Mary Miele (00:03):

Welcome to Be Evolved, a podcast for parents and educators who prioritize developing possibility and expansion within the total educational process for themselves and their children or students. We invite you to listen to the podcast with your child or student in mind and with yourself at the center of the learning experience. Ultimately, our goal is to bridge the gap between educational expertise and research, translating it into practical action. Gaining knowledge plus taking action is what it means to be evolved. Hi everyone. I'm here today with Becky Reba. Hi, Becky.

Becky Reback (00:45):

Hi.

Mary Miele (00:46):

And we're doing a bonus episode today because there has been a publication that went through the New York Times Magazine section in April, and then there was a podcast on the Daily. The topic of both of the articles says, have we been thinking about A DHD all wrong. And as the practitioners of this information, as people who, and professionals who are interacting with students who A DHD and helping parents like you with this information, we thought it would be helpful to record a podcast, which would summarize the article, and also we could share some of our ideas, our thoughts, even ways that this information has caused us to shift in our practice and has caused us to think about things differently. So we're really excited to have Becky on. And for those of you who are just joining our podcast, know I'm Mary Neely. I'm the founder of Evolved, and I'm a certified special education teacher for grades K to 12, and I'm joined by Becky Beck, who is our Director of Assessment and Parent Education programs here at Evolved. And Becky, you can share all of your credentials with us, just so everyone knows who is here talking with them.

Becky Reback (01:57):

Sure. So I have been an educator for closer to 20 years than I am, less than that, which is scary. My background is in special education, so I taught students with language-based learning disabilities and attention deficits for 10 years before joining evolved in 2020. So I've been here for five years now, and I've really just dug into the special education world and understanding students that have neurodivergence and how we can support them and teach them and at home, at school, and all other places. And I'm excited to talk about this article and dive into something that I think we both feel really passionate about.

Mary Miele (02:36):

Absolutely. And just to summarize the article, so again, if you want to find the article, we'll put the URL to find the article in the show notes. We'll also put the podcast there. So the article says that first of all, there's a rising diagnosis and a rising amount of prescriptions being written for people in the us, especially among adults. These diagnoses have surged and stimulant prescriptions such as Ritalin or Adderall or Vyvanse, are more common than ever to be delivered to people who have A DHD. There is new information about the effectiveness of medication, which says that stimulant medications consistently outperform placebos in reducing core symptoms such as inattention and impulsivity over the short term. However, some recent studies suggest that while medication can improve focus and behavior, it may not significantly boost measurable academic or cognitive performance in and of itself. Right? So this is a key piece of information.

(03:39):

Many people are, and of course, evolved is definitely in this position to have a growing interest in non-pharmaceutical therapies such as behavior therapy, mindfulness and environmental adjustments as complimentary or even alternative treatments. Some longitudinal data raises questions about whether the

benefits of stimulant medication lasts beyond a few years with hints of diminishing effects after roughly three years. The article also highlighted concerns over diagnosis over prescribing, emphasizing the need for careful nuanced diagnosis. The piece that I thought was very interesting, I don't know what you thought, Becky, I'm sure we'll dive into each and every one of these details, but the piece that was very interesting to me is that there is this view that suggests that A DHD might be a biologically found disorder, and it seems like in fact there's a mismatch between temperament and modern environments rather than strictly a narrow biological disorder. It argues that mental health conditions, including A DHD, lie along a spectrum and changes in context like school structure or work demands can alter symptom expression. I thought that was really quite interesting. So Becky, what are some of your key takeaways here? Share them with us. Share what you feel like you're thinking about and we'll go from there.

Becky Reback (05:07):

Yeah, I mean, I have a lot of thoughts about this and I think one thing that I mean, and then we can get into the weeds a little bit more, but one thing that I thought was interesting was the rise in adult prescriptions and adult understanding of their own diagnosis of A DHD. And I wonder from that is that if their children are being diagnosed with A DHD and parents are seeing a lot of themselves in their children and then seeking information about their own brains and their own neurodiversity and the way that they learn, and all these years of things have always been hard for me. And now I have this diagnosis in my child, I want to understand my own brain a little bit better, and they go out and get their own diagnoses and then in order, just because they're older, they don't have to worry about as much about growing and all the things that come along with the question of do I put my child on meds or not is parents are obviously adults, so they just go on the medication and it does drastically affect and improve their lives.

(06:08):

I've seen this with friends and family members actually, and it does make a difference. And that was one thing that really jumped out at me, and I'm just thinking about in general, the increase in diagnosis. And obviously the article does go into this a little bit, but in my understanding of some of it is there's access to just so much more now. And as the years have gone on, the access to understanding our brains and the way that we learn and education and how we present education and all of that has just grown exponentially. And that's something we talk about a lot here at Evolved. And so I think increasing in diagnosis means there's more testing, more access to testing, more understanding in what some of these diagnoses are, more willingness from parents to actually look into supporting their children and not just saying, oh, they're just a kid, they'll grow out of it.

(07:00):

I think that's a really key one. I think another thing is the increase in academic expectations and students were starting to not be able to keep up because expectations were ramped up, and then we wanted to explore a little bit more as to why they weren't being able to keep up and just understanding. And then there's a whole other section that we can talk about later, but just understanding how A DHD can be comorbid or have overlap in qualities with other disorders. And I think that's a really key part of it too, because potentially you're treating attention deficit disorder with medication, but you should be treating something else like an anxiety disorder or OCD or executive function, right? There's so many different areas of the brain that are impacted and the A DHD might not be the forefront, but they're being diagnosed with DH ADHD and the medication for that seems to be a quick fix.

Mary Miele (07:53):

Sure. I was just actually in a debrief session with a neuropsych and a student who was checking out whether or not they had a DHD and the neuropsych could not diagnose the student with A DHD because they did not meet the criteria of the symptoms in all of the required number of ways within two reporters.

Meaning even if the student themselves reported having the symptoms, if the parent or the teacher did not concur, then they couldn't gain this diagnosis. And so if we all are clear, that's actually how a diagnosis occurs in a neuropsych report at least. And it does call into question for me just how accurate are we being with the diagnosis? And it does, I believe, as a parent talking to parents right here is how do you ask questions of your neuropsych when they're issuing these questionnaires? Just how do we get the best diagnosis for our students?

(08:58):

What are the things you can put into place that will help you to get the information that you need? And whenever we get students in with completed neuropsych, something I know you and I Becky ask is, do you agree with this testing? Do you feel as though this actually was a good representation of your child? And some parents will say, I was confused about that. I didn't think that was actually the case. I actually think they do have a DHD, and I'm confused as to how come at school we don't see any of these symptoms or I'm confused as to why I didn't put down more concerning behaviors as a parent. I am not sure why my student doesn't see their concerning behaviors. So there's a lot of questions that come up after the neuropsych for our families, which caused me to think about all of that. Yeah,

Becky Reback (09:48):

Yeah. I mean, I think that it even says this in the article that the diagnosis for A DHD is somewhat subjective, right? There are six areas and there is a criteria for it. You have to five of six of that each area in two or more settings and this amount of times and places and all that, and the article goes into that. But there is a real possibility that sometimes we're thinking it's one thing and maybe it's another, but oftentimes it's both, right? It's not that you don't have a DHD and you have this other thing and you're being misdiagnosed. I think that you're having a little bit of both, but it's about understanding how everything plays together and how you can treat one and impact positively the other.

Mary Miele (10:37):

And I guess where I went to my brain was to say, so what if we can't get to the diagnosis of A DHD? Does it even matter since this is what we're learning? Meaning if we're having symptoms, let's address and build skills within those symptoms, whether or not they lead into a diagnosis or not. Because for example, if we say, our goal is to get a diagnosis of A DHD because there is a pill or something you can take to make you completely better, then of course that makes sense, right? We want to get to the diagnosis to get you better. But in my mind, what this article did for me and practicality is to say, permission granted, really permission granted, go ahead. If there's any kind of impulsivity, if there's any kind of challenge with getting started, if there's something where you see the child being very strict or rigid and they can't shift their thinking or they can't hold things in their minds with murking memory and they can't do mental math or hold stories in their mind over time, then just go ahead and jump in and teach them how to do those things or put environmental accommodations or changes in place to help them forward because that's actually what we need to be doing anyway.

(11:57):

So it sort of called into question to me the need for us to have this diagnosis and why are we seeking it so very badly? I think it becomes from this place of, well, if I get the diagnosis, then I can get the medicine, then I can start feeling better, and then it will all be okay. And what this is actually saying is, yes, the medicine will give you the ability to do the work. It'll give you that ability for you to focus and feel better in a short period of time, but you got to use that time to do the work so that you can make it better in the long term. That medicine isn't what's going to be what changes completely everything about what you're doing. That was really, really impactful in my opinion.

Becky Reback (12:37):

I think that's the key is that the medication, I mean in the article, it talks about this too in the podcast as well. The medication doesn't, over long periods of time, they saw the effectiveness diminish and really the benefit to the medication is the boost it gives you. In the first couple of years, and I went through this with a close family member of mine where they were debating whether to medicate or not medicate, and I was like, here's the thing, if you medicate, now you are opening space in the brain that is otherwise taken up by the A DHD brain to learn skills and strategies to hopefully manage this down the road. You don't want to be, ideally you're not on medication for the rest of your life. You learn how to manage this and you learn your triggers and you learn the skills and the strategies you need to bring yourself back if you're off task to get started to all the things that you just talked about.

(13:36):

And so I think the key is understanding what treatment is and how it can work and how it can actually free up your brain to make you available to learn the skills and strategies that you need to learn in order to be successful down the line. I think that the article talked a lot about are we going about treatment wrong? And I don't think medication is an end all be all. I think there's a lot of different components that need to happen in order to make a student that's diagnosed with A DHD successful. That includes thinking about all that. We know about education as a whole and knowing that treatment can't act in a silo. So you cannot just go on medication and expect everything to go away. You still have to be doing other work. You need a multifaceted approach, and that's likely what is going to make the student successful longterm.

(14:30):

So that's marrying home and school together. Parents need training just as much as their kids need training. Parents need to know how to work with their kids. Like I said, medication gives us the opportunity to provide space for the learning skills and strategies, but it's not going to do everything. And then there's the whole argument about school and what it looks like there. I think your question of does the diagnosis matter? And I get this question a lot from clients or friends, and I think depending on the context, does it matter for the way you're going to work with your kid? Probably not. If you have the means to seek private support, you're probably going to move forward with that anyway. If you don't have the means, then the diagnosis might matter because that's how you're getting access to insurance coverage for certain coaching. That's how you're getting access to accommodations and modifications and IEPs and five oh fours in school. So I think the diagnosis does matter in some contexts in the way that our education system works right now, but it doesn't necessarily matter in other contexts. I dunno what you think about that.

Mary Miele (15:40):

Yeah, I'm glad you brought that up because that is really interesting in that it is a requirement to have a diagnosis to gain services in some educational systems. And this body of research of the summary of research that we have here is absolutely telling us that a student with a DH is going to require instruction. They're going to require amendments to their home and to their school environment. And ultimately, what do we want from our kids later on down the line is we want them to recognize that when their symptoms present themselves, that they can use a strategy. They can also look to their environment and change their environment. I'll tell you a quick story of a student who was able to do this. We have the integrated executive function coaching program here, which is actually according to this completely on point, meaning when you have a vulnerable context, what do you want to do?

(16:37):

You want to add a strategy in to help you to navigate that within your executive functioning. So if a student, for example, is in a situation where what they're trying to do isn't helping them to be the most successful, meaning they're procrastinating, they're avoiding, they're waiting till the last minute to get that rush of chemicals coming in to help them have the focus, have less pain and really get through something

unpleasant and with a lot of energy, they're going to procrastinate. And that's something that they do because it works. And so what we can say to kids is, your way is valid the way you're doing it, as unhealthy as it is, it actually is getting you from point A to point B. Now, let's add additional strategies so that you can work through something over time. You can utilize trick your brain, or you can have a person do body doubling and work with you while you're working on something and help you gain that focus a different way, or you can really break it down into super small pieces.

(17:35):

And that way you're not required to be in so much pain in something that is preferred for you. So there's lots of different strategies to get through that particular experience. And what we really want kids to do is notice when I'm in that situation, I have a choice here. I have many different strategies that I've tried on when I had the medication, when I had a coach working with me. And I was able to acquire all of that knowledge and experience because the IEF model makes you do things, not talk about them. And I can go back to that and rely on it when I don't have the medication helping me out, and I am now dealing with additional responsibilities. We also see a lot of moms with A DHD have so many things that they're dealing with. There's just this care and their jobs and their homes and the chores and all of these different requirements to shift. And so how do you as a mom who has a DHD, put systems, put routines, put habits, put things in place that are part of all of those responsibilities to help you to lessen that cognitive load that overwhelms and exhausts you? These are the kinds of things that we need to normalize for everyone who has A DHD symptoms or A DHD in general. That's what this work is asking us to do in a practical sense.

Becky Reback (18:53):

Yeah, I agree a hundred percent. I also think it starts with school, right? I mean, that's probably far a different conversation, but I think that way our education system is set up. It's not supportive of students that have any neurodiversity, A DHD, not a DHD, or honestly, just a brain, right? Everyone could have some level of neurodiversity. There's no one prototype, normal, normal brain, and schools really need to change the way they're looking at students with A DHD and other diagnoses, or we're going to continue to set up our students for failure instead of success.

Mary Miele (19:31):

Absolutely.

Becky Reback (19:32):

And the box that is school often doesn't fit most kids. And so it starts there because they're not learning the skills often. Sometimes they are. Sometimes schools can provide that, but a lot of the times they can't and not to any fault of their own, but there's a million kids in the class and they have certain standards they have to meet, and there's a lot going on in schools. I mean, we were both teachers, we get it. And there's so many different components that beyond just the teachers standing in front of the class and teaching, there's all the other work that the teacher has to do on top of it. And so it's just not possible with the way it's set up. And so we're starting at a deficit. And then by the time you get to be the mom with a DHD, you don't have a lot of those skills, and so you're relying on the medication or whatever it is to bring you back to equilibrium because you don't even have

Mary Miele (20:21):

To go to give you some kind of reprieve. Absolutely. Absolutely. So I think just if you're listening, let's say you're thinking, I need a takeaway here of just something really practical. I have a DHD, my kid has a DHD. There's something I can, at least you tell me what you can offer, but I can offer this. I can say decrease the cognitive load whenever you're feeling really scattered or really disorganized. For example, if you have a kid with a DHD, get their room and get the stuff out of the room, deal with less clothing

choices, less toy choices, less stuff in the room, period, that kind of approach is very helpful. Also, line of sight. So things that are really important that you have to deal with on a daily basis, put them in site as opposed to in a cupboard or somewhere behind something where you're not really going to remember it even.

(21:11):

And timers are really helpful. So just get the timers out, make sure everyone is using them so we know, okay, it's 10 minutes till the end of this. Let's put the timer, Alexa, set a 10 minutes constantly setting different sounds for different types of things that you're all trying to pay attention to. These are tools that people can use to make their lives better, and that's what we want to start sharing and normalizing that is going to make the difference in learning and living well versus not. What do you have to share? What comes to mind for you,

Becky Reback (21:43):

Becky? Yeah, I mean, I'm a mother and I don't have a DHD, but I feel extremely scatterbrained. I have three young kids and working in my house and pulled in a million different directions and something I do every Sunday night after my kids are in bed, my husband knows I spend five, 10 minutes just looking at the calendar for the week. And I use the skylight calendar as something that helps because that actually does help reduce my cognitive load. Not only is everything in the calendar, but my whole family knows to go check it. So my kids are not asking me what's happening. They go and look at the calendar themselves and then they have further questions. That's fine, but they have their own tasks and all that, so I don't have to be the reminder or the remember. So that really helps me. But just, I used to do this with a piece of paper also is sitting down five, 10 minutes.

(22:37):

It can be Sunday night, it can be Monday morning, Saturday, whatever, Friday afternoon, whatever works for you and plan your next week. So I'm planning as much as I possibly can. Of course you have to leave room for error and things that pop up, but the things that I know are going to happen, I'm planning for that and I'm making a schedule for myself of what needs to happen when, so I don't have to be surprised last minute. And I actually in that time will write a stack of post-its, and I leave it next to my door when I'm leaving. And as I'm finished, as I don't forget the whatever it is, I forget everything. The amount of times I walk back in and out to remember things is quite comical. And so I've started to write post-its, don't forget that. And I put it, and then when I'm done, I just rip it off and I put it in a ball and I throw it in the garbage.

(23:26):

And so then the next thing that I need for the next time I'm leaving is right there. It's on top. I don't have to think about that. So all of that really helps me. So just having five, 10 minutes once a week where you're organizing yourself, I think sometimes in the beginning, once a week feels really overwhelming. So do it twice a week, three times a week, whatever's going to feel really good for you. Maybe it's easier for you to think about two days at a time, and then at the end of those two days, you see what you've gotten to what haven't. But I've been doing this for many years, so once a week is fine for me now. But that has been hugely helpful to me. And I try to include my husband and that as well. It's for him to understand what his week looks like too. That's more of a challenge, but sometimes

Mary Miele (24:10):

We can normalize that participation a little more too. I mean, I think it's really great though that you have that particular strategy. And something else that came to mind was every once in a while I do coach adults, and there was a particular mom who was talking about how those kinds of systems are great at the beginning. And then what happens for her with A DHD is it becomes boring. It becomes something that's routine and just doesn't hit those dopamine receptors. And if that becomes the work is doing, even though

it doesn't feel good. And so we were working on strategies for that. We were saying, and you have to listen. It's not just pick a strategy and just that's your strategy, and now it's all better. Again, the mindset isn't take the medicine, you're all better. It's a constant work. It's a constant piece.

(24:58):

It's almost like working on your diet. You're constantly working on how do I get the right things in my body? If that's what you want to work on, if you want to work on your A DHD, then that's what you have to work on and you have to be putting things in place. And if you drop off for a while, it doesn't get worked on, you start feeling badly. You can always come back to the work. Okay. And I think if you have a child with A DHD normalizing those kinds of conversations with your kids and saying, listen, how is it for you? This is how it is for me, or how do you handle that? This is how I handle that. Have you seen me when I forget what I have to do for the week, this is what I do. So just normalizing those kinds of conversations is really key. I want to get really quickly to the school piece and then we'll kind of sum up. But one of the things that they did talk about was just that we're now dialing into this notion that we absolutely do have to take a look at the environmental

(25:52):

Places that people with A DHD operate. And we don't do a great job as an educational system, private, public, charter, everything in thinking about how can we make that more conducive to strengths? How can we make it more conducive to building skills? And at the schools I work with Birch Rothen and Mercy University, they've spent time learning about the integrated executive function model, and they put things in place in their school where kids can get those strategies and skills for executive functioning and then go and access the mainstream curriculum that is still pretty traditional and standardized and all of these kinds of things. And sometimes executive function unfriendly. But we really haven't done a lot of work in terms of thinking. And this leads me into that problem solving model that I have written about, which is ask the question, how can we make the environment better for kids with a DD start there. We don't know all of the answers, but there are little things we can do small every day. And the people engaged in these schools, it's not the school board or the big, big, big structures that we necessarily have to attack. It's more if you're listening, you're a teacher, you're a mom, there are things you can do on the every day that will help kids with A DHD learn better. And we can lean into that more, right?

Becky Reback (27:11):

Yeah.

Mary Miele (27:12):

What do you think?

Becky Reback (27:13):

Yeah, I mean, I agree a hundred percent. I do think there's enough data that they could pull from in the diagnosis of A DHD to understand how we can start this now

(27:27):

And in schools and how they can start to change the system because there is patterns, there is similarities between, even though no child is alike, there's a lot that is alike. And I think even to our own assessments here at Evolve that we do to understand A DHD and executive function and all that a little bit more that we even see patterns among students within a certain population of what they're struggling with. And you can see that it comes directly from what's happening at school a lot of the times. So that activation that getting started is a huge one that so many parents and kids talk about. They just don't know how to do it. So let's teach that. Let's just teach that in school and start there, right? It doesn't have to be a whole thing.

I mean, we're not sitting here overhauling the education system and this podcast, but I do think if they engage some professionals and educators at a higher level, this certainly can happen.

(28:22):

And again, it doesn't even mean broadly, but higher level, meaning the school sits down and talks to the teachers and say, what do you see as the biggest struggle in your class from year to year? And I think the other piece of it is that teachers assume students have specific skills already from the previous year or years that they've been at school, and they're not reviewing that and they're not teaching that. And we both taught in specialized settings. And when I even came back from a weekend off, my first five minutes of class was reviewing the expectations and what the class structure was like. Always, every Monday or every Tuesday, whatever it was, anytime I came back to my classroom, we reviewed. Because when you have any type of neurodiversity that's not staying in your brain, you have to make it routine and mundane almost so that way it's all back to that cognitive load, so it becomes automatic and you don't have to think about it as much. And that's something that schools can be doing as well. It's just implementing clearer expectations. And I think that would go a long way as well.

Mary Miele (29:28):

Absolutely. Just asking the question, how do we focus through this assignment? How do we make this assignment more executive function friendly? What are the actual steps I'm asking my students to take in this assignment beyond study, write the essay, read this paragraph. There's so many steps within those very vague directions that students with we executive functioning need to have really spelled out for them. Start with those simple types of actions and the actions that we're saying are just ideas. How do you get to even more, just stay in the question, how can I continue to help students with A DHD within my classroom as a coach? How can I help students in or players in my program to stay focused on this skillset? These are all things we could be doing collectively to help everyone. And that's what this paper is really talking about. This article is talking about, is that this is what's needed.

(30:21):

It's not the medication in the end all be all sense. It's absolutely the everyday instruction and it's the environment around our students that we need to take a closer look at. So I feel like we could talk all day, but we will stop there. And if this is something that you would like to speak with us about, Becky is available for parent education, we can speak with your school, we can help you along with any of these practical ways of enacting this particular research, please come and find us. We'll put our information in the show notes, and if you have a topic or an article that you find most interesting about A DHD or any kind of learning that happens for students, we're always happy to read it, talk about it in this format as well. Thanks for having a listen. We hope it was helpful.

Becky Reback (31:06):

Thank you.

Mary Miele (31:10):

We hope you found this episode of Be Evolved, helpful. Please be sure to review and subscribe. It really helps us to reach more listeners like you have a question or a topic that you'd like us to explore. I'd love to hear from you. You can reach out at any time at admin@evolveded.com. That's A-D-M-I-N at E-V-O-L-V ed ed.com. Don't forget, you can find the full transcript for today's episode along with our terms, conditions, and disclaimers and privacy policy at www.evolvededucationcompany.com. Thanks for listening, and until next time, learn well and live well and be evolved.