

ADHD (ADD)

What Every Parent, Teacher and Loved One Needs to Know

Much of this info is from research, and extensive interviews with My ADHD counselor, author of RELAX Dr. Roger Klein and my personal experience. The DNA information and steps are from Dr. William Dodson, a 30-year specialist in ADHD.

My family and I have worked with psychologists, psychiatrists, occupational therapy, counseling, and exhaustive study on every opportunity. Dodson has studied extensively on successful with ADHD and the supports that have gotten proven results. The podcasts and references are at the end of this document. This document pertains to clinical diagnostic ADHD (also called ADD).

Facts:

- ADD is a neurological, biological disorder which means it is a neurological dysfunction, not an arbitrary trait.
- The executive functioning (ordering, steps and regulatory area of brain) does not fire under CT scan.
- True ADHD cannot be cured, but can be managed well with treatment including supports, exercise, diet, medication and assorted treatments.
- Medication may improve symptoms while taking, but it does not cure symptoms, it alleviates for the duration of the medication half-life.
- Medication alone is helpful, and still ADD will majorly benefit from some type of counseling (mostly to be validated and learn tools for overcoming symptoms and relationships) occupational therapy (emotional regulation techniques, etc), Good diet, including balancing blood sugars, and avoiding inflammatory, regular exercise, acupuncture, massage, community, as many cheerleaders/mentors, having a passion, or occupation they love, a flexible schedule, lifestyle and a strong self-care routine.

When someone has explained something to u 7 times and u still don't get it and u hope they forgive how stupid u are

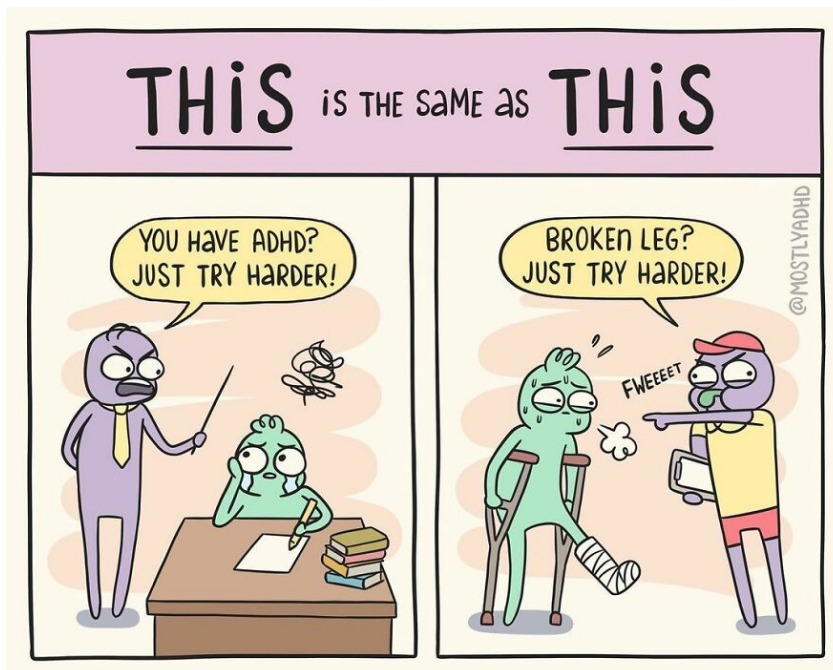


ADHD (ADD) What Every Parent, Teacher and Loved One Needs to Know

- **ADHD Brain is Neuro-atypical, ADHD nervous system responds ONLY to:**
 1. Interest
 2. Challenge
 3. Novelty
 4. Urgency
 5. Passion
- ADHD will not grow out of this dysfunction, rather they must learn how to cope, self-regulate and “get engaged.”

The Reasons for Diagnosis: though some may worry about stigmatism, diagnosis may be vital because ADHD patients are labelled “lazy” “stupid” because they do not have a visually obvious impairment and therefore cannot display their handicap. Dr. Klein often says, “You don’t have an arm missing, so it is difficult for many to know what you are going through.

- This misunderstanding notoriously leads to poor self-concept and increase self-medication.
- Diagnosis with or without medical treatment may begin to help the patient understand themselves, their particular challenge, and the many tools to help them lead meaningful lives.



ADHD can do anything (omni-potential) they just *cannot* do it **on demand**. ***This is why it is good to find employment that is versatile, not repetitive, and a passion. Many ADHDers work for themselves, or have a self-driven schedule.***

ADHD (ADD)

What Every Parent, Teacher and Loved One Needs to Know

- The main issue is that ADHD is not able to engage by “secondary importance” (on demand).
- ADHD brain dysfunction that is deeply tied to the nervous system.
- When unengaged, or bored, ADHD has extremely low/no energy. Often, ADHD patient cannot even stand themselves and will do whatever they can to get rid of that feeling, which is why ADHD can sometimes self-medicate with drugs or alcohol and why this awareness and skills are so vital.

Boredom for ADHD it's not lazy or willful, it's genetic, hardwired into neurology. They may often be racing mind, but not moving.

- The nervous system is deeply central to ADHD, as they are easily dysregulated, so emotional regulation must be at the heart of their day to day abilities. (see zones of regulation).
- ADHD may have episodes of depression, it is not clinical unless lasts 2 weeks. They may have 1 or more episodes per year.
- ADHD is DISABLED to engage without being interested

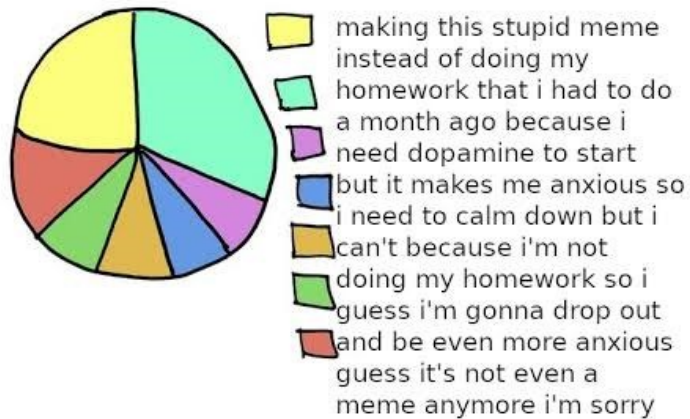
ADHD (ADD)

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WHAT PEOPLE THINK
ADD IS:



WHAT ADD IS ACTUALLY



- There is NO way to motivate by other's needs (second hand motivation) in other words, they do not engage on demand, they must find their "why"
- ADHD students often question, "why" which can be misunderstood as disrespectful, but they are looking for a way to become personally invested, which will trigger their nervous system, why is a vital "on ramp"
- ADHD must find their way to get engaged, constantly, they must be creative with a solution
- Repetitive learning is useless for ADHD
 - ADHD often will not be able to memorize uninteresting info, many will not memorize the addition/multiplication tables, a great support, that is a valid ADHD workaround is a

calculator and reserve focus for solving the bigger problem. A great support is to have those time tables available, there is no need for memorization.

- Once engaged, people with ADD can be relentless, but not because of other's importance.

ADHD (ADD)

What Every Parent, Teacher and Loved One Needs to Know

- ADHD, once engaged, can become “hyper focused” and able to do incredible amounts of work in short periods of time or stay engaged for hours. This is why transitions can be difficult

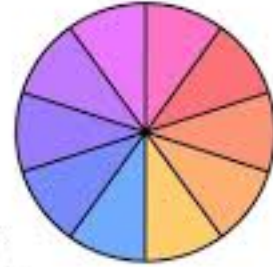
- Transitions are difficult also because it takes a longer time to get engaged, by the time they are engaged, often the class/period is over and they have to become unengaged to get to a new focus.

- **One with ADD receives 20,000 more negative messages by age 12 than neurotypical kids leading to negative, and low self-esteem.**

Overlooked symptoms of ADHD

@what.is.mental.illness

- Hyperfocus
- Sleep issues
- Mood swings
- Low self-esteem
- Hypersensitivity
- Intrusive thoughts
- Rejection sensitivity
- Lack of time awareness
- Emotional hyperarousal
- Emotional dysregulation



- ADD does not go away with age. ADD cannot be *changed* by traditional 82 behavioral techniques, there are techniques to help them cope, but they will not change the dysfunction.
- Education about all the aspects of ADD, age appropriate, driven by their questions, are vital for understanding what is the dysfunction, and how to cope.

ADD has a 50% DNA pass-on rate: If a child has ADHD. at least one parent will also have ADD. It has, in some cases, skipped a generation, or presented less severe.

- If a child has ADD, it is important that the parent is also tested and engaging in these supports, as it is a disservice to the child if the ADD parent is not demonstrating these supports (This is not a guilt trip, it is to remind parents that they are due these important supports and validation).
- ADHD presents IN MANY WAYS, one must identify particular challenges and solutions. NOT ALL ADHD has the following:
 - **Slow processing.** It takes a long time to understand neurotypical concepts that others may get quickly
 - Dysphagia: trouble holding multiple concepts in the brain, like writing a paper, thinking of the concept, theme and ordering information may be

ADHD (ADD)

What Every Parent, Teacher and Loved One Needs to Know

impossible without
template

- Nearly 100% of ADHD experiences **Rejection Sensitive Dysphoria**: which is if one experiences any kind of rejection, real or perceived, the result may be personally catastrophic, results in a feeling of panic, and a physical feeling of being “stabbed” or a life-threatening feeling.

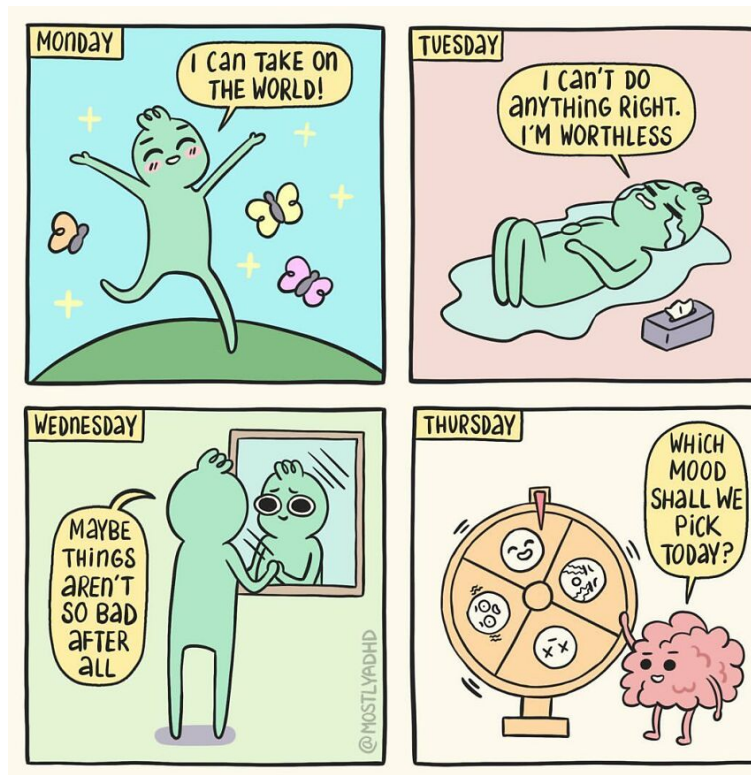
This happens because ADHD nervous system is easily dysregulated, overwhelmed and in an unbearable way. In other words, they are in fight or flight, and cannot make rational decisions until regulated, which may take time.



- In this time, the person is in dysphoria, and cannot grasp reality, and may replay the negative experience, amplify the negative experience, and believe they are unworthy or anything,, go into a shame spiral of letting themselves and others down, and feel as though they will never recover.
- Dysphoria can also be triggered by actual failures or perceived failures, it manifests as a feeling as if they will never recover, never be worth anything
- Dysphoria also manifests as excessive worry about what others think of us, teachers, fellow students, society
- Perfectionists will set unrealistic expectations of themselves and feel failure if they do not achieve.
- They need reassurance in these times, to now they will be ok no matter what, supported no matter what. This is vital to help in these situations until they're able to do it themselves.

ADHD (ADD)

What Every Parent, Teacher and Loved One Needs to Know



Supports for RSD:

- Heart Medications such as clonidine and guanfacine have proven extremely helpful for this, with virtually no side effects to help cap the heart rate, and managing fight or flight.

Practices:

- Name it, Allow it, Learn from it, Let it go
- In the moment practices: focus on naming the feelings, look around room, name colors, smells, feelings to help come back into the present and away from the narrative of not being good enough.
- Set realistic expectations
- Have a core

understanding of worthiness, despite failures or inabilities, you are worthy and good person.

- Reject core belief that failures = unworthiness. Failures are part of natural learning. It is not good or bad, it just is.

- Take time to regroup, this isn't always allowed in certain situations, but must happen in order to regulate. IEP

- CBT
- Meditation, Breathing
- Exercise

Setting Navigation Daily:

- No matter what, I am a worthy, capable person, Home is this core fact. While the world may be chaos, I will focus on my ability, and self awareness, self-acceptance.

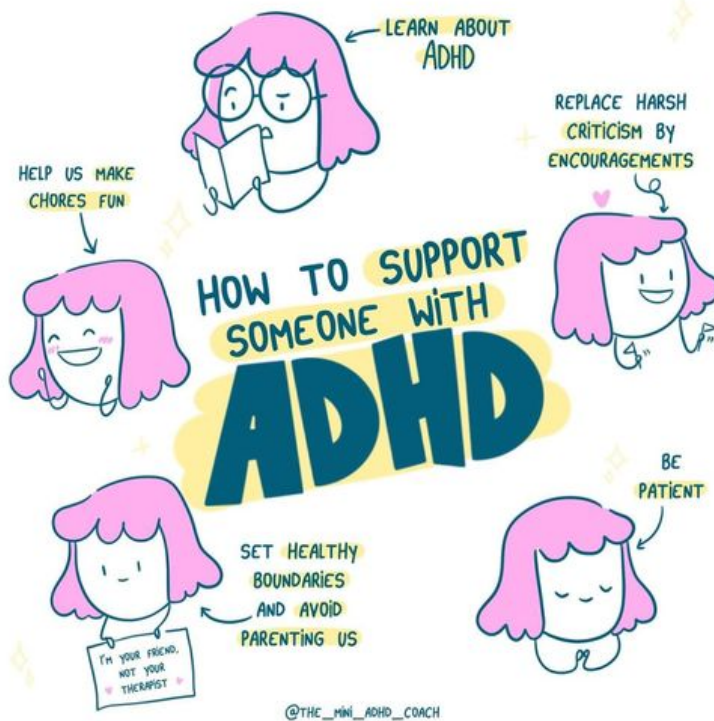


ADHD (ADD)

What Every Parent, Teacher and Loved One Needs to Know

How to Help ADHD

The most vital support is to help develop self-esteem.



- Early intervention is vital
- 2 positive reinforcements to one redirection (criticism is often unhelpful, focus on re-teaching)
- ADHD must find their process
- They must understand the disorder
- They must identify their intrinsic and extrinsic motivations, make a list and post it
- Answer the “why” help them identify personal motivation with this issue, it is part of their process.
- Approach in a way they can be neurologically stimulated
- Focus on successes,

make a running list “Let’s start writing down the ways that get you “in the zone.”

- Remove repetitive unnecessary work as it is unhelpful for ADD
- Identify short-term pay off, instead of long term
- Allow a calculator 85% of ADHD kids cannot carry simple memory arithmetic, so they should always be able to use a calculator.
- Allow creative solutions
- For reading that is not interesting or dense, offer an outline, or key to help them follow concepts. Summaries and outlines are not cheating, they are valid ADD workarounds. Remember, it is a dysfunction, saying they need to read a dense book they are uninterested in would be like asking someone in a wheelchair to walk. They are not able to do it.
- Offer options, no more than 3, can become overwhelmed
- Reduce amount of work
- Identify triggers and make a plan to respond rather than react
- Pretest? One way to work back from the end, can be a motivator, engager
- Medication + Skills + Counseling may significantly improve ADHD
- ADHD most likely does not need to do homework. It is a reasonable IEP support, and lower the amount of repetitive work. Homework teaches people to

ADHD (ADD)

What Every Parent, Teacher and Loved One Needs to Know

take their work home and has been proven to not be effective and to increase anxiety for no reason.

- School at large, often does not work for ADHD because it is based on demand, rather than interest. Same with Jobs. This is why many ADHD successful adults are entrepreneurs or have flexible, interesting employment. The ADHD must be able to find their passion, which sadly only happens to 1 in 4. Keep exposing them to find passion.

Caregivers & Loved Ones:

How to Maintain Self Esteem: *You are the vessel to carry positive self-esteem until they can do it for themselves, must be consistent 3 parts*

1. **Cheerlead.** Be the vessel to remember there is a difference between who they are and what they can do. They are perfect the way they are. You're fine just the way you are, you do not need to change to make me love you. You are perfect as you are. I love you just the way you are.
2. **Remind them of Infinite Potential & Support:** "Together, we can accomplish things beyond your imagination." There is real hope, maybe not as quickly as other, but you will master it and have a good life.
 - a. Reframe: "Oh I see you have the ability, you just need more skills to be able to do it. You will be able to do it, I will help you get those skills."
 - b. Approach uninteresting tasks with "let's get creative" or "what can you do?" think of different modalities, different options, or just a part of the problem to get an on ramp.
3. Let them know they don't need to worry, you are there to help them. "You do not have to worry about the future, I will take responsibility for getting you what you need. You will be successful."

Most important factor in raising a good kid:

- Find a Cheerleader: someone who holds for the child, until they are able (age 16 or so) the memory of their ability to do whatever they want, and to remind them. "I know you, you would be successful, we have something that we haven't identified yet that will get in your way, we will figure it out together."
 - It would be great if both parents were like this, but it can be any, the more the better.
 - Remind them, You are not lazy, stupid or crazy
 - Remind the Child they can stumble but get back up.
 - Self-esteem is meeting challenges and overcoming them. (example is bootcamp).
 - Self esteem is also integrating "failure" as a lesson and not a negative, it is as, Joan Didion says "taking full responsibility for oneself."

ADHD (ADD)

What Every Parent, Teacher and Loved One Needs to Know

- Catch them doing right thing, and keep building on successes
- They get 20,000 negative messages more than neurotypical
- Praise growth more than grades.
- Praise self control
- Praise self-advocacy
- Keep successes in front of them.

Here is more in-depth info about Rejection Based Dysphoria:
 This interview is with [Dr. William Dodson](#), MD

Kid specific:

What NOT to do/say	Instead DO/Say This
<i>Non-effective, negative, co-dependent actions</i>	<i>Effective statements/actions teaching self-reliance, confidence and independence</i>
Give multiple negative directions like, “Get up, it’s time to go.”	Say LESS (always) and be kind like, “Good morning, love you! See you downstairs for breakfast in 20 min. (walk away) let them do the steps
Tell them what NOT to do. “You never brush your teeth, or get out here on time.”	Ask them to self-asses, how do they think it went, what might they might do different? If they don’t have idea, give them 2 options: “How do you think morning went?” What would you do different? Would you like to set an alarm for wake up, another for teeth, and one for when it’s time to come downstairs or would you like a checklist?”
Give negative feedback. “You never, you gotta, I’m sick of, you always, you’re not...” ADHDers are incredibly hard on themselves, so they need empowerment and options, not more negative reinforcement	Give 2 positive to every correction. Always keep positive self-concept. “No matter what, you will succeed, and I will help you.” “It can be hard moments, days, but not a bad life.”

ADHD (ADD)

What Every Parent, Teacher and Loved One Needs to Know

	"I see you got your teeth brushed and out the door and downstairs, you're getting it!"
Punish instead of reward	They aren't getting things done, instead of taking things away, ask, what would motivate you, or list 2 things that could help them work on external motivation to help them want to do it.

You may not control all the events that happen to you, but you can choose not to be reduced by them.

-Maya Angelou

Teen Specific:

- Teenagers are tough, strong and resilient
- Mood swings increase, stress increases
- Rejection based dysphoria
- Traits make having/keeping friends difficult: interrupting, talking too much
- Can help them by saying, "I know you don't mean to interrupt, please wait for a bit longer to show respect." Thank you.
- Let them vent, it may even be about you. Can make rules, no name calling, no mean ness, safety, but venting, set a time limit, and let them talk. Thank them for sharing
- Peer Pressure: can be more because they are looking for friends
- STAY ON TOP of the IEP, do as early as possible
- Do not punish behavior, focus on helping them with skills. Have teen help shape
- Most important is to stay connected
- Talk as much as possible with them
- Identify Triggers, give them supports to deal with it
- Discuss
- Calming apps <https://www.sanvello.com/>
 - CALM

ADHD (ADD) What Every Parent, Teacher and Loved One Needs to Know

- Insight Timer

Developing Social Skills



ADHD (ADD)

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CBT:

- <https://www.additudemag.com/wp-content/uploads/2018/05/Cognitive-Behavioral-Therapy-Natural-Treatment-for-ADHD.pdf>
- <https://www.additudemag.com/apps-ahoy-5-for-building-a-better-happier-calmer-you/>
- <https://www.additudemag.com/cognitive-behavioral-therapy-for-adhd/>

Individuals who grow up with ADHD (particularly if it has gone undiagnosed) encounter more frequent and frustrating setbacks in life situations — on the job, in social interactions, and everyday organization. Because of these many setbacks, [adults with ADHD](#) become self-critical and pessimistic. This, in turn, sometimes causes them to experience negative emotions, cognitive distortions, and unhealthy self-beliefs. It is common for individuals living with ADHD to think they are at fault when situations don't turn out well, when, in many cases, they aren't. They may bring the same pessimism to the future, imagining that tomorrow will go as badly as today.

F.R.I.E.N.D.S.

(F)ight for you.
(R)espect you.
(I)nvolve you.
(E)ncourage you.
(N)eed you.
(D)eserve you and
(S)tand by you.

[\[Free Resource: Everything You Need to Know About CBT\]](#)

Demoralizing thoughts and beliefs that keep individuals from doing what they want to do actually can't stand up to the light of logic. As CBT reveals, these thought processes are distorted in certain characteristic ways:

- **All-or-nothing thinking.** You view everything as entirely good or entirely bad: If you don't do something perfectly, you've failed.
- **Overgeneralization.** You see a single negative event as part of a pattern: For example, you *always* forget to pay your bills.
- **Mind reading.** You think you know what people think about you or something you've done — and it's bad.

ADHD (ADD)

What Every Parent, Teacher and Loved One Needs to Know

- **Fortune telling.** You predict that things will turn out badly.
- **Magnification and minimization.** You exaggerate the significance of minor problems while trivializing your accomplishments.
- **“Should” statements.** You focus on how things *should* be, leading to severe self-criticism as well as feelings of resentment toward others.
- **Personalization.** You blame yourself for negative events and downplay the responsibility of others.
- **Mental filtering.** You see only the negative aspects of any experience.
- **Emotional reasoning.** You assume that your negative feelings reflect reality: Feeling bad about your job means “I’m doing badly and will probably get fired.”
- **Comparative thinking.** You measure yourself against others and feel inferior, even though the comparison may be unrealistic.

When I meet an ADHDer who completely has their act together:



How CBT works:

- For each agenda item, the therapist and patient work together to reverse-engineer the challenge. They try to better understand its nature, including a review of the impact of thoughts, feelings, behaviors, and other factors that have interfered with handling the situation.
- Using the CBT framework breaks down the tough task of “managing ADHD” into specific tactics for navigating transition points in a day — getting up and off to work on

ADHD (ADD)

What Every Parent, Teacher and Loved One Needs to Know

time, starting a project that you've been avoiding, or setting a time to review a daily planner — which increases coping skills. These coping steps are strategized in a session (and written down as take-away reminders) to use between sessions.

- Some of the in-session CBT exercises are based on simple ideas: “Many people with ADHD don’t wear a watch,” says Dr. Mary Solanto, Ph.D., associate professor of psychiatry at the Mt. Sinai School of Medicine. However, remembering to wear a watch, placing clocks all over the house, and keeping a detailed log of the day helps a lot with time management. How does someone with ADHD remember to do all that? Simple mantras (“If it’s not in the planner, it doesn’t exist”) are basic forms of CBT. They serve as reminders to change one’s thought patterns.

Remember ADHD is easily overwhelmed, which triggers fight, freeze or flight, and they absolutely cannot learn in that state, so make sure they are allowed to self-regulate before pushing further.

We want them in the growth zone, not panic.

Warning: dysregulation costs a great deal of energy and can wear a person out for the day, so this may ruin an entire day. This is an example of what they call the ADHD tax, or what they call “1000 papercuts” which the cost to a person with this dysfunction that others do not incur. The constant trying to keep up, and micro rejections add up.

Growth mindset and Grit are often suggested, and may have many good principles, but has vital flaws.

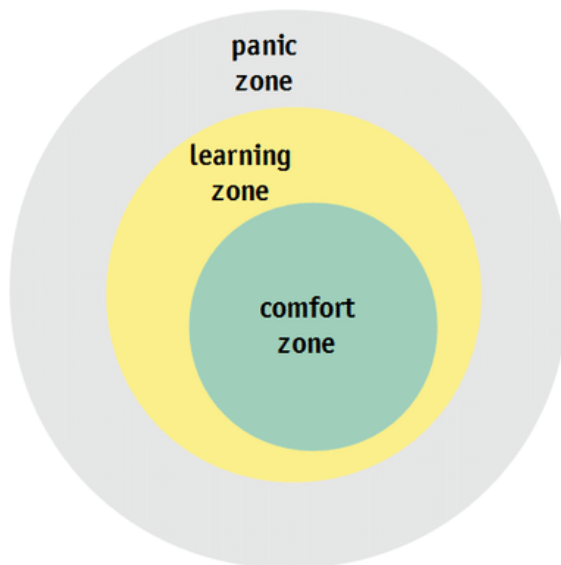


ADHD (ADD)

What Every Parent, Teacher and Loved One Needs to Know

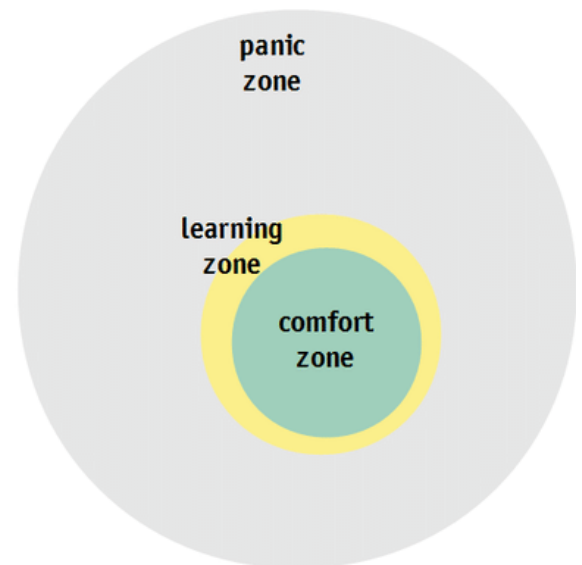
Neurotypical Person

Learning Zone



ADD

Learning Zone:



As we look at the LEARNING zone, we see that ADHD, because of so many failures, and difficulty focusing, have a much smaller learning zone, in terms of time, energy and ability to hold multiple concepts, thus, they can quickly move from learning, to panic, so growing is vital, but too much too fast is counteractive. This must be slowly grown and the shift into the panic zone must be dealt with by allowing time and strategies to come to regulation. This can take hours/days which is not always conducive to staying in class or at work which is why students must have accommodations for being able to regulate and cope.

Discipline For ADHD

- ADHD often uses the wrong word for their symptom, so probe to find out what the issue is. It is often hyperarousal and can feel like anxiety, so ask.

ADHD (ADD)

What Every Parent, Teacher and Loved One Needs to Know

- ADHD is often misdiagnosed as anxiety or depression, but those can also be co-morbidities of ADHD
- ADHD 50-70% have a secondary co-morbidity (secondary diagnosis)
 - ***How to know if it's ADHD or a secondary issue: it is persistent for more than 2 weeks and does not improve. If it is intermittent it may be ADHD over arousal.***
 - ***The top co-morbidities of ADHD***
 - #1 Substance abuse, this usually arises due to not treating ADHD
 - #2 Oppositional Defiance Disorder (more male than female)
 - #3 Anxiety (general, panic, ocd, etc)
 - Stimulants have **not** shown to increase anxiety
 - #4 Depression
- ADHD often have secondary depression
 - Under 12, most common presentation is Irritability “affective storms”
 - Social withdrawal
 - Strong family history of depression
 - Often have episode late teens early 20's
 - Depression can be instantaneous (no reason)
 - Moods change often, so be mindful, if it changes it is ADHD, if more than 2 weeks, it can be a clinical issue and may require more formal diagnosis and treatment
- ADHD is 1-2 years behind their current group. A year and half makes all the difference between fitting in, overcoming issues, etc.
- **ADHD works 6x as hard as neurotypical to get things done.**
This means a 6 hour day is a 36 hour day for ADHD
 - They are working very hard to “get engaged”
 - They are overcoming secondary importance, on demand
 - They are regulating emotions (they are very susceptible to dysregulation)
 - They are trying to understand the neurotypical expectation when they have 1000's of ways of seeing the issue

ADHD (ADD)

What Every Parent, Teacher and Loved One Needs to Know

- They often wade into the middle or end of a problem, and work their way back, this is a technique to get engaged (an effective support for this is to pre-test)
- Because the nervous system is also hyper, it can lead to depression.
- Medication may help to keep engagement, you still need the mental training to get started, overcome mental blocks, etc.
- When give what seems like clear directions, ADD learns not to trust their neurodivergent process, and to ask for clarity before he does a lot of work in his style, that is not what is being asked for, because that results in them failing, and having to start all over. Repetition is extremely disinteresting and painful for ADD. This is why one needs help getting started. They think of many ways they could do what the teacher thinks would be automatically known. A great support here, is to do one problem, and check in. Check in often.
- Here is an example. If given a list of numbers:
12, 24, 36, 52, 78, 98
The direction is to "add the numbers" and divide by the number of numbers given.
An ADD Person may ask "so do I divide by 6 or 12?" They are prone to overthink, second guess, because they see ALL OPTIONS and need to know the steps.
- *This is an example of how many ways ADD can see a problem, and in order to do what is asked and succeed, ADD needs to ask the questions a neurotypical person wouldn't even think of, to know what the neurotypical steps are.*
- *Another reason they may need written steps is that they are not focused, or miss details in verbal instructions, so having a reference is vital.*
- *ADHD is often described as needing "the steps before the steps"*



What it is like to Have ADHD

- You have to be competent in 2 worlds, your world and neurotypical
- The world is hard, even harder when you are not like others, it's like needing glasses, but not having them, you can kind of do it, but you are guessing ½ the time, squinting, and missing many instructions

ADHD (ADD)

What Every Parent, Teacher and Loved One Needs to Know

- When presented with a task that ADHD is not interested in, it can feel like being “stuck” because they are unable to engage
- Mood can change instantaneously, for no reason, this happens many times per day because the nervous system is constantly trying to keep focus
- If ADHD is not self-directed, they are in a constant state of struggle to get engaged by other’s sense of importance, and this is a great deal of mental work.
- It often appears on the surface as obstinance or lack of want, however disinterest is a dysfunction of ADHD
- This unseen inner struggle takes a huge toll on the brain, and this is just to get engaged, it may take an ADHD person minutes, hours even days to find an “on ramp” for engagement. Stimulants may help to engage the nervous system
- ADHD often thinks they are lazy or stupid because they are corrected with over 20,000 negative reinforcements more than others, and you are seeing others able to get through tasks they feel they should be able to do but cannot get started because of the disorder
- ADHD is often excited by many different parts of a subject, constantly reinventing or strategizing rather than memorizing which feels limiting in school
- When finally get engaged, it is difficult to shift into something else
- ADHD patients are easily irritated, overstimulated, and exhausted
- When engaged or even hyper-focused, ADHD may be very interested and could stay and could for hours study/work or be in that zone, which is why self-directed learning is a great academic support for IEP’s.

<https://podcasts.apple.com/us/podcast/204-how-adhd-shapes-your-perceptions-emotions-motivation/id668174671?i=1000407588802>

ADHD symptom, *Rejection Sensitive Dysphoria*: after an event (real or imagined) intense sensitivity to rejection.

- This is a nervous system reaction like fight/flight/stun
- RSD is triggered by the perception (doesn't have to be the reality) that they disappointed someone, or themselves because they didn't meet their own standards.

ADHD (ADD)

What Every Parent, Teacher and Loved One Needs to Know

Arguing With Someone Who Has ADHD:
Why It Happens & How To Stop

How to Stop Arguing With Someone Who Has ADHD

- Give them space to regulate
- Don't judge them
- Be brief and clear
- Focus on the present
- Communicate at the right time
- Ask for clarification once calm
- Establish guidelines

- Let the little things go
- Avoid interrupting each other
- Acknowledge their feelings
- Be understanding of distractions
- Work with a mental health professional

choosing therapy

- "It is difficult to understand how primitive this experience is."
- "You can talk about the intensity, but not the quality of intense shame due to vulnerability or disappointment"
- *Dysphoria* in greek is "unbearable" as if they've been struck in the center of their chest due to the shame of this intense vulnerability.
- It is this Dr. Dodson's assertion that (alpha agonist based medications Clonidine & Guanfacine have a "curative" effect in 70% of cases) These are short-acting so if taken at night, will not

help the next day. They are also sometimes sleepy-making.

seems to be the externally hyper sensitivity group.

RSD:

+ **Internally: Looks like an instantaneous suicidal tendency**

+ Externally: Rage at person

+ Very few people discuss it due to shame/confusion (which is why it is amazing John could articulate his feeling through the situation)

NOTE: It is my evaluation that John experienced may *Rejection Sensitive Dysphoria*, after the combination of feeling down about not being able to achieve sustained interest/success at school this year, as well as the bullying incident.

I am interested to cross-reference Dr. Coleman's reference of clonidine and guanfacine and am very interested in understanding if it would help? Would it be instead of ecitalopram? Is this symptom what is causing the "depression?" I am very new in this realm. In addition? Introduced later? I am certainly not in a hurry to add/change anything, still this information was jaw-dropping in the way it was deeply discerning of the specificity of John's experience of feeling hopeless after bullying.

ADHD (ADD)

What Every Parent, Teacher and Loved One Needs to Know

SUMMARY of Interview:

1. **People with ADHD** (Executive functioning, it's a Second Nervous system, very different from what is taught)
 1. This is why they are engaged, make decisions, by interest, and have difficulty becoming engaged by externally determined "importance"
2. **Motivations do NOT come from:**
 1. Reward
 2. Consequences
 3. Importance (as determined by someone else)
3. **ADHD Brain is Neuro-atypical, It's nervous system responds ONLY to**
 1. Interest
 2. Challenge
 3. Novelty
 4. Urgency
 5. Possibly "passion"
4. **ADHD has a component that is little understood called "Rejection Sensitive Dysphoria."** Which is an "unbearable response to rejection, perceived or real, that they have let someone down, or disappointed others." If triggered can internally look like suicidal ideation, if externalized will look like anger/rage at person who is disapproving.
5. **Behavioral therapy has not changed these core issues in ADHD** helps us DEAL with the thoughts, but it doesn't prevent them from coming in the head in the first place. It's like treating a fever with behavioral therapy, it helps us understand why we have the fever, but doesn't change the issue. ***This is why medication is vital to treat at this age.***

The biggest factors that affect ADHD people

- If they are demoralized
- They try everything they can think of and become hopeless because it still isn't working, "it hurts to care anymore"
- If they think they let a teacher, parent, person down or feel rejected
- Feeling OVERWHELMED: stimulates the frontal lobe, which perceives stress and overwhelm as a threat, which sends them into fight/flight or FREEZE mode, which is why you see shut down, or flee, which is why avoidance.

How to Motivate/Help them:

- Remind them they can do anything
- Use the techniques that work for THEM
- Motivation is different than ACTIVATION. (Getting started is super difficult):
- Know yourself, know how you work, VERSUS how you think you should work

ADHD (ADD)

What Every Parent, Teacher and Loved One Needs to Know

- Repetitive will cause them to fail. Most of these things should be implemented in a 504 plan. Homework should be removed, something else put in it's place.
- When they get engaged, there's no stopping them...
- Use natural motivations, helping them re-work through a 504 plan what the motivation is
- The classic system is soul-crushing
- Montessori-style based on INTEREST focused learning
- Inject interest: Transform the task: if bored, use imagination, when you were a kid, is there anyone you look up to? Imagine that that person is having a problem involving that, and you could solve it if you knew this...
- When in the zone, recognizing what got us there, maybe a challenge: "I challenge you to _____" like the challenges on YouTube
- Recognize triggers: lack of interest, confusion, unclear expectations, boredom, lacking energy.

ADHD (ADD)
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Trying to stay hydrated on ADHD medications:



Growth mindset and Grit are often suggested, and may have many good principles, but has vital flaws:

ADHD (ADD)

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Remember ADHD is easily overwhelmed, which triggers fight, freeze or flight, and they absolutely cannot learn in that state, so make sure they are allowed to self-regulate before pushing further. We want them in the growth zone, not panic. Warning: dysregulation costs a great deal of energy and can wear a person out for the day, so this may ruin an entire day. This is an example of what they call the ADHD tax, or the cost to a person with this dysfunction that others do not incur.

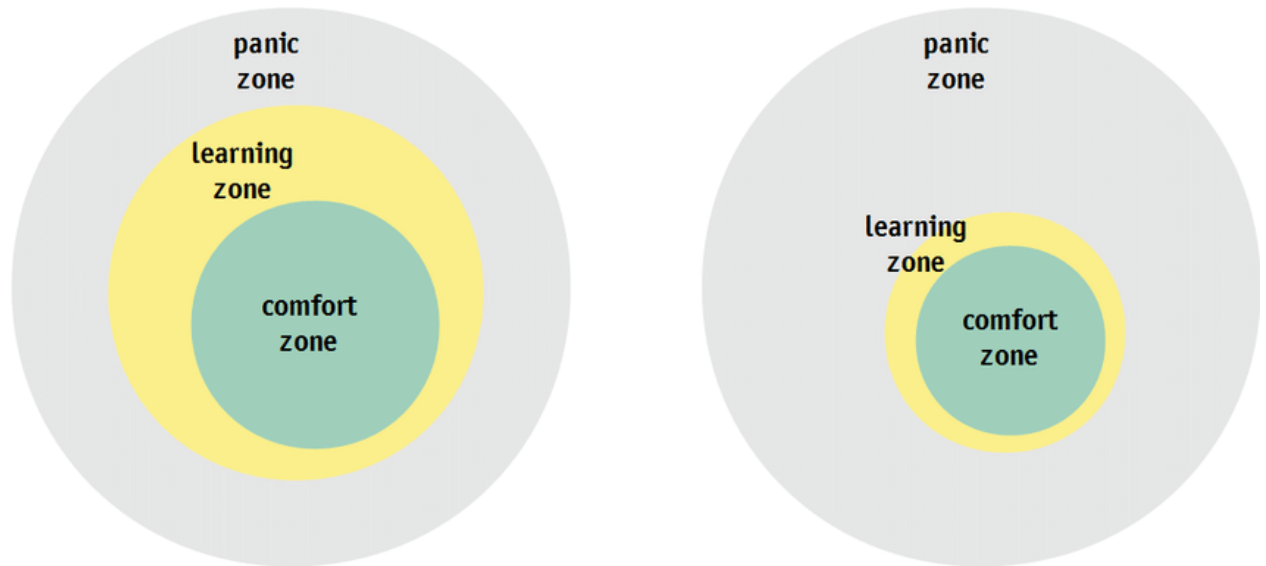


Neurotypical Person
Learning Zone

ADD
Learning Zone:

ADHD (ADD)

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How to discipline:

- Focus on what motivates them rather than correction, “what do you need to get you to through this task? What CAN you do? Watch Tone, we want to engage, not persecute
- Try to do it pre-need, using the motivators of interest, challenge, novelty, urgency and possibly passion (the list, teaching them to refer to it)
- Use SYSTEMS, calendars, list of motivations (will constantly change so keep updating) Recurring events that list steps like each Day, wake up alarm, medication alarms, reminders, use one trusted system, not many, try to use a system that you already use frequently, like the phone, or google calendar
- Brain Dump: prevent overwhelm by dumping worries, fears, thoughts, questions into a trusted system, could be a word doc, email, anything to clear up mental ram so one can focus and organize later
- In the face of struggle, try teach another strategy as a cheerleader who always remembers them as hardworking, clever, and bright student who has something in their way that we don't understand yet, but we can get through with tools, there are things that work.
- Think about "actions" rather than "to do"

How to recover from an INCIDENT of Rejection Sensitivity Dysphoria:

- Trial alpha-agonist medication, can take rejection sensitivity away
- Use them with Stimulants to focus on
- Educate them on RSD

ADHD, very rarely understood as "more than it's difficult to focus"

ADHD (ADD)

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- Difficult to articulate the results of Executive Functioning issues.
- People with ADHD really can do anything.
- CBT: helps deal with the core features of add

MORE ON UNDERSTANDING ADHD:

1. This is a **Genetic Condition**, hardwired into biology. Does not go away.
2. **The core symptoms cannot be treated by behavior techniques alone.** Biological and Brain based. Neurological
- 3.. **Omni potential:** they can do anything, cannot do it ON DEMAND, can only do it when they get in the flow and stay in the flow (performance)

- Behavior-based therapy helps us deal, but it does not treat that those thoughts are there.

Mantras for ADHD kids:

1. Practice self-acceptance: *I accept and love myself anyway.*
2. It's whatever, I can get through it.
3. Believe in possibility and that you always have a choice to do things differently (set clear goals and prioritize)
4. Use my systems
5. Get clear: What am I going to do, How am I going to do it?

In-depth notes on what is listed above:

3 IMPORTANT DISTINCTIONS of ADHD:

1. **Interest-Based Nervous System:** when you're bored, you have no energy, negative, the future holds nothing that they want any part of. People with ADHD will do almost anything to relieve this feeling of "Bleh" but as soon as there person gets engaged through:

They have to have these because they cannot get engaged with the task.

They can only do this:

They have never once been motivated by importance, rewards or consequences.

- interest
- challenge
- novelty
- urgency
- +Passion (meaning purpose) unfortunately 1/4 people every get engaged.

Notes:

ADHD (ADD)

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People with ADHD tend not fit in any school system, with the possible exception of the Method of hands on (can't remember name).

The ADHD does not work on this, do not work on kids.

It also happens in 90% of jobs. For a person with an INTEREST BASED NERVOUS SYSTEM

5. Planning and organization nervous system for normal brain function is based on importance and time, instead, People with ADHD, tend to work BACK from end. Saltatory, they work backward, they find where they are good at.

2. Rejection Sensitive Dysphoria: after an event (real or imagined) intense sensitivity to rejection. 100% rejection sensitivity is the most painful experience, triggered by the perception (doesn't have to be the reality) that they disappointed someone, or themselves because they didn't meet their own standards. Difficult to understand how primitive this experience is. You can talk about the intensity, but not the quality. Dysphoria in greek is "unbearable" as if they've been struck in the center of their chest due to the shame of this intense vulnerability. Intense vulnerability to rejection or criticism by other people. (alpha agonist based medications is the only thing) Feeling is like being "stabbed in the chest" they don't take about it.+++ Deeply Listen to minute 26:36 to what happens to "Rejection-based Sensitivity Dysphoria"

3. Internal sense of hyperarousal INTERNAL (only 25% are outwardly racing)

+ Internally: Looks like an instantaneous suicidal tendency

+ Externally: Rage at person

ADHD people deal with this by:

+ people pleasing

+ shutting down unless they think they can get quick, easy and assured success, they do not want to do it.

+ fear or rejection causes

+ feels like it hurts to care because have tried everything and nothing works.

7. Self-esteem, self efficacy, being able to go out there and do what you want to do now, being able to say "I have done it." is where people get self worth. People need somebody who's a cheerleader, a vessel that holds the memory of the child as a good or worthwhile person. They are able to hold the memory of the person as good, likable, and capable person, esp. when things go wrong, must be believable, the word "I know you, if anyone who could overcome this, it must be you."

"There must be something that we don't see, that's getting in your way, I will be with you until we find what it is, and mastered that problem." They must not be blamed for falling short because then you get rejection sensitive dysphoria, the emotion.

Question 100% of ADHD answer positively: *For your entire life, have you been much more sensitive to criticism, teasing, rejection or your own feeling of falling*

ADHD (ADD)

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short. Triggered by feeling they disappointed someone or themselves by not meeting expectation.

Pharmaceutical notes for the treatment of RSD with ADHD:

- Guanfacine and Clonidine are 2 drugs for rejection sensitivity, nearly curative
- 1/3 people get relief
- People feel more peace, have more armor
- Stimulant helps us from being distracted. Nervous system being stimulated.

References:

ADDITUDE Magazine: <https://www.additudemag.com/>

CHADD

ADDA <https://add.org/>

Resources for Practitioners who have and Know ADHD:

- If Dr. is unwilling and you think you have it get a second opinion
- CHADD

Practitioners:

- Dr. Klein Family Associates Watertown/Jefferson, WI

Managing Mood Disorders Podcast w/ William Dodson

<https://www.additudemag.com/managing-mood-disorders-podcast-91/>

How to Raise a Happy Healthy ADHD Child

[Hhttps://www.additudemag.com/raise-happy-adhd-child-podcast-48/](https://www.additudemag.com/raise-happy-adhd-child-podcast-48/)

Rejection based Dysphoria:

<https://www.additudemag.com/rejection-sensitive-dysphoria-adhd-emotional-dysregulation/>

ADHD (ADD)

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PDF ADHD Coping Mechanisms:

<https://www.additudemag.com/download/adhd-coping-mechanisms/>

Books:

Ready Set Relax by by [Jeffrey S. Allen M.Ed.](#) (Author), [Roger J. Klein Psy.D.](#) (Author)

https://www.amazon.com/gp/product/0963602705/ref=ox_sc_act_title_3?smid=ATVPDKIKX0DER&psc=1