PRINCIPLE

2

# REMEMBER THAT IT'S A DISORDER!



Just as important as keeping your focus on the keys to success for your child (Principle 1) is reminding yourself that your child is dealing with a real disorder. Doing so buttresses your positive practical and emotional support with compassion, acceptance, and forgiveness. It also allows you to adjust your expectations in a way that will reduce family conflict and enable you to fulfill the child's greatest potential.

**THE PROBLEM: Your child looks as typical or normal as any other child, so it's easy to forget the child has a real disorder or disability.**

In all of my decades of clinical practice and research related to ADHD, one of the greatest hindrances to helping those with the disorder has been the fact that other people, including parents and teachers, do not view it as a real condition. They view ADHD as a behavior problem that is the result of the child's willful choice to act this way or of bad parenting. Either way, it is viewed as a learned and likely voluntary behavior, probably used to get attention or escape from responsibilities. Therefore it warrants no compassion and in fact might deserve punishment. There is no reason to provide accommodations, protections, entitlements, special educational services, or anything else one might do for "real" disabilities like Down syndrome or cerebral palsy or for serious mental disorders like intellectual disability, psychosis, or autism. Harsh moral judgments and sanctions might be in order, but not compassion and a desire to be of help.

We can see why the public would hold such a view about ADHD: As I mentioned earlier, the very name trivializes the condition. Also, the disorder expresses itself through altered behavior and thus behavioral problems, which for far too long were attributed to poor parenting or teaching, or bad influences in the community. Finally, ADHD comes with no obvious physical signs that would tip anyone off to the fact that a child has a physical disorder or disability. The child or teen with ADHD looks as normal physically as any other person of the same age. The fact that such children and teens can do many things as well as typical peers conspires with their typical appearance to lead people to think there is nothing physically or neurologically wrong with them.

**THE SOLUTION: Keep a disability perspective.**

When I was starting my career in child clinical neuropsychology in the 1970s and working with children with developmental disabilities and neurological disorders, I came across the inspiring work of Dr. Leo Buscaglia, who promoted an uplifting view of life in general and an attitude toward disabilities specifically that were both quite inspiring. His book *The Disabled and Their Parents* gave sage advice to parents raising children with disabilities. And among the lessons in that book that has stayed with me in the 45 years since its publication was the importance of mindset in promoting a more helpful and humane way of understanding and assisting the disabled. His message was to acknowledge their condition yet treat them with dignity, have compassion not only for disabled children but also for their parents, and to embrace acceptance of their disability as just a part of the unique totality of that person. I have been teaching this principle to parents ever since.

We can't control everything that happens to us in life, but we can certainly control our attitude toward it. And as we know, attitude is everything in coping with adversity. This is also among the most insightful and even therapeutic lessons of Buddhist psychology. Life involves suffering; but how we react to suffering is what can bring further problems. Our attitude or interpretation of events will determine how we feel and respond, and these often involve wanting, longing for, or insisting on something different from what has actually happened to us. Acceptance of our reality can often relieve us of this additional suffering. Cognitive-behavioral

therapy (CBT) makes the same key point. The disparity between what we want and think we should have or deserve and what is actually the case is the cause of our distress, depression, grief, anger, or anxiety. Our interpretation of events and not the actual events themselves is the origin of such unhappiness.

The fact that children with ADHD can act like typical youth conflicts significantly with the actual nature of their disorder. This disparity can throw you off in the midst of parenting, making you forget that your child can't behave like everyone else his age. You watch your son walk out of his room, leaving a disaster scene in his wake, and note how much he resembles his siblings in appearance and his friends in his demeanor in this particular moment in time. How easy it is to feel a flash of frustration that overall he doesn't *act* like them. Blame or criticism is just a short step from this emotional response.

This is a very natural reaction. Part of what we're responding to in such moments is grief—sadness that the child we love faces these challenges and so do we. Unfortunately, we humans sometimes reject sadness and turn to anger and blame instead. So these moments can be an important pivot point: With a disability perspective as our mindset, we can extend compassion instead of blame (and while we're at it, extend a little compassion to ourselves). Taking this fork in the road is much more likely to lead to strategic solutions that will help the child and us. (It's important not to get so focused on "solving the problem," however, that we start to try to reengineer our children and end up right back at not accepting them for who they are. See Principle 3.)

As the Introduction explained, ADHD is very much a real neurodevelopmental disorder that requires support and accommodations. Rather than merely an attention problem, ADHD is a developmental disorder of executive functioning and self-regulation that would more aptly be named executive function development disorder. Seeing how this takes shape as the problems you encounter with your child every day can make it much easier to remember that your child really can't help it—although he *can* be helped to do better and better over time.

Keep in mind, however, that the last thing a child with ADHD needs or wants is sympathy or pity. What children with ADHD want is your understanding—your knowing and accepting the fact that they may be different from you and their typical peers in several important abilities or capacities. Hopefully, your understanding and acceptance will cultivate

compassion naturally. But even more important, it should create a willingness on your part to get them access to accommodations (see the box on the facing page) and treatments that can reduce the impairment from their disorder that occurs in certain settings and situations, such as school and even at home.

To me, this change in attitude or mental reframing of your child or teen with ADHD is brick one in building a treatment program. No other effective changes to that child's circumstances are likely to occur unless and until parents, teachers, and others accept ADHD as a real disorder that warrants compassion, accommodations, and other forms of treatment. It is the most important and essential change that has to happen as one begins the process of understanding ADHD in a child or teen.

As a parent who chose to pick up this book, you already understand that your child has a disorder; that's why you're reading this volume. Yet it's easy to forget in the most challenging moments of your day with your child. In general, it helps to:

- Renew your understanding of ADHD as a disability and thus
- Recharge the batteries of your compassion for your child and
- Recommit to undertake whatever accommodations and treatments the child may require in order to
- Reduce the impairments that arise from that disability.

I know that's a pretty broad directive; read on for specifics.

**THE PROBLEM: Your child's neurodevelopment lags behind that of children without ADHD.**

Decades ago, when I was about 10 years into my clinical work and research studies on ADHD, I thought it would be interesting to try to determine just how delayed children with ADHD might be in their executive abilities and self-control. I had already come to understand ADHD as a developmental disorder of self-regulation, and ADHD had long been thought to involve a developmental delay in attention, inhibition, and managing activity levels. So I looked across many different studies of children of different ages, including my own research, and computed just how deficient

## Defining Our Terms

We are tossing around a lot of terms here, so let me be clear about what they mean.

**Disorder:** As I mentioned earlier in this book, a mental *disorder* is a failure or dysfunction in a mental capacity or suite of mental abilities that all humans possess. It can result in a significant degree of ineffective functioning in major domains of life activities. When that ineffective functioning reaches a point where adverse consequences begin to occur (the environment starts kicking back), a person is considered to be impaired by the disorder.

**Symptoms:** *Symptoms* of a disorder are the cognitive and behavioral expressions of that disorder.

**Impairments:** *Impairments* are the adverse consequences that occur as a result of those symptoms leading to ineffective functioning.

**Disability or handicap:** Impairment in functioning in a specific domain of activity—such as employment, education, mobility, or self-care—that results in harm or adverse consequences is a *disability* or *handicap*. Notice here that a handicap or disability results from an interaction between the limited capacity of the individual (the disorder) and the demands of a particular setting involving a major life activity, such as one's job. The handicap from one's disorder may be reduced merely by altering the situation. If the setting is changed, known as an *accommodation,* the person may be less impaired or even unimpaired by the disorder in a given circumstance. For example, putting a ramp at the front entrance to a building in no way eliminates the physical disorder a person may have that hinders her mobility and confines her to a wheelchair. But it does reduce the disability or handicap in that situation—she can enter buildings that previously were inaccessible to her. In that situation, she is disordered but not handicapped or disabled.

children with ADHD were on various measures compared to healthy control children.

## The 30% Rule

As I mentioned in the Introduction, brain scans have shown that children and teens with ADHD are on average a few years behind others in their executive brain development. My research years ago and my reading of others' research showed that the range of executive function deficits was somewhere between 22 and 41% of what typical children were able to do on these tasks, averaging about 31%. This was just an initial effort to get some idea clinically of how far behind in development children with ADHD might be in their executive functioning and self-control on average, but out of it came the highly useful idea that children with ADHD seem to be, on average, about 30% behind healthy typical children of the same age.

What does the 30% rule imply for how we should understand and support children with ADHD?

**1.** *We cannot expect children with ADHD to function at the same level as typical children in their seven executive abilities and in their self-control.* They simply can't do so on a routine basis.

**2.** *A great deal of the conflict between the child with ADHD and others was rooted in the inappropriate expectations that parents, teachers, and other adults had for such children and teens.* A clash was occurring between what was being demanded of the child and what the child could actually do on his own given his ADHD. So instead of thinking or saying, "Why can't you act like other children?" we should be thinking or saying, "What can I do to help you do what other children are able to do on their own?"

**THE SOLUTION: Adjust your expectations to your child's executive age.**

Simply put, *lower your expectations for your child's ability to regulate behavior and then think about what accommodations you could make so your child can succeed*

*despite executive function deficits*. Not only will doing so evoke more compassion in you regarding your child's inability to do what others her age can do, but this solution leads to important practical strategies.

If we take the chronological age (CA) of the child with ADHD and reduce it by 30%, we can get a rough idea of what the child's developmental level is in executive functioning—I call this the child's *executive age* (or EA). So, EA = CA × .70 (70%). It's not meant to be rocket science, demanding great precision—just a rough idea of where your child may be functioning. That means the average 10-year-old with ADHD may be functioning more like a 7-year-old in self-control. And that is about what we can expect from the same child in his day-to-day functioning when it comes to self-awareness, impulse control, attention span, working memory, emotional control, self-motivation, time management, and self-organization/problem solving. Your child *can* do these things; just not at the level other children are able to do them.

For instance, your child is 10 years old, in fourth grade, and has been given a typical amount of homework for someone in fourth grade, say 40 minutes. Is this reasonable given the 30% rule? No, not even close. The amount of homework and the degree to which we expect the child to do it independent of assistance from others should be like what we expect of a 7-year-old: 5–10 minutes. What can you do about this? For one thing, get the teacher to reduce the amount of work the child has to do for homework. That will help, but the child may fall behind other children in academic knowledge and skill if this sort of adjustment goes on for a while. She would not be doing as many problems as others and so perhaps not becoming as proficient at this task or concept as others. Alternatively, break up the assignment into smaller quotas more consistent with the child's EA of 7 years. So, give her 5 minutes' worth of work to do, then let her take a break for a minute or two, then give her another 5 minutes of work to do, then another short break, and so on until all the work is done. Will all this take longer than it would for another child? Yes. But not as long as it now takes for the child with ADHD to get the work done on her own (she won't get it done anyway). And at least it will get done, and with a lot less stress, conflict, and tears than if you had just told her to go do her homework like you might a typical 10-year-old.

One more example of how thinking in terms of EA changes expectations: Your son with ADHD is 16 years old, which means in the United States he can probably get a driver's license. Should he? No! Not for

independent driving. Why? The 30% rule tells you why. You just gave someone with the self-control of an 11-year-old a car. OMG! What were you thinking when you did that?

This teen needs to perhaps delay even applying for a license. If he does apply, he needs to stay at the learner's permit level longer, practicing under adult supervision. Then as he demonstrates greater ability to drive with you in the daytime, you might let him drive with you at night. Then eventually he can drive alone. If that goes well, maybe he can have one friend in the car. Notice that you give him only as much independence as he shows he can handle. If he doesn't handle that next level of independence well, you drop back to the earlier, more supervised level.

Related to this issue is the teen's problem with being distractible and having little impulse control. Knowing that, should he be allowed to have a smartphone in the car while driving? No, not without some constraints on its use. You can't just tell him not to use it. We know that given his lower EA he won't abide by that rule once driving alone. You have to make using it while driving impossible. How? By downloading an app into the phone that prevents it from being used while the car is moving. Or by installing an inexpensive device in the car (usually in the smart port somewhere on the dashboard) that will block all cell signals when the car is turned on. Again, the point here is not the specific advice for driving—it's the understanding that comes from knowing your teen has an EA that is much lower than his chronological age and adjusting your expectations and accommodations for him accordingly.

You can apply this 30% rule to just about every major demand you may be making on your child with ADHD, especially as new opportunities for independence come along for her (dating, driving, part-time work, managing money, going to college, etc.). What changes would you have to make in these activities for a child who is 30% younger than her age in self-control to be able to handle them well? It also forces you to consider if you should be letting your child or teen do these things at all right now. The most important thing to remember here is not the number (30%) or its scientific precision (it's not), but the simple yet profound fact that a child with ADHD is substantially delayed in their development of self-control and executive functioning. Now armed with that fact, use it to adjust your expectations downward as if your child were functioning at a younger developmental level (EA) in their daily life activities.

**THE PROBLEM: Your child's disability can be frustrating.**

I don't have to make a case for this claim; you're living it. So, in those moments when your patience is exhausted and so are you, it can be easy to think "I get that you're disabled and I can handle what that entails most of the time, but *this*—THIS—is just too much. I know you can do better than this!" When patience runs out, compassion can be hard to come by. So let's try another tack.

**THE SOLUTION: Practice forgiveness.**

I'll show you what this might look like in the conclusion to this book, where I help you put all the principles together to use them in parenting your child with ADHD. Hopefully it will suffice here to say that forgiveness can be a good practice when the bar for misbehavior seems to have been raised, or a consequence of your child's symptoms feels more devastating than usual. Sometimes the best response is to forgive your cherished child for what really isn't his fault anyway and simply move on. This advice is woven throughout the principles in the rest of the book.

With an understanding that your child has a disorder, and with acceptance and compassion, the tactical benefit of applying the 30% rule, and forgiveness in the most trying moments, you'll have:

- Far less conflict in your parent–child relationship
- A far greater likelihood that you will make all the necessary accommodations and engage in the most appropriate treatments
- A much greater willingness to advocate for the child in getting appropriate medical, educational, and psychological services
- A much greater likelihood of promoting your child's development, adaptive functioning, and general welfare

So don't let the brevity of this chapter fool you—viewing ADHD from a disability or disorder perspective is among the most important principles in this book.





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