-esteem building, to help our children. In this issue you can read about Ian Wallace's idea of turning ADHD weaknesses into strengths (p?), Steve Biddulph's thoughts on parenting ADHD children (p?) and Robert Brooks' hints for raising self-esteem (front page). When I read Dr Brooks' superb book *The Self-Esteem Teacher* I was pleased to realise that some of my children's best teachers had used these strategies.

An innovative youth counselling scheme is reviewed in the video on bullying (p?). Quite apart from the fascinating topic, I enjoyed watching this with my children as it provided a good starting point for discussion about their own school experiences. And finally, the Reader story on (p?) attracted so much comment when printed in our local newsletter, I've reprinted it for national readers. Many thanks to this mother and the many others who have shared their stories this year in *Order in the House! - Sue Dengate, editor*

In brief

NSW study

The Mid North Coast Division of General Practice recently concluded a 12 month pilot project which aimed to improve identification, treatment and outcome of children diagnosed with ADHD. The project's major achievement was the development of a model of collaborative management of the condition involving all stakeholders - medical practitioners, the child's teacher, the school principal, parents and specialists such as speech and language therapists, psychologists and special education teachers. Four primary schools participated in the project which involved a series of five case conferences. Each case conference resulted in recommendations which were undertaken throughout the term. The linking of home, school and health professionals results in productive sharing of information and a more consistent approach. - *LD Coalition news, Dec '97*

Activity gene

A gene previously thought to be switched off at birth is showing up in inappropriate muscle tissue and can result in more active three-to-five year olds and teenagers. Called actin, it has been the subject of research by Dr Hardeman at the Children's Medical Research Institute in Australia. Dr Hardeman says that although she links the gene to increased activity, she is hesitant to say it causes hyperactivity.

Gene therapy

Newspapers in the US are printing an advertisement for a company that can genetically engineer your children. 'How far will your child go?' it asks, and lists genetic traits which can be altered including skin colour, premature baldness, intellect, athletic prowess, stature, aggressive tendencies, musical ability, obesity, alcoholism and predisposition to disease. The ad is a fake, designed to draw attention to a science fiction movie called *Gattaca*, released this week. But gene scientist Theodore Freidman of the University of California says that new technologies can quickly turn science fiction into science fact. *New Scientist, 25/19/97 p21*

NHMRC report on ADHD

The National Health and Medical Research Council's Working party report on Attention Deficit Hyperactivity Disorder (1997) supports the existence and biological nature of ADHD. This document reviews the international research and supports the safety and benefit of stimulant medication.

An innovative approach to justice

A Pilbara, Western Australia, magistrate who had often dealt with a 13 year old repeat offender, offered to buy the boy 'any bike he liked' if he could stay out of trouble for 90 days. The boy, who has fetal alcohol syndrome, had been in and out of foster homes and was forced to turn to 'survival crimes' for food. Three months later the court proceedings were interrupted when the clerk placed a note in front of magistrate Antoine Bloemen stating that the boy was outside awaiting his reward.

Where are they now?

ADDult NSW is conducting a follow-up study of those treated **in the 1970s** with a stimulant and/or other medications or treatments, for learning and attentional or behavioural problems. If this applies to you, please contact the ADDult office below for a questionnaire to assist with this survey. Responses may be anonymous. Phone 02 9540 3300, fax 02 9540 3266.

New counselling scheme

How to stop bullying

Bullying - both physical and verbal - is a major and growing problem in education. It affects the happiness, health and educational success of many children, can result in permanent psychological damage and can be responsible for truancy, depression and suicide. Yet many schools refuse to acknowledge they have a bullying problem, or to do anything about it.

'Many schools don't tell the truth. They say, 'there's no bullying here.' - Maggie Bentley, deputy principal.

Schools which deny they have a bullying problem are colluding with the bullies and making life impossible for the victims, according to deputy Maggie Bentley, initiator of a revolutionary scheme in Britain in which pupils counsel both the victim and the bully.

Students should feel welcome, safe and happy. In order to achieve that, Acland Burghley School set up this anti-bullying program in 1993. This video documents the first three months, including training of the student counsellors, aged 12-15, and some of the sessions with their young clients. Counsellors include both bullies and those who have been bullied. As the young counsellors struggle to find answers, we see them introduce schemes of their own making. 'Do you understand that Gordon does get upset about you calling him names?' Gordon's counsellor asks a young bully. Pupils are found to 'open up' and respond positively to other pupils in a way most would not to a teacher. Reasons for bullying are often specific problems revealed during counselling. This approach can be seen by the viewer to be helping and changing the lives of both victim and bully. Comments Chancelle, a girl who was on the point of being expelled for bullying:

'Dora has made a big difference and changed my personality a lot. I haven't been so bitchy to people. I thought it's going to be really embarrassing. But it isn't. I found out that so many people go, and it's helped so many people. It's totally confidential. But I tell everyone anyway. I tell them what's happened and everything. And that's probably pushed other people to go as well.'

For schools and families, parents who watch this video with their children may find their children sharing previously untold stories of bullying - one way or another.

'Bullying' is a high quality BBC Educational Special documentary, one of 20 distributed by Northern Beaches LD Support Group, cost $70 (incl p&p) see insert or contact NBLDSG, PO box 174, Narrabeen NSW 2101, phone 02 9913 7165.

Young Adults

Work for the Green Corps

Your ADHD offspring is now between 17 and 20. Somehow you've all managed to support this young adult and he/she is now managing ADHD really well. But the process has been long and bruising and despite your best efforts, the confidence level is a bit shaky, still not comfortable socially and a bit confused about what to do next. Green Corps might be an answer for someone who would like to live away from home ('test the wings' both in personal relationships and just doing something different). This is a Commonwealth Government initiative. Community groups with broad-based community support nominate conservation projects. A team of 10 trainees work on these projects for 26 weeks as well as some TAFE environmental courses. They receive a training wage which they use to live off unless they are out camping somewhere in which case their living is covered. There are about 60 projects at a time each with a team leader. It sounds like it is a good way to see another part of Australia, develop relationships and work in a team to achieve common goals. If a person is in a residential project, diet can be accommodated since everyone cooks for themselves and particular foods can be added to the supermarket trolley.

Next intake is December 1st and then only two after that (March and June 1998). Then the program is finished, 3500 young people having been involved. For more information phone 800 633 844.

- by Jane Miles, editor of Bush Buzz, quarterly magazine for isolated families

Adults

Marijuana and ADHD

Statistics suggest that 40% of ADHD children are predisposed to substance abuse during adolescence or adulthood. Of the ADHD population who are poly substance users, 67% smoke marijuana. Many behavioural changes are similar to those of ADHD: academic ability decreases; sniffles, colds, trivial illness, especially respiratory system; concentration levels decrease; depersonalisation; increased levels of anxiety; increased depression; reaction times slows; short term memory difficulties; a lack of interest in things previously enjoyed; increased impulsivity; space and time distortion; may increase appetite.

Research suggests:

* Two cannaboids found in marijuana affect chromosomal structure, causing genetic mutation.

* The gene affected is the same gene implicated in ADHD. Three studies have show that females who were heavy smokers of marijuana prior to pregnancy produced children who demonstrated significantly disturbed behaviours compared to mothers who did not smoke marijuana - the behaviours described were ADHD.

* Smoking one joint a day, three days a week for six month results in changes in brain physiology that can be detected three to five years later.

* Marijuana decreases the amount of T-cells in the blood, weakening the immune system.

* There is a higher incidence of jaw, tongue and throat cancer among marijuana users.

* Long term users may develop drug-induced psychosis. Other than those who develop drug-induced psychosis and cancer, all other effects are fully reversible with total abstinence.

This is a summary of a talk (no references available) presented by John Anderson to ADDult NSW. You can obtain an audio tape of this talk for $8 from ADDult NSW, PO Box 472, Sutherland 2232.

Dr Green's new book

'There are boring people in this world, but none of them have ADHD.' - Dr Chris Green

Completely rewritten, with 12 new chapters, everything you ever wanted to know about medication and a user-friendly presentation, this is more like a new book than a new version of *Understanding ADD*. Like all of Dr Green's books, solid information and insightful descriptions of ADHD behaviours are introduced in a witty style, with amusing little gems on nearly every page. As well, this is the only book by mainstream paediatricians to acknowledge recent improvements in diet therapy, but it's a shame the 5%-are-affected figure comes from out-of-date studies and some of the information is wrong - pear juice is *not* permitted on the latest diet and pineapple juice contains salicylates *not* natural preservatives.

For those who are still confused about what exactly ADHD is and is not (aggressive and violent behaviours are not ADHD), the full criteria for ADHD, oppositional defiant disorder, conduct disorder and depressive and manic episodes are reprinted from the DSM-IV diagnostic manual.

An immensely wise and practical section for adults covers big questions like sex on Ritalin (not necessarily better), how not to annoy other people ('remember that pacing, jiggling and tapping are infuriating to those who do not have ADHD'), the danger of hyperfocus ('these driving adults can become overfocused on the unimportant issues, get offside and become quite destructive') and what to say at work.

'It is rarely advisable to tell your workmates you have 'a disorder'. There is, however, great advantage in being quite frank about your individual weak spots. 'I have such a hopeless memory - I need to write things down.' 'Let's cool down - I'm a bit of a hot-head.' 'I'm pretty busy - I need to burn off some energy.' 'I've never been able to spell'. Approached in this way you are like everyone else, just with a greater scattering of strengths and weaknesses.'

Whenever you pick up and start reading this book, you'll be simultaneously entertained and enlightened.

- *Reviewed by Sue Dengate*

'Understanding ADHD' by Dr Christopher Green and Dr Kit Chee is available from all good bookstores.

Management

Beating ADD without drugs ?

The danger for children being given drugs to calm them down is that they come to believe that they do not have to take responsibility for their own actions, according to teacher Jean Robb and children's librarian Hilary Letts. For these children, the pride in learning self-control, self-discipline and new skills for new stages of life has been taken away. These authors recommend observing your children, paying attention to them, teaching them the consequences of their actions and social and other skills. You can teach an ADD child to be still:

1. Ask the child to lie down and see if he can be still by the time you count to ten - slowly. Lying still means not moving at all.

2. When the child moves, tell him which number he managed to get to before he moved and then try again and see if he can get further.

3. Take it in turns so sometimes he counts to ten while you lie still. This gives him a chance to see someone else being still.

Their book is full of suggestions which sound so simple you wonder if these authors really understand ADD, but they claim to be successful, as with the mother of an Asperger's girl named Margaret who was cruel to animals. The mother was advised to explain to her daughter that a vulnerable animal needs her care and to think about the consequences of her actions. 'When Margaret's mother tried these things she found that they worked. She was able

to talk to Margaret and Margaret was fascinated by the discussion.' If these suggestions really do work, they are worth a try. We'd love some feedback on this one, please.

'Creating kids who can concentrate: proven strategies for beating ADD without drugs' Jean Robb & Hilary Letts, published by Hodder & Stoughton, 1997.

Management

'Lots of rich (and famous) ADD adults'

ADD children who struggle to fit into school often become highly successful adults, according to Sydney psychologist and ADD specialist Ian Wallace. He points to himself as an example of a child who always talked to much in class and has made a successful career out of talking. ADD children often have amazing empathy with little kids and find it easier to relate to other age ranges - older and younger - than their own age group. While this causes social problems at school, it is a handy skill for a psychologist who has to work with adults and children. Endless arguing is another feature of ADD which was a disadvantage in a classroom but has led to a profitable career for a prosecuting lawyer. Then there was the boy who filled his maths books with doodles and drawings and became a highly-paid cartoonist. And a computer expert, enjoying games like Doom and Command and Conquer, who became a highly-paid trouble-shooter for a construction company.

The mother of a teenager who attended a seminar by Ian Wallace for ADD teenagers and young adults aged 16-22 wrote: 'Phillip was really impressed with Ian's talk. He liked the idea that 'someone with ADD could get to be famous like Ian, and Ian knew lots of famous (and rich) ADD adults. His teacher rang me today and told me 'he was much more positive about getting things finished'.'

Ian Wallace's book 'You and your ADD child' is available in all good bookstores or from Silvereye Educational Publications, phone 049 87 2457

Sound familiar?

A 'twitchy' mind

'His mind was twitchy, like his fingers, which were always moving.'

- Ophelia Dahl describing her father in 'Roald Dahl Treasury'

Education

Laptops for learning disabilities

A two-year pilot study into the effects of using laptops with LD students has been underway at Robertson State School in Brisbane. In July 1995, Apple PowerBook laptops were issued to students aged 8-12 enrolled in the special education class. Teacher Larissa Lambalot reports that students who had previously avoided writing made rapid progress as writers. She explains that writing is like any other skill - you get better at it the more you do. With laptops, LD students who previously failed to complete writing assignments now experienced success and were motivated to keep writing. This is because laptops help the children to read

what they have written, and they don't have to read the same piece of text five times and still make mistakes because they can cut and paste and change things around painlessly to produce work which looks so professional that they can be proud of it.

Some students have severe fine motor problems which affect their handwriting ability. These students are easily fatigued and focus on the letters rather than the ideas they want to impart. They benefit greatly from a laptop because they can write to longer and focus on what they want to write. Some of the Robertson students have shown substantial improvement in rate and volume of writing.

Teachers report that the students have developed confidence as writers. Written tasks are generally started without argument or groan. The rate of task completion has risen significantly. Negative self talk has all but disappeared and the students enthusiastically read their writing to others to gain feedback. It appears that parents also have seen the benefits, as three families have now purchased laptops for their children. - *from Apple magazine August 1997*

Reader's story

Moving

Last year a long-time member of my group moved from Darwin to Sydney. In this story, this mother describes the differences she found in the way ADD is handled. Many thanks for permission to quote the following extracts from letters. Names have been changed to protect privacy.

Assessment

Just after moving, thanks to a referral from our Darwin paediatrician, we had an appointment for the boys with one of the leading paediatricians in the ADD field. We spent from 9 am. to 3 pm. with him. He was very interested in the boys and keen to help wherever possible. Dr P wrote an in-depth report on both of the boys and I was amazed at how accurate it was. Through his referring Brett to a speech pathologist we have established that Brett has a delayed language problem, not picked up in Darwin.

After Dr P had listened to the scenario that we were living, he advised us to double both children's medication. Nathan had been taking 2 tablets of Dex per day and Brett had been taking 1½. Now, Nathan is taking 4½ tablets per day of Dex, two at breakfast, 1½ at 11 am. at 1 tablet at 3 pm. Brett's medication was changed back to Ritalin as the Dex did not appear to be working best for him. He now takes 4 tablets per day. Ritalin being what it is, means he has some rough patches especially when the effects of the medication are wearing off.

Effects of medication

The only side effects initially, two years ago, were the normal ones - loss of appetite, dryness of the mouth, some nausea, and difficulty sleeping. Doubling the dose had no apparent additional effects and the side effects listed above have moderated to some extent. Loss of appetite is still a problem with Nathan, less of a problem with Brett.

Doubling the dose has meant a more even distribution of the benefits. There is a continuity that encompasses less oppositional behaviour, noticeable improvement at school, particularly for Brett, and an improved disposition for both boys at home. Ritalin has a more definite cut-off point when it ceases to work. Dex, however, has a more subtle effect without the highs and lows. Essentially, the increased dose provides a more lingering effect, well into the late afternoon and sometimes into the evening. There are still disagreements and tantrums but the can generally be prevented, controlled or accepted. I feel more relaxed with the boys at home now, meaning less stress for me. My husband says that lower doses, while having a more calming effect, do not aid in thinking or logic. It is only with the higher doses that the brain's processes seem to be improved.

Schools

After visiting the paediatrician, I then had the dreadful task of find the boys a suitable primary school. I was absolutely horrified to earn that most of the public schools have 700-800 students. I spelt a couple of weeks phoning all the private schools in our area. As we had left it too late, none of them had vacancies. After some searching I found a little public school a couple of suburbs away from us with only 400 children. At the interview the principal spelled out very clearly the expectations of the boys both academically and socially if they were to attend his school.

'all the children in the playground were very calm, unlike Darwin ...'

I must say that I was very apprehensive as to how they would cope with it all. The boundaries and the consequences of not complying were very clearly explained to the boys and this has had a profound effect on their behaviour. Much to my surprise they have settled in very well. The school counsellor, class teachers and Principal have all commented that they are no trouble and their behaviour at home has also modified quite dramatically. Brett is repeated Year 1 because of the language problem while Nathan is in Year 5.

Respect

The tone of the school is very different to those in Darwin. On the first day I could not help but notice that all the children in the playground were very calm, unlike Darwin, not jostling each other and they had immense respect for the teacher on yard duty. In Darwin our children had first attended a Catholic primary school, then we moved Nathan to state primary school because of teasing and bullying. The experience of the teaching staff is Sydney schools is much higher and there is a greater sense of professionalism when handling delicate situations such as teasing, these are quickly dealt with and resolved fairly. In Darwin there was a recognition that a problem existed but it was rarely resolved. The **N**.ot **T**.oday syndrome is not evident down here. People are struggling to survive and Sydney is a big market place that is very competitive. People tend to get things done.

Behaviour management

I have also had the boys accepted into a six-week behaviour management course with Dr Stephanie Whitmont at Sydney University due to commence in April. The course is designed for children to manage their own behaviour.

Climate

Now that the household is settled down I am actually enjoying Sydney very much. The weather is great and the boys seem much more settled here and are enjoying Sydney also. The heat in Darwin definitely influences ADD behaviour adversely. The boys have commented that they feel more comfortable here because of the weather.

Diet

We rely very heavily on dietary controls to modify the children's behaviour. A few trips to Pizza Hut over the Christmas holidays reinforced our belief in diet! When I attended my first meeting of the local ADD support group, they were all very interested to hear how diet had worked for my family and were eager to know more about the experience of others using diet in Darwin. I have now bought myself a breadmaker and make my own loaves, rolls and doughnuts. Would you believe that it is even hard harder here to find bread without 282 in it!

Despite the increase in medication, I can say this with complete confidence: it does not matter how many tablets my boys (and husband?) take for ADD. The effects of ADD are certainly less if the medication is taken, but the optimum level is only achieved with the combination of medication and diet. I am sure than many people could *manage* their ADD either on medication or diet alone. For our family we have found that ADD management works best with the two combined.

Dietary Management

In the USA

Although dietary management is not recommended by ADHD experts in the USA, that doesn't mean it isn't used. Twenty years after Dr Feingold first introduced his controversial theory about the connection between foods, behaviour and learning disabilities, Feingoldd Association president Jane Hersey has published a massive, well-indexed 473-page book about his diet. This is an entertaining read which makes you feel 'I'm not the only one' and provides a fascinating glimpse of life in the USA, although the dietary information and food lists seem out-of-date to us - food such as pineapple, dates, lemon juice, cola drinks, fast food hamburgers and amine-containing foods such as chocolate are still recommended. There is little emphasis on slow, cumulative build-up and delayed reactions which is perhaps why this association permits many foods that have been found to cause problems by Australian researchers. But there is plenty to learn, too. Years of product information research have unearthed some surprising practices by the food industry. Did you know that many cereal manufacturers add the antioxidants BHA and BHT to the inside of the bag containing the cereal which allows the chemical to slowly migrate into the contents. And examining highly publicised recent research, Hersey points out that while was sugar was not found to affect children's behaviour, the behaviour of the children 'generally improved' on the 'essentially free of additives' experimental diets, a fact not mentioned in the press release of the Wolraich et al 1994 sugar study.

Behaviour ratings 'generally improved' on diets 'essentially free of additives'

If planning a trip the States, you will be pleased to hear there is an amusement park called Sesame Place in Langhorne, Pennsylvania, which tries to avoid 'unsavoury additives' and that Disney World contains a small grocery store but you should call the Guest Relations office before you leave home if wanting to eat in the restaurants. Be warned, the local ADD support groups called CHADD do not support families using diet. Hersey recounts how a Feingold speaker was denied permission to address a CHADD group because 'it might make the members feel guilty [that they weren't using diet]'.

From amusing accounts such as 'the war with my mother-in-law' and 'how I saved Fairfax country $62,296.00' by keeping a child out of an LD class, to the reports of epileptics affected by artificially-coloured Tegretol, the real strength here is in the stories. It is heartening news to read that young adults who have grown up on this diet find it easy to say no to recreational drugs because they like being in control. If you're into diet for the long haul, this is a useful reference which will give you solid support and remind you 'it's worth the effort' every time you dip into it.

'Why can't my child behave?' by Jane Hersey is available for $US27.00 including shipping from Pear Tree Press Inc, PO Box 30146, Alexandria, VA 22310, USA

Reader Comment

Coping with boredom

A highly successful ADHD adult tells us that the way she manages long boring meetings: doodling or word games like anagrams. ADHD people do better while doing two things at once. No need to ask these students to stop doodling. They are probably paying better attention because of it.

ADD Networking

WHAT'S HAPPENING AROUND AUSTRALIA

Do you have some news which will prevent people in other states from reinventing the wheel?

SA

Disability discrimination

An individual comment

The end of last month, unbeknown to most of us, was the closing date for submissions on a Department of Education, Employment, Training and Youth Affairs discussion paper about 'The Disability Discrimination Act - Disability Standards in Education'. Thanks to Nayano Taylor-Neumann who seized the opportunity to make an individual submission. The following are extracts from her submission.

Should there be DDA Education standards? If yes, why?

Nearly 25 years ago I began teaching Special Education classes in secondary schools in South Australia. At that time children who patently did not fit in to the mainstream system, but who were obviously functioning at too high a level to be placed in Special Schools, were placed in these classes, on the advice of Education Department Guidance Officers. Many children with ADHD (which was then called 'hyperactivity') found themselves in Special Classes. Parents were often consulted about the placement but not necessarily. The programme of work in these classes was entirely up to the teachers involved.

There were many aspects of this system which could be criticised - especially that other than these classes, and remedial reading classes, there was no provision for children with needs outside the norm. Then the Education Department of South Australia began its programme of 'integration' of students with special needs. The policy of integration has in practice meant continuing reduction in provisions for students with special needs. It is now virtually impossible for a student in a DECS school to receive any special help - unless they are three years or more behind grade level in academic achievements. Students who suffer from ADHD now receive no special services at all, unless and until their behaviour becomes so unmanageable that they are removed from their home school into a 'behaviour management unit'. This action is only taken as a last resort, and such 'behaviour management' is certainly not available to any student as long as they remain at least marginally acceptable to the mainstream system. Parents have no 'court of appeal' over the treatment of their special needs children, other than under the Disability Discrimination Act. There is no law nor state which defines minimum standards for the education of children with special needs, and if a parents does make a complaint to the Disability Discrimination Commissioner, they have the burden of proving every need.

What should be included in DDA Education Standards?

Nayano goes on to compare our system with that in the U.S.A.:

Our family has had personal experience of the effect of this [federal U.S.A.] law. Whereas in the Australian schools that my son had attended, 'special needs' was often a delicate issue, treated as somewhat shameful - in California the process of drawing our attention to the fact that Daniel was having problems in the regular classroom was approached in a caring, but matter-of-fact manner. It was simply assumed that students would have varying needs, and there was no question that the school would attempt to meet those needs, because that was mandated by federal law ... there was no question of whether anyone 'believed' in ADHD or dyslexia - these condition are named in the law. This question of 'belief' in these conditions is unforuntately often the first hurdle that a parent must face in schools in South Australia. It was accepted that if a child had special needs - and the ways of determining these needs was also mandated - then special provision would be made.

What a relief for a parent! We did not have to face philosophical arguments about the determination and aetiology of our son's 'specialness', nor the beliefs of the ill-informed - our child's needs were recognised under federal law, and the manner in which they should be met was also clearly set down in the law of the land. ... Because evaluation was mandated under federal law, local education authorities were obliged to ensure that staff would be available to both administer evaluative instruments, and to implement special programs.

What would be the benefits of advantages of DDA Education Standards?

The system in the United States is not perfect. But it does ensure that

* parents do not have to try to persuade reluctant teacher staff that their child's disability actually does exist

* parents do not have to waste their energy on arguments about whether special provisions for their child should be made available

* local education departments are obliged by federal law to adequately staff their systems with guidance officers or school psychologists

* local education authorities must provide accommodations for children with special needs and the staff and resources necessary to do so

* when things go wrong, there is a legal basis upon which to decide disputes, if that becomes necessary.

READERS' QUESTIONS

In this section we take your questions to an expert. Most families find that they are offered many different ways of dealing with ADD. These answers will suggest yet another point of view for your consideration. The responses are personal views of the writers. You should consult with your child's physician about any issues relating to individual situations.

Q. My teenage son is planning a career in the army, will ADHD affect enrolment?

A. In Australia current treatment with stimulant medication brands an applicant unfit to serve in any of the forces. This is of great concern as the structure and activity of such a career suit the ADHD temperament. If you plan to join the army make sure you are seen to be complying with their strict criteria at least one year before the interview. Check the current situation with the local recruiting office well in advance.

Drs Christopher Green and Kit Chee, from their new book ***Understanding ADHD.***

Q. My son is taking Dex and Catapres. Can we do the elimination diet?

A. The elimination diet can be tried while patients are on medication. The effects of diet are different from those of medication. Some patients need both medication and diet in order to control their symptoms. Most patients report that if diet has a role, then the dose of medication needed to control symptoms is less, or not needed at all. **-** ***Dr Anne Swain***.

Dr Swain is a dietitian at Sydney's Royal Prince Alfred Hospital, and co-author of the book ***Friendly Food***

Networking

ADDnet NEWS

ADDnet's major event for 1998, a visit by American psychologist Dr Robert Brooks has now been finalised. Seminars on **Fostering Self-Esteem: 'The search for islands of competence'** will be presented in the following areas:

Tasmania 9 May ph 03 6429 3332

Melbourne 15 May ph 03 9650 2570

Newcastle area 20 May ph 049 59 6604

Sydney 23 May ph 02 9845 3017

Brisbane 26 May ph 07 3817 2429

These presentations will include seminars for parents and teachers and children's workshops for ages 5-8 years, 9-12 years, 13-16 years and 17-18 years.

Dr Brooks has a distinguished international reputation and is considered to be a humorous and inspiring speaker.

- Dale Stauffer

Many thanks to Dale for her huge and successful efforts to secure sponsorship and get this major event on the road. By becoming a member of ADDnet, you can help with our aims to educate the community, relevant professionals and governments on the problems related to ADD and learning difficulties, and to encourage a multi-modal approach to treatment of ADD and LD - see 'How to subscribe' coupon. - S

Getting in touch

A mother from Staffordshire in England (likes: cooking, listening to music - opera, classical or musicals - and walking - Scotland and the Lakes District; family has a photography business) has a 13 year old ADHD son who is helped by diet. She would love to hear from someone in Australia. Write to Sue Sproston, 43 Abbey Street, Hednesford, Staffs, WS12 4BB U.K.

ORDER IN THE HOUSE! *production team*

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The terms ADD and ADHD are used synonymously throughout this newsletter.

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DO YOU WISH TO BE INCLUDED IN THE REGISTER OF ADD SUPPORT GROUPS AND PHONE CONTACTS Y/N

WHAT'S ON

1998

Mar 13-16 Adolescent Health conference, including ADD, seminar for teachers, counsellors, health workers, Sydney Children's Hospital Randwick, phone 02 9382 1687

May 9-26 Fostering self-esteem. Dr Robert Brooks. Write to Deborah Pearce, PO Box 182, Westmead NSW 2145 or see ADDnet News.

Research

Why ADD children are bribable

It is common knowledge that ADD children are exceptionally bribable. Ever wondered why? This interesting research on hyper-reactive rats in America's Great Lakes area has an explanation which can be used to our advantage. As well, the research findings challenge our current thinking that ADD must be genetic because we can see that the child's father or mother has ADD. What if the parent's ADD was caused by chemical toxicity and passed on to the child? Impossible? Not according to this generational study on rats.

A consistent pattern of behavioural changes can be seen in rats fed on a diet of Lake Ontario salmon, which is known to be high in chemical contaminants such as now-banned PCBs commonly used in the 1940s. Compared to rats fed from uncontaminated Pacific salmon, or to standard laboratory rat chow, Ontario-salmon-fed rats are hyper-reactive to unpleasant events, such as electric shocks or disappointing rewards, but 'react normal when 'life is pleasant". In a parallel study on children of human mothers who have eaten Lake Ontario salmon, the children were also found to be hyper-reactive to negative events. When tested at the age of four, 17 of them refused to be tested on at least one of the tests. But researchers were surprised to notice that affected rats were also found to work harder and longer at certain tasks than control rats when they were sure of a immediate, satisfying reward.

'Affected rats worked harder and longer at certain tasks than control rats when they were sure of a immediate, satisfying reward.'

This unexpected finding was explained by researchers as a hyper-reactive response to a positive situation.

Rats were fed with the Lake Ontario salmon before, but not during, pregnancy. Following the rats through several generations, researchers found that the behavioural changes in adult rats fed with Lake Ontario salmon also appeared in their offspring.

Further reading: Daly, H. Laboratory rat experiments show consumption of Lake Ontario salmon causes behavioural changes: support for wildlife and human research results. Journal of Great Lakes Research 1993 19(4):784-788

Alternatives

Efalex

We have been inundated by requests for more information about Efalex. Some paediatricians have expressed their disapproval of this product, saying there is no evidence for its effectiveness. Journal articles referenced below tested essential fatty acid deficiency; not Efalex (a brand name) itself. This article is for your information only. We are not endorsing Efalex. Some readers say it has helped, especially with dyslexia, others report no change, or that their children refuse to take so many capsules.

Efalex contains tuna oil (containing omega-3 fatty acids), evening primrose oil (containing omega-6 fatty acids), vitamin E, thyme oil, glycerol and gelatine. In a controlled study of a group of ADHD boys aged 6-12, Purdue university researchers found more behaviour problems, temper tantrums and sleep problems in those with omega-6 deficiencies; and more learning and health problems in those with lower omega-3 fatty acid concentrations. Dr Jacqueline Stordy found 15 dyspraxic children showed an improvement in manual dexterity, ball skills and balance when treated with an Efalex-type supplement for three months.

You can ask the supplier for information about Efalex on Freecall 1800 064 953.

Further reading: Stevens et al, Essential Fatty Acid Metabolism in Boys with ADHD Am J Clin Nutr 1995;62:761-8

Stevens et al, Omega-3 Acids in Boys with Behaviour, learning and Health Problems, *Physiology and Behaviour 1995, 59 (4/5):915-920*

ORDER IN THE HOUSE! 1994-97

Articles from a national newsletter for parents, educators and behaviour management specialists about Attention Deficit Hyperactivity Disorder (ADHD) and related topics.

Edited by Sue Dengate, published from 1993-1999, mailed to up to 800 individuals and organisations

(Note that the material below is an archived version and that, although complete, it contains some repeats from when it was printed for distribution.)

Issue 13 Term 3 1997

Do teachers cause inattentive behaviour?

Students whose behaviours are regarded as inattentive or disruptive are known to be at risk of poor educational achievement In New Zealand, 80 per cent of 11 year old ADHD children were estimated to have learning disabilities in reading and written language skills in a study in 1988. As well as the risk to the individual, behaviour problems in the classroom reduce the educational opportunities for other students and contribute to teacher stress. So far, the problem for researchers has been to identify which of these problems comes first, the bad behaviour or the educational problems?

Behaviour problems may arise from poor literacy skills according to recent research findings from two studies involving 8,300 preschool and primary school children in Victoria. In one continuing study, teachers at 25 disadvantaged schools received extra training in how to teach literacy skills, while at another 25 schools, a control group of teachers received no extra training. Preliminary results show that improving teachers' literacy training resulted in a 30 per cent drop in children with behavioural problems.

"Improving teachers' literacy training resulted in a 30 per cent drop in children with behavioural problems."

Dr Ken Rowe, an educational psychologist at the University of Melbourne, said the study found that individual teacher performance had the greatest impact on variations in children's literacy levels. "Differences between quality of teachers is what has the impact rather than schools," Dr Rowe said.

The solution to much bad classroom behaviour could be improved teaching skills and placing greater emphasis on early development of children's reading, writing and oral language, say researchers. "The evidence is very strong that if you target literacy as early as possible, even three years old, it's having a massive effect in reducing inattentiveness, restlessness and conduct disorders," Dr Rowe said.

"The evidence is very strong that if you target literacy as early as possible, it has a massive effect in reducing inattentiveness, restlessness and conduct disorders."

Researchers suggest that many children are being wrongly labelled as inattentive and referred for counselling or medical treatment. Dr Katherine Rowe, a paediatrician involved in the research, said the study suggested that doctors should not focus solely on behavioural and medical strategies without addressing the literacy issues.

The studies use a new rating scale called the Rowe Behaviour Rating Inventory (RBRI) which has been developed to assess and predict children at risk. Students are rated on 16 items in three categories of behaviour, Irritable/Antisocial, Inattentive and Restless. Of these three items, inattention has been found to be much the strongest predictor of potential problems in literacy and numeracy achievement. Since the commonly used Conners 10-item rating scale fails to select children whose main difficulty is inattention, the RBRI has been developed as a more effective alternative. Based on a survey of 34,000 school-aged children in Victoria and

Western Australia, the researchers suggest that boys scoring in the top 15 per cent for inattentive and disruptive behaviours and girls in the top 10 per cent are at risk of literacy and numeracy problems.

Further reading: Teachers may be the real culprits for naughty children, SMH 30/7/97 p1

Rowe, KJ The effect of inattentive behaviours in the classroom on student's progress in literacy and numeracy, paper presentated at the 1994 AARE conference.

Information about the RBRI is available from the Centre for Applied Educational Research, University of Melbourne, Parkville, Vic 3052 Ph 03 9345 5181, Fax 03 9345 0945

In the Classroom

Teaching children to pay attention

A new program for teachers and parents to teach children how to self-regulate on-task behaviour.

Paying attention is a skill like learning to read or tie shoelaces. Some children will learn it by osmosis and others, especially children with ADD, will need to be taught every little step. So says Gail Laine, special education teacher and behaviour management specialist in the Northern Territory. "I used to tell teachers to use Jeff Wragg's "On-Task Training"," Laine explains, "then I tried it myself and found it needed some changes." Extra steps were added including a greater level of student self-evaluation and fitting in with mainstream curriculum-based tasks. Now the modified version is up and running in a number of Darwin schools and homes to the delight of teachers and parents.

A combination of pictographs like Compic and phrases as cues (such as "what is your task?", "what do you need?", "are you on-task?") are used to teach children to focus their attention and establish commonality of language between teachers and parents. Students who have particular problems in this area and who have never experienced success should be taught the program as a small group in advance so that they can achieve mastery before the rest of the class. Children are taught to self-regulate their on-task behaviours and are tested for ability to ignore distractions by nominated "pests". Some children will need lots of practice and the chance to use these skills in their mainstream class or they will lose these skills. "The children are so proud when they manage," comments Laine, "because most kids want to achieve. When you put something in place so they can see their achievement, they are happy about it."

With a class of 26, including four with ADD and six other special needs children, Darwin teacher Wendy Jordan is lavish in her praise of the program, which has been running in her classroom of eight and nine year olds for over a year. "I had very little control in my classroom before I introduced this. Now I only have to say "freeze please" quietly and every child knows they have to stop, look, listen, think, be quiet and they sit still." Children are taught self-organisational skills so they can think through what they will need and how they can do a task. They don't have to keep coming to ask "what will I do now?" The result, according to Jordan, is a noticeable reduction in classroom noise and an improvement in learning. Observers say you could hear a pin drop in Jordan's classroom. This program works for every child regardless of their needs. For those who need on-task training at home, parents are provided with pictorial checklists, such as hat, lunchbox, and homework going into schoolbag. The parent cues the child with the same language, "are you on-task?", "what do you need?". Although a few children are annoyed sometimes because the link between home and school is so strong that they can't get away with anything, most say they like the program because "I couldn't get my work finished before and now I can".

You can obtain a copy of "Learning to self-regulate on-task behaviour" by Gail Laine from Student Services, NT Department of Education, PO Box 4821, Darwin, NT 0801

In this issue

Medication Prescribing survey

Behaviour self-esteem

Education on-task training, dyslexia schools

Diet review of research, Ritalin, EPO and diet

Alternatives Efalex

Editorial

How your ADD child is treated at school can have an enormous impact on the family. Many of us have experienced schools or teachers who have made our children worse, like a reader in Germany who wrote, "We had very bad experiences with our school. Our son is in another

school now and doing well, because the teachers treat him nicely!". It often is as simple as that, treating a child nicely. A teacher's authoritarian or punitive attitude can turn a child with behaviour problems against authority, prevent learning and cause great distress in the family. Not surprisingly, research shows that children with ADD and learning disabilities do better if they perceive that their teacher likes them.

Has your child ever been told that he or she "must learn to pay attention"? In high school our children often do badly simply because they have failed to hand in assignments of the due date. "They must learn to be organised," say teachers. But these are their areas of disability. They need help. Exam provisions, too, can make a big difference. Some children are refused appropriate exam provisions, such as a scribe. Readers are surprised to find that after struggling with criticism and punishment at school, they are greeted with compassion, understanding and useful assistance at university. After failing in Year 12 English, and being warned by her school that she would be unable to cope with university, one ADD/LD student gained a Distinction in first year university English. "What is the difference?" we asked her. "The people and their attitude," she replied. Her relieved mother comments, "the difference in my daughter is remarkable. She believes she can do it now - before she thought she was dumb, and that is so demoralising".

In this issue we focus on the effects of schools on ADD children, from the fascinating literacy research presented on page 1 and an extraordinarily successful new program to teach children how to pay attention (page 2?), to the introduction of disability discrimination laws which mean that it is illegal for schools to ignore the needs of children with disabilities, and some readers' accounts - both happy and sad - of their experiences with their children's education.

- *Sue Dengate, editor*

In brief

Prescribing

Almost half the paediatricians surveyed for a recent report in the Archives of Paediatric and Adolescent Medicine said they send ADHD children home in an hour. With such a rapid turn around, many doctors never talk to teachers, review the child's educational levels, nor do any kind of psychological workup. Most children only get a prescription. ADHD experts now say that most children need behaviour modification therapy and special help in schools. But most of the surveyed paediatricians said they rarely recommend anything more than pills. "A lot of doctors," says Dr F. Xavier Castellanos, an ADHD researcher at the National Institutes of Mental Health, "are lulled into complacency. They think that by giving a child Ritalin, the likelihood of helping him is high and the downside is low." - *Newsweek 18/3/96 p52*

ADD in adults

Susi Serfontein is coordinating a book of anecdotes about ADD in adults. Send your contributions to Susi at PO Box 285, Hunters Hill, NSW 2110

Zinc to think

Giving zinc supplements to children - or just encouraging them to eat zinc-rich foods such as red meat - could improve their cognitive abilities. In a study of 372 Chinese children aged 6-9, funded by the US Dept of Agriculture, those who receiving food supplements containing 20 mg of zinc per day performed better in cognitive tests than those given supplements without the element. In the US, 10% of girls and 6% of boys consume less than the RDA of 10 mg.

New Scientist 12/7/97 page 21

Reading

A comment from a reader who is a student teacher: "After year 3 children are reading to learn rather than learning to read, so if they're behind in reading, they'll fall behind in everything."

Learning disabilities

A report from the National Health and Medical Research Council defines Learning Difficulties as affecting 10-16% of children who exhibit problems in development and academic skills. Learning disabilities refers to a smaller proportion (2-4%) of children who exhibit problems in developmental and academic skills which are significantly below expectation for their age and general ability.

Rights of the child

A disabled child has the right to special care, education and training to help him or her enjoy and full and decent life in dignity and to achieve the greatest degree of self-reliance and social integration possible.- *from the United Nations Convention on the Rights of the Child, 1989, unofficial summary of main provisions*

Disability Discrimination

What it means to you

Teachers and schools are still struggling to understand the implications of the Commonwealth Disability Discrimination Act 1992 and the various state and territory anti-discrimination and disability services acts which have followed. The definition of disability used in the act includes "a condition which means a person learns differently from other people, for example, a person with autism, dyslexia, attention deficit disorder or an intellectual disability". The school's handling of ADHD and LD children has thus become a legal issue. No child can be excluded on the grounds of disability which means that schools must provide facilities to include each child in the normal school structure. This process is called "inclusion". The education systems in each state and territory have their own inclusion guidelines. No student can be refused enrolment or expelled because of a disability. Schools are required by law to protect disabled students from harassment, and to make "reasonable adjustments" from wheelchair provisions to changing assessment procedures and course delivery. Some useful provisions for children with ADHD and LD are the Individual Education Plan (see reader's story "A happy ending") and exam provisions.

You can talk to your child's teacher, special education teacher or principal about what the school can do to help your child with the problems due to his or her disability, e.g. learning, behaviour, lack of organisation. Paralegal Annette Aksenov has won a number of disability discrimination cases by asking "how has your school helped this child to fit in?" For a list of ways that teachers can help ADHD students, we recommend Virginia Potter's excellent booklet, available from the LD Coalition of NSW, phone 02 9540 3300. One reader whose ADHD child was to be expelled for bad behaviour successfully reminded the school that no child can be excluded on the basis of their disability and requested a behaviour modification program. Have you been told your child "must learn to pay attention"? This is their area of disability. You can ask the teacher to help by implementing a program such as the one described on page 2. Other readers have lodged disability discrimination complaints

against their schools. While this is time-consuming and difficult, some have received financial compensation and others say their action has had an effect on the school. In these cases it is usually the students coming behind who benefit from their action. Thank you to these pioneers who have improved conditions for others. - *by Sue Dengate*

*You can obtain a copy of the booklet "A user guide to the Disability Discrimination Act" from Human Rights and Equal Opportunity Commission National Office, Toll free:*1800 021 199

Reader's story

How bad can it be?

Although I hear sad stories about ADD children every day, I cried while I listened to this story. - S

"School was a lot of wasted years for my son. All it did was wreck his self-esteem. His IQ was in the gifted range but he only got to year 9. He started at a state primary school and got the cane from year 1, when he was five years old, although it's illegal. Years later we found out he had spent a lot of his time in primary school locked, with a key, in the storeroom behind the Principal's office.

He was diagnosed with ADHD in his first year at high school, this time a Catholic school for children with special needs, and was on medication but was getting nowhere. They didn't believe in ADD and we heard from their guidance system they thought it was just a yuppie diagnosis. By his second year at high school we had his medication sorted out but the school didn't use any sort of management. They egged him on. When they could see he was getting upset they didn't take that step back. One teacher thumped the desk and made him promise to control his behaviour. When he didn't manage he was confronted with "what sort of person are you that your break your promises? - you have no moral character - what sort of person are you going to grow up to be?" They didn't want him there and suggested we try another school, any school. So our gifted son left school at the age of 14. Our psychiatrist gave him a three month medical certificate to keep him out of school because it was so bad for his mental health.

At 15 he went to work for his father as a builder's labourer. Although he hated school, he still wanted to learn. It took him three years to get over the anger and to be able to go back into a classroom. Now he's apprenticed as a carpenter, at TAFE in a small class of four, treated as an adult, doing wonderfully and enjoying the class. He never says "I don't want to go." He feels good in that class of four because he's got the most experience in everything through having worked already as a labourer, so he knows what he's doing. When I look back, I wonder why did we encourage him to stay at school so long?"

Reader's story

A happy ending

By the time my son was nine he was out of control. He couldn't read and he was running away from home all the time. Eventually I learned I could apply for a negotiated curriculum [or Individual Education Plan] where the curriculum was designed especially for his needs. For this I attended a meeting with two behaviour management specialists, his teacher, the assistant principal and the special education teacher. It was supposed to be reviewed once a year, but I insisted on a review every term. Although he started off behind in maths and reading, he learned to read in six months and no longer needed the special education class. One of his teachers had confessed that she found his behaviour a problem. It was a simple matter of moving him to the front of the class and for her to lower her voice. Now he's at year level for everything and his behaviour is rated as satisfactory - but I had to go mad for two years for it to happen.

England

Special schools for dyslexia

Thanks to a reader in the UK for a description of a special school in England.

"Queens Park School is a co-educational school for dyslexic pupils aged between 8 - 16 years. A percentage of pupils who start with us at an early age can be ready to move to a larger school with slightly less intensive support by the age of 13. However, the majority of Senior Pupils stay with us through to 16/17 years of age and then all pupils usually transfer to suitable Colleges offering Further Education.

Queens Park is a small friendly school, in which a caring, family atmosphere is fostered. We are a residential/day school offering a full modified curriculum. Much emphasis is placed upon developing a child's talents and strengths thereby increasing confidence and self-esteem.

Our pupils are taught in small groups with a high teacher/pupil ratio. We use structured, cumulative, multi-sensory phonic programme to remediate language difficulties. Tasks are learner-matched and individual programmes of work are prepared in conjunction with regular tutorials. Reading and spelling assessments are carried out twice yearly. We hold frequent meetings with academic and pastoral staff to ensure that we maintain a constantly unified approach, giving our children a strong feeling of security.

Our academic staff are all qualified and committed teachers with specialist training and experience in the teaching of dyslexic children. The school is registered with the Department for Education and has been accredited by CreSTeD, the accreditation body for the Dyslexia Institute and the British Dyslexia Association.

We offer a wide range of subjects and activities in our endeavour to cater for individual interests. We emphasise the importance of achievement and success. We teach the complete range of core curriculum subjects along with arts subjects such as drama, pottery, art, calligraphy, dance, etc. as well as a wide variety of sports."

More information about special schools for dyslexic children is available from the British Dyslexia Association: http://www.bda-dyslexia.org.uk

In the USA

Special schools for ADD

The Lab School in Washington is a special school for the most severe cases of ADHD and learning disabilities. At $15,000 a year, The Lab School, and others like it, are expensive - and extraordinary. The staff has developed all sorts of clever strategies to help children get through their days. Teachers put down masking tape in the hall-ways so the children will be reminded of where they should stand. Others will divide desks into different coloured segments: one side for work, the other for storage. Children earn points for self-control and cash them in for rewards or free time. When she talks about Ritalin, Sally Smith, The Lab School's director, likes to hold up a ruler. "This is how much Ritalin does for you," says Smith, pointing to the one-inch mark. "Ritalin makes you available to learn. You and your parents and teachers have to work on all the rest." *From Newsweek, 13/3/96*

Management

Are you a good boss?

It doesn't matter whether you are boss of a family, a class, a school, a small business or a giant corporation, these tips from psychologist Steve Biddulph are for men who would like to be a good boss and surely apply to women:

If you're the boss, realise that you are a father figure. You are there to nourish and care for your people, so they can do their jobs.

- Give more positive feedback.
- Vary your expectations to suit individuals.
- Share your vision.

- Ask people their opinions.
- Confront irresponsibility.
- Don't put people down.
- Discipline in private, praise in public

- from Manhood by Steve Biddulph, 1994

Self-esteem

Dr Robert Brooks

"Look what you've done!" Whether they've failed a spelling test or dropped a ball, children with learning disabilities hear those words far too often. It's no wonder they often give up hope. And it's no wonder we sometimes overlook what Dr Brooks calls the "everyday courage" of our children.

Dr Brooks says we need to find each child's "islands of competence" and then build on those strengths. He offers practical strategies for helping children develop the confidence and resilience they will need to succeed.

One of today's leading speakers on self-esteem, motivation, and family relationships, Dr Brooks reaches out to families and individuals with a message based on encouragement, resilience and caring. He is known for the warmth and humour he uses to bring insights and anecdotes to life. His stories are based upon his own experiences as a clinical psychologist, consultant, father, husband and son. These personal stories - funny, touching and unforgettable - give Dr Brooks' presentations a wonderfully unique dimension that has captivated audiences across the US and around the world

You can buy the video "Look what you've done!" from Silvereye Educational Publications 049 87 3457 or you can see Dr Brooks in person when he visits Australia next year.

Research

Review of diet/behaviour studies 1985-1995

Mood, especially irritability, is the symptom most affected by diet, according to a review of 13 significant diet/behaviour studies from 1985-1995. Almost all studies showed a statistically significant change in behaviour with dietary intervention. Responses could be full or partial compared to all-or-nothing earlier expectations of the effects of food. Children most likely to be affected include those with a personal or family history of "allergy", a family history of migraine, young children, and those for whom a definite food reaction has been noticed in either the child or a relative. Foods and food chemicals implicated in reactions include natural and medicinal salicylates, natural and added monosodium glutamate, natural amines and added colour as well as flavour and preservatives, and wholefoods (especially which have produced a definite physical or behavioural reaction in the child or first degree relative at some time), such as milk, wheat, egg, peanut, fish and soy. Non-food items that have been implicated are perfumes, fumes, inhalants commonly implicated in allergy, infections and stress. Many researchers report that most subjects react to more than one test item. Professionals can now be aware of dietary treatment as an option for some children. They can be supportive of parents who wish to consider diet, particularly as motivation is important in the diet implementation. "Rather than saying diet is too hard, or it is easy (just excluding the well known suspect foods)", diet can be most effective with the help of a dietitian, preferably one experienced in this specialised area.

Further reading: Breakey J "The role of diet and behaviour in childhood" J Paediatr Child Health (1997) 33,190-194

Behaviour

The need for love and approval

"Nothing is more powerful in the psychology of childhood than the need for love and approval. Unless a child receives clear and tangible demonstrations of these, then he or she will wither like a flower without water. It's as basic as that. I've watched tiny children in hovels in Calcutta dancing for their family and friends, who respond with warm applause and hugs. I've also watched Australian children bring home their report cards from their expensive private school, young faces eager for praise, only to receive cool, critical appraisals from their performance-oriented, uptight parents." - *from Manhood by Steve Biddulph, Finch 1994*

Medication

Cheaper Ritalin

Pharmacy Direct sell mail-order Ritalin, $39.60 for 10 mg. Your doctor must be registered with the NSW Registration Board. Specialists who write a lot of prescriptions for Ritalin are usually happy to do this. More information from Pharmacy Direct, phone 1800 624563.

ADD Networking

WHAT'S HAPPENING AROUND AUSTRALIA

Do you have some news which will prevent people in other states from reinventing the wheel?

VIC

"Do what you want to" is a 23 minute audio tape of a group session during which six teenagers discuss how they feel about taking medication. They speak about their fears, the effects and the side effects, the massive improvements in their ability to cope withe school, sport and family responsibilities - the growing realisation of their individual worth. This tape, directed at teenagers, will open the eyes of parents, too. Dr Rick Jarman, Director of Clinical Services at the Centre for Community Child Health and Ambulatory Paediatrics says: "I have already lent my copy of the tape to a few teenagers who have demonstrated significant compliance problems with medication, and this has had a much more powerful influence on their subsequent behaviour than anything I could have told them ..." Send your order with a cheque for $15 plus $2 postage to ACTIVE INC, Ross House, 247 Flinders Lane Melbourne 3000

ACT

Changes in the Child Disability Allowance: the reason for these proposed changes, which will probably leave most us ineligible for the CDA, is that "the profile of children attracting the CDA has changed in the 1990s from that of physical and intellectual disabilities to behavioural problems, medical conditions and developmental delay. Currently the most common conditions attracting the CDA are asthma and ADD. In January 1992, the number of children qualified to received the CDA was just over 50,000 but by January 1997 it was 102,000. Parents of very disabled children have been concerned that the CDA payment has been seriously compromised over recent years." - *from the 1998 Budget Information Kit*

READERS' QUESTIONS

In this section we take your questions to an expert. Most families find that they are offered many different ways of dealing with ADD. These answers will suggest yet another point of view for your consideration. The responses are personal views of the writers. You should consult with your child's physician about any issues relating to individual situations.

Q. We set up a system where we fined our son 10 cents every time he swears. For a while it worked but now he doesn't seem to care and loses all his pocket money. His swearing is worse than ever. Any suggestions?

A. This system must be aimed at giving, not taking away, tokens [or rewards]. Once the impulsive child starts to see their store of tokens slip away they may go for broke. Many parents have found this out to their great cost. After some minor incident the child sees that they will not get their special treat so they retaliate with the most unbelievably bad behaviour.

- *Dr Christopher Green, from his book* ***Understanding ADD.***

Q. Are there any "junk foods" that are OK to eat if you're trying to avoid additives?

A. "Junk foods" are generally a high source of the chemicals in food that can cause adverse side effects in sensitive individuals. However, there are a number of snack foods which if used as a treat may be tolerated by sensitive people. These include the potato crisps "Kettle Chips", Pretzels and hot chips from a takeaway outlet where they make the chips at the shop (the frozen chips used in some outlets may have residues of metabisulphite present after cooking). Also plain barbecued chickens (not the seasoned variety) and grilled or battered fish.

- Dr Anne Swain. Dr Swain is a dietitian at Sydney's Royal Prince Alfred Hospital, and co-author of the book **Friendly Food**

Networking

ADDnet NEWS

National meeting

This year the annual ADDnet meeting was held in Canberra in July. ADDnet has really started to form a good cohesive team, and I have great confidence in the ability and commitment of its members. ADDnet is continuing to question the changes taking place in the Child Disability Allowance and to address that fact that Ritalin still isn't available on the Pharmaceutical Benefits Scheme.

Support from CWA

A highlight of our meeting was an address by Jan Clifford from the Southern Highlands of NSW Country Womens' Association**.** Jan read us their motion which was passed at the recent state conference: "CWA of NSW request the Ministers for Health and Education to formulate a policy of awareness, understanding, tolerance and recognition of the needs of children suffering from Attention Deficit Hyperactivity Disorder (ADHD) and to provide appropriate support for their families."

Visit by Dr Brooks

Our biggest project so far is the Australian tour by Dr Robert Brooks. Considerable interest has been shown in this project as can be seen by the list of sponsors so far. These are as follows:
Australian College of Paediatrics, Hunter Area Health Service, ACER Aust Council Educational Research, CSR, The Australian Sugar Industry, The Serfontein Clinic, Catholic Schools Office Maitland/Newcastle diocese (sponsorship so far totalling $23,100) CHERI Children's Hospital Education Research Institute and Belmont 16ft sailing club providing venues at reduced cost (value $6,400). This has been an enormous task for a consumer group to undertake, and one I personally have found both draining and exciting. Discussions have taken place to video Dr Brooks' workshops with children in the Newcastle area. If this takes place this video will be available to the wider community. ***- Dale Stauffer***

Many thanks to Dale for her huge and successful efforts to secure sponsorship and get this major event on the road. By becoming a member of ADDnet, you can help with our aims to educate the community, relevant professionals and governments on the problems related to ADD and learning difficulties, and to encourage a multi-modal approach to treatment of ADD and LD - see "How to subscribe" coupon. - S

ADDnet committee:President Dale Stauffer ph/fax 049 516 513, Vice-president Beryl Gover ACT 06 290 1984, Secretary Rosemary Borg phone 07 3817 2429, Treasurer Jan Clark TAS 004 293 332, Ros Mitchell NSW 02

9411 2186, Geraldine Moore VIC 03 9650 2570, Sue Dengate NT 08 8981 2444, Nayano Taylor-Neumann SA 08 8222 5159, Tracy Willet WA 08 9401 6282

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The terms ADD and ADHD are used synonymously throughout this newsletter.

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DO YOU WISH TO BE INCLUDED IN THE REGISTER OF ADD SUPPORT GROUPS AND PHONE CONTACTS Y/N

WHAT'S ON

Sept 13 LD Coalition Parent Conference "Tough Kids"- behaviour, anxiety disorders, self esteem, social skills, Sydney, $25 at City RSL, phone 9540 3300

Sept 14 -21 ADD Awareness week

Sept 16-17 Ian Wallace ADD in adults & ADD management, Brisbane, ph 3817 2429

Sept 25-28 Australian Association of Special Education conference, Brisbane, ph 6176 312885

Getting in touch

Readers would like to hear from anyone who has an ADHD child who also:

- is profoundly or very profoundly gifted (IQ 150-200). Write to PG, c/- OITH, PO Box 85, Parap NT 0804

- has obsessive-compulsive disorder. Write to OC, c/- OITH, as above

Reader story

"Like being caged with a wild animal"

A mother writes:

"My son has been on Ritalin since he was six years old - he is now nearly twelve. He is definitely ADD and has severe learning difficulties. My husband and I who have always been opposed to drugs of any description felt that we were possibly holding him back by not putting him on the drug. Tom* had always been very angry and aggressive, not so much hurting others (although it often happened by accident) but more by hurling toys, furniture and anything else he could lay his hands on in a rage. Once he started Ritalin this behaviour virtually stopped. It was like a nightmare had been lifted.

About three years ago we decided to give him a break from Ritalin while on an overseas holiday. Within three days we were all in tears and seriously considered calling the whole thing off. Tom went into terrible rages and exhibited extreme behaviour like running out on to the road and jumping from bed to bed, accidentally landing on other furniture. It was like being caged with a wild animal. We put him back on the Ritalin and continued with our holiday.

After reading about evening primrose oil we commenced a trial in December. We felt that a trial couldn't really be carried out properly while Tom was on Ritalin so we gradually reduced the dose. After being Ritalin-free for five weeks, he was not exhibiting the rages of the past but he was still very naughty. He seemed bearable before going back to school but impossible to live with after school started. One of the factors involved was that he was being bullied, and we took steps to stop that. Inspired by the book Different Kids, we then decided to try the RPA diet. We took him off the evening primrose oil and started the diet. After two weeks of rage, Tom calmed down and is now about the same as when he was on Ritalin, except when he breaks the diet. I would not have believed diet could have so much effect."

**not his real name*

On the Internet

Famous people with ADD

Albert Einstein, Tom Cruise, Walt Disney, Galileo, John Lennon, Winston Churchill, Mozart, Henry Ford, Stephen Hawkings, Wright Borthers, Hans Christian Anderson, Sylvester Stallone, Leonardo da Vinci, Thomas Edison, Agatha Christie, Cher, Rodin, John Kennedy, Louis Pasteur, Dustin Hoffman, Robin Williams, Prince Charles, Harry Belafonte, 'Magic" Johnson, Dwight Eisenhower, Whoopi Goldberg - *reprinted with thanks from PLAD NEWS (SA*) *ph 83394119*

Research

Could hyper-reactive behaviour caused by chemical toxicity be inherited?

Experts such as Dr Russell Barkley currently consider that the majority of cases of ADD are inherited and that only a few are due to chemical toxicity from heavy metals such as lead or cadmium, or fetal alcohol syndrome. We are all used to thinking that our children's ADD and oppositional behaviour must be genetic because we can see that their father or mother had ADD as a child, and often still has it. But what if the parent's ADD was caused by chemical toxicity and passed on to the child? Unthinkable? Not according to some fascinating generational research being carried out in America's Great Lakes area.

A consistent pattern of behavioural changes can be seen in rats fed on a diet of Lake Ontario salmon, which is known to be high in chemical contaminants such as now-banned PCBs commonly used in the 1940s. Compared to rats fed from uncontaminated Pacific salmon, or to standard laboratory rat chow, they are hyper-reactive to unpleasant events, such as electric shocks or disappointing rewards, but "react normal when 'life is pleasant'". In a parallel study on children of human mothers who have eaten Lake Ontario salmon, the children were also found to be hyper-reactive to negative events. When tested at the age of four, 17 of them refused to be tested on at least one of the tests. Affected rats worked harder and longer at certain tasks than control rats when they were sure of a immediate, satisfying reward. This unexpected finding was explained by researchers as a hyper-reactive response to a positive situation. Researchers also found that the behavioural changes in adult rats fed with Lake Ontario salmon before, not during, pregnancy appeared in their offspring.

Further reading: Daly, H. Laboratory rat experiments show consumption of Lake Ontario salmon causes behavioural changes: support for wildlife and human research results. Journal of Great Lakes Research 1993 19(4):784-788

Lead toxicity

Where do you live?

Children who come from or have spent time in an area of high lead contamination such as Broken Hill, Port Pirie or Newcastle have a higher chance of being affected by childhood inorganic lead toxicity. The classic text-book symptoms include anorexia (loss of appetite), constipation, irritability, clumsiness, lethargy, behaviour changes, hyperactivity, abdominal pain, vomiting, fever, ataxic convulsions, coma and cerebral oedema. In younger infants there is fine motor dysfunction, language delay and hyperactivity.

Alternatives

Efalex

We have been inundated by requests for more information about Efalex. Some paediatricians have expressed their disapproval of this product, saying there is no evidence for its effectiveness. Journal articles referenced below tested essential fatty acid deficiency; not Efalex (a brand name) itself. This article is for your information only. We are not endorsing Efalex. Some readers say it has helped, especially with dyslexia, others report no change, or that their children refuse to take so many capsules.

Efalex contains tuna oil (containing omega-3 fatty acids), evening primrose oil (containing omega-6 fatty acids), vitamin E, thyme oil, glycerol and gelatine. In a controlled study of a group of ADHD boys aged 6-12, Purdue university researchers found more behaviour problems, temper tantrums and sleep problems in those with omega-6 defiencies; and more learning and health problems in those with lower omega-3 fatty acid concentrations. Dr Jacqueline Stordy found 15 dyspraxic children showed an improvement in manual dexterity, ball skills and balance when treated with an Efalex-type supplement for three months.

You can ask the supplier for information about Efalex on Freecall 1800 064 953.

Further reading: Stevens et al, Essential Fatty Acid Metabolism in Boys with ADHD Am J Clin Nutr 1995;62:761-8

Stevens et al, Omega-3 Acids in Boys with Behaviour, learning and Health Problems, *Physiology and Behaviour 1995, 59 (4/5):915-920*

Issue 12 Term 2 1997

ADHD without hyperactivity

Lisa's story

At age 17, Lisa still struggles to pay attention and act appropriately. But this has always been hard for her. She still gets embarrassed thinking about that night her parents took her to a restaurant to celebrate her 10th birthday. She had gotten so distracted by the waitress' red hair that her father called her name three times before she remembered to order. Then before she could stop herself, she blurted, "Your hair dye looks awful".

In elementary and junior high school, Lisa was quiet and cooperative but often seemed to be daydreaming. She was smart, yet couldn't improve her grades no matter how hard she tried. Several times she failed exams. Even though she new most of the answers, she couldn't keep her mine on the test. Her parents responded to her low grades by taking away privileges and scolding, "You're just lazy. You could get better grades if only you tried." One day, after Lisa had failed yet another exam, the teacher found her sobbing "what's wrong with me?"

Because Lisa wasn't disruptive in class, it took a long time for teachers to notice her problem. Teachers sometimes fail to notice the needs of children like Lisa who are quiet and cooperative. Lisa was first referred to the school evaluation team when her teacher realised that she was a bright girl with failing grades. The team ruled out a learning disability but determined that she had an attention deficit, ADHD without hyperactivity. The school psychologist recognised that Lisa was also dealing with depression.

"Giving a child like Lisa extra time on tests can make the difference

between passing and failing"

Lisa's teachers and the school psychologist developed a treatment plan that included participation in a program to increase her attention span and develop her social skills. They also recommended that Lisa receive counselling to help her recognise her strengths and overcome her depression.

Children with ADHD often need some special accommodations to help them learn. Giving a child like Lisa extra time on tests can make the difference between passing and failing, and gives her a fairer chance to show what she's learned. Reviewing instructions or writing assignments on the board, and even listing the books and materials they will need for the task, may make it possible for disorganised, inattentive children to complete work.

Many of the strategies of special education are simply good teaching methods. Telling students in advance what they will learn, providing visual aids and giving written as well as oral instructions are all ways to help students focus and remember the key parts of the lesson. In Lisa's class, the teacher frequently stops to ask students to notice whether they are paying attention to the lesson or if they are thinking about something else. The students record their answer on a chart. As students become more consciously aware of their attention, they begin to progress and feel good about staying better focused. The process helped make Lisa aware of when she was drifting off, so she could return her attention to the lesson faster. As a result, she became more productive and the quality of her work improved.

"the strategies of special education are simply good teaching methods"

Lisa is about to graduate from high school. She's better able to focus her attention and concentrate on her work, so that now her grades are quite good. Overcoming her depression and learning to like herself have also given her more confidence to develop friendships and try new things.

Lately she has been working with the school guidance counsellor to identify the right kind of job to look for after graduation. She hopes to find a career that will bypass her attention problems and make the best use of her assets and skills. She is more alert and focused and is considering trying college in a year or two. Her counsellor reminds her that she's certainly smart enough. Lisa is working to make a good life for herself, not by being cured, but by developing her own personal strengths.

The above story is an extract from "Decade of the Brain", a statement about ADHD from the National Institutes of Mental Health in the USA, via the Internet. Thanks to the Canberra & Queanbeyan ADD support group for publishing the entire report.

Self-esteem

An act of courage

"All too often, schools become places where deficits, not strengths, are shown. For students who go to school, every day is an act of courage." So says Dr Robert Brookes, a clinical psychologist on the faculty at Harvard Medical School and author of *The Self-Esteem Teacher*. Dr Brooks promotes the best way to keep ADD and learning disabled children happy at school: to give them positive experiences and recognise their strengths. He suggests that the images teachers convey will stay with their students for the rest of their lives.

This psychologist is clearly an original. In a discussion on the use of humour in therapy with adolescents he gives an account of his dealings with one particularly hostile teenager. After being greeted by "You're the ugliest shrink I've ever seen", Dr Brooks responded by hiding in the closet for the 45 minute session, while the surprised teenager asked "are you still in there?" After two such sessions, the no-longer-hostile teenager invited him out of the closet and agreed to talk.

Considered to be an exceptionally entertaining speaker, Dr Brooks will be sharing his philosophy on self-esteem with Australians in May next year (see ADDnet News).

In this issue

Editorial

"Why isn't there any information about ADD *without* hyperactivity?" ask many parents. It has been called ADD-H, ADD (as opposed to ADHD), hypoactivity, "the quiet, vague, dreamy ones" and now officially "ADHD, predominantly inattentive". Features include such items as: seems not to listen, makes careless mistakes, difficulty paying attention, fails to finish schoolwork or chores, disorganised, loses necessary items, forgetful, and easily distracted. These are the children who go through school with "could do better if he/she tried" on their report cards. Even in schools where ADHD with hyperactivity is well-known, children without hyperactivity may miss out on the extra help they need. Hypoactivity or lethargy appears to be the neglected symptom of ADD. In this issue, we present a number of articles and reader stories on the people with inattentive ADD, including our front-page story.

Thanks to the vision of ADDnet president, Dale Stauffer, psychologist Dr Robert Brooks will visit Australia next year. I cannot think of a more practical way to help children with ADD than to make them feel better about themselves. Every parent and teacher can benefit from Dr Brooks' interesting ideas of how to help these children (see p? and ?).

And finally, I wonder how many of you can relate to this reader's comment? "I have an ADD 9 year old son and a very demanding "unofficially diagnosed" ADHD farmer husband (who I might add is more difficult at present than the 9 year old) - we need a little order in our house!!"

- *Sue Dengate, editor*

In brief

Teenagers and medication

In Victoria, six ADD teenagers discussed medication in a forum mediated by a paediatrician Dr Chitra Chandran and psychologist Dr Sam Ginsberg. The participants agreed that they had all been scared at first, "I thought it would make me go insane or something", said one boy. Another was afraid of addiction. A third feared he would be shunned if his friends found out, but later discovered that medication "worked wonders" for him and allowed him to make a wider circle of friends. *ACTIVE N/L Feb 97*

Take care

Following the case of a three year old admitted to hospital after an overdose of clonidine, Dr Michael Ryan, staff specialist of the New Children's Hospital has warned parents to use child-proof containers for medications for young children with ADHD**.**

Drug and alcohol abuse

The way boys act at six years of age is a reliable predictor of whether they will turn into teenage drug and alcohol abusers, according to researchers in the US and Canada. In behavioural assessments of more than one thousand boys, those who scored highly for hyperactivity and fearlessness when aged six were more likely to try drugs and get drunk in their early teens. These two measures successfully predict 75 per cent of the boys who will later become drug and alcohol abusers. Researchers suggest targeting these younsters in drug education programs. - *from New Scientist, 15/2/97 p12*

Food and behaviour

Rather than blame food for their children's behaviour, parents should "turn off the TV, spend more time with their kids, and look at their own problems" according to Geoffrey Annison, Scientific and Technical Director of the Australian Food Council, at the Sydney Sugar and Behaviour workshop in January**.**

Games children play

ADD children often love computers. A reader with 3 sons recommends "Klik & Play" (Europress Creativity). She says, "Die-hard game players have to create their own games. Unlike the cover, most game scenarios don't include action/violent figures. Approximately $50, it's a hit at our house." For ages 10 and up.

"Could do better"

"Failure to shine at school or college often proves not to be a bar to future brilliance", says high-energy particle physicist George Lafferty. He has identified the following "successful failures": Winston Churchill, Ulysses S Grant, John Major, Charles Darwin, Albert Einstein. Great scientists who were not top of their class include J.J. Thompson, discoverer of the electron, James Clerk Maxwell, founder of electromagnetic theory and Thomas Malthus, famous for population theory. *New Scientist, 1/3/9, p 51*

Raising IQ

Intelligence may be artificially manipulated by raising pH levels in the brain, according to a team of British researchers at the John Radcliffe Hospital in Oxford Measurements of brain pH were compared with WISC standard IQ test results in boys between 6 and 13. Over a pH range of 6.99 to 7.09, the boys IQs more than doubled, from 63 to 138. Some scientists suggest that IQ may be increased by dietary supplements perhaps by altering brain pH. - *New Scientist, 17/8/96, p16*

Better than books

For people with reading problems, audio cassettes are a great way to learn. A set of five audio cassettes covering learning disabilities, attention deficit disorder and related problems has been compiled by the LD Coalition, PO Box 372, Sutherland 2232, phone 02 9540 3300, Fax 02 9540 3266. $8 each plus postage.

Reader comment

Lethargy

A reader in the U.S.A. who is doing the elimination diet with her overactive son was surprised at her own reaction to the bread preservative (282) challenge.

"After two days, I got so incredibly tired, I thought I was getting sick. All I wanted to do was sleep; I felt like a slug. Now, I have excessive energy normally so this was quite a change.

When I stopped the bread I felt better overnight."

Medication

Allegron

Tricyclic antidepressants (TCAs) improve mood and hyperactivity but do not improve concentration. For this reason, they are considered the second choice after the stimulants for treatment of ADHD. However, we have received numerous reports from mothers who are pleased with the effects of Allegron (Nortriptyline), one of the tricyclic antidepressants, compared to Ritalin, Dex and Catapres. A big plus is the single daily dose. Children don't have to take tablets while they are at school. And there's no rebound effect. Are there any side effects? asked several readers. We found common and important side effects listed in an article by doctors about medication for ADHD..

"The most worrying consequence is sudden death. There are four reports of children dying on desipramine (the most adrenergic of the TCAs). With careful selection and monitoring, TCAs can be relatively safe.

TCAs have anticholinergic activity and so can cause dry mouth, sedation, orthostatic hypotension, constipation, blurred vision and urinary retention. The toxic effect of overdose is another concern, especially if there is suicidal ideation.

In view of the cardiac toxicity of TCAs and the possible action of stimulants on the heart, the combination of these two drugs must be viewed with some caution. Studies so far have failed to substantiate these fears."

Reference: "The Use of Psychotropic Drugs in Childhood" by Dr Sian Hughes and Dr Colin Feekery, Centre for Community Child Health and Ambulatory Paediatrics, Royal Children's Hospital, Melbourne.

Books

"Raising Difficult Children" by Dr Peter Powell and Brenda Inglis-Powell

Dr Peter Powell is a registered psychologist and a minister in the Uniting church. As a result of experience with their own son, he and his wife Brenda developed the "Raising Difficult Children" program for which this is the textbook. We are left in no doubt that the authors know what parents of ADHD child are going through. Their book is packed with sensible, practical, helpful information and thought-provoking examples. It will make you think about what is happening in your house, from daily battles to hitting to yelling to clutter to teenagers, for example: *Many parents find teenagers selfish, aggressive and uncooperative and may seek out programs in order to help "fix" their child. The reality is that many quite "normal" teenagers can aptly be described by such words and, without any intervention by professionals, may well develop into quite healthy adults. Rather than the teenager needing to be changed, parents may need to learn less reactive ways of responding to the teenager's behaviour.* As paediatrician Dr Rory McCarthy comments, "this book needs to be "prescribed" at least as often as medication."

"Raising Difficult Children" ($24.95 plus $3.00 postage) and information about seminars is available from the Pastoral Counselling Institute, 16 Masons Drive, North Parramatta 2151, phone 02 9683 3664 Fax 02 9683 6617.

Adult ADD

Lethargy - the neglected symptom

Hypoactivity, or lethargy, seems to be the overlooked aspect of ADD in adults. It is acknowledged as a problem in some books or articles, but there is usually just a sentence or two about it. Lethargy is very prevalent in my life (I have flipped from overactivity in childhood to underactivity in adulthood) and is the most debilitating aspect of ADD for me.

My life consists of "good days" and "bad days" glued together in some arbitrary way that fate decided on; and of which I can make little sense - except that there is definitely a hint of Premenstrual Syndrome about the pattern.

On the best of the "good days" my thinking is crystal clear and I have unlimited resources of energy to draw on (my "get up and go" days). On the worst of the "bad days" (when my "get up and go" got up and went!) I can barely function - physically or mentally.

On the "bad days" I withdraw socially. This is partly because trying to concentrate is so draining. I am in a kind of trance where I am aware of things going on about me, but my mind wants to "float" and focus on nothing in particular. (I'm sure there is something going on in my brain, but God knows what!) If I am required to focus on a topic of conversation for instance, it is only with enormous effort that I can manage to do it.

It must appear to those who don't understand that I am a lazy and strange person; I can spend days, weeks, sometimes months, completely "tuned out" top the rest of the worked, not wanting to see anyone and unable to do anything much at all. It isn't by choice.

- *From the story of a personal experience by Katherine, reprinted from ADDPLAD, South Australia's Adult ADD newsletter.*

On the Internet

Exercise for ADD adults

Exercise vigorously and regularly. You should schedule this into your life and stick with it. Exercise is one of the best treatments for ADD. It helps work off excess energy and aggression in a positive way, it allows for noise-reduction within the mind, it stimulates the hormonal and neurochemical systems in a most therapeutic way, and it soothes and calms the body. When you add all that to the well-known health benefits of exercise, you can see how important exercise is. Make it something fun, so you can stick with it over the long haul, i.e. the rest of your life.

From an article on the internet called *50 Tips on the management of adult ADD* by American psychiatrist Dr Edward Hallowell, co-author of *Driven to Distraction*, and *Answers to Distraction*. These excellent books for adults are available from Silvereye Educational Publications 049 87 3457 and recently available in paperback.

Reader story

An inattentive teenager

For years both our children were on medication for different kinds of ADD. Our daughter was extremely quiet and withdrawn and sometimes it was like living with a ghost. The tablets helped her to survive school, but only survive. She left during year 11 because she was unable to take them - not being able to eat or sleep. We eventually found our daughter should completely avoid salicylates. If she has any salicylates her brain shuts down and that is that. The tablets help with the levels of concentration and organisation needed for studying. Now 19, she's on a combination of diet, Dex and clonidine, and is outgoing, thoughtful and socially comfortable.

Book review

from the author of JAWS...

... a page-turner about alcoholics. Not the usual book we review in these columns, *Lush* is another compulsive read by best-selling author, Peter Benchley. It is the only book I have ever encountered which appealed equally to every member of my family, from age 11 upwards. No-one could put it down. If anyone in your family is or has been dependent on alcohol, and we all know addiction is more common in ADD families, then this is a worthwhile read. Thunderously funny and touchingly compassionate.

"**Lush**" by Peter Benchley, Arrow Books, 1989. Contains medium level coarse language.

Reader's story

A quiet, inattentive 6 year old

Most people who think of diet think of hyperactivity. Readers may be as surprised as I was at this story.

I started to notice what I thought were "normal" problems with our son James in preschool. Although he loved going to preschool, he was dreamy, inattentive, not thinking well, slow with putting words into actions, easily distracted and generally irritating. We had to tell him nearly everything more than a few times. In transition, I often helped out in the classroom, and again I noticed how he was inattentive in a quiet, dreamy manner.

We did a lot of homework with him. He had trouble learning to read until we made up flash cards. We set up "com-pics" drawings to get him through activities like cleaning teeth and getting dressed. We also used star charts. At the end of transition James was second top in his class.

The next year, James's problems really came to boiling point. He was being kept in nearly every lunch time to finish his work and then he still wouldn't get it done. He didn't seem to know how to think anymore. The teacher was unhappy, James was on a different planet and John and I were about to depart for another galaxy!!! We were very upset by what was happening and I spent one Friday morning at school crying my eyes out and muttering things like not wanting him as our child anymore. We were very worried and desperate for an answer. When the paediatrician told us to go to a dietitian we were astounded. We have always eaten well and fed the boys a high level of fresh fruit and veg, breads, whole grains, cereals, meats and fish with only a few take-aways. We wondered how a diet was going to solve the problem.

We enjoyed a full on, chocolate-packed Easter break and then started the elimination diet. I'm sure that during the first week we mourned the loss of our "old foods", but after that we were quite happy with the pears, meats, limited veges, one brand of bread and ice-cream, philly cheese, golden syrup, noodles, rice, etc.

Then, after about two weeks, we suddenly noticed - James was a different child. He was interested, interactive, motivated, talking more, spontaneous, happy to do things, had received a good note home from school, his writing and drawings improved markedly and his teacher was very pleased with his behaviour and school work. James was more loving towards us and less emotional over silly little things. In fact, the whole family felt better - we were sleeping more soundly and woke up brighter and a little earlier.

When we challenged salicylates, after four days James came home, had a note of how he had been inattentive in class again and just sat down and cried -"I don't want to be on these salicylates any more - I just want to be back on the good food". Thus we abandoned salicylates forever... James is very good at saying the word "salicylates" - they are his number one enemy !! It took about a week to clean him out again and now he is back to being a happy, attentive, thinking child again. We now have fun trying new recipes and the boys are involved in that too. We drink lots of water and thank our lucky stars that we can have a happy family life once more.

Subscriptions

Help!

If you don't receive your copy of OITH, please make sure we have your details, including forwarding address. Christa (?) of "the ADD support group", phone 5599 1990, please ring back with your area code. Telstra couldn't help us.

ADD Networking

WHAT'S HAPPENING AROUND AUSTRALIA

Do you have some news which will prevent people in other states from reinventing the wheel?

NSW

The LD Coalition of NSW is a coalition of nearly 80 groups supporting people with learning difficulties and ADHD all over NSW. The NSW Department of School Education has funded a coordinator for the head office in Sutherland. Sandra Scott will be in the office Monday to Friday 10 am to 4 pm, phone 02 9540 3300.

TAS

ADDSUP's second Camp ADDventure will be held on 7th-13th September for 40 primary aged children. Cost $60. Enquiries phone 0364 293332

VIC

Dr Ernest Luk, Associate Professor of Psychological Medicine at Monash University spoke to ACTIVE about "Where are the girls with ADD?" Dr Luk hypothesised that pure attention deficit disorder without hyperactivity/impulsivity may be much more common in females. Fewer girls than boys have the combination of hyperactivity, impulsivity and attention deficit. While pure attention deficit disorder is the commonest form of the disorder in girls, in boys it is less common.

READERS' QUESTIONS

In this section we take your questions to an expert. Most families find that they are offered many different ways of dealing with ADD. These answers will suggest yet another point of view for your consideration. The responses are personal views of the writers. You should consult with your child's physician about any issues relating to individual situations.

Q. Does medication help children who have ADHD without hyperactivity?

A. Approximately 90 per cent of children with ADD are helped by medicine. The proportion of children who are helped is greater for those with the hyperactive form of ADD than those with the dreamy, vague form of the condition. In the latter group, the success rate is approximately 50 per cent.

- Dr Mark Selikowitz, from his book ***All About A.D.D.***

Q. Does diet help children who have ADHD without hyperactivity?

A. You don't have to have hyperactivity to have a behavioural reaction to food. Some people become more tired and lethargic, or can't concentrate. Some become more hyper. Yes, it is worth investigating diet for non-hyperactive ADD.

- Dr Anne Swain. Dr Swain is a dietitian at Sydney's Royal Prince Alfred Hospital, and co-author of the book **Friendly Food**

Networking

ADDnet NEWS

Latest word on the CDA

It is not yet certain whether ADD will be classified as a chronic condition like asthma and diabetes which will be ineligible for the Child Disability Allowance. Why not ask your Federal member to clarify this? The 97/98 Budget makes the following points about changes to the CDA:

- All those who are receiving the CDA as at July '98 will continue to receive their allowance for the next five years.

- If you don't qualify for the fully CDA, you may still be eligible for a health care card.

- If there are two or more children in a family who don't individually qualify for the CDA, they may still qualify for one allowance between the two of them.

What is doesn't say is that all those receiving the CDA will be reviewed in February 1998. Officers from social security have stressed to us that parents often do not give enough information to qualify. You should write down as much detail as possible and include written reports.

Dr Brooks in Australia

Well-known for his entertaining style (see p 2) and important message about self-esteem, Dr Brooks has agreed to visit Australia from May 8-28 as a guest of ADDnet. He will speak in Melbourne, Sydney, Newcastle, Brisbane and possibly Canberra. Sponsors for Dr Brooks' visit so far include the Australian College of Paediatricians, providing the international airfare; the Serfontein Clinic, domestic airfare; CHERI (Children's Hospital Education Research Institute), venue at Sydney University and other details; and Hunter Area Health will sponsor a program in the Hunter area which includes public talks and workshops with children. This will be a major event for raising awareness of ADDnet and providing information about self-esteem which is important not only to ADD families but to every child and adolescent.

- Dale Stauffer

Many thanks to Dale for her huge and successful efforts to secure sponsorship and get this major event on the road. What a wonderful way to raise awareness of ADDnet as well as provide valuable information about self-esteem for all families! - SD

ORDER IN THE HOUSE! *production team*

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DO YOU WISH TO BE INCLUDED IN THE REGISTER OF ADD SUPPORT GROUPS AND PHONE CONTACTS Y/N

Would you like **a free copy of *Order in the House*** sent to a relative, friend, your child's teacher, school or doctor? Write details below (one per subscriber).

WHAT'S ON

August 6th Organisational Skills for adults, 2 hour/week x 4 course with Dr Stephanie Whitmont, researcher into psychophysiology of adult ADHD at Westmead Hospital, Syndey. Phone 041 999 4199

August 8-9 two-day conference sponsored by Hunter Area Health, at the University of Newcastle, guest speakers include Dr Loretta Giorcelli, visiting from the USA. Further information from Trevor Waring at James Fletcher Hospital, phone 049 246 500.

August 29 Raising Difficult Children workshop begins Narara Baptist Church. Contact Neil Harris 043 285 550

September 25-28 Australian Association of Special Education conference, Brisbane, phone 6176 312 885

Getting in touch

- "I've noticed that a hot shower helps with my son's Ritalin rebound. Do your readers have any other suggestions for dealing with this problem?" Write, phone or email to us at OITH, PO Box 85 Parap NT 0804, 08 89 812444 (BH) or hdengate@ozemail.com.au

- A group of mothers would like to hear from others using disability discrimination legislation , phone Margie ph 08 89 881688 (BH).

Medication

U.S. committee report

"Unfortunately, some children receive drug treatment for long periods without (initial) evaluation and without continuing evaluation during therapy" according to a medical committee report in *Pediatrics*. The report recommends that "medication for children with attentional disorders should never be used as a sole treatment ... Proper classroom placement, behaviour modification, counselling, and provision of structure should be used, even if pharmacology is being considered ... Medication should not be continued if clear-cut benefits are not observed."

"Medication for children with attentional disorders should never be used as a sole treatment."

Recommended drugs include Ritalin and dexamphetamine. Some findings: doses of Ritalin greater than 1.0 mg/kg per dose may lead to decreased performance in attention testing and memory. The manufacturer does not recommend a daily dose larger than 60 mg for children. Results with sustained release Ritalin have been disappointing because the duration of the effect is highly variable.

Other potentially useful drugs include tricyclic antidepressants. The report mentions "a very small number of reports of sudden death in children receiving these medications" and warns that electrocardiographic monitoring does not help clinicians identify the children at risk. There is a warning about misuse: "the use of alternative drugs such as tricyclics and clonidine must be approached with caution because they have the potential for causing death when ingested intentionally by emotionally fragile children or accidentally by their siblings".

Further information. Committee on Children with Disabilities and Committee on Drugs, *Medication for Children with Attentional Disorders,* Pediatrics,1996;98,2;301,304

Reader Comment

Ritalin, EPO and diet

A mother writes:

"My son has been on Ritalin since he was six years old - he is now nearly twelve. He is definitely ADD and has severe learning difficulties. My husband and I who have always been opposed to drugs of any description felt that we were possibility holding him back by not putting him on the drug. Tom had always been very angry and aggressive, not so much hurting others (although it often happened by accident) but more by hurling toys, furniture and anything else he could lay his hands on in a rage. Once he started Ritalin this behaviour virtually stopped. It was like a nightmare had been lifted.

About three years ago we decided to give him a break from Ritalin while on holiday. Within three days we were all in tears and seriously considered calling the whole thing off. Tom went into terrible rages and exhibited extreme behaviour like running out on to the road and jumping from bed to bed, accidentally landing on other furniture. It was like being caged with a wild animal. We put him back on the Ritalin and continued with our holiday.

After reading about evening primrose oil we commenced a trial in December. We felt that a trial couldn't really be carried out properly while Tom was on Ritalin so we gradually reduced the dose. After being Ritalin-free for five weeks, he was not exhibiting the rages of the past but he was still very naughty. He seemed bearable before going back to school but impossible to live with after school started. One of the factors involved was that he was being bullied, and we took steps to stop that. Inspired by the book Different Kids, we then decided to try the RPA diet. We took him off the evening primrose oil and started the diet. After two weeks of rage, Tom calmed down and is now about the same as when he was on Ritalin, except when he breaks the diet. I would not have believed diet could have so much effect."

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Children of the Great Lakes

Chemical contaminants will have an effect on behaviour before they reach levels high enough to have a measurable physical impact on a baby, according to researchers in a unique set of rat and human studies in America's Great Lakes area. Investigating the effects of eating contaminated fish, researchers found the higher the level of synthetic chemicals called PCBs in the mother's fatty tissues, the higher the level of behavioural disturbance of her children. There is no difference in behaviour as long as life is pleasant and uneventful, but both children and rat pups react more to negative events. "Every little stress will be magnified," says researcher Helen Daly.

Grandmother rat studies suggest that contaminants taken in by the mother can somehow have effects that reach across two generations and affect grandchildren as well as immediate offspring. PCBs do not break down, so avoiding fish during pregnancy had no effect. The mothers' stores of PCBs were passed to their children through the placenta and breastfeeding. PCBs (polychloride biphenols) are one of a number of substances, including lead, cadmium, DDT and Bisphenol-A, which mimic hormones in the body. As well as behavioural problems in children they have been associated with reduced fertility, low sperm count, enlarged prostate, breast and testicular cancer and undescended testicles. Although PCBs are no longer manufactured, they are so widespread that when researchers tried to find people for an uncontaminated control group, they were shocked to realise that there weren't any.

Further reading. Theo Colborn and others, "Our Stolen Future", Abacus Books, 1996, $16.95, pages 190-194

Research

Lead exposure and behaviour

Lead is a neurotoxin that has been associated with reduced intelligence, attention deficits, aggression and destructive behaviours in children. Damage to the central nervous system may be permanent, resulting in school failure and anti-social behaviour. The danger is highest to young children at risk of exposure from

- leaded paint used on houses before the 1970's, especially renovated houses or where paint is peeling
- living near a lead smelter
- living or attending school near a major highway travelled by at least 30,000 cars per day
- hobbies such as making lead fishing sinkers

Young or developmentally delayed children who engage in hand-to-mouth activities are most at risk. When a six year old autistic child was found to have a high blood lead level, the child's school, a special school for children with learning disabilties, was assessed for lead contamination. Significant lead contamination of the school

environment was found, due to the use of lead-based paint on the older-style, renovated building. The affected child had exhibited aggressive and often violent behaviour for at least 18 months before treatment. Parents and doctor had assumed this was part of autism. After chelation therapy, the mother commented on the reduction in aggression and how easy the child had become to manage.

Basic management of young children with elevated blood lead levels includes identification and removal of the source of lead, improved nutrition including calcium, iron, zinc, low to moderate-fat diet, education about minimising lead exposure, and chelation therapy where necessary.

Reference: Bawden-Smith & others "Lead exposure at a school for children with developmental disabilities", NSW Public Health Bulletin, 1995,6(11):124-127. More information, including the article "Can exposure to lead cause ADD?" by Jason Bawden-Smith from The LEAD Group, phone 02 9716 0132, FREECALL 1 800 626 086, PO Box 161 Summer Hill NSW.

Substance abuse

Sudden Sniffing Death

A reader reporting the petrol-sniffing death of her ADD brother commented, "His ADD was never recognised at school. You have to wonder if things could have been different".

Inhalant abuse can result in death. First time users account for 38 per cent of all inhalant abuse deaths. Irreversible brain, liver and kidney damage can also result. Nearly one in four admitted to deliberately abusing inhalants in a survey of more than 13,000 high school students in NSW and Victoria in 1992. Products most abused include felt-tip markers, glue, spray paint and paint thinners, typewriter correction fluid, toluene, petrol and a range of aerosols. To identify chronic inhalant abuse in your child, look for:

- paint, marker or correction fluid stains on clothing or body
- chemical breath odour
- spots or sores around the mouth or nose
- dizzy, dazed or drunk appearance
- nausea or loss of appetite
- excitability, anxiety or irritability
- problems in school (poor performance, chronic absenteeism, apathy)
- hand tremors
- chronic headaches
- excessive sweating

Talk about this with your children *before* they are offered their first "happy can".

Further reading: Readers Digest, The High Threatening our Kids, June 1997, 113-117

Environment

Multiple Chemical Sensitivity

An OITH reader whose 7 year old son has been diagnosed with ADHD, ODD, Aspbergers and "a touch of Tourette's syndrome" was found to be highly sensitive to chemicals. Although her son improved on a combination of medication and diet, the smell from a tin of paint was enough to cause an uncontrollable outburst of swearing and lashing out. This mother reports that zinc supplements have "helped a lot". Thanks to the Australian Chemical Trauma Alliance for the following article.

Multiple Chemical Sensitivity (MCS) can result either when a person is exposed to a large chemical contamination or to very small chemical exposures over a long period of time. MCS sufferers can react to minute amounts of chemicals, either mildly or severely, and the symptoms are varied. Children are the most susceptible as their immune systems are not fully developed. Some of the symptoms can include: headaches, poor concentration, confusion, rashes, depression, nightmares, fine or gross motor coordination problems, learning, developmental and behavioural problems which include ADD and hyperactivity, drowsiness and fatigue, asthma and respiratory problems, bed-wetting, recurrent flu-like symptoms and infections, eye irritations, intestinal problems and food intolerance. Ultimately, liver and kidney damage and cancers may develop. Many children have been helped by reduced-chemical diets and by decontaminating their environments as much as possible.

Since the second world war, 600 million chemicals have been unleased on the world. In the US alone, 250 billion kilos of chemicals are manufactured each year. There are 3500 chemicals used in foods. It cannot be expected that the human race would adapt to 50 years of chemical assault without producing some side effects. These are now becoming more apparent and in some instances, epidemic.

- by Tracy Brown, Australian Chemical Trauma Alliance (ACTA), phone 067 252421 or 067 255521.

Decreasing defiance

We parents are often told that our children behave badly because we don't spend enough time with them. Psychologists confirm that parents spend progressively less time in leisure activities with their problem child. Dr Christopher Green says, "Young children want parents who will play with them." A mother from Victoria comments, "I don't get home until 6.30. I'm tired and I have to cook tea. I don't have time for behaviour management." In this article we look at psychologist Dr Russell Barkley's suggestions for improving the parent-child relationship by spending small amounts of enjoyable time together, as a first step in reducing defiant behaviour.

Think about the worst boss you have ever worked for. What are five characteristics of this person's management style? Now do the same for the best boss you have ever had. Which one got you to perform your best? *Which one of these two are you most like when you are relating to your problem child?*

Most parents confess that they are more like the bad boss. Yet a good boss, who makes his employees feel valued through recognition, positive feedback and encouragement rather than commands and criticism, is more likely to obtain the best work from his subordinates. Like employees, it is possible that defiant children may be "on strike" because of poor management and work conditions in the home. It is difficult to manage a child who perceives that his whole life consists of criticism and punishment. The same principle applies to the classroom. Not surprisingly, studies show that children behave better for teachers they believe like and care about them.

The aim of the following exercise is to help parents and children to rebuild a positive relationship. Each parent is required to spend 15-20 minutes in special one-to-one play sessions with the child. There should be at least five sessions in the first week and then three to four a week until problems are over. Some parents say they are too busy for this kind of activity. Dr Barkley comments that this is the sign of a major problem, where the parents attach little time or importance to child-rearing. Only half joking, he suggests that parents consider putting the children up for adoption if they are unable to find even 15 minutes in a day for their child.

Choose a time. For children eight and under, choose a time for your daily session. For preschoolers this might be morning. Or it can be after school or after dinner. For children aged 9-12 find a time when your child seems to be enjoying a play activity alone and join in. This program is not recommended for teenagers.

Make it one-to-one. Choose a time when other children are busy or can be minded.

Which activity? You can ask the child "this is our time to play together, what would you like to do?", or if your child is already playing, you can ask "can I join in?" Watching television is not an acceptable activity for this exercise.

Relax. Be unhurried. Give your child top-quality attention.

Make comments. Describe what your child is doing occasionally throughout the play session. This is to give children the idea that you are interested in what they are doing. Young children often enjoy their parent commenting on the action in the manner of an involved sports newscaster.

Your child is in charge. This is your child's special time. Do not take over. Give no commands and ask as few questions as possible. Cooperative games are easier than competitive games. For example, if you are playing a competitive game, the child must be allowed to make up new rules or even to cheat. The aim is for your child to enjoy the time, not to be taught or corrected.

Feedback. Provide occasional praise, approval and positive comments about your child's actions. Be honest, not excessive. eg. "I like it when we play quietly like this ... I really enjoy our special time together ... look how nicely you have made that ... it's nice when you ... that was good the way you ... nice going! ... super! ... great! ... you know, six months ago you couldn't do that as well as you can now ... you did that all by yourself - way to go ... I am proud of you when ... I always enjoy it when we ... what a nice thing to do ... wait until I tell your mum/dad how well you ...". Don't forget nonverbal signs of approval like hugs, a pat on the head or shoulder, affectionate rubbing of the hair, place arm around child, a smile, a wink, a thumbs up sign, a light kiss. Give immediate feedback, say exactly what you like and avoid backhanders like "that's good. Why couldn't you have done that before?".

If your child begins to misbehave ... look away for a few moments. If bad behaviour continues, tell your child the special playtime is over and leave the room. Tell your child you will play later when he or she can behave nicely. For extremely disruptive, abusive or destructive behaviour during play, discipline the child the way you normally do.

If you make mistakes ... most parents give too many commands or questions, or make too few positive comments about the child at first. This will improve with practice. Each parent should spend time with the child in this special playtime. Some parents find these so beneficial that they start a special playtime with other children in the family.

This exercise is not a miraculous cure for defiance, but it is a good beginning. Most parents report a renewed sense of pleasure in playing with their child when following these guidelines, and find an improvement in their relationship after only one week. The children enjoy themselves and often request additional playtimes. To change defiant responses outside playtimes it will also be necessary to use other behaviour management principles such as the other steps in Dr Barkley's ten-step *Defiant Children* program or any standard behaviour management course. These include how to give effective commands, increasing compliance to commands and requests, decreasing disruptiveness, increasing independent play, how to set up a point reward system and effective use of time out.

Further reading:

Barkley, RA *Defiant Children*, $49.95 (Set of two: a clinician's manual for parent training plus a book of parent-teacher assignments)

Barkley, RA *Taking Charge of ADHD, $29.95* (A book for parents which includes a shortened version of the *Defiant Children* program)

Dengate, S *Different Kids*, $17.95 (A former teacher describes how she used the *Defiant Children* program in combination with diet for successful management of oppositional defiance in her own child.)

Wallace, I. *You and your ADD child,* $17.95 (By a Sydney psychologist, this book includes suggestions about behaviour management, including defiance and conduct disorder in teenagers.)

The above books are all available from Silvereye Educational Publications, a mail-order bookshop specialising in ADD and Learning Disabilities. PO Box 715, Raymond Terrace NSW 2324, phone/fax 049 87 3457.

Reader Comment

Letters from the inside

The following extracts are from letters by an OITH reader who served time in prison for armed robbery. After release he learned about attention deficit disorder and is now taking Dexamphetamine.

Diagnosis of ADD: "I'm a newcomer to the world of ADD. It's amazing how much better I am and the way I feel about myself. As the months go by I look back and see how much I have improved. I now have control over my life and I'm where I want to be. It was hard in the beginning to face the fact that for most of my 31 years, I have always been in trouble with someone. I left home around 13 years of age. Even though I've had girl friends and I have children, before I was diagnosed I suspected that something was wrong with me because I couldn't get anything right and I have always been alone."

The system: "I was in prison for 18 months. The system is wrong. The prison is more like a metal asylum. There is no stimulation there at all, nothing for rehabilitation. I was there for drug-related crime and they had no drug counselling program. ... There was a lad, he was only young, they were treating him with drugs for schizophrenia. I saw how they affected him. They made him more like a zombie. Being so young, he left with more scars than he went in with. I think if he isn't getting help, he will be a very hostile person now."

Amphetamines: "Didn't affect me like all my friends. Instead, I felt relaxed and wanted to go to sleep. The main problem was buying bad batches, when they cut it with poisons. One night I thought I was going to die, other times I felt bad and lashed out."

How to reduce the prison population: "Why don't they screen prisoners for ADD? I reckon they could reduce the prison population by doing that. If medical staff had taken the time to go over my background, I could have been diagnosed for ADD while I was in prison. ... Even while I'm taking Dex, I can notice some foods, like oranges, affect me. I had no idea food could be so important. Why don't they change the food in prison? I bet there are lots like me in there."

Editorial

Seven months ago my daughter had an operation for a ruptured appendix, following soon after by a bad bout of the flu from which she did not recover. Now she has been diagnosed with Chronic Fatigue Syndrome, which, like ADD, is a controversial diagnosis. This time, I knew what to do. I phoned the library immediately for the contact number of the support group, and they provided me with more information than my doctor. I talked to people in the same situation, and I read books. Unlike many ADD (and CFS) families, we were lucky that we happened to go to a doctor who is knowledgeable about this condition. Not much is known about CFS, but the research is clear on one thing - people with late diagnoses are likely to recover more slowly, if at all. I'm sure the same can be said of ADD. Thus doctors who fail to diagnose these conditions can be causing harm to their patients. A reader who is convinced his time in prison could have been avoided by early diagnosis, gives his poignant account on page **

After years of battling the school system, we have now become a home-schooling family due to Rebecca's illness. Are you horrified at the thought of staying at home with your ADD child? Readers report surprising results (page **).

A reader writes: "I can't tell you what a support and encouragement your newsletter is to me and some of the parents in our small group. As you will understand, we get tired and sometimes just knowing that your team is there, sifting through all the information, is comforting." All of us at OITH and ADDnet are volunteers working to promote the interests of ADD families. Enclosed with this newsletter you will find a leaflet for ADDnet. Please show your support by joining.

- Sue Dengate, editor

Review

"Clear Calm & Healthy" new self-hypnosis cassette

My reaction to the first self-hypnosis cassette *"I'm not hyper, angry or lazy*" was "Forget the kids, I'm going to use this myself". A year later, I'm still a regular listener. Readers say they and their children are more relaxed, feel better about themselves and sleep better when using it. Now there's a double-sided version of *I'm Not Hyper* and a new cassette. Aiming for Clear skin, Calm mind, and Healthy body the new release revisits old favourites like the warm dark tunnel, crystal stream, and boat at anchor but adds a new star-shaped chamber, more upmarket sound effects and a faster tempo, designed to appeal to teenagers and adults. Comments one mother for whom getting her teenager up in the morning has always been a battle, *"After using the tape for three weeks, David got himself up earlier and has been going to school earlier. A few days later he came home from school saying he had made an appointment to see the school counsellor about organising his time better. These are just two incidents showing some positive action from David that astounds me."*

Available from Natural Symphonies, PO Box 252 Camden NSW 2570, phone 046 55 1800, fax 046 55 9434, email: Natsym@flex.com.au

Education

A school alternative

"My son is no trouble when he is at home. He spends most of his time up a tree." A surprising number of mothers of ADD children report that their problems only began when their child started school, or when the child had a personality conflict with a teacher. But is there an alternative?

Most OITH readers who are homeschooling are doing it because they have to: "He was expelled for disruptive behaviour and teasing weaker boys," or because their children fail to learn: "how could I send him to high school? He couldn't read", or because they don't like the values that schools teach: "What they learned at high school was to swear and disobey their parents. Their marks were terrible".

Research shows that homeschoolers as a group do well. They consistently score better than public school students on standardised achievement tests, and do well at universities. A study in 1986 found the self-concept of a group of homeschoolers to be "significantly higher" than that of their publicly schooled peers. There are some famous homeschoolers who have made significant contributions to society including inventor Thomas Edison, scientist Albert Einstein, artist Andrew Wyeth, anthropologist Margaret Mead, and author Mark Twain. Some of these are also considered to have had ADD.

Prize-winning American author David Guterson homeschools his own four children while teaching at the local high school. He suggests that schools stifle the child's natural desire to learn. Socialisation is another issue. "My students' parents have often expressed dismay at how school has shaped their children," he explains, referring to the alienation of children from parents and the unnatural massing of children with their own age group which leads to peer obsessiveness and the clique mentality. Homeschooling, he concludes, allows children to develop a more balanced set of relationships.

"I couldn't have contemplated homeschooling my son until he went on the diet", said one mother. "I couldn't stand him. I sent him to school to get rid of him". For those doing diet, homeschooling is easier. It avoids peer pressure, school canteens, fast food vouchers and adds cooking to the curriculum.

Combining school and home, at Twin Ridges school district in California, homeschooling families are provided with access to school libraries, special classes, computers, videos and science kits. Two home-study teachers are provided for counselling, advice and assistance to parents.

In Australia, correspondence or distance education schools often provide many supports for parents along with lessons. OITH readers are generally enthusiastic about the quality of education from these schools, but gaining

entry can be difficult unless the child has already been expelled from other schools. Why wait until the children have hit rock-bottom? Mixing with a smaller group of a wider age range, working in a one-to-one situation, following the child's own interests, and proceeding at the child's own pace will obviously benefit most ADD children. The mother of the 15 year old who was expelled above, reports: "Since he has been doing Distance Education his marks (except Maths and Science) have improved - he is better socially - he is nicer to be around".

Further reading: *Family Matters: why homeschooling makes sense* by David Guterson, 1992, Harcourt Brace Jovanovitch

Books for teachers

- **Helping students with learning difficulties through adaptions and accommodations: a guide for teachers by Katherine Spencer, 16 pages, $6.00**

- **Assisting students who have attention deficit disorder: a guide for secondary teachers by Virginia Potter, 20 pages, $8.00**

Wouldn't you like your child's teacher to know this: "***ADD is a handicap***. Though it cannot be seen, it is as real as a physical or sensory disability and requires tolerance, reasonable accommodations and assistance from the wider community. There is no blame for the presence of ADD in a student." (Potter) And: "Accommodations are various strategies that teachers can use to increase the likelihood of successs for students with learning difficulties. They include adapting and adjusting teacher attitude, curricula, instructional methods and classroom organisation." (Spencer). Spencer reviews research about learning and quotes the findings in an organised, interesting and easy-to-apply manner eg. "there is no more positive reinforcement more effective than success". Potter's book describes ADD, behaviours to expect in the classroom and suggestions for how secondary teachers can help their ADD students, including in specific situations, such as difficulty with class behaviour, difficulty getting organised to work, difficulty completing work, difficulty in mathematics. These two booklets are enormously popular with teachers throughout NSW.

Both clear, well set out A4 size spiral-bound booklets available from the LD Coalition of NSW, PO Box 472, Sutherland NSW 2223, phone 02 540 3300, Fax 02 540 3266. Add $1.25 each for postage within NSW, $1.50 for interstate. A useful gift for your school.

Part II: ADHD in the under-fives - survival psychology

The first part of this paper by Dr Christopher Green for the CHADD conference in the U.S.A., November 1966.was printed in OITH No 10. It looked at the presentation and diagnosis of ADHD in the under-fives, and three possible approaches by parents. Now read on ...

Turning around discipline

When simple behavioural techniques are ineffective it is time to re-evaluate all available methods. Parents must not expect a miracle, instead they find what techniques bring them some success, then dump the rest. Parents find it hard to let go of usually effective methods which, in their child, are clearly not working. *"Are you telling me we should stop punishing his bad table manners?"* "Is this working?" I respond. *"No, it makes things worse."* "Well, why do it?" *"Are you telling me to let him get away with everything?"* "No, but if it's not getting you anywhere, let's back off."

As a rule

The best chance of success comes from anticipating problems before they hit, steering around the unimportant, clear convincing communication, diversion, time out, getting outside, putting on a favourite video, avoiding escalation and keeping young children moving.

The way we make things worse are generally, nit picking, escalating, addressing the unimportant, confronting, debating, shouting, smacking, withholding privileges and over-use of the word "no".

Parents who do not accept the ADHD child as different, and make no special allowances, are in for trouble. Those who are hell-bent on bringing up their children with the same rigid discipline of their parents' generation are also heading for a failure.

In academic circles the thought of smacking is taboo, but in the real world it is an extremely common form of punishment. For children with an easy temperament smacking may occasionally work but there are much better forms of discipline. In the challenging child, smacking is ineffective, escalating and dangerous. Parents smack to 'make' their child conform. He defies, they smack harder - he resists, and things get out of control.

Parents who live with a demanding, difficult young child feel trapped and have no space. If putting on a favourite video gives a short period of peace, this must be encouraged, despite current criticism of child-minding by television.

Medication can be a miracle

Paediatricians and parents are uncomfortable with the use of stimulants under the age of five years. Having stated this, it is our experience over the last fifteen years that stimulants can be surprisingly safe and successful in three and four-year olds. In theory, the drug Clonidine and the tricyclic anti-depressants might be considered ahead of stimulants, but in our clinic, stimulants, with their quick action and clearly documented effects, remain the first choice.

At this age introduction and adjustments should be in quarter-tablet (eg 2.5 mg Methylphenidate) increments. Medication is only trialed with informed consent and on the parent's request. We trial both stimulants, Methylphenidate and Dexamphetamine, as these two preparations are definitely not equal in effect and side effects. After an initial three-week trial no drug will be prescribed unless the parents, with feedback from the nursery school, are certain of the benefits and freedom from unwanted side effects.

Medication response is quickly coded on a four point scale. Four out of four is a miracle improvement. Three out of four is extremely good. Two out of four is good but there is room for improvement and one out of four is minimal. Most children who start on medication have a score of two and a half or above.

Some young children seem to metabolise quickly and rebound as their level drops. To combat this some are maintained on four, or occasionally five, small doses to give an even response throughout the day. A few who are extremely difficult will get their first dose the moment they wake.

During our trials of medication the most common parental complaint is of withdrawn, teary, upset behaviour, often with unexpected anger and irritability. In our experience this is more common with the drug Dexamphetamine than Methylphenidate and can usually be eliminated by changing the preparation or lowering the dose.

Ten years ago we were reluctant to use medication in young children, but have now realised that, with drugs we can reach, and then teach. This makes our behavioural techniques much more effective. It also helps parents communicate with their children and become closer in their relationship.

Survival psychology

It's not fair, it shouldn't happen, but the child is there and no one is going to miraculously change their temperament. Over the years we have moved from proposing clever behavioural programs that rarely work, to regroup and promote the art of "survival psychology".

The first step is to accept the reality of the situation, then become committed to a few firm rules, then steer around the strife. If lengthy time in the supermarket is a nightmare, avoid this, use late night shopping or bundle the child in the trolley and use the 'smash and 'grab' approach. If gatherings with friends and family cause embarrassment, drop in for a high quality half hour and leave before the bomb blows. If travel is a torment, stay

near home. If the child is a runner, fortify the compound. If ornaments get broken, lock them away. If the video is being reprogrammed, put it in a playpen.

It is not the way it should be, but it is easier to spend time playing with the child than getting nothing done as you squabble and resent. They enjoy getting out, but don't let two hours of fun in the park be destroyed by an argument on the way home. We are not looking for conflict, our aim is peaceful coexistence and a child who is still close to their parents at the age of eighteen. The general rule for all our ADHD children is, **when in doubt use an olive branch not a stick**.

The end result

Children who present with extreme ADHD behaviour at preschool age will probably continue to be a challenge for many years. We can't wait until the age of six to take this seriously, if we don't get it right at the start, relationships can become permanently derailed.

Recently I worked with an explosive ADHD three year old and his defeated mum. I asked if his behaviour was as difficult for everyone, to which she replied, *"Even our German Shepherd guard dog is frightened of him!"* With redirecting the discipline, survival psychology and a successful trial of medication, she returned for a review. When asked the questions "What's different?" she was quite clear, *"Now I love him"*.

Dr Green a consultant paediatrician, head of the Child Development Unit of the Royal Alexandra Hospital for Children, a clinical lecturer at the University of Sydney, author of ***Toddler Taming*** *and co-author of* ***Understanding ADD****.*

"Who'd be a parent?"

To be in the draw for a free book, complete at least one question on the enclosed questionnaire. This is from psychologist and author Dr John Irvine, to help with his third book. Your chance to have a say! **Post to: Dr J Irvine, Suite 11, 1/5 Baker Street, Gosford NSW 2250.**

1,2,3 - Magic

Reviewed in the last issue, this behaviour management video has readers telling us "it really is magic". Over the last two years, Westlake Macquarie family support worker Paul Arrowsmith has shown 1,2,3 - Magic in three-hour workshops with handouts, to 1300 parents. We would like to see every Family Support Service offering this video. More information about workshops in the Macquarie area from Paul Arrowsmith on 049 59 6604.

Clumsy kids

Children with dyspraxia, a condition that makes them extremely clumsy, can become much better coordinated if they add fish oil to their diet. In the last *Diet Page* we reported on Jacqueline Stordy's work with dyslexics and essential fatty acids at the University of Surrey in Guildford. In a new study 15 dyspraxic children aged 6 to 12 took fish oil rich in essential fatty acids for three months. There were highly significant improvements in the children's balance and dexterity. According to Stordy: "Before, the children couldn't catch a ball. Now they can." This study will be published in the *American Journal of Clinical Nutrition*.

Disability discrimination

The national phone-in last September received calls covering about 270 students. Most had experienced problems such as outright denial of enrolment or subtle persuasion to go elsewhere, partial enrolment, negative attitudes by teachers and principals, failure of teachers to stop bullying and harassment by other students, lack of practical support, harassment and many others. More information from Christine Flynn, senior project officer, National Children's and Youth Law Centre Disability Discrimination in Schools Project, phone 02 9398 7488.

Smoking and ADD

Children are nearly three times more likely to suffer from ADHD if their mothers smoked during pregnancy, according to research published in the latest *American Journal of Psychiatry*. [*Is this because more ADD adults smoke? - Ed*] The study also found that children's IQ is lower if their mothers smoked during pregnancy.

Australian book for children

"Jack in Trouble" by Fran Purcell

Poor Jack. His mother's having a baby and he's going to stay with his cousins. But they don't want him. He's bad at ball games, terrible at maths, untidy, forgetful, disorganised, always in trouble and everyone dislikes him. Whatever is wrong with him? Of course, it turns out to be ADD, Jack takes his "special pills" and everyone lives happily ever after. This is a book for children from 8-10. The children who read it for me commented "there are a lot of things about ADD this book doesn't mention", "they didn't talk about diet" and "what about when your pills don't work and you have to try new ones?" But they all loved the story. It is very easy identify with Jack's troubles.

- Reviewed by Sue Dengate, author of *Different Kids*: *Growing Up with ADD*

Dyslexia vacation schools for children and adults are offered in Brisbane by dyslexia consultant Christina Alexander. Courses are based on Christina's own "big, bold and beautiful books with attractive, shiny, gold covers", lavishly illustrated by prize-winning artists and written during 18 years of dyslexia research. More information from PO Box 134 Kenmore Qld 4069, phone 07 378 3915.

NSW

The Pindari Centre at Peakhurst in Sydney is a project of the Association for Children with Learning Disabilities which has operated specialist services to children with Learning Disabilities and their families for 24 years. For information and brochure phone 02 9534 1710, 12-14 Pindari Road, Peakhurst, email: learning@acld.asn.au

VIC

- *A support group for ADD adults* has started in Geelong. Attracting 55 people to their first meeting, this group is offering a seminar on 26 May with Dr Dennis Shum talking on ADD/ADHD. A psychiatrist will give an opposing view. For more information, contact Davina Vella 03 5255 1306, PO Box 492, Ocean Grove 3226, email dvella@ne.com.au

- Representatives of Victorian groups are hoping to start a state-wide group called ADD.VIC. For more information, phone Jill on 03 9801 7185.

Q. Does Ritalin stop working in teenagers? My son (14 years) has been taking it for three years but it doesn't seem to be doing anything for him and he doesn't want to take it anymore.

A. Ritalin (and dexamphetamine) continue working into adolescence and adulthood in most cases. There are several possibilities that your son's medication is not doing its job. Firstly, he may not be taking it (many teenagers actively refuse medication as the result of peer pressure or Oppositional Defiant Disorder). Secondly, the dose may no longer be effective and he may require an increase in dosage. Thirdly, he may have developed a tolerance to Ritalin and may need to try an alternative medication such as dexamphetamine for several weeks, after which time Ritalin will be effective once again. The issue of non-compliance should be discussed with his physician.

Q. What is the best age to do the elimination diet?

A. If everything else has been excluded and the problem is severe enough, then when the parents are ready they can do the diet. This can be when the baby is fully breastfed, when the baby has been weaned or when the child has become a little older, or during teenage. So it can be at any stage of a person's life, when they find that the problem is severe enough, or when they are ready to look at whether food may have a role. Anyone doing an

elimination diet should get in contact with their local dietitian to make sure than good nutrition is being maintained during that period.

Dr Robert Brooks to speak in Australia

Boston psychologist Dr Robert Brooks specialises in fostering self-esteem in children and adolescents. A regular speaker at CHADD conferences, Dr Brooks has agreed to speak in Australia in 1998 as a guest of ADDnet. To help in fundraising for this, Newcastle Rotary have offered ADDnet participation in a raffle. Prizes (car, computer, TV etc) and tickets are organised by Rotary. ADDnet sells tickets ($2 each) and receives 80% of takings. If your group can sell tickets, please write to Lynne Mulley, 6 Watt St, Raymond Terrace 2324, ph 049 873 249.

Sugar industry workshop

The scientific evidence that sugar has no effect on children's behaviour was presented at a sugar industry workshop by Professor mark Wolraich from Vanderbilt University in Tennessee. As consumer representatives, ADDnet stressed the importance of parental observations in evaluating the problem and the need for support for families in difficult circumstances.

CHERI (Children's Hospital Eductaion Research Institute) Research Seminar

Research into aspects of ADHD was presented to invited professionals and ADDnet representatives at this seminar. Of special interest was a trial presented by Dr John Kramer of the Division of General Practice in Coffs Harbour, NSW, in which a multi-disciplinary team (parent, teacher, GP, speech pathologist, etc) meets once a month at the school concerned to plan and monitor the progress of the child in question. Another study, currently awaiting publication, compares the efficiency, side-effects and predictors of response of Dex and Ritalin. This was presented by Dr Daryl Efran from the Centre for Community Child health and Ambulatory Paediatrics in Melbourne.

Alternatives

Pycnogenol

What is it? The first recorded use of this compound occurred in the 16th century, when explorer Jaques Cartier's ship became frozen into the St Lawrence's waterways for the winter. His crew developed scurvey, an often fatal disease common in sailors, caused by vitamin C deficiency due to lack of fresh vegetables and fruit. After 25 deaths, Cartier noticed that local Indians cured themselves using a tea brewed from the bark and needles of a local pine tree. Drinking this tea, the rest of the crew recovered in six days. Four hundred years later Professor Jaqcues Masquelier found the active ingredients in the tea were bioflavonoids and Vitamin C. He eventually patented a procedure for extracting the active compound, called Oligomeric Proanthcyanidin (OPC). According to advertising material, OPC is a powerful antioxidant, twenty times stronger than vitamin C and 50 times stronger than Vitamin E. Antioxidants protect healthy cells by destroying free radicals contained in air pollution, cigarette smoke, radiation, pesticides and preservatives. OPC occurs naturally in pine bark, grape seeds, and red wine, and to a lesser degree in peanut skins, many berries and several herbs.

Does it work? We have heard from readers in Australia and New Zealand that Pycognenol works well for some but not others. Some children require a very high dose which is expensive.

Where do I get it? Pine bark extract from the white pine (*Pinus strobus)* is available in Australia, called Revenol, from Neways International, 162 Fullarton Road, Rose Park SA 5067, phone 08 8364 3660 for the name of your closest distributor. Revenol retails for $49.95 in 60 tablet packs. Pcynogenol extracted from the maritime pine *(Pinus Maritima)* which is considered to be stronger, is available overseas but still being reviewed by the Therapeutic Goods Administration in Australia. You can enquire about this product from Kaire Australia Pty Ltd, fax 02 9899 7300 or Kaire New Zealand Pty Ltd, Unit D, 6 Jack Conway Avenue, Manakau, New

Zealand, phone 0011-64-9-262-2558, or fax 0015-64-9-262-0909. New Zealand time is two hours ahead of Australia's east coast.

- **Anti-discrimination.** Jenny would like to hear from parents of ADHD children especially in Queensland but also in other states who are using the anti-discrimination process because of unfair treatment by the education department. Phone 07 3800 8985 (evenings) or write to Jenny, c/- OITH, PO Box 85, Parap NT 0804.

- **Distance education special needs**. Are there any Qld or NT parents in the Queensland Distance Education system who feel they need a special needs teacher for their child? - for any reason, e.g. hearing impairment, ADD, autism. Contact Julie Elliott, "Toolebuc Station", via McKinlay, Qld 4823, phone 077 468 634.

Getting in touch - exam provisions

Is there a lawyer in the house?

You can apply for special exam provisions for your ADD student, with or without associated learning disabilities. This is so that disabled students can compete on an equal basis. However, readers find that in practice it is extremely difficult to obtain approval for ADD provisions, as the following story shows.

For his final school exam, one student applied for: time extension (like many with ADD, this student has difficulty in completing tasks on demand within a given time frame), coloured paper, enlarged print, special lighting (all for scotopic sensitivity) and separate supervision (for scotopic sensitivity and distractibility). All requests were refused, and instead, the use of a writer was granted.

As he had no experience in working with a writer, the student felt this would make him distracted and anxious. After an appeal, all requests except enlarged print were granted for three out of five subjects. After further negotiating with the help of a conciliator from the Anti Discrimination board, the student was granted approval for enlarged print in all subjects. Still no time extension for the extra two subjects.

"As the exams in question are over for my son there are no further gains to be made for him."

His mother writes: "The next, and only step, now left available is to take the matter to the Anti Discrimination Tribunal. The conciliator is prepared to recommend the case. To this point I have had support from specialists in the education field who are encouraging me to pursue the matter. As the exams in question are over for my son there are no further gains to be made for him. Therefore, if I pursue this, then it will only be to gain justice for other ADD students so they can be allowed to compete with equity in exam situations. Naturally, this is too big an ask financially for me to cover. Therefore, I am requesting help from any reader with expertise who is prepared to speak for these students for no fee. *We will need a lawyer with skills in anti discrimination* and perhaps some understanding of ADD sufferers and learning disabilities along with specialists in the areas of ADD, learning disabilities, speech pathology, research, psychology and any others who feel they have something to offer, such as those who have assisted in other cases. Should it be successful then we can pave the way for other students." Please reply ASAP to Exams c/- OITH, PO BOx 85, Parap NT 0804.

Diet

School rules on snacks

A school in England has asked parents to stop children's "tuck:" money because it believes crisps and fizzy drinks are making pupils impossible to teach. The action comes after teachers noticed improved behaviour among a group of boys who were denied snacks at Hinchinbrooke School in Huntingdon, Cambridgeshire. Deputy head Cherry Lazenby said "Immediately after morning break and lunch-times, children are 'hyper'. They are noisy, rowdy and they can't sit still or concentrate. It is not just the exuberance of break-time being carried over, it is much worse. They fill up on sugar and additives and misbehave immediately afterwards".

Regional spokesman for the National Union of Teachers, Alan Williams, said "There is a problem nationally with this and it is causing a lot of concern. Children are being affected by what they consume at break-times and their behaviour is suffering as well as their health".

- *from The Times*, February 1997

Diet

Hyperactivity and food additives revisited

The Food Advisory Committee in England is to take another look at a possible link between hyperactivity and food additives, reviewing all available scientific and medical data. If you have a case history, send it, stating that it is for distribution to all the FAC members, to: The Secretary, FAC, Room 239b Ergon House, 17 Smith Square, London SW1P 3JR.