Transcript:

What Teachers Should Know about ADHD: Supporting Diverse Students & Families (Part 1)

Presenter: Tandra Rutledge
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MAUREEN FITZGERALD: Good morning, and thank you for joining us today for our webinar, What Teachers Should Know About ADHD supporting diverse students and Families. This is part one of a two-part series. Our presenter today is Tandra Rutledge, MA. And today's presentation is brought to you by the Great Lakes Mental Health Technology Transfer Center.
The Great Lakes MHTTC is funded by the Substance Abuse and Mental Health Services Administration through the cooperative agreements listed on this slide. Just a note to our audience that the opinions expressed in this webinar do not reflect the views of the Department of Health and Human Services or SAMHSA-- the MHTTC, like all partners in the TTC program, use affirming and respect the language when referring to people in recovery and treatment. As you can see from the-- our mission statement about words matter here.

Few housekeeping items today-- first of all, thanks again for joining us. Please note that, if you have any technical issues throughout the webinar, you can send a message to Stephanie Behlman in the chat section at the bottom of your screen, and Stephanie is standing by to help you. If you have any questions for Tandra during the webinar, please put them in the Q&A section-- not the chat section, the Q&A section at the bottom of your screen.
You will receive a copy of the PowerPoint slides as well as the recording, and any handouts will be available on the Great Lakes MHTTC website within a week. We also want to remind you that, at the end of the webinar, you'll be directed to a link where you can complete a survey-- shouldn't take you more than three minutes. We really appreciate your help in completing that survey. We also want to let you know that we'll be using automated captioning during the presentation today. And finally, you will be receiving a certificate of attendance after the webinar. You'll probably get it within a few days, if not sooner. And if you're not following us already on social media, please do follow us. We're available. We have active platforms on Facebook and Twitter.

And our presenter today that I'd like to introduce to you is Tandra Rutledge. She's the director of business development at Riveredge Hospital, a freestanding psychiatric facility in Illinois. Tandra is a mental health advocate and a suicide prevention educator. She promotes wellness and resilience through social justice-- through a social justice and racial equity lens.

Tandra serves on the board of directors of the Illinois chapter of the American Foundation for Suicide Prevention and as a member of the Illinois Suicide Prevention Alliance. She is an AMSR trainer-- that's Assessing and Managing Suicide Risk-- a certified suicide prevention educator for the QPR Institute, an adult mental health first aid instructor, and a crisis intervention team instructor with the Chicago Police Department. And now I'd like to turn it over to Tandra.

TANDRA RUTLEDGE: Thank you, Maureen. And good afternoon, everyone. Thank you for joining us for this very important conversation this morning or afternoon. Welcome from Texas, and Alabama, and Pittsburgh-- seeing people from all over. Let me get my screen up, thank you all again for joining us for part 1 of our lunch and learn series, What Teachers Should Know About ADHD-- Supporting Diverse Students and Families.

Today we will be discussing ADHD. We will be discussing the symptoms of ADHD and how it impacts children in the classroom. Again, this is part 1. We hope that you join us for part 2 of our lunch and learn series next Thursday. We will also be examining the racial and ethnic disparities that exist in the identification, diagnosis, and treatment of ADHD in children.
Now, in full disclosure, I am a mother of a son with ADHD. And as a mental health professional, I have worked with children and families impacted by ADHD for many years, and yet it wasn't until my son was diagnosed that I fully understand the critical role that teachers play in the success of a child with ADHD.

I also want to provide a disclaimer. Throughout the presentation, I will be sharing real-life examples from my own experiences with my son. My experiences should not be taken as expert advice. My hope is that, through my transparency, we can remove the stigma and bias around ADHD and work together to support all children with ADHD.

With that being said, I also want to hear from you, so I encourage you to share your experiences-- personal ones and professional ones-- and ask questions, questions that you might have about your students or working with families. I want us to all lean in and learn from one another.
So this is the reason we are here today. This is my son Matthew-- a much younger version of him. He is 10 years old now. He was diagnosed with ADHD when he was five years old, although I saw the symptoms at a much earlier age. These are some of my favorite pictures of Matthew.
The top left picture, with his big smile-- and he has on a little tie there-- we were in Columbus, Ohio. He won a statewide essay contest. Yes, I said essay contest. He didn't actually write the essay. He actually told me what to say-- and he surely had a lot to say-- and I wrote the essay, and he won. And that was the day he received this award in Columbus.

In the bottom middle picture, where you see the muddy jeans and T-shirt, this was the day we were at his brother's soccer game, and he decided that he wanted to get muddy, and he wound up disrobing at the soccer game. And

then lastly, I will point out the picture on the bottom left. He kind of has this robotic look as he is going to school for the first day. It was his first day of school.

I remember, that year, one of his teachers asked my husband, is there anything that we should know that's going on at home? And when she asked that question, she asked that question after describing my son having difficulty staying on task, having difficulty sitting still, blurting out answers. He appeared to be disinterested in school, and so she asked him, is there anything going on at home?

Now, I'm not going to really talk about how I responded to that, because my response was not very favorable, but what I wish this teacher knew was that my child can't just try harder. ADHD is a neurological disorder. It isn't behavioral, and it is not just a matter of trying harder. He is trying harder. In fact, he's trying harder than most children.

Let's face it for a minute. If you had a party in your head all the time, like children with ADHD do, would you be able to focus? Would you be able to respond to requests? Children with ADHD not only have a party in their head, but they also have to try to ignore that party and behave like other children so they are not seen as bad kids. The effort required to fit in is exhausting.
So we are going to take a look at this video. It's going to provide us with an overview of ADHD. It's just a few minutes, hopefully it pulls up here.

[VIDEO PLAYBACK]
- I took medication when I was a kid. Everyone said I would outgrow it, so I stopped taking the medication in college. Everything is so hard now.
- I hate math. It's so boring. I know I'm bad at it, even though my teacher says I'm not.
- I'm a failure. I can't remember to do homework. I lose things. I can't get anything right.
- I hate feeling like I'm different, but I really am. Work seems like it's easy for everyone else.
- These are the voices of people with attention deficit hyperactivity disorder, or ADHD. Millions of American children, teenagers, and adults experience this disorder, which makes it hard to concentrate, pay attention, organize, and focus. Their lives are complicated because of it. I know-- one of these voices is mine.

I was diagnosed with ADHD when I was nine. Most kids with ADHD start to struggle with symptoms even earlier than math. I first noticed my symptoms in school, when we began doing projects that took planning, and I got frustrated a lot. Later, in middle school, I was on the basketball team, but I was always late to practice.

Eventually, my teacher called my parents to talk about my grades, since I understood the material, but didn't turn things in on time. At that point, my

parents, my coach, and my teacher all compared to how things were going, and that's when my parents took me to see my pediatrician.

ADHD can show up in three different types-- inattentive, hyperactive impulsive, and combined. My symptoms were more of the inattentive type. I was having a lot of trouble losing things or forgetting things, not finishing homework, and organizing my work for projects and future assignments. My parents told me at first that they wondered if I had a hearing problem, because sometimes I would look like I didn't hear them when they talked to me.

Other children also struggle to keep their attention in class, can look super distracted at home, at school, and have trouble with details for things they're not interested in. Kids with more hyperactive impulsive symptoms have trouble waiting for their turn. They might get up from their seats in class, run around when it's not a good time to do that, talk all the time, interrupt people, or blurt out answers.

A lot of times, kids with ADHD can get into trouble, since the symptoms can look like they don't care or aren't respectful of others. But they do care. They just can't control it because of their problem with attention. While some people might have inattentive type and others have hyperactive impulsive type ADHD, still others might have symptoms of both, which is called combined type.

If people show six symptoms from either of the first two types or a combination of them adding to six, they fit the diagnosis. While ADHD is most commonly diagnosed in kids, almost all of them continue to experience it as teenagers, and a majority still have symptoms as adults. Only some people grow out of.

The most important thing to know is that treatment for ADHD works. For little kids, this is behavior therapy that also includes their parents so the whole family can be part of the solution. For school-aged kids and older, the best choice is medication, or a combination of medication and therapy.
I had behavior therapy, where I learned some skills, like specific time management and organization techniques that helped me in school and in my sport. I also took a stimulant medication that helped me focus my attention. Sometimes people find great help and non-stimulant medications-- especially younger kids. For most people, ADHD medications really help focus and block out distractions.

ADHD is a serious challenge for kids, teenagers, and adults who struggle to pay attention and focus in many parts of their lives, but there is hope. Treatment works. School wasn't easy for me, but with my therapy and medication, I learned what I needed to do to make it work. People go on to do well in school and succeed in their lives and careers in spite of and because of their ADHD. I know-- I did.

[END PLAYBACK]

I want to take a moment and pause after the video to see if there are any questions or comments about the video.

PRESENTER 2: Currently there is no questions in the Q&A. Oh, it looks like one just came in. Has anyone read any materials from Dr. Daniel Amen about types of ADHD?

TANDRA RUTLEDGE: I am not familiar with Dr. Daniel Amen's work. If there is something that you would like to share with us, please do so-- make myself a note here. I also see a lot of people are introducing themselves and getting very social, which is great in this virtual format. So thank you all for doing so.

PRESENTER 2: And we just had one comment. Jennifer said it was a very interesting video.

TANDRA RUTLEDGE: Yeah, I like these videos. I think they give us a really good snapshot explanation of what ADHD is. Also, I want to go back to the example of the party in the head analogy. Well, if you think about that party in the head analogy, I want you to also take a look at this picture.
This picture is a picture that an art therapist is drew of my son Matthew and his ADHD brain. He told me once that having ADHD is like having his brain on 100, and trying to get it down to 1, and you can't. What we know is that ADHD is one of the most common neurological disorders, and it affects approximately 1 in 10 school-aged children.

In addition to the symptoms of inattentiveness, impulsivity, and hyperactivity, children with ADHD also have significant impairments in executive functioning that affect their ability to organize, to plan, and to manage their thoughts and actions. Children with ADHD often have trouble completing tasks. They forget important things, and may not consider the consequences of their actions. This can cause many risk factors for ADHD-- I'm sorry-- the risk factors for ADHD are unknown, but current research does show that genetics does play an important role. ADHD often runs in families, and researchers have also found trends in specific brain areas that contribute to attention.

According to the Centers for Disease Control in a 2016 national parent survey, 6.1 million children in the US have been diagnosed with ADHD. This number includes over 385,000 children ages two to five, 4 million children ages 6 to 11 years old, and 3 million children ages 12 to 17. Now, we also know that boys are more likely to be diagnosed with ADHD than girls-- 12% compared to about 5%. It does not mean, however, that girls have ADHD at a less frequent rate. It is just related to diagnosis.

As the video mentioned, ADHD is best treated with a combination of behavior therapy and medication. In terms of race and ethnicity, there is consistent evidence that suggests that white and English-speaking children are more

likely to be identified, diagnosed, and treated for ADHD, and that is an inequity in our system-- even though children of color, including black and Latino children, show symptoms at about the same rates as white children. The reasons for the disparity are complex and require a multipronged approach that will most likely take decades to address. However, what is important is to understand the ramifications of ignoring the problem, because these ramifications are quite severe. We want all children with disabilities to get help, regardless of race or ethnicity.

Properly diagnosing and treating children with ADHD can help them manage their symptoms and reduce the risk of more severe outcomes, including depression, low self-esteem, poor social functioning, drug abuse, poor overall health, risk behaviors, education failure, underemployment or unemployment, and possibly even involvement in the juvenile justice system.
We know that ADHD is typically first identified in school-aged children, when it can lead to disruptions in the classroom for problems with schoolwork. This was the case with my son, even though I suspected ADHD when he was three years old. I wanted to see how it would impact his ability to be successful in school.

I remember when his teacher first approached me. She highlighted his strengths, his sense of humor, the fact that he enjoys singing, and what a joy he is to have in class. She told me that smart, and even when he blurts out the answers, his answers are usually correct. Following that meeting, we had Matthew evaluated for ADHD. I took him to his pediatrician and we met with a psychologist who specialized in ADHD.

His teacher never suggested that he had ADHD, but I suspected it. And even though claims of overdiagnosis of ADHD in Black children persists, research actually suggests that the opposite is actually true. Black and Latino children are typically underdiagnosed, as compared to white children. And when they are diagnosed, they are less likely to take ADHD medications, for a number of reasons.

Think about the fact that Black and Latino children are misdiagnosed and untreated for their mental health conditions, like ADHD, and the long-term and lifelong consequences for these children When teachers see ADHD as anything less than a neurological disorder, they will attribute their behavior to defiance, which, in turn, can cause children to be labeled as bad or described in negative terms.

Even if they haven't been diagnosed with ADHD yet, we know that being labeled as a bad kid, who is eventually suspended and then likely expelled from school, will increase the chances of that child not graduating and being involved in the juvenile and/or adult criminal justice system.
Most people, including many professionals, have only a vague understanding of what ADHD means. And I admit, when my son was first diagnosed, I didn't fully understand what many call the ADHD iceberg, or the things below the

surface that are common to individuals with ADHD. And so I want to highlight three of those commonalities that are associated with people who have ADHD.

The first one is an interest-based nervous system. So despite its name, ADHD doesn't actually cause a deficit in attention. It actually causes inconsistent attention or under-stimulation, and that attention is only stimulated under certain circumstances. People with ADHD sometimes will say that they get in a zone or hit a groove. These are ways of describing a state of hyper focus, that intense concentration on a particular task, during which the individual feels like he or she can accomplish anything.

In fact, the person may become so intensely focused that, many times, they lose a sense of how much time has passed. I see this fairly often in my home. This state of hyper focus is not activated by a teacher's assignment or taking a test. It is only created by a momentary sense of interest, competition, novelty, or urgency created by a do or die situation or deadline.
The ADHD nervous system is interest-based, rather than importance or priority-based. So what does that mean? Well, have you ever asked a student, can you pay attention? You might have received an answer like, well, sometimes. Well, that's not exactly the right question to ask. Instead, as a teacher, you should ask, have you ever been able to get so interested in something that you are able to stay focused on it, and that, once you're engaged, it's really hard for you to change your focus?

Children with ADHD will be likely to explain what gets them engaged and what interests them. It will most likely not be the things that motivate and organize their neurotypical peers, such as importance, rewards, and consequences.
The second feature of ADHD that's under that iceberg is a sense of emotional hyper arousal.

Most people expect ADHD to create visible hyperactivity. This only occurs in about one in four children. The rest experience an internal feeling of hyper arousal-- remember, party in your head. Or they might say things like, I'm always tense, I can never relax, or like my son says, my brain is on 100. Sometimes they might even say, I just can't sit there and watch TV with the rest of the family, I have to keep moving; or I can't turn my brain and body off at night to go to sleep.

People with ADHD have really passionate thoughts and emotions that are more intense than the average person. Their highs are higher and their lows are lower. Children with ADHD know that they are different, which is rarely experienced as a good thing. They may develop low self-esteem, because they realize that they fail to get engaged and finish what they start, and because children make no distinction between what you do and who you are. Shame can become a dominant emotion even into adulthood, as harsh internal dialogues or criticisms from others become ingrained.

Many people, including children with ADHD, can often be first misdiagnosed with a mood disorder. Mood disorders are characterized by moods that have taken on really a life of their own. They are separate from events in a person's life, and often lasts for more than two weeks. This is different than wounds created by AIDS, which are almost always triggered by events and perceptions, and resolve very quickly. They are normal moods in every way, except for their intensity.

So to counteract feelings of shame and low self-esteem, children with ADHD need support from adults who believe that they are a good and worthwhile person. They need encouragement more than other students. Many times, they are used to hearing be quiet or be still. The support that they receive can be from a parent, an older sibling, a teacher, a coach, or even a neighbor. This cheerleader or champion must be sincere, because children with ADHD are great lie detectors. If anybody could have overcome these problems by hard work and sheer ability, they would have-- they would do so. So it's important for that person to communicate that they will be there with them to support them, and to figure out what's going on and how we can work together to master the problem.

The true key to fighting low self-esteem and shame is helping the child with ADHD figure out how to succeed with their unique nervous system. Then the child with ADHD is not left alone with feelings of shame or blamed for or falling short. The third common feature of individuals with ADHD underneath that iceberg is what's known as rejection sensitivity. Rejection sensitivity is an intense vulnerability to the perception, and not necessarily the reality, of being rejected, teased, or criticized by important people in your life.
Rejection sensitivity causes extreme emotional pain that may also be triggered by a sense of failure or falling short-- failing to meet your own high standards or others' expectations. It's a primitive reaction that children with ADHD often struggle to describe. They might say things like my son said to me a few days ago-- I can't find the words to tell you what it feels like, but it's hard.

Often, people experience rejection sensitivity as physical pain, like they've been stabbed or struck in the right center of their chest. Often, this intense emotional pain is hidden from other people. Children experiencing it may not want to talk about it because of the shame that they may feel over their lack of control or because they don't want people to know about this intense vulnerability.

When an individual internalizes the emotional response of rejection sensitivity, it can be like a sudden development of a mood disorder. He or she may be-- may have a reputation as being emotional, for having to always be talked off the ledge. When the emotional response of rejection sensitivity is externalize, it can look like a flash of rage or aggression. Half of people who are mandated by courts to receive anger management training had previously unrecognized ADHD.

Some people may avoid rejection and become people pleasers. I remember, when Matthew was in second grade, he had an amazing teacher who was very creative in finding ways to help and focus, and one way that she provided to them was she allowed him to chew gum. It was great for him. It allowed him to focus on tasks in class, and this was something that-- it was a tool that she gave him.

And it worked for several months, until Matthew decided to go into the teacher's desk and get the gum and share it with his friends. But because his teacher really understood the nature of ADHD, instead of accusing him of stealing, she had a conversation with him and she asked him why. And he simply told her-- is that I want my friends to like me. Again, rejection sensitivity can lead to being a people pleaser. Sometimes kids may just opt out altogether of relationships and choose not to try, because making any effort is so anxiety-producing.

So I have a question for you. How does ADHD affect school performance? Explain to me some things that you might be seeing in the classroom. What ways do you see ADHD affecting school performance? And you can feel free to share in the chat your responses.

MAUREEN FITZGERALD: I see some responses coming in, Tandra. Jill Carroll-- poor standardized test scores. From Eric-- engagement, time on task, impulsivity. From Michael-- lot of classroom disruption. Then Ryan-- kids miss things when teachers going-- when the teachers are going over them, and can't remember what the teacher's talking about-- avoidance, not completing or turning in schoolwork.
It can affect ability to focus in class-- notes missed, difficulty starting activities, completing activities. We've got a lot of messages-- frustration.

TANDRA RUTLEDGE: Yeah, I see. I see the numbers going up-- absolutely. All of the things that you have put in the chat-- all of those are common behaviors that you see with children with ADHD. It's interesting, because as we know more and more about ADHD it's important for us even as parents, but also as educators, to understand how we are approaching and how we are viewing ADHD.

So there is a really neat model that I came across by a school psychologist who is-- does a lot of work in the area of ADHD. And she has proposed these two models of disability, and one is the behavioral model and one is the academic model. And she wrote this blog as-- to teachers, but it also-- in it, she talks about how it's important for parents to understand.

And I just want to highlight this difference, because I think that it helps our understanding. And for teachers, it helps you to develop strategies that really support the student who has a disability versus strategies-- implement strategies that are punitive and undermine the self-esteem and the well-being of students. So it's the behavioral versus the academic model of disability.

And basically, in the behavioral model, if a teacher observes a student to have a behavior problem, then the teacher will then think that that behavior is linked to the student's motivation. And if the behavior is linked to motivation, then it's voluntary and premeditated. It's not just for teachers. If there are parents of children with ADHD, this applies as well.

So if you have the perception that the behavior-- that the child is having a behavior problem, then you attribute it to their motivation, and if you attribute it to motivation, that is attributed to it being voluntary, and therefore, the child's responsibility to control. Conversely, the academic model indicates that a student is observed to have a learning problem. Then the teacher assumes that learning-- that the child has a learning deficit and that there is an underlying neurological condition.

And if it's neurological, then the problem must be involuntary. Thus, the teacher believes that the student will perform better, if possible, and because the student has a learning disability or neurological circumstance beyond his or her control, the teacher reacts with empathy and support. And so I think that that is really the crux of the conversation around ADHD.

And what teachers need to know, and what's helpful even for me as a parent, is understanding what our views are of ADHD. Are we coming from a behavioral model of disability when it relates to ADHD, or an academic model of ADHD?

So we know that ADHD-- with ADHD, there often comes other co-occurring disorders, and a few here are listed for us on the screen. And that includes autism, learning disorders because of all of the challenges that students with ADHD can have with reading, and writing, and paying attention. And so it's very, very important to identify any concerns early on, to get an accurate diagnosis, and get treatment in place, and work with the family and the students to optimize success.

We also see several behavioral disorders that can co-occur as well as-- which include anxiety and depression, as well as sleep disorders and substance use disorders-- keeping in mind that it is a neurological disorder and that children with ADHD are at an increased risk of developing other conditions.
So I thought this was very helpful information. A teacher wrote a blog in the Attitude Magazine where she outlined six teaching tips that benefit all students. Next week, if you join us, we'll talk about more specific classroom interventions, as well as strategies for working with families-- the importance of the parent-school connection and collaboration to support students with ADHD.

But I wanted to highlight these six teaching tips that benefit really all students, not just students with ADHD-- keeping in mind that it's important to focus on short-term goals. That report card period is maybe 12 weeks out, so making

sure that children with ADHD-- and honestly, all children-- have opportunities to have wins-- daily wins and wins-- to motivate them and inspire them. Understand that rewards do work. The ADHD brain reacts more positively to rewards than does the neurotypical brain. So it's important that teachers understand that the ADHD brains are hardwired to focus on rewards, and teachers can use rewards to help the student meet some of the class expectations. Setting goals alone will not motivate students with ADHD in the long run, but celebrating their successes with simple rewards will make a positive difference. This can include stickers, high five, class cheers, being able to borrow a special book, reading to the class, a specific compliment, or a special helper job.

My son's school would give out-- the teachers would give these little catch them being good slips. My son has all of those slips-- each and every one of them ever has received-- those little slips from the teacher are so powerful and so important to him. And so I know the importance of those rewards. And honestly, those rewards mean more to him from the teachers than they even do from me and his dad, as his parents.

And so as his mom, I suggested to the teacher-- every year, I'd say, when you see an opportunity to encourage him and to reward him, even for the smallest thing, please do, because it goes a very long way. Playing music also helps. Music promotes focus in the ADHD brain. Now, if you don't have ADHD and there are lots of things going on, music can be a distraction, but for the ADHD brain-- the ADHD brain doesn't struggle to attend to stimuli-- it struggles to prioritize stimuli, and attention only to the important ones.

So when music is played, the ADHD brain has a rhythmic pattern to follow, which allows for clearer focus on the critical work at hand. I have seen music have such a powerful and positive impact on my son in helping him to focus. Now, for my older, son who does not have ADHD, it is a distraction. And so using his headphones is very important so that my other son does not also get distracted.

Also, more broadly, just teaching students about the brain-- having knowledge about the brain is something that we should be doing throughout school, including it in human anatomy and basic science courses. When students understand that the brain thinks and controls the rest of the body, there is so many opportunities to reinforce the importance of caring for the brain and having overall positive mental health, especially for students who have ADHD. One of the things that is a regular conversation in our house-- we talk about the brain. We talk about how our brain is feeling. We're talking about rest that our brain might need. And so I'm trying to help my son understand that there is a neurological basis for his difficulties-- not an explanation for him not to do well, but for him to understand how his brain impacts his function is very powerful.

And then allowing students to have time to calm down-- think about for a moment-- we talked about children with ADHD having really impulsive behaviors, and big emotions, big highs, and low lows. So it's important to give them a chance to calm down, to give them strategies-- which is related to the mindfulness activities-- give them strategies to use to help themselves calm down, to focus on something else as a mental break from whatever caused the overstimulation or the hypersensitivity. Making sure that you teach that is so important not just for ADHD students, but for all students.

I found this video that I would like to share with you. I love it because it is the voices of students with disabilities who wanted to share with educators how their brain works. And they want to offer some simple ways that their teachers can help.

[VIDEO PLAYBACK]
- Dear teacher, I know it doesn't always seem like it, but I really do want to listen and learn.
- It's just my brain is kind of different.
- So this is what I'd like you to know about me.
- I have to move, or I really can't pay attention.
- Even though I'm not looking at you, I can still listen to what you're saying.
- If you tell me, sit up straight, now I have to use all of my brain to do just that.
- It makes me feel sad when you told me to try harder, even though I've already tried as hard as I can.
- I actually listened better when I'm rocking in my chair.
- When you give me a bunch of directions, I start to think, I will never remember all of this.
- Sometimes my mom or dad ends up doing all of my homework.
- So here's how you could maybe help.
- Let me get up and move while I'm learning.
- Let me look wherever I want when you talk to me.
- Let me rock or slouch in my chair.
- No matter what, please don't take away my recess.
- Give me homework I could do all by myself.
- Make directions very short.
- Just ask me, what does your brain need right now?
- And one more thing-- my brain might be different than yours, but it's still amazing.
- Sincerely, your student--
- Your student--
- Your student--
- Your student--
[END PLAYBACK]

I love, love, love that video. I showed it to my son and he said to me, mommy, I want to make a video like that. I love the question, what does your brain need right now? There's no judgment implied in that question. It really helps a child with ADHD understand that it is their brain, their biology, their makeup

that is making it challenging for them to perform this task, and that you as a caring adult, as their teacher, as their parent understand that it is their brain, and you're asking them, what does your brain need right now?
I asked my son that question on Sunday when he was having the first-- it was a really big meltdown, and I had nothing to offer. I didn't know what exactly to say to him, and I simply asked the question, what does your brain need right now? And his response was, I'm not sure. I just want you to listen. And so that's what I do.

And so I hope that the information that was shared today is helpful. This is a picture of my son Matthew. He is 10 years old right now. And just so that you all know, I do have his express-- not written, but verbal permission to share his journey-- which is our journey-- with you. He's actually pretty excited about me doing so, and is looking forward to the opportunity where he can actually share alongside me. So now I we'll open up for a few questions and comments.

MAUREEN FITZGERALD: Thank you, Tandra. We do have a few questions and a lot of great comments, and I'll start with the first question that came in earlier. Based on your experience and research, do you tend to see more aggressive behaviors when children or adolescents become frustrated and told no?

TANDRA RUTLEDGE: I think that that-- it really depends. ADHD children, by nature, are not more aggressive. The research does not support that they are more aggressive by nature. They can become frustrated with all of-- remember, think of the party in the head, the intense emotions. And so they can become very overwhelmed with emotions, and so their aggressive behaviors may stem from a natural response to what's going on inside of them, and not just aggression for aggression's sake.

And I am-- true transparency-- very sensitive about that word, aggressive. I had an experience where a teacher brought to my attention-- she said that my son was being aggressive. And so that's typically not behavior that I see, but I'm willing to hear, because sometimes he may be acting differently in school than he is at home. And she described that the aggressive behavior, as she characterized it, was being seen during recess.

And I said, well, what is he doing during recess? Oh, he's playing football with the other kids. And I said, OK. Is he hurting the other children? Are they complaining? Well, no. I just observe his behavior to be more aggressive than the other children. Now, let me give you a little bit of context. My black son is the only-- was the only black boy in the school, and one of a handful in his class, and one of only a handful in the school.

And so we really have to be thoughtful about our implicit biases as educators, especially when it comes to ADHD, because black and Latino children experience this disorder at the same rates, but we are missing diagnosis early

of them and opportunities to support them, get an accurate diagnosis, and then give them the treatment and support that they need to be successful.

MAUREEN FITZGERALD: Thank you. Another question that's come in-- I've worked with youth my entire 30-year career. I've learned that, very often, parents will refuse to allow schools or therapies to diagnose their child. When they do accept the diagnosis, they will very often refuse to treat with medication, so the issue continues. Perhaps ideas on how to get parents to take more care in addressing the problem appropriately would be beneficial for those students affected by ADHD.

TANDRA RUTLEDGE: Absolutely-- and I hope you come next week, because that is really-- we're going to talk about that, because that is very real. That's a very real reaction, not just for high school students, but for young children even, where parents refuse to follow those recommendations. So next week's lunch and learn-- if you're able to attend, we will be talking very specifically about how you can build that bridge to support students with the parents.

MAUREEN FITZGERALD: Thanks, Tandra. Another question-- rewards are a good idea. However, they're not very effective for a high school student. What types of rewards might you suggest for them?

TANDRA RUTLEDGE: I think the rewards-- stickers and things like that-- you're right. Caught them those little slips-- great job, catch them being good slips-- are not. You have to find the rewards that appeal to them. Maybe it is a video game or an opportunity to do something that they enjoy-- if they have driving privileges, things of that nature. You can try to use those rewards. Some people are not motivated by those rewards, as those in the question, and so I would probably have a conversation with that young person and ask them to share with me sometimes when you are really focused and what interests you. And they know. They know what interests them. They know what things motivate them. And so really listening to them and asking them what they need and what their brains need is a first step to figuring out how to motivate and help them organize.

MAUREEN FITZGERALD: Excellent-- and another question-- how difficult is it if a parent does not want to use medication to treat ADHD, but only wants to use behavioral therapy?

TANDRA RUTLEDGE: How difficult is that?

MAUREEN FITZGERALD: Yeah.

TANDRA RUTLEDGE: It's very difficult. It is very difficult. And the decision to use medication is a big decision. It is a big decision for parents, and it's something that-- there are a lot of factors that go into that. And so we will be talking about that next week when you join us. We'll delve a little deeper into

some of those reasons, and I will offer some strategies to help teachers and parents be able to collaborate.

MAUREEN FITZGERALD: Great-- another question-- thank you from the mom of two daughters with ADHD. Is there a link I can send to their teachers so they can get this great information?

TANDRA RUTLEDGE: I believe we are making this available. Is that correct?

MAUREEN FITZGERALD: Yes.

TANDRA RUTLEDGE: We're making this available to all attendees, and I believe that you can share this information with your child's teacher-- absolutely.

MAUREEN FITZGERALD: Yes. The recording and the PowerPoint will be available on the Great Lakes MHTTC website within the next few days. Another question-- I have ADD. My son had ADDHD also, and they wanted to medicate him. And we feel he would not have responded very well. He was also transferred, and barely knew the language-- from the Philippines. He was almost a grade ahead of the kids, and he's 17 now and looking-- taking college class. I think the teachers need to ask better questions.

TANDRA RUTLEDGE: I agree.

MAUREEN FITZGERALD: Why do they want to go through drugs-- prescribing drugs at these kids, instead of helping them where they are?

TANDRA RUTLEDGE: I agree. I think that we have to do better at how we see mental health and ADHD. And I think that we do have to ask better questions. We have to understand ADHD better. We have to understand the perspective of the child and the families that we are encountering.
We have to have a bit of cultural humility. And we have to be thoughtful about how we approach families about medication. I've had numerous experiences with black and Latino families where I have had to intervene and support them with the school, and helping us to understand really how to-- what the parents' concerns are about their approach or about medication, and then supporting families where they are and their choices about medication.

And so I think we can do a much better job of that between schools and parents, because honestly, teachers are working to help children be successful, and parents want their children to be successful. Our goal is the same, and so we need to learn strategies to work together, to collaborate so that we can support our children. And that's something we'll definitely be talking about next week.

MAUREEN FITZGERALD: Great-- we're getting close to the top of the hour. I think we have time for a couple more questions. Here's another one for you,

Tandra. How might you address difference in categorizing a student under IDEA 2004, and addressing a mental illness diagnosis using the DSM-5?

TANDRA RUTLEDGE: I'm not clear on the question. Is it in the chat or is it in Q&A?

MAUREEN FITZGERALD: It is in the chat-- the difference in categorizing between IDEA 2004 and using the DSM-5 to assess a mental illness diagnosis.

TANDRA RUTLEDGE: So I'm not exactly sure how to respond to that question. I'm not sure if I'm clear as a mental health therapist, in terms of diagnoses of ADHD. There are criteria that's listed in the DSM-4. For those of you who don't know, the DSM-4 is a tool that lists the criteria for various mental health disorders.

And so if I understand your question-- my apologies if I'm unclear or if I don't answer correctly-- I think that they are related, because a child has to meet the clinical criteria for ADHD, which the DSM-4 outlines, but they also-- that diagnosis and those behaviors must cause impairment for them to qualify for special education services and for disability.

My son initially did not-- because of his diagnosis, he had a 504 plan. He has since qualified for an IEP because his diagnosis of ADHD and all of the symptoms of the disorder that he has are significantly impacting him in his learning areas. And so I'm not sure if that is the answer to the question, but I did my best.

MAUREEN FITZGERALD: Thank you. I have a quick question for Stephanie. We're at the top of the hour. Do we have time for another question, or we need to hang on until next week?

TANDRA RUTLEDGE: I do want to be thoughtful about time. If it's related to this part 1, we can certainly ask the question. If it's something that you think-- we can incorporate questions from this week into next week, then I'm fine with that.

MAUREEN FITZGERALD: All right-- very good. This question is, how can pediatricians with parents identify issues or problems with children in early childhood well before school days?

TANDRA RUTLEDGE: So actually, that is a really good question. Our journey started with me talking to my pediatrician when my son was young. And so I had that relationship with my pediatrician, and I started there. And I described the behaviors that I was seeing and the concerns that I had.
And my pediatrician was supportive, and listened, and did not rush to medication, provided me with some education around ADHD, and really took a wait and see approach. When I brought this up to my pediatrician, my son

was about three years old, because you want to be able to evaluate, is it ADHD or is it normal development?

Because a lot of the behaviors that we see in ADHD are typical behaviors for children. So what I always tell parents is, if you're looking in those three areas of hyperactivity, impulsivity, and attention, and if those behaviors are significantly impairing that child's ability to be successful at home or school, then you might want to look a little deeper, consult with a health care professional-- someone that you trust-- and have this conversation.

My pediatrician was very supportive. He is the one that referred me to the ADHD specialist who did the assessment for my son. So you can partner with your pediatrician, your health care professional, and start asking questions, and hopefully they provide you with education and direction.

MAUREEN FITZGERALD: Well, thank you so much Tandra and thanks, everyone, for joining us today. We're going to wrap up today's session and remind you that Tandra will be back next week on the 27th to continue this presentation. And I'd also like to remind you all that you'll be receiving a link to complete a survey about this presentation today. So thanks again. And I guess we'll be wrapping it up for today.

TANDRA RUTLEDGE: Thank you.

MAUREEN FITZGERALD: Thanks, everybody.