

Let's Talk Learning Disabilities

EPISODE 03

Welcome to Let's talk learning disabilities with Laurie Peterson and Abbey Weinstein. Laurie and Abbey spend their days talking about dyslexia, dysgraphia, dyscalculia, and ADHD. They talked to parents of struggling students and adults who have had a lifetime of academic challenges. They want to share those stories along with their own insights with you. So let's talk, learning disabilities.

Laurie: Welcome to episode number three of let's talk learning disabilities today. Abbey and I are going to talk about one of our most favorite topics, ADHD. And it is one of our most favorite topics because we both live it. We live it every day. So not only are we seeing clients that have ADHD, adults and students, but we deal with it every day. So I kind of thought it'd be fun to start today's episode Abbey, if you're okay. I kind of want to tell our stories, like when we were diagnosed and how we got diagnosed, because ours are similar yet pretty different. So first of all, Abbey, last episode, you were on vacation skiing. How was your skiing trip?

Abbey: It was fabulous.

Laurie: I'm so jealous, nothing like Vail in the winter, like being in the mountains period.

Abbey: And then of course skiing and being with family and having fun, it was a blast. It was great to get away.

Laurie: Well, we're very glad that you're back. Um, okay. So tell us a little bit about your ADHD journey.

Abbey: So. Now that I'm, you know, in my mid forties looking back, I think I've always had ADHD. I had it my whole life and I struggled with many things like motivation and starting tasks and staying focused and avoiding distractions and filtering out background noises. But I really wasn't.

Experiencing the biggest struggles until I was in college. And I struggled throughout college a lot, and I did not get diagnosed until I was in graduate school. In my late thirties, I was officially diagnosed with ADHD. And once I started talking about all the different symptoms and they said, Oh, it's ADHD. I had this, like, epiphany where a lot of my struggles came to this, came to this point where I realized that a lot of my difficulties and struggles that I experienced really were related to ADHD. When in fact, I thought I had intense anxiety. I struggled with so much anxiety. I beat myself up all the time, over all the things that I didn't do or that I should do, or that I should be doing rather than sitting there procrastinating and being lazy. Also, you know, throughout graduate school, I had smaller courses however, I still struggled with, you know, filtering out the guy behind me, coughing and the person next to me clicking their pen and focusing on the teacher and not letting my mind wander. And then I would beat myself up and just. I feel really bad that I couldn't have the self-control even in my late thirties, early forties enough to really sustain my focus and attention and do all the things I need to, to do.

Laurie: What was your, um, what was high school like for you?

Abbey: You know, high school was, it was challenging partially because I was not highly motivated to do well. I was kind of that kid that just wanted to do the bare minimum and just pass and get by. I knew I wanted to go on to college and I knew I wanted to do big things and have a career and be successful. But in that time in high school, I was very in the moment. I didn't think a lot in the future. I didn't plan ahead. I didn't think far out. So I struggled even doing the bare minimum, which was my, my goal was to get by. And that was, I was partially planning to serve my parents and meet their expectations, but I wanted to get into a good college, but I struggled with schoolwork. I struggled with long-term projects. I struggled paying attention during lessons and instruction in class. And, um, I procrastinated at everything. I waited to the last minute to do all my studying and I didn't do well. I didn't actually think I was even capable of getting good grades until I was probably in my third year of college in undergrad, when I really got into my major and found classes to be really interesting and on topics of my interests, then I was capable of really doing well. And I thought, wow, I can do this. And once I started getting A's and B's, then I was motivated to continue to get those A's and B's.

Laurie: What kind of difference did medication make for you?

Abbey: Medication made a world of difference. Like I mentioned before, I really, really struggled with a lot of anxiety regarding a lot of my symptoms of ADHD and my difficulties that I experienced. And then I struggled with depression as well because of beating myself up. Overall the things I should be doing and that I wasn't doing. And that, I didn't know, I was capable of doing, I struggled with a lot of depression. And so I was medicated for anxiety and depression, but once I was diagnosed with ADHD and became medicated for the ADHD and I actually had a medication that was targeting those symptoms related to the ADHD. Then all of a sudden my anxiety went way down. I started feeling much less depressed. I rarely struggle with emotional downs and anxiety bouts, and now I can start tasks on my own. I don't always procrastinate to the last minute. I'm able to plan ahead and schedule things. I'm much more organized in my personal life and in my work life, I'm able to keep it calendar. And I've also learned some coping strategies. You know, I know that I need to write reminders. I need to put alerts in my phone. I need to, you know, have movement going on with my hands or feet. If I'm really having to sustain my focus and really concentrate on something for a while, I need it to be quiet in the room. I need to, you know, not have a lot of background noises going on. And so I have adjusted and learned a lot of ways to modify my environment, but the medication makes a world of difference. It really does help me filter out distractions. It helps me focus longer and better. It helps me, I think be able to plan ahead and be able to see things through, till they're finished rather than constantly be in the middle of a million different chores and projects and tasks.

Laurie: That's awesome.

Abbey: Yeah. So I do feel really good.

Laurie: Good, good. I think it's so helpful in doing what we do to have these experiences. I was very similar. And that when I was, um, in school, I remember as far back as elementary school, I was the, I was the rare, impulsive hyperactive girl. Like there aren't a lot of us. Right. And I was the one that was constantly getting in trouble for talking. Talking. I was getting my desk moved, no three getting sent home to my parents, talking,

talking, talking all my report cards, Laurie. So social she's such a social butterfly blah-blah-blah and I did really stupid impulsive things. I will never forget. This is the most random story, but in second grade I sat by my, I was, and I was also a tomboy, but I was best friends with. David. And I was sitting in the back of the room and I was sitting by the wall where the encyclopedias were kept, because that was a thing. We actually use those and I was not paying attention, so I was flipping through the D and I found the naked stage statue of David. And I thought it was the funniest thing. So I tore that page right out of that book and I gave it to my friend, David and the teacher saw the whole thing. My mom came up after school for brownies because she was our troop leader and came in and I just sat there and you know what, they, you know what I said when they asked me why I did it, I don't know, because I didn't know. I just did it. It seemed at the moment in that moment, it was just funny. So I dealt with that kind of stuff. And then I got to like high school and I just got tired of hearing how smart I was and how I wasn't working up to my potential and how lazy I was. Oh my goodness. My parents, God love them, because I know that they didn't know. So I don't blame them, but I was lazy. That's all they could come up with. And I had tutors and I did the same thing. I got the bare minimum. If I could just make a 70, I can move on to something else. I got bored so easy and I thought it was all so stupid. Cause I'm never going to use this, but I did want to go to college. Cause I sure as heck didn't want to stay home. So by the grace of God, I got into college, Go hogs! And I got to school and realized these are my people. This is my place. I still only did the bare minimum until I got into my major classes. And then I'm like, Oh, this is interesting. I like this still never knowing that what I had was ADHD. And it took until I was into my late twenties. Or even it may be even a little bit later. I can't remember. It was before or after I had kids that I got diagnosed and I started on medication, but I couldn't be consistent with it. Um, and it was really until I was remarried that my current husband who also has ADHD said, you really need to try medication, In a loving way. And so I did and over the past five years. I can't tell you the difference in my ability to focus. Now, I am still an executive functioning disaster planning as we sit here and talk about as we're up upon a holidays this week. And I have a lot of things to do today because I've procrastinated and I'm terrible at time management. Um, and we're going to talk about some of those executive functioning skills. Today and in the future, but, um, planning is just not a thing for me and I'm not good with a planner and I'm not good at organizing, but my medicine, I can start a task and I can finish a task. And it's a really good feeling, but I also spent a

lot of years in therapy, learning that I'm not lazy. I am not lazy at all. I'm like the opposite of lazy. I just, you know, they call ADHD. A lot of people say it's not necessarily a deficit of attention. It's more of an inability to know where, to where to put your attention, right. How to manage your attention because I can focus on the, because I love, if it's super interesting, right. I can play candy crush for hours. But, um, so I do feel like medication has been huge for me and I have now I have a husband with it. And so I see what medication can do for him. And, and we both each have a child with it. And so being a parent with ADHD is exhausting because you feel like you're never keeping up, but it's also, I feel like it gives me a special perspective and we use the word grace at our house a lot, because it's really hard for me to get mad at my husband or my son for doing something that I do all the time. It's hard to get mad at them. So I feel like with what we do now, I love that we both have this perspective because there's nothing better than sitting down with a family of somebody who, that was me like, that was me in high school. And being able to like save them from any more years of this frustration and struggle, you know, it is, I love it. I love it. It almost tears me up because if I could keep one person from having to go through the, just the, the. Negative self-talk and the feelings of just worthlessness. If I could, if I could help somebody, one person then I have, I am successful. You know?

Abbey: I did love when we are able to share our stories with someone who's just recently been diagnosed with ADHD and they feel a sense of relief that someone can relate to them. Oh my gosh, someone has experienced the same struggles. You know, I even recently met with a guy in his mid thirties who was diagnosed for the first time and it brought him to tears. To hear that I struggled with very similar symptoms and that there is hope that medication can make a big difference and that some accommodations in school can make a big difference.

Laurie: There's nothing better than seeing that relief in their face, even, even just for them to be like, okay, I'm not dumb, right? This is a thing. It's a thing. Like I have a diagnosis. That totally makes sense. And I can do something about it now because they've been doing the same negative self-talk right? Okay. So let's first talk a little bit about how often we are seeing ADHD. Because I will say that there are rumors that it was, or is way over-diagnosed. And I think at one time it really was, but you know, we see probably, I don't know, let's just say for fun, we see 300 clients a year.

What do you think we're seeing out of those that are, that are either that we're diagnosing with ADHD?

Abbey: Oh, I'm guessing probably 250 of them have ADHD. Yeah. That's probably pretty close. Was it pretty close? I would say dyslexia and ADHD are our big ones. And, but I think ADHD, I think ADHD is the one that most people come in here thinking that it's something else. Like it's a reading disorder or it's a math disorder or something. And it really that's the one that's. The biggest surprise.

Laurie: So yes, I think we are seeing a lot of kids and I don't necessarily think it's over-diagnosed because we are changing how we diagnose it. So. Tell me a little bit about how ADHD was diagnosed 10 years ago.

Abbey: You know, I think in the past, the only way they were diagnosing ADHD was either through a survey that they have the parent fill out and the teacher fill out, or a lot of pediatricians and physicians were just diagnosing it by spending 10 or 15 minutes with them. A patient in the exam room in a little room with minimal distractions, just hearing about some of their struggles and they were diagnosing it that way. Um, and a lot of behavior rating surveys that were just one measure one subjective.

Laurie: Well, and think about those surveys too. They were mostly ADHD surveys, meaning all of the questions were, does this child have trouble staying focused? Does this child tend to daydream? And so they're not asking any like academic questions, like how do they perform academically? Are there skills? It was like, are they, do they have these behaviors? Will. There's a lot of reasons why kids might not pay attention in class. So just because they checked that box, that doesn't mean, but the doctors would take that as, okay. I've even heard stories of parents telling me that the doctor would be like, well, you know what, let's just try some medication. And if it helps, then it's right. Boom. We've nailed it. And while in some instances it is that easy to diagnose. We do have kids that walk in here and we're like, yeah, we don't need three hours. We got this one, you know, cause they're climbing the walls. But that's, that's a small number. And so, yeah, so they were using this survey. So I do think more kids got diagnosed than needed to be, but I think it's come, there's been some progress and I feel like, you know, doctors now are more interested in a more comprehensive look at these kids. They want to

rule out any kind of learning disability. They want to rule out any anxiety or depression, because if you're anxious, You're not going to pay attention. If you're sad and depressed, you may not pay attention. So we spend a lot of time trying to figure out what came first, where these kids, ADHD that created the atten you know, like you were talking about creating anxiety, depression, or did the anxiety depression exist. And now they're inattentive. And academic difficulties. Right? So when we see even a kid that's struggling with math, well, is it because they have an inability, they have a learning disability in math, or is it because they have had however many years of sitting in class, not listening and math, if you don't understand, you know, The fraction concepts, then algebra is going to blow your mind. And so do they just have gaps because of their inattention? So having to kind of pull those things apart and weed through their, their skills to really get to the root of what the problem is. And it can be more than one thing. Right?

Abbey: Right. That is a really good point. I never thought about that by checking. He loses attention or loses focus. You know, there are so many various reasons why someone is losing focus, but we can almost always say we all sometimes lose focus, so it can easily be checked off on a rating scale or a survey. And no one has any idea why the individual's losing focus

Laurie: Well and I think too. It's super important to understand that. Everybody does check out, right? Nobody has a hundred percent perfect focused attention. So all of the surveys that we give, um, they, they account for that, right? There's a, there's a typical amount of inattention that people have, or that kids have is what we're seeing. In the behaviors above average, is it above what's typical, right? And sometimes you have to explain that to parents because they'll say, well, I mean, I can't pay attention. Well, sure. We all lose focus, but this is above what's typical for, for a kiddo this age or for an adult, you know, your struggles are a little bit extra.

Abbey: Okay, Laurie. So tell me more about this comprehensive way of diagnosing ADHD.

Laurie: I think it's really important that, you know, you spend some time with the child right now. Obviously we can't go move into their house and see, you know, day-to-day functioning, but you know, we spend about three to four hours with these kids. That's a lot of time and we're, we're expecting some

sustained attention, but what we're looking at is we're looking at how they process information. I want to look and see how they put their thoughts together into words, how they get those thoughts and words onto paper, because that's a lot of planning and organizing. We look at short-term memory. We look at working memory, which really is the ability to sort of multitask in your head. Kind of like if I were to give you my phone number and you had to remember it while you found your phone and turned it on and dialed it, could you hold onto that number? Right. Cause those are really important skills. Um, I want to look at like long-term memory when they hear something, how long can they retain it for? And what kinds of strategies and tools are they using? Um, we look at the speed that they can work and the speed is important because. When someone gets distracted, it slows you down. And so we're looking at all of those things. We're looking at their reading and how well they read and comprehend. I want to look at their math. Um, I want to look at the fluency of how they can retrieve math facts. Are they always searching for those numbers or do they just come out really quickly? All of those things are impacted by attention, but they can also be signs of a learning disability.

And so by, by taking all of that information and really, and then getting information from the parents obviously important. And when we can get information from a. A spouse or a teacher or another party who doesn't maybe, um, somebody else, because self-report is important, but I think the observations of others are important too. We can see, like these behaviors are happening over multiple settings. Um, it's interfering with their ability to do certain tasks, whatever that is. Um, and it really is like a preponderance of evidence. I wish there was a blood test. I really do. It'd be. So it would be, even though I do think we do a really good job and I think we're, we have a pretty much a hundred percent accuracy. A blood test would be just like, boom done, where there isn't. So this is how we have to do it. And we just take in as much information as we can. It's fascinating because sometimes we'll get parents that say, gosh, at home, I'm not seeing a lot of this, but teachers are like crazy concerned. And you know, you have to understand that the expectations at home in school are so different, right? Like no one at home is making you sit at a desk for four hours and do boring work with distractions all around. You're getting to go run and play and then maybe do some homework and then go run and play or watch TV or play video games. But at school all day, sitting there with these expectations, it's hard. And so that's where it starts to kind of seep out. So sometimes we'll see it at school and here in the testing session and parents will be like, well, I mean,

I guess I see a little, so it is interesting to see the kinds of feedback we get, but I would say that 98% of the time, by the time we go over the results and we thoroughly explain it, everybody's like, yeah, you're right. That's exactly what it is. Sometimes. There's that initial like, no, I don't think that's it, but once we really explain how we came to that conclusion, it's kind of hard to deny it. So do you feel like we see more boys or girls? Because the, because you know, everyone says it's more boys or that's just, I think that's the, the myth, right?

Abbey: Well, I think that there is data to support that it is more common in boys versus girls. I would say that we see about the equal, equal amounts though. Right?

Laurie: I would agree, I think, and I think we do get, I mean, while the boys tend to be. Their hyperactivity. Impulsivity is more obvious because of their behaviors. We'll get girls in here that, um, constantly interrupt us. Want to answer the question before we finish giving it and can't stop talking about their dog, their cat, their vacation, what they got for their birthday. Like, you know, in between every I had one little girl, she was in fifth grade and every question I asked, she was able to find a conversation or some bit of knowledge, and she wanted to go off on these tangents. Every question I was like, Oh, I can't stay focused. So I think the girls just look so different.

Abbey: You're right. I think that that is a huge part of that, that prevalence of it being more common in boys versus girls is that boys are diagnosed more often. And I think it does come from it's much easier to detect or to see. Spot there are difficulties because they have a lot more of those overt in your face behavior.

Laurie: They're not social chatty Cathys like girls are like, that's just social, right. That's acceptable. But falling out of your desk.

Abbey: Exactly. Falling out of your chair, constantly interrupting, jumping up and down screaming. Patting things. Tapping pencils. Fidgeting in your chair. All of those things, boys in the classroom, um, are doing those behaviors that interfere with learning and interfere with instruction. When oftentimes girls that are losing focus and attention, they may be the chatty Cathys, but they also can be those girls that sit there and sit quietly and they fly under the

radar because they look like they're doing what they're supposed to be doing. They know how to look like they're paying attention, but their mind has wandered off and they're thinking of a million other things and what their friends are going to do and what their friend has planned for them after school. And what she's going to tell mom when she gets home. And so that is another reason. I believe that boys are more commonly diagnosed with the ADHD.

Laurie: I think we get a lot of girls. In middle school and high school that come in that are just like you suffering with severe anxiety. And when we really dig in there, we find out that that's who these girls are. They have flown under there. They're sweet girls, they're compliant. Teachers love them. And as a former teacher, those are the girls that. You kind of let off the hook, like if they forget to turn something in or they score really low, you're going to talk to them. You're going to find out why it happened, but never, would you ever imagine that they're just not listening, but come to find out they're not listening to anything. And so they've been kind of passed along because they're sweet and compliant. Sometimes we have athletic boys get that to those, the star football players, that sometimes, especially because we're in Texas. So football is very important that will get passed along. Yet there's, there's something going on there. Right? And, and they're struggling and they know it and they, their confidence, their, it affects their self esteem. But, but the girls, I think really, because they also tend to be the pleasers and they want to please, they want to make good grades. They want to make their teacher happy and they're not. Their grades aren't where they think they should be. So they beat themselves up. There's a lot of, um, anxiety and, um, Really low self-esteem self-worth because they just feel like they're failures, but nobody knows it until it's high school. And then, you know, parents think that they've, it's too late. We've wasted all this time. How did we not know? And it's okay. It's not ever too late, right?

Abbey: No, it's never too late to diagnose right. You can go into adulthood getting diagnosed.

Laurie: Look at us right? So I think that looking at like the stages, like elementary school, middle school, high school, I think we, we see. All ages and adult co college, especially cause they get to college and it's a whole new environment. And now it's like wait, I can't manage my own time. Where's mom to help me? And so, but then imminent adulthood, we have had people that

have made it all the way through college somehow. Um, With amazing strategies working 10 times harder than everybody else. And they don't get diagnosed like we did. I wouldn't say that I work 10 times harder than everybody else though. I had a lot of good strategies. But you can get the the earlier you can find it, the less of the other stuff that is there to deal with the less anxiety, less depression, less, you know, low self esteem, social issues, right? How hard is it to, um, to be a good friend with ADHD?

Abbey: You know, it's hard. I think that it can be very frustrating to be friends with, or trying to make plans with someone with ADHD. You know, as a friend I've had, I have friends that have ADHD and they struggle as I struggle, but they might not be medicated. For instance, I can think of one friend in particular and she is. First of all, it is very challenging to hold a conversation because she is constantly going off on a million different tangents. She's talking to the excess that I can barely get a word in edgewise. So it's hard to have that back and forth. Turn-taking engaging conversation. And then when we're making plans, she can't make plans. It's hard for her to commit to things. She has to think about it. She used to talk to her husband. She has to talk to her kids. She has to look at her schedule and then she forgets. Get back to me or she forgets that she had something and she'll make plans and it can be frustrating, you know? And when we're out and about doing things, she, you know, loses track of what we're doing. She loses focus. We'll be having a conversation and she's looking away at. So anything else, and I'm sitting there thinking, are you listening to me? I mean, you're not even looking my way, at least for 10, like you're looking at me.

Laurie: Is she always late?

Abbey: She's always late to everything. Yeah.

Laurie: So that's something, I think the symptoms and we're going to definitely talk more in, in future episodes. But my favorite saying, or thing that I've learned about ADHD over the years is, is the concept of being time blind. It's a real thing. Like when I sit down and I think, okay, I've got 10 minutes, I'm going to knock this out. And 45 minutes goes on. I'm not good at gauging what 10 minutes is. Um, and I think that's probably one of the things parents will say is, you know, we get her up an hour and a half early for

school, and yet we're still chasing her out the door, you know, because an hour and a half, like, it means nothing. The judging of time is terrible.

Abbey: Weak time management. You know, this friend of mine also is, not only is she always late, she's constantly losing things. Oh yeah. So that can cause her to be late too, or she'll call me in hysterics. I can't find my keys. So I can't get in the car to drive, to meet you or go to this, pick you up for this party that we have planned. So she is constantly losing things and she beats herself up about it too. So I have to be that good friend to help kind of talk her down off the ledge. Whereas I'm medicated and I. Don't struggle as much with organization. I struggle with other things. Um, and I'm sure I can be a challenging friend to have it as well, but I'm, I try to be prompt. I do procrastinate things that I need to do for myself, but if it's something that involves somebody else. I manage you're on it, I'm on it.

Laurie: So we've talked a lot about medication and the benefits of medication and how it can help with focus and help get us tasks started and really, almost see it all the way through to completion in some instances. But what we haven't talked about that you and I both agree on. That is super important is the coaching aspect, because medication really isn't going to make you organized. It's not going to help you, um, with planning and organizing, um, those are skills and strategies. You need someone to teach you how to do that. And so, yeah. We actually, we work with coaches and I'm super excited because on our next episode, we're actually going to talk to an ADHD coach and learn a little bit more about it. But, but for us, we feel like when we're talking to families, adults, college kids, high school kids, one-on-one direct coaching on strategies on how to improve some of those executive functioning skills are important. Now, younger kids. You know, there's a certain level of maturity. If I want to get better at something I'm going to have to put in the work, right. Like it's not as much as I want it to be like someone waves their magic wand over me and I wake up tomorrow and I'm amazingly organized. Doesn't work that way. So I have to be willing to participate. So your typical fourth grade student is not going to be like, yes, please give me strategies on how to use my planner and I'm going to follow through with it and be so, yeah. Really coaching at that level, it could be more of a parent's right?

Abbey: Yes. Parent coaching.

Laurie: I think teaching parents the strategies of how to make their home structured because we've learned, and the research shows that the ADHD brain responds very well to structure. And matter of fact, I had someone tell me a parent that I spoke to this morning said, you know, will I just tell him he gets 30 minutes of downtime when we come home from school, but at five o'clock on the dot every day. We start homework and he does it. I'm like exactly, that's the structure he needs. But if you just say, Oh, you know, whenever you're ready or when I get done with my work or when, you know, before dinner, if it's not the same every day. That's when it gets hard. So the structure is so important. So teaching parents how to do those kinds of things is huge. And I feel like that is such an important piece. It's not, I think medication and coaching kind of share a 50, 50 balance. They're both going to help. Not one is going to do more than the other right? And I do think coaching can be successful without medication. What do you think?

Abbey: Absolutely. I think coaching. Um, especially teaching parents how to really modify the environment of the ADHD child, really, you know, helping them know how to implement a lot of these like behavioral strategies and techniques and organizational strategies and putting visuals up on the, on the bathroom mirror. And you know setting timers. You know, for example, you mentioned, you know, that the parent that says at five o'clock, we're doing homework after 30 minutes of downtime. Well, there aren't a lot of kids that struggle with understanding what 30 minutes is and what it feels like. And so having that visual timer. You know, I recently recommended using a timer to somebody and they said, wow, that's such a brilliant idea because he does constantly ask me what time it is and how much longer, how much longer. And what does 10 minutes mean? Or what does 10 minutes feel like? So giving them that visual timer to see the time kind of ticking away. Okay. Now I have. I had this big red chunk of time. And now I only have half of it left. You know, I better enjoy my free time or get this task done because it's getting closer to the mark that shows when I'm going to have to end. So I think that coaching can be effective. You know, there are families out there that don't believe in medication or whatever their different reasons are for not being open to medication. I think it is good to start with some behavior modification strategies, modifying the environment, implementing some different accommodations and strategies that are shown to help ADHD individuals. But at a certain point, there's only so much that that can help, right? There are still symptoms of ADHD, and as you get older and more mature and you do want

to play that active role in managing yourself and being more successful in learning better techniques. That is a good time to turn to coaching and work with a coach. That's going to teach you strategies to implement and then follow through with you. You know, you can give me a whole list of strategies to implement, to help make myself a better time manager, make me more organized and less procrastinating and things like that. But am I implementing them? Am I seeing them through? I would need someone to check with me to say, how is this working for you? Oh, you've only tried it three times out of 10 days. Well, that's not enough to make a habit stick. You need to try doing this, this and this. So I know that that coaching would be effective for me.

Laurie: Right. Well, and I think it's just one more, it's like an accountability partner, but it's somebody that is an accountability partner with love and grace and who understands how your brain is wired. So we didn't talk about, and we'll, again, we're going to do many more episodes on ADHD, just because, like I said, it's our thing, but we didn't really talk about what causes it. And I think, you know, my son always jokes with me that he has ADHD because I had a glass of wine when I was pregnant with him. And so that apparently is the cause of all of his issues. Um, but I had to explain to him, it really had nothing to do with that. It was because I have it. And I passed it onto him. It's ridiculously hereditary, right? And I would say again, 90% of the time when we're sitting in a meeting with two parents and we're talking about their child who has ADHD, one of the parents is on their phone or tapping their leg and they'll be like what? I'm like, but look, I mean, hello? Hello, the Apple does not fall far from the tree. It really is. It's, it's a true chemical imbalance and there's a whole science about the chemicals in the dopamine and the neurotransmitter. It's a thing. And so the medication by taking a stimulant, it brings your levels up to what's normal, right? It doesn't make you high. Now, if your, if your levels are already normal, And you take that medication. Sure. It can do crazy things.

Abbey: It gives your body what it's lacking.

Laurie: Exactly. But the myth, I think that we come across a lot and I know there's a lot of research on this is that parents don't want to medicate their kids because there's a fear of addiction. They have addiction in their family. But what we try to explain to them is that when you're taking a medicine that just gets you to normal, right? That's not where the addiction happens. It's

when it's taking you above and beyond. The other thing that we talk about too, that I think you and I have a lot of experience with in the kids that we've worked with, is that when you don't feel right when your brain doesn't feel right, when something doesn't feel good. You're going to go seek out the thing. And I think we've had kids in this office tell us that they smoke pot because it slows their brain down. So they're looking for those things or they take their friends adderall. We had a student, it's been several years, actually. He was a college student and he took Benadryl. So he was, I wouldn't say he was abusing Benadryl because that's maybe a stretch, but he was taking Benadryl, taking three or four Benadryl a day, I guess that's abusing because it slowed his brain down. Now it says mine down to where I want to go to sleep. But for him. It got him back down. We have other parents that say they give their kids coffee or Coke. So that's all medicating. Right. But don't you want to be doing it in a way? A little bit more structured and scientific and that you're the one doling out that medicine, not them out finding it from a friend, cause it's out there. It's easy to find. It's painfully easy. It's scary easy, right? So I think, you know, parents have a lot of fears and there's a lot of misinformation.

Abbey: I think also, you know, in the past you, you had earlier mentioned that it was. You know, for many years overdiagnosed and with those over-diagnosis I think doctors were over-medicating. So, um, what I hear a lot of from parents is I don't want to, you know, drug my kid up or I don't want them to be a zombie. And that was the case. When, if you don't really have ADHD and truly need the ADHD medication, you were oftentimes looked like you were drugged up or you were acting different, you lost your personality or you were a zombie, or they were not quite at the, the right medication or the right dosage. And so they were not monitored well, or the medication wasn't the right one for that individual. And they were seeing some, you know, under arousal and. Kind of slow moving doped up kids. And that is not the case anymore. There are so many different ADHD medications out there, and there has now been extensive research on all those different medications and how they interact with the body and how they affect different Sexes and different age groups. So it is best. If you are seeking medication to go to a doctor that is well-trained in ADHD and those ADHD medications and that, and they can find the right fit for you. We're not recommending you make your child all doped up and you'd like them to function.

Laurie: Yeah. You know, the funny thing is too, I have had parents that we've had, we've had families come in and they've said, we've tried 10 different medications. And that's when I'm like, then maybe it's not ADHD. Right because at the end of the day, I mean, yes, there's always going to be somebody who can't take the medication for whatever reasons and they truly have it, but we've had kids come in here and we find out that it really was never ADHD to begin with. It was something else again that was causing that inattention that everyone just thought was, Oh, that must be ADHD. And so I do feel like. I tell parents all the time, it reminds me of when I was pregnant, people always wanted to share their horror stories, right? Like, Oh my God, when I was pregnant, this happened. And it was really known. I had very few people come up to me and say, Oh, I loved being pregnant. It was the best, you know, whatever. I feel like that's what we get with medication. Everyone wants to share their horror stories. We do hear though, we hear the successes, but they're not out there for everyone else to hear.

Abbey: It's like reading reviews online, yes. You're going to read a review on a restaurant or a product that you were plan on buying. You can find, you know, nine bad reviews for every good review, but people are more inclined when they're upset and disappointed in something to talk about it.

Laurie: It's absolutely true. There's a psychology behind that. And I feel like, you know, and I do, I will tell you right now, and then you, you can vouch for me, we have never had a parent call and say, I can't believe I medicated my child. That was the biggest mistake, but we have had lots of parents tell us. It was the best thing. Why didn't they do it sooner? And, and, and you're right. You know, it, it just, the, the, the evidence speaks for itself. So, um, it, you know, if that's, if you truly suffer from that, um, that is, it's an excellent resource and it's, it's a piece of the, of the solution. It's not the whole solution. But it is a piece. And then I think the coaching and working with someone who can help guide you through how to improve some of those weaker skills. Um, and you know, I, I, and I think maybe that might be a goal for you and I, for the next we're going into a new year. If you happen to be listening to this currently, we're getting ready to start 2021, thank goodness. And I think maybe looking for a coach for us, I think both of us would really benefit and it's something we know would benefit for us, but, you know, we're the people that say, well, we don't have time. Maybe

that's something we need to do. We need to work that in. We'll keep you posted. That would be something fun to, to kind of, to kind of, um, document through the podcast too, just so you know, what we're working on.

Abbey: And it might be good to do in the future, in one of our future episodes to dive a little bit deeper into some other things. Strategies that parents can use at home if they don't have access to a coach or it's not the right time for a coach, um, some strategies that they can employ at home that can help their children in the home.

Laurie: We definitely will do that. We could do a whole episode on that. That'd be awesome. Um, so you know what, we're going to, um, wrap things up next episode, you're going to get to hear from Michael Snyder who's an ADHD coach and we actually ended up making two episodes out of it because we had so much to share. No big surprise there. Um, but, uh, so please, uh, you know, if you haven't already listened to it, please go listen to the next episode. You're going to really enjoy it. Um, thank you guys for being here today.

Thanks for listening to us Ramble on about ADHD as only we can have a great day. We'll look forward to you joining us next time.

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