

ADD: A Neurodevelopmental Approach

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Attention Deficit Disorder is a common diagnosis of school age children. With the prevalence of this diagnosis, approximately 5 to 10% of the school-aged children according to the Merck Manual of Diagnosis and Therapy, it is important that parents understand exactly what this label is, what it means, how it is determined and alternatives that are available for their children.

ADD is defined as "a persistent and frequent pattern of developmentally inappropriate inattention and impulsivity, with or without hyperactivity." The DSM-IV criteria for ADD include nine signs of inattention, six signs of hyperactivity, and three signs of impulsivity. All signs do not have to be present for a child to receive the diagnosis of this permanent mental disability. It is important to note the subjectivity of this diagnosis: there are no objective medical tests, no brain scans, no blood tests, no scientifically objective criteria to establish that anyone has this permanent psychological disorder. The Merck Manual states, "diagnosis is difficult. No particular organic signs or set of neurological indicators is specific, and no specific test has been validated." Diagnosis is based on observation by parents, psychological professionals and teachers who complete a checklist. Based on a checklist, an individual is labeled with a mental disorder. So, the parent is confronted by a situation where their child has been saddled with a label based on symptoms.

Treatment consists of psychostimulant drugs combined with counseling to best control symptoms. Some educational accommodations may be recommended. It looks like a hopeless case. It has been stated that if the only tool you have is a hammer, the entire world is a nail. With the tool of evaluating mental disabilities based on symptoms, that the brain is static and fixed, that compensation and training and controlling with drugs are the only possible treatments, then indeed, it is hopeless. But, using the tools of scientifically validated brain plasticity and neurological organization achieved by neurodevelopmental programs, remediation and elimination of these symptoms that result in the diagnosis is possible.

Some react to the subjectivity of the diagnosis of ADD by saying that it does not exist. For some children, this may be the case. But some children are very distractible, cannot sit still, are impulsive and overstimulated in noisy environments and do have trouble learning because of these issues. But, the question is: why is this child distractible? Why does this child fidget, put his hands over his ears, not process what is said to him, not visually focus on printed material, have to get up and move constantly? What are the underlying causes of these symptoms? The neurodevelopmental model of evaluating how the brain receives, processes, stores and utilizes information is a powerful tool to evaluate underlying causes of distractibility. Room does not allow detail discussion of the theory and complete evaluating process using this model, but we will give parents indications of possible causes. It is VERY important to understand brain plasticity. Psychological models assume the brain to be fixed and unchangeable. Since the 1940's, the true nature of the brain has emerged. The structure, function and even the chemistry of the brain is changed by specific stimulation. New brain cells grow, "rewiring" takes place, and brain chemistry actually changes with stimulation. Stimulation has a very specific meaning in this context. Specific stimulation is designed to impact the central nervous system to achieve improved function. With wisdom and knowledge, we can improve how brains function: from the

severely brain injured, autistic, developmentally delayed, mentally retarded, the learning disabled or dyslexic and of course, the ADD or ADHD child. Some possible causes are as follows: sensory (over or under sensitivity to touch, sound, visual stimulation, smells or tastes), processing (inability to properly process visual or auditory information), storage (mixed dominance - being right or mixed-handed and left or mixed eye/ear/hand/foot), utilization (lack of development in the ability to think visually or logically). Each of these parameters has a world of information behind it but should be carefully evaluated as possibly influencing the inability of a child (or adult) to focus and learn normally. All of these areas can be remediated. Once causes of learning and distractibility problems are evaluated, a program can be designed to normalize these areas. Normal or superior function becomes possible. All children benefit from a well balanced diet of real foods. Removing processed foods from the diet and limiting or eliminating sugar is often very beneficial - to all of us!

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